Global Health Issues

Virtual Press Conference
11 May 2023

Speaker key:

FC	Fadéla Chaib
TAG	Dr Tedros Adhanom Ghebreyesus
NL	Prof. Nicola Low
RL	Dr Rosamund Lewis
AS	Andy Seale
MR	Dr Mike Ryan
KO	Dr Kate O'Brien
BG	Belisa Godinho
HB	Helen Branswell
DM	Donato Mancini
YA	Yuri Aprelev
LL	Layal Liverpool
CP	Cecilia Phiri
BK	Banjot Kaur

00:00:32

FC Hello, all. I am Fadéla Chaib talking to you from the WHO headquarters, in Geneva, and welcoming you to our global presser today. Let me introduce to you the participants.

We have here, in the room, Dr Tedros Adhanom Ghebreyesus, WHO Director-General. We have Prof. Nicola Low. Prof. Low is the Co-Chair of the IHR Committee on mpox. Dr Mike Ryan, Executive Director for WHO's Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Rosamund Lewis, Technical Lead for mpox, Mr Andy Seale, Strategy Adviser for the Global HIV, Hepatitis and Sexually Transmitted Disease Programme, Dr Olivier le Polain, Incident Manager for Sudan.

And we have also with us Dr Carmen Dolea. Carmen Dolea is the Head of Unit, International Health Regulations Secretariat. And we have Dr Bruce Aylward,

Assistant Director-General, Universal Health Coverage, Life Course. Now, without further delay, I would like to hand over to Dr Tedros for his opening remarks. DG, you have the floor.

00:02:00

TAG Thank you. Thank you, Fadéla. Good morning, good afternoon and good evening. First to Sudan. Ongoing fighting in Khartoum and across Sudan continues to cost lives and cripple the country economically and socially. As well as facing shelling and insecurity, people are dealing with dwindling supplies of water, food, medicines and electricity.

70% of health facilities in areas affected by fighting are out of service and WHO has verified 30 attacks on health. Outbreaks of malaria, dengue and measles have been reported, and millions of children and pregnant and breastfeeding women are estimated to be acutely malnourished.

I thank the governments of Chad, Egypt, Ethiopia and South Sudan for welcoming refugees from Sudan. WHO is supporting these countries to provide health services to people who have had to leave their homes. We have managed to deliver a significant quantity of supplies to Port Sudan but unless these supplies can be distributed to health facilities they are of no use. Establishing safe routes for humanitarian aid is critical but the ultimate solution is peace.

In New York this week, preparations began for three high-level meetings taking place in September at the UN General Assembly on pandemic preparedness and response, tuberculosis and universal health coverage. These three issues represent the range and complexity of health threats people face around our world, the ever-present threat of epidemics and pandemics, the specific threat of diseases like tuberculosis, and the systemic threat that hundreds of millions of people face in not being able to access or afford essential health services.

00:04:24

This week's meetings were an opportunity to listen to the views of governments, civil society and others in the lead up to the high-level meetings in September. Each meeting will be an opportunity to catalyse political commitment to drive progress, and to generate concrete action and financial resources.

In each case, WHO is asking governments to make concrete commitments to invest in expanding access to prevention, testing, treatment, vaccines and research for TB, to strengthen the world's defences against pandemics, and to strengthen health systems, especially primary health care, so that no one misses out on the care they need because of who they are, where they live or how much they earn.

Finally, to mpox. In July last year, I declared a public health emergency of international concern over the multi-country outbreak of mpox as the virus spread rapidly across the world. In total, more than 87,000 cases and 140 deaths have been reported to WHO, from 111 countries.

WHO has been very encouraged by the rapid response of countries. We now see steady progress in controlling the outbreak based on the lessons of HIV

and working closely with the most affected communities. Almost 90% fewer cases were reported in the past three months compared with the previous three months.

00:06:18

In particular, the work of community organisations, together with public health authorities, has been critical for informing people of the risks of mpox, encouraging and supporting behaviour change, and advocating for access to tests, vaccines and treatments to be accessible to those most in need.

Pharmaceutical companies and regulatory agencies have also played an important role in helping to expand access to these countermeasures. While stigma has been a driving concern in managing this epidemic and continues to hamper access to care for mpox, the feared backlash against the most affected communities has largely not materialised. For that, we are thankful.

Yesterday, the Emergency Committee for mpox met and recommended to me that the multi-country outbreak of mpox no longer represents a public health emergency of international concern. I have accepted that advice and am pleased to declare that mpox is no longer a global health emergency.

However, as with COVID-19, that does not mean that the work is over. Mpox continues to pose significant public health challenges that need a robust, proactive and sustainable response. While we welcome the downward trend of mpox cases globally, the virus continues to affect communities in all regions, including in Africa, where transmission is still not well understood.

Travel-related cases in all regions highlight the continued threat. There is a particular risk for people living with untreated HIV infection. It remains important for countries to maintain their testing capacities and to continue their efforts, assess their risk, quantify their needs to respond, and act promptly when needed.

00:08:47

Integration of mpox prevention and care into existing health programmes is recommended, to allow continued access to care, and rapid response to address future outbreaks. WHO will continue to work towards supporting access to countermeasures as more information on effectiveness of interventions becomes available.

It’s now my honour to welcome the Vice-Chair of the Emergency Committee, Prof. Nicola Low, to say more about the committee’s deliberations and recommendations. Prof. Low, the floor is yours.

NL Thank you, Dr Tedros, colleagues, ladies and gentlemen. This time in May 2022, almost exactly a year ago, was the first recognition of what has become the world's largest outbreak of mpox, which was known at the time as monkeypox. That outbreak, so far, has followed a large single epidemic curve which peaked in July and August of last year, 2022.

The decline in the number of people infected has been impressive as a result of public health actions, interventions, international cooperation and the intense activities, mainly of the communities involved, as you've heard. This decline in the number of people infected is continuing, but transmission is

also continuing and we continue to see small numbers of cases and some smaller outbreaks in specific countries. So, there's understandable uncertainty about the probability of a large resurgence of infection.

00:10:40

There are also gaps in knowledge, which we acknowledge, including about modes of transmission in some countries, about the effectiveness of vaccines and continued lack of effective countermeasures, particularly in African countries where transmission and mpox cases occur regularly.

The Committee's recommendation that the public health emergency should be lifted was taken after intense deliberations and discussions at the meeting yesterday but we considered that the remaining challenges that I've mentioned are now better addressed through sustained long-term efforts and that means moving towards, transitioning towards a strategy that's going to manage the long-term public health risks posed by monkeypox rather than the emergency measures that are inherent in the public health emergency of international concern.

The Committee recognises the need of ongoing commitments to maintain the plans to control mpox with a long-term goal that the human-to-human transmission will be eliminated as well as mitigation of zoonotic transmission where possible and that transition requires many integrated activities, which include integrating mpox prevention, preparedness and response within national surveillance and control programmes, including those for HIV and other sexually transmitted infections, which have been successfully done in some places but need to continue recognising that HIV infection is a major threat and a major risk factor for severe illness and death from mpox.

And that these HIV programmes and the people in the most affected communities are often those who face most discrimination and stigma because of the condition that they face. That is why we need to make sure that there is international commitment, international solidarity and that this transition through a series of temporary recommendations is not lost.

00:13:14

It is clear that the lifting, the recommendation to lift the public health emergency of international concern in no way means that mpox is no longer an infectious disease threat. What it means is that we need to have the international commitments that will enable us to reach the long-term goals of control and elimination of human-to-human transmission.

To conclude, I would like to thank all of the Emergency Committee members and colleagues from the WHO Secretariat for their help and their enormously wide-ranging expertise and experience. I would like to see that the temporary recommendations that we have made will continue to standing recommendations that will allow us to achieve our long-term goals. Thank you, Dr Tedros.

TAG Thank you. Thank you, Prof. Low. My thanks to you, to the Chair, Dr Jean-Marie Okwo-Bele, and to all the members and advisors of the Emergency Committee, for your hard work and careful consideration. While the emergencies of mpox and COVID-19 are both over, the threat of resurgent

waves remains for both. Both viruses continue to circulate, and both continue to kill.

00:14:45

And while two public health emergencies have ended in the past week, every day WHO continues to respond to more than 50 emergencies globally. Every day, we continue to support countries to address major health threats, like tuberculosis, and every day we continue to support countries to make progress towards universal health coverage.

As we approach the World Health Assembly and the three high-level meetings later this year we face great challenges but we also have unprecedented opportunities to make real commitments and real change that make a real difference for generations to come. Fadéla, back to you.

FC Thank you. I will now open the floor to journalists' questions. If you want to ask a question, please do raise your hand using the Raise Your Hand icon and unmute yourself. I would like now to invite Belisa Godinho, from W Magazine, Brazil, to ask the first question. Belisa.

BG Thank you very much for taking my question. I'm Belisa Godinho, from W Magazine, based in Lisbon, Portugal. My question is mpox is in danger of spreading across Europe. Which countries are being hit the hardest and why? Thank you.

FC Thank you, Belisa. Dr Lewis.

RL Thank you very much for the question. We do monitor the cases regularly. We have our data on the website, which is accessible to everyone. We cannot say for sure what is going to happen next. What we can say is that there has been a tremendous decline in the number of cases worldwide, which is a really, really positive turn of events and it's really thanks to the extraordinary mobilisation of communities, affected communities and health authorities around the world to respond to this extraordinary event.

00:17:03

At the moment, we continue to see some ongoing transmission in a few places and that includes Latin America, a few countries in Europe as well as, of course, we are seeing upsurges in cases in some countries of the Western Pacific region and in the United States of America.

In particular, we're concerned about Africa. There are countries in Africa which were dealing with mpox long before this outbreak began and will be continuing to deal with it for some time to come. So, the response must continue and we will continue the work with all Member States and with those affected. We will continue to monitor the data and we'll continue to provide the information that you have become accustomed to receiving. Thanks.

FC Thank you, Dr Lewis. I would like now to invite Helen Branswell, from STAT, to ask the next question. Helen.

HB Hi. Thank you very much, Fadéla. The Emergency Committee feels that the need now is to focus on long-term sustained efforts to end human-to-human transmission. Was there discussion about introducing mpox vaccine into endemic countries? And if the answer is we don’t yet have the data to

support a move like that, is there an effort afoot to try to generate the data to see if that would be needed and cost effective? Thank you.

00:18:43

NL Thank you. The Committee did, indeed, discuss the distribution of mpox vaccine and recognises that there has been less than expected or less than desired commitments to vaccine equity and distribution, and particularly to Africa. Now, what has been recommended is that where vaccines are available then they should be available for post-exposure prophylaxis and where necessary for primary prevention, but it's also recognised that we still have insufficient evidence about vaccine effectiveness obtained through randomised control trials.

So, efforts to send vaccine to countries in Africa where transmission has been endemic should take place where needed for public health purposes but there is also plenty of experience to show that this supplying of vaccines can be integrated in a programme of research so that we get the evidence that we need for effectiveness as well as achieving public health goals.

FC Dr Lewis, anything to add?

RL Just to add, thank you, Helen, that we are indeed continuing to work with countries, both countries that are interested in offering vaccine for studies, as well as countries that are offering to make study sites available for vaccine studies.

At the same time, we are planning some randomised control trials in appropriate settings as well as continuing to monitor the vaccine effectiveness while vaccines are being rolled out, where they're being rolled. Those studies are also coming in through a WHO ongoing systematic review. We continue to receive information.

00:20:47

At the moment, we still have broad estimates. They're largely similar to what we already thought we knew based on very, very limited information before but it's, of course, critically important that we continue to bring in those studies, monitor vaccine effectiveness and encourage ongoing studies, as Dr Low has just said.

FC Thank you so much. I would like now to call on Donato Mancini, from FT, to ask the next question. Donato?

DM Hi. Good afternoon. Thank you so much for taking my question. Do you have any more information on how this virus is evolving and do you have any more information on where and how the outbreak emerged? Is that something that you can talk about? Thank you.

FC Thank you, Donato. Dr Lewis may start.

RL Thank you. Thank you very much. We are aware that there were a number of sporadic exported cases in countries, four countries to be precise, around the world prior to 1922. Sorry, 2022. I'm going back a century. In Nigeria, there was an outbreak that has been documented since 2017.

So, we are aware that that the clades that are circulating the Clade IIb, lineage B, has been circulating globally during this outbreak which as affected primarily men who have sex with men, and this clade has certainly had its origins in West Africa.

00:22:26

How it went from a possible zoonotic source into a human population with amplification of transmission is something that we don't yet have the information on. There are other strains Clade IIb, lineage A, that are also circulating at a much lower level and so what we are aware of is that there's ongoing circulation, that we need to continue to support countries and regions where this research on origins of the virus will be instrumental to improving our understanding going forward.

In the meantime, it is absolutely critically important that we continue the efforts that have been initiated already because, as we are all aware through the past few years, as long as a virus is given an opportunity to continue to transmit from person-to-person it also has the opportunity to change, to mutate, to evolve. This is particularly true in the instance when people who are immunocompromised are affected.

It's also critically important that we protect people who are vulnerable, people are immunocompromised, particularly in this instance people who may have untreated or uncontrolled HIV infection. They're at higher risk of severe disease. In that circumstance, when they are not able to clear the virus, it's possible for the virus to continue evolving.

So, programmatic approaches going forward will include integrating HIV STI programmes with mpox efforts, so that they can be worked on together at the same time, detected, prevented, cared for. I'm happy to pass the floor to my colleague, Mr Andy Seale, to address some those issues. Thanks.

00:24:07

AS Thank you, Rosamund. Just to add that I think the issue around uncontrolled and untreated HIV is of concern to us. The links with HIV are significant. We know that of the cases outside of the Africa context, typically around half of the cases have been among people who are living with HIV. As you've heard, typically that's gay and bisexual men who have sex with men as the key most affected population group here.

Others are also accessing HIV prevention services, including pre-exposure prophylaxis. So, they're well connected to HIV and sexual health services which, again, you've heard is one of the strategies around this transition. It's really important that the integration agenda really looks at the community services that are delivered through those structures and builds ono that.

Outbreaks like this start and end in communities and it's these communities that will help us be on top of the surveillance, the intelligence and the dynamics as the outbreak continues to evolve. Thanks.

FC Thank you. I would like now to invite Yuri Aprelev [?], from RIA Novosti, to ask the next question. Yuri, can you hear me?

YA Yes. Thank you for the briefing. My question is about the emergency situation in the world because COVID has ended as a situation of urgency, same for mpox. Is there still any epidemic or virus with that kind of definition by WHO? I mean an urgent situation, an epidemic. Thank you.

00:26:00

FC Yuri, you were asking if there are any other emergencies. I can say yes. Can you just, maybe, explain better what you mean by this question, Yuri? Yuri, can you hear me?

YA Yes, I can speak. I just mean COVID has ended as an emergency situation in the world, same for mpox. Is there still any virus with the same designation by the WHO or it was the last two? Thanks.

FC Dr Ryan?

MR There is one other virus which is very close to my heart and that is the wild poliovirus that still is considered to be a public health emergency of international concern, and you don't hear much about polio in terms of the number of cases around the world but it is hopefully on the brink of being eradicated. The risks associated with not eradicating polio are huge and we really do need to push towards eradication.

The Emergency Committee consider it still to be an emergency. It was declared an emergency during the outbreak of wild poliovirus in Syria in 2013 and has remained so since. I don't know, Carmen, when the next meeting of the Committee is to consider that. But beyond that, and I think it's important, we're dealing currently with 56 graded health emergencies around the world and of those 14 are Grade 3, which is our highest grade of emergency.

We've over 24 outbreaks of cholera going on in many countries, particularly in Africa, and I think anyone who works right not on immunisation will see the huge increase in measles outbreaks we're seeing around the world. So, the world is not quiet from the point of view of infectious diseases nor other health emergencies.

00:28:22

So, no, we have one other public health emergency of international concern, 56 graded emergencies that we're dealing with and many others. Going back to the point on mpox, a lot of the work we need to do in the coming months and years is also to look at virus families. We look at mpox but there's then we have the variola virus, itself. We have mousepox. We have all kinds within that orthopox family.

We need to start to looking at viruses as families because we don't know what the next pandemic will be. The precision with which we develop baseline products, we have to be able to develop scalable manufacturing platforms for vaccines that work for various virus families.

The ideal platform for developing therapeutics or antivirals or vaccines for one virus may not be the same for others, so we have to be very careful that there are perfectly, for example, vaccine platforms that work very effective in orthopox virus outbreaks. But we simply don't have the knowledge, as you

said, Nicola. We don't have the randomised control trials. We don't necessarily have the production scales to be able to do that and distribute those vaccines.

00:29:40

I do think we have virus families that concern us. We clearly have the filoviruses, in which you see Ebola, Marburg and these diseases. We have the orthopox viruses. We have the SARS coronaviruses. We have the influenza viruses. And it goes on. The Nipah viruses and others or lyssaviruses, and many of them, their risk to us comes from small mammals in nature or small mammals farmed through the unsafe animal husbandry systems around the world.

Very often it's humans who are driving these risks and, again, we don't understand enough about the dynamics of endemic or zoonotic transmission of monkeypox in Africa, but equally we don't understand Lassa fever dynamics and transmission, particularly in Africa. So, there are many of these diseases for which we see an epidemic on endemic cycle, where we know there's an animal implicated but very often we can't say what that animal is, even in the case of mpox.

Yes, we have ideas that it may be small rodents but no one has the smoking gun. So, there's a tremendous amount of work to do to understand the nature dynamics of these infections, to understand these families of viruses and then to build the prototype components we need for diagnostics and therapeutics and for vaccines, so that if ever we have another pandemic related to one of these virus families, that we're much better prepared in advance and ready to go. That's really the essence of the Research and Development Blueprint for Epidemics and all the other work that we're trying to do in WHO to bring partners together.

00:31:20

FC Thank you, Dr Ryan. Now, I would like to invite a reporter from Nature, Layal Liverpool, to ask the next question. Layal, can you hear me?

LL Yes. Thank you. How does the WHO intend to ensure that mpox doesn't become a neglected disease again, particularly in countries in Africa where transmission has been endemic?

MR Can I jump in here because I think it's an opportunity for me to say something? It is a neglected disease and it has been totally neglected during this outbreak. In fact, WHO had to fund all of this international response purely on the basis of a contingency fund for emergencies. Not one dollar was received from donors to support this response and support countries.

Now, there may have been some bilateral support in this but I personally was shocked to think that we had a disease that spread around the world, that infected communities. Maybe it's an issue, Andy, of the continued prejudices that exist in this world and it is the who is infected and not the what is infecting that has that impact, but I was quite stunned to think that could not get any funding for mpox.

So, I take your point, reporter from Nature. It's not the will it become a neglected disease. It was a neglected disease, it is a neglected disease and it will continue to be a neglected disease and it may came back and it may

shock us in future. We need to keep to monitoring this virus. There are, as Nicola said, significant unknowns about its transmission dynamics in nature. There are significant unknowns about what will happen as this virus continues to adapt to human transmission.

00:33:00

These viruses are generally stable but we have a lot more that we need to be able to do. So, yes, it is neglected and will be neglected further. So, I do call on scientific donors out there, on donors in general, and particularly in the context of endemic transmission in Africa. We have got to understand this better and we've got to put in place control measures with the affected countries, and that will take an investment.

FC Thank you, Dr Ryan. Dr Lewis.

RL Thank you very much, Mike, for a really setting it out there that we don't want this to be a neglected disease going forward. A huge amount of work still needs to be done. Efforts need to be made to continue surveillance, to continue capacity building in African countries, specifically to continue working with most affected communities, men who have sex with men, including those who are marginalised, who don't have the same access to health services or testing, vaccines or treatments.

We've learned so much during this outbreak. We knew a fair amount but it was really extremely limited to certain settings and several decades ago. What we have learned in this past year has been a tremendous amount of information but one of the key factors is that the clade that has circulated the world is a clade that has so far only been shown to transmit between people.

There has never been a demonstrated case or detection of this particular clade of virus in animals. So, while we are dealing with what has traditionally been known as a zoonotic disease which causes spillover events and then small outbreaks in families, villages and communities which can then transmit and create chains of transmission, what we've seen this year is a global outbreak of an infectious disease that transmits between people.

00:34:49

So, we're dealing with a very complex environment, very different affected population groups, very different circumstances. Each country has a complex mix of modes of transmission and all of this needs to be followed-up. It's much more complex now even than it was a year ago, and so there's much to be done.

I think one of the most important things is to continue to work with communities everywhere, whether they're in the Northern Hemisphere, the Southern Hemisphere, whether they are men who have sex with men, whether they are hunters in community settings in villages in Africa. We need to continue our engagement with communities who are affected.

AS Perhaps, if I can expand a little. I think the notion of neglected tropical diseases or neglected diseases, as you've heard, we can flip that conversation and talk about neglected communities and we've very much see that in this outbreak. We've seen strong community and public health authority partnership in many regions, North America, Europe, but we've also seen

some real challenges in other regions, including Latin America, as well as in some of the African contexts.

00:36:01

With the groups that are affected there are always hidden, even more marginalised groups, so the intersectionalities agenda really plays out and this is for HIV as well as for mpox. So, it's the men of colour within the groups that we're looking into. It's people from poor and disadvantaged backgrounds, undocumented migrants who are often not reached by services, whether they're HIV or mpox-related. This really just adds complexity to the work that we're trying to do and it is difficult to get funding for this work but it's imperative. Thank you.

FC Thank you so much. I would like now to invite Cecilia Phiri, Mphangwe. I hope I pronounced correctly your name. Cecilia is from Radio Zambia. Cecilia, can you hear me?

CP Yes, I can hear you.

FC Welcome.

CP Thank you very much. My question is which countries in Africa are you targeting for the vaccines for mpox? Thank you.

FC Can you just repeat? Cecilia, can you repeat your question?

CP My question was which countries are you targeting in Africa for mpox vaccination?

RL Thank you very much for the question. Countries, themselves, are stepping forward and beginning to express interest. Countries obviously need to identify who their most at-risk populations are in order to offer immunisation. In the global outbreak this became quite evident, quite quickly and it was possible to mobilise local community services, local public health agencies to offer vaccines through appropriate channels.

00:38:05

This is less obvious in some cases, in some countries where there's very mixed modes of transmission. The countries, themselves, have now organised working groups to begin to assess what their risk patterns are, and they're very different, as I said earlier, in different countries.

For example, there continues to be sexual transmission in many countries, including in Africa, but there's also sexual transmission between men and women. There's heterosexual transmission. There's also transmission in the household, within families, especially in densely populated settings. Remember, if we go back to the beginning, this is an infection that transmits through close, physical contact, so children, family members can be exposed through direct contact with the household or within the community.

And so it's up to each country to now begin that work, seriously begin that work of identifying who is most at risk, of course health workers remain at risk as well, and identify what are the appropriate channels through which to offer vaccines. There are other Member States who are offering support in this

regard through offering vaccine or offering technical assistance, and WHO will continue to work to help facilitate and coordinate that.

00:39:20

I would just like to make one point, also with respect not only to Africa but other countries in the world, is that travel remains a critical feature of this outbreak. We are continuing to monitor our data. We are continuing to see the cases reporting detailed information, and most of them do, many of them do report links to travel.

They may have travelled within the last 21 days, which is the known incubation period of the virus, of the illness. Someone who may have travelled and they arrived somewhere else, and then they became ill, go to their health worker and say, yes, I've travelled to such and such a location.

We are seeing that. We are not recommending travel restrictions as WHO but we are recommending and advising that countries continue to report travel-related cases as they are notified nationally. We're asking that they continue to be notified to WHO as well, so that we can continue to monitor the situation because there are selected risks which have emerged during this outbreak.

One is travel, of course, one is immunocompromised in terms of severe disease, one is continuing reporting of deaths right now because people who become ill, they may take, for example, 1.5 months. They become extremely ill and in the end they do pass away.

We have many deaths from the African region which we could not have reported in our global dataset and the reason for that is because the countries don't have the capacity to detect the cases. We have provided as much support as we could but the circumstances are that this test remains something that's based on PCR which is done usually at a national or, at best, subregional level in most places.

00:41:07

So, having access to testing is absolutely critical, testing and surveillance for the way forward, because it's essential to be able to identify cases. If you can't confirm the case or the cause of the rash and fever, then it's harder to offer appropriate support, appropriate therapy, appropriate vaccines for the community, and it's harder to ensure that data gets reported nationally and globally.

One of the pleas is that we continue to monitor. We continue to support countries to do surveillance, and continue to support them to document travel-related cases because this is what will help us to describe the features of the outbreak going forward.

FC Thank you. I would like now to invite Banjot Kaur, from The Wire, India, to ask the next question. Can you hear me, Banjot?

BK Yes, I can hear you. Thank you so much for taking my question. My question is regarding not mpox but COVID. Can you please give us an update about the various stages of development that pan-coronavirus vaccines have reached? Thank you.

FC We have with us Dr Kate O'Brien, joining us online. Kate, can you hear me?

00:42:26

KO Yes. Thanks you much. There are significant efforts, as you know, going on to develop not only pan-coronavirus vaccines but also coronavirus vaccines for COVID, itself, that contain additional variants of the vaccine. The clinical trials of some of these are ongoing. We do have on our website the mapping and the quantification, enumeration of the different trials that are ongoing.

We're starting to see some of the results that are coming out from these but they're not as advanced as we would hope that they would be at this point but the work is continuing and we're working and looking with great interest at these.

I think, as you know, in our strategy for COVID, one of the two goals, the second goal is around developing vaccines that actually have very substantially improved performance across the different pan-coronaviruses and improved performance in terms of durability and performance against infection.

So, this is an area that we think is really important to continue to fund and certainly not to step back from, especially as the emergency phase, the global emergency phase has been ended. Again, good progress being made but nothing that is coming forward in the next short while for deployment.

FC Thank you, Dr O'Brien. Dr O'Brien is Director, Immunisation, Vaccines and Biologicals. Now, we have come to the end of our press conference. Thank you so much for your participation. We will be sending you the audio file of this press conference, and the Emergency Committee statement, and Dr Tedros' opening remarks. Now, I would like to turn to Prof. Low, if you have anything to add before we close this press conference.

00:44:30

NL Thank you very much for offering me the opportunity. I would simply like to say that the declaration of the public health emergency of international concern for mpox, the emergence of the disease and its human-to-human transmission came very much as a surprise but the Emergency Committee has been able to draw on enormous expertise in a really wide range of fields, and that's not because we just simply were looking at a virus that was formerly known but because of its modes of transmission.

So, we needed epidemiologists, we needed virologists, we needed sociologists. We needed people with social science experience and people from the communities to give advice about how we should investigate and react and respond to the mpox outbreak.

I think that the contributions of particularly gay and bisexual MSM communities in mobilising responses to community engagement, to risk communication, to making sure that people knew exactly what the risks were and how to protect themselves, we would not be in the position that we are now in being able to lift this public health emergency right now.

So, I think that we owe a debt to the voluntary passion of people in public health to respond to public health emergencies and that's why, having lifted this emergency, we now need to continue that solidarity. We do need funds but, like Dr Ryan says, I perhaps am not too optimistic and I do think it is the who has been affected by mpox and not the condition itself.

00:46:42

But I would urge countries, I would urge public health authorities to continue to invest to make this transition to a sustainable strategy. And I continue to believe that elimination of human-to-human transmission of mpox is possible and that that's what we should be aiming for. So, thank you very much.

FC Thank you so much, Prof. Low. Now, I would like to hand over to Dr Tedros for any closing remarks. DG, you have the floor.

TAG Thank you. Thank you, Fadéla. As I said earlier, we're pleased to announce the end of mpox as a global health emergency but it doesn't mean that the work is over, especially the work in endemic countries has to be really given the right attention and we will take this global emergency as an opportunity especially to address the problem in the endemic countries. But, then, I also fully agree that a focus on neglected communities will be very, very important.

Having said that, thank you so much, Prof. Nicola Low, for joining us today and for your leadership, the Chair, Dr Okwo-Bele, and all the members for the job well done. Thank you so much. I would also like to use this opportunity to thank the members of the press for joining us today and see you next time.

00:48:20