

COVID-19 & Global Health Issues

Virtual Press Conference 5 May 2023

Speaker key:

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CD	Dr Carmen Dolea
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HB	Helen Branswell
TD	Tomohiro Deguchi
KK	Kai Kupferschmidt
BR	Bianca Rothier
CV	Christophe Vogt
PA	Paul Adepoju
DM	Donato Mancini

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FC Hello, all. I am Fadéla Chaib speaking to you from Geneva, the WHO headquarters, and welcoming you to our global COVID-19 press conference today, 5th May. We have a special guest today, Prof. Didier Houssin. Welcome.

Let me introduce to you the participants of this press conference. We have with us Dr Tedros Adhanom Ghebreyesus, the WHO Director-General. We have Dr Mike Ryan, Executive Director for WHO's Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Abdirahman Mahamud, Director ad interim for the Alert and Response Coordination Department, Dr Kate O'Brien, Director Immunisation, Vaccines and Biologicals.

We have also with us Dr Sylvie Briand, Director Epidemic and Pandemic Preparedness and Prevention. We have also with us Dr Carmen Dolea, Unit Head, IHR Secretariat. Now, without further ado, I would like to ask Dr Tedros to make his opening remarks. The floor is yours, Dr Tedros.

00:02:04

TAG Thank you. Thank you, Fadéla. Good morning, good afternoon and good evening. 1,221 days ago WHO learned of a cluster of cases of pneumonia of unknown cause in Wuhan, China. On 30th January 2020, on the advice of an Emergency Committee convened under the International Health Regulations, I declared a public health emergency of international concern over the global outbreak of COVID-19, the highest level of alarm under international law.

At that time, outside China there were fewer than 100 reported cases and no reported deaths. In three years since then, COVID-19 has turned our world upside down. Almost seven million deaths have been reported to WHO but we know the toll is several times higher, at least 20 million.

Health systems have been severely disrupted, with millions of people missing out on essential health services, including lifesaving vaccinations for children. But COVID-19 has been so much more than a health crisis. It has caused severe economic upheaval, erasing trillions from GDP, disrupting travel and trade, shuttering businesses, and plunging millions into poverty.

It has caused severe social upheaval, with borders closed, movement restricted, schools shut and millions of people experiencing loneliness, isolation, anxiety and depression. COVID-19 has exposed and exacerbated political fault lines within and between nations. It has eroded trust between people, governments and institutions, fuelled by a torrent of mis and disinformation.

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And it has laid bare the searing inequalities of our world, with the poorest and most vulnerable communities the hardest hit and the last to receive access to vaccines and other tools. For more than a year, the pandemic has been on a downward trend, with population immunity increasing from vaccination and infection, mortality decreasing and the pressure on health systems easing.

This trend has allowed most countries to return to life as we knew it before COVID-19. For the past year, the Emergency Committee and WHO have been analysing the data carefully and considering when the time would be right to lower the level of alarm.

Yesterday, the Emergency Committee met for the 15th time and recommended to me that I declare an end to the public health emergency of international concern. I have accepted that advice. It's therefore with great hope that I declare COVID-19 over as a global health emergency.

However, that does not mean COVID-19 is over as a global health threat. Last week, COVID-19 claimed a life every three minutes, and that's just the deaths we know about. As we speak, thousands of people around the world are fighting for their lives in intensive care units and millions more continue to live with the debilitating effects of post-COVID-19 condition.

This virus is here to stay. It is still killing and it's still changing. The risk remains of new variants emerging that cause new surges in cases and deaths. The worst thing any country could do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that COVID-19 is nothing to worry about.

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What this news means is that it's time for countries to transition from emergency mode to managing COVID-19, alongside other infectious diseases. I emphasise that this is not a snap decision. It is a decision that has been considered carefully for some time, planned for, and made on the basis of a careful analysis of the data.

If need be, I will not hesitate to convene another Emergency Committee should COVID-19 once again put our world in peril. While this Emergency Committee will now cease its work, it has sent a clear message that countries must not cease theirs.

On the Committee's advice, I have decided to use a provision in the International Health Regulations that has never been used before to establish a Review Committee to develop long-term, standing recommendations for countries on how to manage COVID-19 on an ongoing basis.

In addition, WHO this week published the fourth edition of the Global Strategic Preparedness and Response Plan for COVID-19, which outlines critical actions for countries in five core areas, collaborative surveillance, community protection, safe and scalable care, access to countermeasures, and emergency coordination.

For more than three years, the experts on the Emergency Committee have devoted their time, their experience and their expertise, not just to advise me on whether COVID-19 continues to represent a global health emergency but to also advise on recommendations for countries.

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I would like to express my deep gratitude to all the members of the Emergency Committee for their thoughtful consideration and wise advice. I thank especially Prof. Didier Houssin for his leadership as Chair over the past three years. He has led the Committee with a calm demeanour and a steady hand through turbulent times. I also wish to thank the incredible people who I have the privilege to call my colleagues.

For more than three years, the people of WHO have laboured day and night under intense pressure and intense scrutiny. They have brought together partners and experts from around the world to generate evidence, study and translate it into guidance and actions for the world.

In countries around the world, WHO has worked closely with governments to translate that guidance into policies and actions to save lives. My colleagues have worked tirelessly to get vaccines and other supplies to more people faster, and they have countered mis and disinformation with accurate and reliable information. I do not have the words to express my gratitude to everyone around the world who, like me, is proud to be WHO.

At one level, this is a moment for celebration. We have arrived at this moment thanks to the incredible skill and selfless dedication of health and care workers around the world, the innovation of vaccine researchers and developers, the tough decisions governments have had to make in the face of changing evidence, and the sacrifices that all of us have made as individuals, families and communities to keep ourselves and each other safe.

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At another level, this a moment for reflection. COVID-19 has left, and continues to leave, deep scars on our world. Those scars must serve as a permanent reminder of the potential for new viruses to emerge, with devastating consequences.

As a global community, the suffering we have endured, the painful lessons we have learned, the investments we have made, and the capacities we have built must not go to waste. We owe it to those we have lost to leverage those investments, to build on those capacities, to learn those lessons, and to transform that suffering into meaningful and lasting change.

One of the greatest tragedies of COVID-19 is that it didn't have to be this way. We have the tools and the technologies to prepare for pandemics better, to detect them earlier, to respond to them faster, and to mitigate their impact. But globally, a lack of coordination, a lack of equity and a lack of solidarity meant that those tools were not used as effectively as they could have been. Lives were lost that should not have been.

We must promise ourselves and our children and grandchildren that we will never make those mistakes again. That's what the pandemic accord and the amendments to the International Health Regulations that countries are now negotiating are about, a commitment to future generations that we will not go back to the old cycle of panic and neglect that left our world vulnerable but move forward with a shared commitment to meet shared threats with a shared response.

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In 1948, the nations of the world came together in the aftermath of the bloodiest war in history to commit to working together for a healthier world, recognising that diseases have no regard for the lines humans draw on maps. They forged an agreement, a treaty, the Constitution of the World Health Organization.

Three-quarters of a century later, nations are once again coming together to forge an agreement to ensure we never repeat the same mistakes again. If we don't make these changes, then who will? This is the right generation to make those changes. And if we don't make them now, then when?

Like countries, communities and public health institutions around the world, WHO has learned an enormous amount from this pandemic. COVID has changed our world and it has changed us. That's the way it should be. If we all go back to how things were before COVID-19, we will have failed to learn our lessons and we will have failed future generations.

This experience must change us all for the better. It must make us more determined to fulfil the vision that nations had when they founded WHO in 1948, the highest possible standard of health for all people.

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As I said earlier, throughout this process Prof. Didier Houssin has done an outstanding job leading the Emergency Committee and he's with us today. Prof. Houssin, thank you so much for your leadership over the past three years and you have the floor.

DH Thank you very much, Dr Tedros. Thank you for those kinds words. Dear colleagues, ladies and gentlemen. Bonjour à tous et toutes. C'est pour les francophones. In January 2022, more than one year ago, during the 10th meeting of the Emergency Committee for COVID-19, its members suggested to WHO that it was necessary to prepare for the moment when the qualification of the COVID-19 event would change, upon which criteria, with which precautions, with which communication messages.

After 16 months of reflection, work and discussion with WHO Secretariat, EC members considered yesterday the time had arrived for the transition from the public health emergency of international concern, the PHEIC status which qualified the event under the IHR, to another approach of the event taking into account the other possibilities offered by the International Health Regulations.

Why now? There are three reasons why now. Firstly, because the main criteria for such a transition are now met. It is true that the virus continues to circulate in every country and that the pandemic is not over. It is true that there are many uncertainties, particularly regarding the evolution of the virus. It is true also that there are big gaps in surveillance, reporting and health care, particularly in the most vulnerable countries.

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However, the situation has markedly improved with less mortality and an increased immunity against the virus, immunity which is vaccine induced or naturally induced, and better access to diagnostics, vaccines and treatment. Why now? The second reason is because it is time to change the tool. The tool, which is PHEIC, is a tool offered by the IHR, has played its role, which consists in placing forward an imperative, the emergency, to generate mobilisation and reaction.

However, this tool should not be overused because it is not adapted to events which become sub-acute or chronic, which is the case presently with the COVID-19 epidemic. Of course, if necessary, and Dr Tedros said it, because of the emergence of a highly pathogenic mutant it will be possible to return to the PHEIC situation but it is better now to look in the IHR toolbox for a better, more adapted instrument.

This instrument and its use was suggested yesterday to the Director-General of WHO. It is to go for standing recommendations rather than just temporary recommendations. Such standing recommendations will allow to better integrate risk assessment and risk management concerning COVID-19 in the broader framework of pandemic preparedness and response.

It will also allow to reinforce the link between surveillance, prevention and treatment of COVID-19 and the strong system established since many years about influenza virus in animals and humans.

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EC members are aware that the production of standing recommendations will take a few months because it requires the constitution of a specific Review Committee. This is why during this interim few months period, EC members suggested to the DG to continue producing temporary recommendations in order to avoid a gap in the vigilance and the reaction to SARS-CoV-2.

As you understand, EC members suggested a belt and shoulder approach because they remain suspicious concerning the deleterious potentialities of SARS-CoV-2. An example of the belt and shoulder approach was also to make sure that the transition from the PHEIC status would not have an impact on access to vaccines because of a change in the regulatory environment.

Why now? The third reason is that because EC members are convinced that it is possible for WHO to produce messages indicating to Member States and to the public that transition from the PHEIC status to another status of the event is not a signal to lower the guard. On the contrary, that it is a strong signal to go for a better order of higher scale, aiming at sustainability and with the ambition to take lessons and reinforce the protection against emerging viruses with pandemic potential.

To conclude, first I wish to warmly thank EC members and the colleagues from the WHO Secretariat for these more than three years of work, and I shall summarise the position expressed by the Emergency Committee in one sentence. After more than three years, now is the time to confront the COVID-19 pandemic, which has caused so much suffering, with new tools and new ambitions, one of them being also to prepare for future pandemics. Thank you.

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FC Merci beaucoup, Prof. Houssin. Now, I would like to open the floor to questions from journalists. If you want to ask a question, raise your hand using the icon, Raise Your Hand, and unmute yourself. To start with, I would like to invite Helen Branswell, from STAT, to ask the first question. Helen, can you hear me? Helen?

HB Thank you, Fadéla. I wanted to ask how the world should interpret this announcement. I think many of us mistook the DG's statement on March 11th, 2020, to mean that the WHO had declared a pandemic. I've since learned WHO does not declare pandemics and it will not declare an end to the pandemic but many people will likely see this announcement as an end to the pandemic. Is the pandemic over? If it's not, how and when will we know that it is over? Thank you.

FC Thank you, Helen. Dr Ryan.

MR Thanks, Helen. I think what is clear from the statements today from both Dr Tedros and Prof. Houssin, that the public health emergency of international concern has been terminated, which means from the perspective of the World Health Organization, the global public health emergency has

ended but, as Dr Tedros said, there's still a public health threat out there and we all see that every day in terms of the evolution of this virus, in terms of its global presence, its continued evolution and continued vulnerabilities in our communities, both societal vulnerabilities, age vulnerabilities, protection vulnerabilities and many other things.

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So, we fully expect that this virus will continue to transmit and this is the history of pandemics. It took decades for the final throes of the pandemic virus of 1918 to disappear. It reverberates through the system and it's an echo in the system that you see and it just bounces around until we reach a point.

In most cases, pandemics truly end when the next pandemic begins. I know that's a terrible thought but that is the history of pandemics. There is also, as you said, Helen, some confusion. We describe many things as pandemics. We describe a pandemic of obesity, the pandemic of gun violence, many different things that are not very well described. It's a very difficult thing to describe.

I've said before that it comes from the Greek, pan-demos, demos meaning the people, pan meaning all. Pan-demos, pandemic, all of the people. Any virus that threatens all of the people of the world at any one time can be considered to be a pandemic.

The question remains, does that virus continue to threaten all human beings? Yes, it does but as Prof. Houssin said, the committee, it continues to threaten at a much lower level of impact, at a much lower level of tragedy, a much lower level of death, a much lower level of hospitalisation. So, we've got control over the virus by applying the science, by applying the lessons that we have learned, hard-won lessons of this pandemic.

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So, the virus, as I said, will continue to transmit and will continue to transmit for a very long time but the most important, I think, fact for today is that the global public health emergency as defined in the IHR is over. I think Prof. Houssin's comments are particularly important as saying we now need to move on to the next phase. Dr Tedros referred to that.

The battle is not over. We still have weaknesses and those weaknesses that we will have in our system will be exposed by this virus or another virus and it needs to be fixed, our ability to prepare, the equity in our systems, our ability to innovate, the strength of our health systems.

And not just the strength of our public health emergency response systems but the inherent strength of our health systems. Dr Tedros mentioned our EPI and immunisation programmes have been weakened. Access to cancer therapy has been weakened. Many other parts of our health system have been threatened and have been made vulnerable, even more vulnerable by COVID.

So, COVID has ended as an emergency from a global perspective but COVID is still an emergency for a family who have a loved one who contracts COVID today and needs to go to hospital. That is still an emergency. That's an emergency for a family, it's an emergency for a community but we can move

on now in terms of that. Maria, you may have some more comments to make but I think there will not be a point where WHO comes along and says the pandemic is over. The reality is this virus will continue to spread. The good news is the global health emergency is over.

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MK Thanks, Mike, and thanks, Helen, for this question. It's a poignant one because, as you say, people equate the two and, as the DG said very clearly, the emergency phase of this global crisis that we have all been facing for 3.5 years is over but COVID is here to stay and we have to learn to manage this better in integrated systems because the virus isn't going anywhere.

We've been thinking a lot about this over the last several days and how to describe this and make it understandable and more clear, as clear as we possibly can. And one of the things we've tried to do over 3.5 years is to uncomplicate these complicated messages.

I think of it like an earthquake. I think of this whole situation like a massive earthquake that we've all experienced at the same time and we have had aftershocks that have been tremendous over the course of the last several years and the foundation in which we live, the buildings that we live in are fractured, have crumbled. The people that work in those buildings have died. The people have been crushed by overwhelming stress and incredible responsibility and we've had many aftershocks over the course of the last year.

The challenge we face going forward is that this virus is evolving. There are thousands of people dying every week. There are hundreds of thousands of people who are in hospital. There are millions of people who are infected every week, so we have to not take our eye off the ball and, while we're not in the crisis mode, we can't let our guard down.

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The DG was very clear about this today and he has been very clear about this for some time. As he said, this is not a snap decision. This is a decision and a transition that has been happening for some time. So, we will be living with this virus.

In fact, one of our colleagues said the other day that we will actually be able to reflect historically to say when the pandemic could be declared over or could be over, and I shouldn't have said that because we don't declare pandemics to begin or to declare pandemics as over. Epidemiologically, this virus will continue to cause waves. What we are hopeful of is that we have the tools in place to ensure that the future waves do not result in more severe disease, don't result in waves of death, and we can do that with the tools we have at hand.

We just need to make sure that we are tracking the virus because it will continue to evolve. So, thanks very much for that question. We'll do our best to continue to explain this but, as we've said, the crisis phase, the emergency phase is over but COVID is not.

FC Thank you. Now, I would like to invite Jérémie Lanche, from Radio France Internationale, to ask the next question. Jérémie?

JL Thank you, Fadéla. I would like to ask my question in French for Mr Didier Hussain. [Non-English].

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DH [Non-English]. I should have said it in English. I just wanted to respond to the question about the level of majority in the Emergency Committee. It was an almost consensual decision from the Committee and two or three which were a bit hesitant, but that option rallied the consensus.

FC Merci, Prof. Houssin. Now, I would like to invite Tomo Deguchi, from Kyodo News, to ask the next question. Tomo?

TD Hi. Fadéla, can you hear me?

FC Yes. Please, go ahead.

TD Thank you. My question goes to Dr Tedros. How concerned are you about the negative effect of terminating the PHEIC before concluding the negotiations on a new pandemic accord? Wouldn't it undermine the urgency of establishing a new accord and lead to losing the momentum of negotiations? Thank you.

MR I'll begin. Dr Tedros may wish to add. Thank you for the question and thank you for reflecting on the importance of the accord. It's really, really important that the world and the world leaders move on to creating an architecture within which we will all be safer.

Having a mechanism to govern that, having a set of rules, having an accord, an agreement, a solemn agreement amongst Member States that we will not forget, as Dr Tedros said, that we will remember the lessons, but not only remember, we will apply them and we will apply them together and we will apply them in solidarity and we will apply them in a way in which all nations, all nations have stake in that future agreement for how we're going to prepare together, respond together, protect together, this is truly important.

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But I don't actually believe that this will have a negative effect. I think this adds urgency to the discussions on the accord because we cannot, as Prof. Houssin says, continue to use emergency instruments to manage our collective response to these threats. We have to put in place the measures. We have to put in place the structures. We have to put in place the workforce. We have to build a health system that can actually deal with multiple different crises.

We're not just facing a world of epidemics. We have climate stress. We have weaknesses in our health system, economic stresses. Our health systems need to be stronger. Our public health systems need to be stronger. Our integration, multisectoral approach to emerging threats needs to be stronger.

Prof. Houssin outlined that the IHR and the Emergency Committee mechanism and the mechanism of declaring public health emergencies is an emergency instrument. It is designed to create consensus around common threats and agree on common ways forward. That is the process of the temporary recommendations. It is designed to be an independent way of advising the Director-General on how to manage those threats.

But it is not an instrument for managing the long-term, strategic threat that we face, which is a growing frequency and intensity of epidemics with pandemic potential. It is a massive responsibility for world leaders to come together, heads of state, minister of health, other ministers and civil society to agree on a new solemn agreement for how we move forward together on this planet.

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We all inhabit this planet together. Tedros said in his speech, the viruses do not respect the lines we draw on maps, which I think is a very, very profound description of the common threat we face. Leaving aside those lines on maps, our Member States and the leaders of our Member States have to come together, we hope, and agree on what the future will look like and make that promise to future generations, as Dr Tedros said. I don't know if you want to supplement here.

TAG I think Mike had said it all. I don't think it will have a negative impact on the negotiation of the pandemic accord. As we have all been in this pandemic now, the lessons we have learned should actually dictate the need for a pandemic accord. The world was not well prepared when this pandemic hit and with the pandemic accord we can be prepared better.

And the pandemic accord should be based on the lessons learned. So, if there is real commitment not to make the same mistakes again, the presence of an emergency, a PHEIC or not doesn't matter because for the last three years we have already learned the lessons.

I believe this generation has especially the obligation because it has experienced first-hand what an unprecedented pandemic means and that will be enough to drive the negotiations forward and have a good outcome by May 2024. That's when we're expecting to have the accord.

And that accord, in terms of content, that really encompasses all the lessons learned from this pandemic and making sure that in our lifetime and in the coming generation the same thing or same mistake is not repeated. So, I don't see the negative impact on the negotiation of the pandemic accord. Thank you and Fadéla, back to you.

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FC Thank you, Dr Tedros. I would like now to invite Kai Kupferschmidt, from Science, to ask the next question. Kai, can you hear me?

KK Yes. Thanks, Fadéla. Two really brief ones, if I may. First of all, Tedros said that he had invoked a provision in the IHR that hasn't been used before to establish a Review Committee. I'd be curious to hear a little bit more about who is going to be on that. What's the timeline? What exactly does he hope to achieve with it? Then, I'm just curious, in weighing this decision what Prof. Didier Houssin and others felt was as the biggest risk of this. What weighed on their minds their most as they made this decision?

FC Thank you, Kai. We will start with Dr Ryan.

MR Very briefly. I'll hand over to Carmen and then to Didier on the issue of what the Committee's deliberations were. Thank you, Kai, for the question. Carmen will explain the detail of the procedures that are available to us but,

again, I want to emphasise that we've issued a Strategic Preparedness and Response Plan yesterday. WHO has already laid out for the world the key elements of action that are needed by governments across collaborative surveillance, community protection, safe, scalable clinical care, access to countermeasures and emergency coordination.

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The process associated with the Emergency Committee would be the generation of standing recommendations which would last for a much longer time, Carmen will give the timing of those, and would be recommendations aimed at broad, long-standing recommendations to Member States about the continued control of COVID and its integration potentially into wider control measures or wider strategic areas. Carmen.

CD Thank you, Mike, and thank you for the question. The provision that Prof. Houssin referred to is actually Article 50, for those who are actually familiar of the IHR, which sets out the mandates of a Review Committee. It covers three elements, this Review Committee, in general.

One is to provide advice to the Director-General on amendments to the IHR and you may be aware that such a Review Committee has just completed their work in early January this year in relation to the amendments proposed to the IHR. The second mandate of such a Review Committee is to provide advice to the Director-General, make technical recommendations on the functioning of the IHR, and you are aware that a Review Committee on the functioning of the IHR during COVID-19 also has been convened in 2021-2022.

And the third element of that mandate for a Review Committee is exactly this one, to provide advice to the Director-General on the standing recommendations. Indeed, this has not been used before. The previous Review Committee only addressed the two elements of that mandate that I mentioned before.

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On the issue of composition of the Review Committee, the IHR gives the details of how this committee should be selected and basically the members will come from the roster of experts established under the IHR and the composition will be based on the principles of equitable geographical representation, gender balance, balance of experts from developed and developing countries, as well as representatives of different diversity of scientific opinion and approaches.

The functioning of this committee will follow the same rules and procedures of any expert advisory body in the same way that the Emergency Committee follows those rules, and the reports will be provided to the Director-General. That Review Committee will also have the possibility of hearing positions from Member States, from state parties to the IHR, actually, and from other representatives of UN organisations and non-state actors.

The issuance of standing recommendations, as Mike was saying, these recommendations are like temporary recommendations, non-binding advice issued under the legal framework of the IHR but which do not have to be reviewed very three months like the temporary recommendations. They are

provided for the management of events of the longer term and would actually reflect the needs that countries face now in this transition process.

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Lastly, the standing recommendations, once issued by the Director-General to state parties will also have to be submitted to the Health Assembly, at a subsequent Health Assembly for its consideration but not for its approval. Thank you, Fadéla. I hope it answers the question.

FC Thank you. Prof. Houssin.

DH Thank you. Thank you very much. Well, this question is important because of course the transition from one status to another is always a risky moment. I can refer, for example, to the hermit crab when he has to transit from one shell to another, he's in a difficult situation. And the EC members were confronted with this question.

The risks which were identified, four main risks were identified. The first one is to be caught by surprise by the emergence of a more pathogenic mutant and, of course, the response to this risk is to reinstate for the Director-General a new Emergency Committee to provide response adapted to this new event.

The other risks were identified as communication risks, that is misinterpretation leading to lowering the guard and this was discussed previously by Dr Tedros and by Mike Ryan. Another risk which was identified was the regulatory risk, that is will this change lead to some difficulties in access to vaccines because of the modification of the legal environment? And the fourth risk which was identified was a moment of vacuum in the transition from science to decision through expertise.

The analysis of the balance of the benefits and risks which was made by the Emergency Committee was to conclude that it was important to be realistic considering the situation and also to explore the potential which is offered by new tools which were mentioned, that is a standing recommendation.

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This is the response which we have brought to this risk, how to mitigate the communication risk, and I think the meeting today is extremely important because the messages you will transfer will be key to the behaviour of the Member States and the public with regard to COVID-19 and also the other measures which I've mentioned to mitigate the risks identified. Thank you.

FC Merci, Prof. Houssin. I would like now to invited Bianca Rothier, from TV Globo, Brazil, to ask the next question. Bianca, you have the floor.

BR Hi, Fadéla. Can you hear me?

FC Very well. Go ahead.

BR Thanks a lot. We have been waiting for this day for a long time. I'm happy to see you together now for this announcement. You talked about mistakes and looking behind. How do you evaluate the Brazilian response, what Brazil did that no country should repeat in case we have or when we have another health emergency?

And I take this opportunity to also make a second question. I believe you are aware of a huge scandal in Brazil this week and I would love if Dr Tedros could talk about that. Just to explain, there is an investigation about suspected efforts to fake COVID-19 vaccination records from the former president, Jair Bolsonaro, in way that he would travel to the United States.

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In case you don't want Dr Tedros to comment specifically on that, generally speaking could you please explain how dangerous it is to fake a vaccination certificate. I imagine it puts people at risk. So, what are the risks? Thanks a lot.

FC Thank you, Bianca. Dr Van Kerkhove will take the first question and I believe we responded by email to your second question.

MK Thank you, Bianca. You ask, also, a very good question. I think over the last 3.5 years we are always looking at ways in which every single one of us on the planet could do better. I was recently giving a talk and asking do we remember? Do we remember the beginning of this when we knew so little and we were acting on as much information as we could get our hands on to make the best decisions possible. There have been many recommendations that have been provided over the last 3.5 years and as a learning organisation, we are constantly applying those.

As the DG said, today we are sitting here hopeful and humble looking forward, looking forward to what needs to be done, looking forward at what remains to be done to ensure that we don't lose the moment over the last 3.5 years, that we don't lose the gains that have been made across all of the pillars of response, of surveillance, of expanded lab capacity, of incredible increases in genomic sequencing, on better clinical care, on rapid development and scientific advancements of collaborations and all of that.

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And we rely on our Member States and the scientists and public health professionals in all those countries and, as you've heard me say before in this forum, the researchers and scientists that we worked with in Brazil have been absolutely outstanding before this pandemic, during this pandemic, and this will continue as the pandemic continues and as the next epidemic unfolds.

But I think also as we look to the past, we also need to be respectful and humbled by what has happened. I fortunately have visited Brazil a few times in the last couple of years and went to Manaus and visited the health care facilities, the hospitals, the frontline workers who care for so many people who died.

And every single one of the people that I met lost someone and they were back at it every single day to do better, and that's what we're up here to do, to do better. And I think what we shouldn't forget, while being hopeful looking to the future, we can't forget the amount the amount of death that has happened. As the DG put it, it didn't have to be this way and it doesn't have to be this way again.

We can't forget the images of the hospitals, of the ICUs filled to capacity, of the images of medical gloves filled with warm water that are holding the

hands of our loved ones who died with health care workers who ensured that they didn't die alone. We can't forget those fire pyres. We can't forget the graves that were dug. I won't forget them. None of us up here will forget them, and that drives us every single day to do better and to do more.

00:50:11

While I am hopeful, and I really am quite emotional because there's more we need to do. So, thank you for asking these questions and for being part of this journey with us and reporting accurately and timely, and conveying difficult information, because it has been difficult and it will continue to be difficult because there is more work to do. So, hopeful to the future, respectful of the past, constantly learning lessons, and that is not something that is going to change. Thanks for the question.

MR Let me just add, specifically on Brazil, certainly, right now, as we enter this next year or two, Brazilian diplomats, Brazilian health leaders are intimately and prominently involved in the negotiation of a pandemic accord and the negotiations around IHR revision.

The Pan American Health Organization has elected a fine Brazilian as its lead and, as Maria said, Brazilian science, Brazilian vaccine innovation, Brazilian innovation in surveillance. I met a couple of weeks ago with the head of the Health Emergency Section of the Ministry of Health here, with Dr Abdi.

And I was so impressed to learn just how much the Brazilian system at state and at national level is evolving and is becoming real leading light in the Americas and globally, an anchor for global innovation and an anchor for global public health.

00:51:46

So, we're really, really pleased to see that. We're really pleased to see that leadership emerging. We're really pleased to see Brazil engaging with the world and we're really pleased to see both its scientific and diplomatic leadership having a major impact on the future of public health and public health security.

FC Thank you. Next question is for Christophe Vogt, Agence France-Presse, Christophe?

CV Hello. Thank you for taking my question. Can you hear me?

FC Christophe, we cannot really hear you, Can you speak out, please?

CV Yes.

FC Christophe, I will come back to you because we cannot hear you at all. So, let's move now to the next journalist from Nature. It's Paul Adepoju. Paul, can you hear me? Paul?

PA Yes, I can hear you. Thank you very much. My question has to do with the implication of this declaration on the response in Africa. We saw the inequality and vaccine nationalism that were the hallmarks of the response that eventually slowed African countries in responding. How do you expect this declaration to impact the gains made and considering the fact that several of

the milestones have not been achieved in many African countries? Thank you very much.

00:53:43

FC Kate O'Brien will take this question.

KO It was a really broad question but I'll address it from the perspective of, certainly, the vaccine component of this. What's really important about declaring the standing down of the public health emergency is that the vaccine effort does not end here.

What is extremely important is to know, first of all, that the authorisation of the vaccines continues. There is work to be done to move the authorisations of vaccines into the more regular form of authorisation but all vaccines that have been authorised continue to hold that status for the time being.

The second thing is that there is full commitment to continue to support countries in their ambition to broaden out the coverage of vaccination, especially for those groups who most need vaccines. As has been described, we continue to have cases and deaths and the work isn't over.

Coverage of those individuals who are at high risk of serious illness and of death is still far too low in so many countries around Africa and in other parts of the world and especially with the booster dose, which is really important for protection against that severe end of the spectrum.

I think the third thing to say is that there is a commitment. COVAX is continuing to be in operation through the rest of this year and there will be decisions made about the continuation of provision of vaccine for the countries that have benefited from the vaccine supply through COVAX.

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Those discussions and decisions are ongoing through Gavi, through the Gavi Alliance, and we're really looking forward to making those decisions to assure that continues to be vaccine that's available for all people who still need that protection.

And I think what we want to emphasise so much is that the vaccines are working and it is in large part not only the vaccines, all of the efforts and measures that have been taken, but the vaccines have played a really important role in protecting populations so that even when people get infected, the seriousness of the illness, the risk of death has really been addressed through vaccination of individuals.

We want to emphasise as has been said so many times by Maria, by the Director-General, by Mike, that the work is not over by making this announcement. The work actually continues and we have been planning for when this day would come that we would be transitioning into this next phase. And the work remains essential and it remains essential for the lifesaving nature of the vaccines. Perhaps, Maria wants to add a couple of other things. Thank you.

MK Just a couple of other points to add on top of what Kate has said. We know that the African continent has not been spared from COVID-19 and what people, individuals, governments, labs across the continent, health workers

have done has really been tremendous and has expanded in capacities. Just to highlight on the testing side, we had countries in Africa, Somalia had no PCR testing capacity before this pandemic and now have labs across the country, can do sequencing.

00:57:17

We have had countries across the continent who have led on the detection of variants and variants of concern, reporting these immediately to WHO with the Technical Advisory Group for Virus Evolution, so that we could take rapid action, and these are incredible scientists across South Africa.

I shouldn't name some countries because I will inevitably leave some out that shouldn't be left out but the expansion in capacity for laboratory testing, for sequencing but also in clinical care and access to medical oxygen, the amount of work that has been done to expand access to and use of sustainable medical oxygen across the continent has grown.

The challenge right now is to sustain and maintain this because it's not only important for COVID-19, it's important for other diseases that are in circulation. And so that's what we are working on with all of our Member States, including across Africa.

Just lastly, just to mention the engagement of communities, of individuals, of youth across the continent have remained absolutely essential in listening because, as you've heard us say many times before, outbreaks begin and end in communities and with the engagement of individuals and most importantly listening to, empowering them.

Finding the solutions to be able to implement lifesaving interventions is what continues to be necessary. So, there's a lot of work that has been done that needs to continue. The challenge now, as many questions have pointed out, is really how do we keep up this momentum? How do we sustain this?

00:58:50

And as the DG said, the worst thing to do right now is to dismantle systems, is to stop because what we are doing for COVID is important for COVID but it's important for pandemic prevention, preparedness, readiness and response as we go forward. So, everything that is invested in is important for now and for the future.

FC Thank you. I would like to call once again on Christophe Vogt, from AFP. Christophe, can you hear me?

CV Yes, I can hear you. Can you hear me now?

FC Yes, thank you.

CV Excellent. Thank you. I'm really sorry about that. After three years you would think I can use a Zoom call. Anyway, thank you very much for taking my question. Two things. Just maybe a clarification on the 20 million dead Dr Tedros alluded to. If you could just clarify exactly how you count those because it's, as we know, quite far away from the official count.

Then, second, and Dr Van Kerkhove started sharing with us what maybe matters most or what she remembers most in these last three years. I was

wondering if maybe Dr Tedros too would give what is the image that you're going to keep in your mind from this period that has been not closed, as you made it very clear, but at least the worst part seems to be behind us for now. Thank you.

01:00:21

MK I can start and then the question was to Dr Tedros, so I will let him answer. I think on the excess mortality, these are estimates. We have reported deaths to WHO and as of a few days ago this was more than 6.9 reported deaths and we've undertaken an estimate and we can send that report, we'll make sure we put that in the chat, of how these estimates were made.

The real answer is we don't know how many people have died. We have to estimate this because there are challenges in reporting but we know it's far higher than the seven million deaths that have been reported. I just wanted to clarify also my lasting memories will not just be of the death, it will also be of the incredible people that I've had the privilege to work with and continue to work with.

If we look at scientific collaboration and scientific solidarity, that was incredibly tremendous in the last 3.5 years no matter what the politics of any country of anything around the world, scientists really stood up and really worked together and worked hard to answer those unknowns, to generate the data for us to analyse, to debate, sometimes quite fiercely, but all in an effort to help people everywhere. So, for me, those are the biggest memories that I will have but I just, in my mind, can't forget these things that really propel me to get out of bed every day.

01:01:55

MR I think the thing about crisis, having been through many in my life, professional and personal, is that saying it was the best of times, it was the worst of times. And I think that's what you see during a crisis. It doesn't matter when it happens to you. I was a hostage in Iraq for five months. I saw the best in people and I saw the worst in people, and sometimes from the same people.

One is left after a tragedy, after a crisis, with a real sense of confusion because you're happy it's over but you know the world has changed. The excitement of responding to a crisis creates its own energy but how do you sustain that effort after? And we're not after here. By no means are we after.

But it's the little things that stick with you, it's never the big things. I've received all kinds of awards and many other things and the most precious thing I have as an award is a little poster that Maria's son gave to me after a very particularly bad day, a few days in this pandemic with a lot of the scrutiny that Dr Tedros talks about, a lot of the base discourse and the base attacks.

It was a sad thing for me to have seen how our language to each other and how our engagement with each other has become so impolite, so attacking, so disrespectful. It was a particularly tough day and I thought I don't know if we'll get through another one.

And Maria's son sent a little poster to me with a rainbow on it and it said good job. There's a WHO thing behind me when I do my Zoom calls and on the top

left corner, for those of you who might want to look more closely, you'll often see that little poster is still there and it just says good job.

01:04:00

I hope we've done a good job. It has not been a perfect job but my abiding thought of the pandemic is people are wonderful. People have an innate capacity to survive crisis. We, as leaders in whatever field we lead, be it in the frontline of the health service, be it in the frontline of political leadership, be it in the frontline of innovation, we have a duty to serve the people and we have more to do if we're going to service the people properly. I really hope dearly, my personal wish is that we can agree an accord, we can agree a new way of doing business for the future and we can do that in the next year.

FC Thank you. I would like now to give the floor to another journalist, Donato Mancini, from Financial Times. Donato, can you hear me?

DM Hi. Good afternoon. Thanks for taking my question. What are the practical consequences of this announcement for nations and the world? Could you give us a bit more detail about that? Secondly, what do you say to those who will say this transition came too late? Some countries in the world have been living as if COVID wasn't an emergency for quite some time now. Thank you.

FC Thank you, Donato.

MK I can start. As the DG said, actually this week we published an updated Strategic Preparedness and Response Plan which actually outlines what needs to be done and how we are supporting Member States in this transition. The transition is going to take some time because there isn't this automatic switch between everything on and everything off.

01:05:45

So, across all of the pillars of response, of collaborative surveillance, community protection, safe and scalable care, access to countermeasures, emergency coordination we are working with countries to calibrate this response going forward.

We don't want to see systems shut down. We don't want to see people laid off. We don't want to see labs close. However, we have to calibrate what was done in the crisis point of this where things were so high and everything was focused on COVID. We need to make sure that countries are dealing with COVID in the context of everything else, in the context of health emergencies, as well as non-health emergencies, and the crises that they're facing, everything from energy crises to floods, to war.

What we outlined was a two-year plan and, as we said, this decision of ending the public health emergency is not a snap decision. It isn't something that we thought of overnight or that the Emergency Committee thought during this debate or during this discussion would come up. It was something that has come up over some time and as an organisation we've been working on this with our Member States in this transition.

So, there are a lot of practical things countries need to do in terms of what governments need to for surveillance, for ensuring safe clinical care and

getting patients into the clinical care pathway so that they receive therapeutics and treatments as early as possible, increasing vaccination coverage.

01:07:10

But of course, as you know, we've always said it's vaccines and, not vaccines only. So, investments in ventilation, investments in making sure that we have the appropriate way in which people who need to stay home can stay home and continue to work and still be paid because remember many people on the frontline didn't have the luxury to stay at home if they were unwell.

There's a lot of things that need to be put in place and that's why we say there's a lot more work that needs to be done. I just wanted to highlight the Strategic Preparedness and Response Plan. It was published on Wednesday. It outlines many of the areas of activities that need to be focused.

We have three objectives in the Strategic Plan. The first is to reduce and control the incidence of SARS-CoV-2 variants with increased growth rates and immune escape, with particular focus on reducing infections in those who are most at risk and vulnerable populations.

Secondly, to prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae, and here we're also talking about post-COVID-19 condition. There's a substantial number of people out there who are suffering from post-COVID-19 condition and they need proper recognition, they need proper care through the entire duration of what they are suffering through.

And the third objective is for WHO to support Member States in transitioning from the crisis response to a sustainable integrated longer-term and strengthened COVID-19 disease management within the context of their existing programmes.

01:08:39

What I mentioned with this earthquake and these buildings that were struggling is we're rebuilding those buildings. We're strengthening and reinforcing those buildings. We're repopulating the workforce that is there and supporting people and that is something that will continue for years to come.

FC Thank you. Prof. Houssin?

DH I would like just to say a few words because the question about the transition too late is, of course, very important and I would like to say to Mr Mancini that the topic was addressed for the first time, that is the idea of a transition from PHEIC to another status was addressed for the first time in January.

At that time, it was clear that it was necessary to discuss about the criteria and discuss about what would be the secure way to give up the PHEIC status. It was again addressed in several informal meetings in between to discuss about these questions, which are not simple because IHR, as you know, is not a very simple text.

The second thing is that in January 2023 the question was addressed again but at the time the situation in China was clearly new and difficult and it was

clearly not possible at that time to go along with the transition. And it was recently addressed during the last meeting at a moment when it appeared to be the right moment for such a suggestion to the DG.

01:10:23

MR I just want to add because I think it's very important. We are never, ever in transition in this organisation. We're currently dealing with 54 other graded health emergencies around the world. There's never a downtime, there's never a transition, there's never a time when we move from one event to another. We move between crises all the time.

And we haven't been waiting around to look at a transition. We've created the Health Emergency Preparedness, Response and Resilience architecture. Dr Tedros has made ten proposals to the Member States of this organisation on two separate occasions. We're going through Member State consultations on a constant basis.

Dr Briand, who is here with us, is leading an initiative called PRET, an initiative to bring together all of the measures we have in place for controlling respiratory viruses and develop the scientific, technical and operational architectures to deal with that. She's also leading a biohub initiative that Dr Tedros created to create a much better framework, a much better architecture for sharing specimens and sharing materials around the world.

We started the Universal Health and Preparedness Review pilot studies in six countries. I've just come back from Sierra Leone where I went on behalf of Dr Tedros, where countries are now looking much more fundamentally and at a much higher level at their universal health systems but also at their pandemic preparedness.

01:11:43

We've created the pandemic intelligence hub. This has all happened during the pandemic, by the way. The pandemic intelligence hub in Berlin, the Berlin hub led by our colleague, Chikwe Ihekweazu, which really hopes to fundamentally address issues around innovation in epidemic intelligence and epidemic prediction.

We've created the global health emergency corps in collaboration with the Government of Germany, the G7 and the Bill & Melinda Gates Foundation, led by Dr Abdi here and others, which seeks to bring together a lot of initiatives around the world on surge deployments from EMTs to GOARN and many other things.

From that perspective, COVID has been driving a lot of these decisions to move forward, to innovate, to change the way we do business. That's happening. We still need more. We need the accord. We need to have the standing recommendations. We need to have more.

But the organisation has not been waiting around to transition, I can assure you, out of emergency mode. We're constantly in emergency mode but we need the world to get into preparedness mode. We can't just keep responding and responding and responding. We have to start preparing better. We have to get the inequities out of our system. We talk about this all the time.

We saw people in this pandemic literally bartering for oxygen cannisters on the streets of major cities. This is the 21st century. Is that what we want to witness in the next pandemic? We saw family members physically fighting to get their loved ones into a hospital bed. We saw people die before they got to the emergency room because they were waiting in car parks.

01:13:22

That's the reality of our health systems. That's the reality of our preparedness. We can talk about all the technologies we want but we can't just use technology to get out of the mess we're in. There are huge inequities in our global system. There are huge inequities in countries and between countries.

So, we have to address everything. We have to address technology, we have to address our systems, we have to address how we govern, we have to address how we finance. We have the Pandemic Fund, which is a fantastic innovation, working with the World Bank and many other partners, and we've had unprecedented expressions of interest for that.

There is a massive demand out there from public health, civil society, other organisations at national level. There is a huge demand to be invested in, to build better systems, to build better systems at community level. I've said it many times, sometimes with criticism, that the single biggest missing commodity of this pandemic was trust.

Dr Tedros spoke to that. Rebuilding trust through building platforms in which we can engage our communities in a way in which they trust the system and they trust each other is going to be extremely important. So, I don't think we've transitioned late. We've been transitioning since the first day of this pandemic because we have to move on to a better system. Thank you.

01:14:38

FC Thank you so much. I think we have come to an end for this press conference. I would like to invite Prof. Houssin if he has any closing remarks. If not, journalists we sent you the DG Opening Remarks already. You have also received the statement of the Emergency Committee and all are posted also online. Other documents will be sent to you in a couple of hours.

If you have any follow-up question, please don't hesitate to contact the WHO Media team and we will be happy to provide the answers to you. Thank you for my colleagues and thank you to journalists who joined this press conference. Now, I would like to give the floor to Dr Tedros for any closing remarks.

TAG Thank you. I think Mike had already said it very, very nicely. I don't want to spoil what he said, so I would prefer not to add more. The only thing I would like to add is another cartoon that I got from Maria's son, the same with a rainbow and saying good job. Getting that kind of compliment from a child, very innocent, it makes you feel really happy and we were both happy, myself and Mike.

And the message there, I think for me, was the things that we should really do to make the world better for the children, for the future. When I got that card, that's what came to my mind. Again, I think today's message is exactly that. Of course, the emergency is over but we have started many initiatives to prepare

the world and we need to continue that commitment and have a real impact and do it for our children. His name is Cole. For Cole.

01:17:11

With that, thank you so much also the members of the media. You have been with us throughout, whether it's early morning or late evening. So, thank you so much for your commitment and for sending out the words to the whole world and thank you.

I look forward, of course, to continue working with you but I really want to recognise your commitment and efforts and also express our deep gratitude. Thank you so much and bye from us until we see you next time. Of course, the pressers will continue, so see you next time.