

Global Health Issues

Virtual Press Conference

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Speaker key:

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SB	Dr Sylvie Briand
MR	Dr Mike Ryan
KO	Dr Kate O'Brien
MN	Dr Maria Neira
AF	Ashleigh Furlong
HB	Helen Branswell
BG	Belisa Godinho
AT	Alexander Tin
KC	Kerry Cullinan
YA	Yuri Aprelev

00:00:52

TJ Hello to everyone. Today is August 9th. I'm talking from the Geneva headquarters of the World Health Organization. My name is Tarik, welcoming you to the regular WHO press conference on global health issues.

I will start, as usual, by introducing our speakers here, in the room. We have, as always, Dr Tedros, our Director-General. Also, Dr Mike Ryan, Executive Director for WHO Emergencies Programme. Dr Sylvie Briand is Director of Epidemic and Pandemic Preparedness and Prevention. Dr Abdirahman Mahamud is Director ad interim Alert and Response Coordination. We also have Dr Olivier le Polain, who is Incident Manager for Sudan Crisis, as well as Dr Maria Van Kerkhove, COVID-19 Technical Lead.

We also have a number of WHO colleagues online, who will be called upon to answer questions if need be. We also have a special guest at today's press

conference that Dr Tedros will introduce in his opening remarks. For journalists who wish to ask their question, please try as early as possible to click on the icon, Raise Hand, so we can put you in line for questions after the opening remarks. With this, I give the floor to Dr Tedros.

00:02:30

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Three months ago, I declared an end to COVID-19 as a global health emergency, although I said that it remains a global health threat. Since then, the number of reported cases, hospitalisations and deaths globally has continued to decline.

However, the number of countries reporting data to WHO has also declined significantly. In the past month, only 25% of countries and territories have reported COVID-19 deaths to WHO, and only 11% have reported hospitalisations and ICU admissions. This doesn't mean that other countries don't have deaths or hospitalisations, it means they are not reporting them to WHO.

There is no question that the risk of severe disease and death is vastly lower than it was a year ago, thanks to increasing population immunity from vaccination, infection or both, and from early diagnosis with better clinical care. Despite these improvements, WHO continues to assess the risk of COVID-19 to the global public as high.

The virus continues to circulate in all countries, continues to kill and it continues to change. WHO is currently tracking several variants including EG.5, for which we are publishing a risk evaluation today. The risk remains of a more dangerous variant emerging that could cause a sudden increase in cases and deaths.

When I declared an end to the COVID-19 emergency in May, I announced that I was establishing a review committee to advise me on standing recommendations to support countries to manage COVID-19 in the long-term.

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Today, on the advice of the committee, I am issuing standing recommendations for countries in seven major areas. These recommendations reinforce the advice WHO has provided to countries in its Strategic Preparedness and Response Plan, published in May.

First, all countries should update their national COVID-19 programmes using the WHO Strategic Preparedness and Response Plan, to move towards longer-term sustained management of COVID-19. Second, we urge all countries to sustain collaborative surveillance for COVID-19, to detect significant changes in the virus, as well as trends in disease severity and population immunity.

Third, all countries should report COVID-19 data to WHO or in open sources, especially on death and severe disease, genetic sequences, and data on vaccine effectiveness. Fourth, all countries should continue to offer COVID-19 vaccination, especially for the most at-risk groups who are most likely to be hospitalised or to die.

Fifth, all countries should continue to initiate, support, and collaborate on research to generate evidence for COVID-19 prevention and control. Sixth, all countries should deliver optimal clinical care for COVID-19, including access to proven treatments and measures to protect health workers and caregivers. And seventh, all countries should continue to work towards ensuring equitable access to safe, effective and quality-assured vaccines, tests and treatments for COVID-19.

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We recognise that many people and governments view COVID-19 as a thing of the past. So, why are these recommendations still important? For those who lost someone they love, for those who continue to be at risk of severe disease or death, for those who continue to suffer from post-COVID-19 condition or long COVID, for them COVID-19 is still a daily threat and a daily trauma.

WHO will not forget about COVID-19 and nor can governments. Implementing these recommendations will not only help to protect against COVID-19, it will also help countries to prevent and respond to other diseases. We cannot predict the future but we can prepare for the future.

The review committee is also discussing standing recommendations for mpox, which it will deliver later this week. It's important to emphasise that these recommendations do not interfere with the ongoing negotiations on the new pandemic accord or on amendments to the International Health Regulations.

To say more about the committee's work and its advice, I'm pleased to welcome its Chair, Prof. Preben Aavitsland, from the Department of Global Public Health and Primary Health Care at the University of Bergen in Norway. Prof. Aavitsland, thank you for your leadership of the committee and for the strong recommendations you have proposed. Tusen takk. You have the floor.

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PA Thank you, Dr Tedros. The COVID-19 pandemic has led to millions of cases of severe disease and deaths, and it has disrupted health care delivery worldwide. The measures taken to control the pandemic have also had significant impacts on economies and the wellbeing of populations.

As almost everyone on the Earth now has some immunity against the virus from vaccination, from natural infection or from both, the virus is a much smaller threat to individuals, health care services and societies today. This progress is reflected in the Director-General's decision three months ago to end the public health emergency of international concern designation.

The virus, however, will not disappear. In the years to come many people will suffer from severe COVID-19, mainly people in older age groups. While suppressing the virus' spread may no longer be the primary goal, significant efforts can still be made to reduce the overall disease burden caused by COVID-19.

The main approach moving forward involves immunising those who are most vulnerable to severe outcomes and providing effective treatment for those who become infected. Repeated infections among low risk individuals will contribute to maintaining population immunity, although new waves of infection are possible due to waning immunity and evolution of new variants.

Most people, however, remain at small or very small risk of severe COVID-19 disease.

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As countries transition from emergency responses to a more normal situation, vigilance and preparedness for changes in the epidemiological landscape remain essential.

During the public health emergency of international concern, from January 2020 to May 2023, countries' response efforts were guided by temporary recommendations issued under the International Health Regulations. In the current transitional phase countries' preparedness and response actions can be guided by standing recommendations also issued by the Director-General under the International Health Regulations.

The review committee was asked by the Director-General to give him technical advice on the contents of standing recommendations to Member States. As this was the first time in history that such recommendations were to be issued, we were mindful of the importance of our task.

Members of the review committee came from all regions of the world and were appointed to the committee for their expertise, their independence and their commitment to global health. I thank them for their work on this report. I am pleased to see that the report was of use to the Director-General. Thank you.

TAG Thank you, Prof. Aavitsland. Tusen takk again. Finally, WHO remains highly concerned about the worsening humanitarian situation in Sudan, which is now entering its fourth month of conflict. More than 40% of the population of Sudan is now in hunger, double the number since May last year.

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Limited access to medicines, medical supplies, electricity and water continue to pose a challenge to the delivery of health care in states affected by the conflict in Sudan. WHO is also concerned about the humanitarian situation caused by the recent conflict in the Amhara region of Ethiopia.

Almost two million people are in need of health assistance. The situation is made more complex by the influx of refugees from the conflict in Sudan. In the three weeks before the conflict erupted, WHO dispatched 35 metric tonnes of supplies, which are enough to reach over half a million people in need.

We have also built a cholera treatment centre in Bahir Dar, but we face severe challenges with access and communications. The people of Amhara cannot bear another conflict. WHO calls on all parties to the conflict to cease hostilities and return to talks. Tarik, back to you.

TJ Thank you, Dr Tedros, and thank you, Prof. Aavitsland, for these opening remarks. Before we move to questions, just to inform media that a few minutes ago we have sent the standing recommendations and accompanying material to our global list, so you should have it in your inbox.

Let's now go to questions, and reminding reporters to press the Raise Hand icon if you want to have your questions being asked online. Let's start with Politico and Ashleigh Furlong. Ashleigh, please unmute yourself.

AF Thanks for taking my question. It's a question about the spread of mosquito-borne diseases in places that they didn't usually occur, such as dengue in several European countries. I have two questions. The first one is given that these countries don't usually have to contend with these diseases is there concern that they don't have the systems in place to monitor and treat them, as well as eliminate the mosquitoes themselves?

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Then, on the elimination question, I'm wondering if the WHO is recommending specific actions for these countries. Should people start putting up mosquito nets, wearing insect repellent? Should countries start implementing large-scale campaigns to eliminate these mosquitoes? Any comment on that would be really useful. Thank you.

TJ Thank you, Ashleigh. Maria, would you like to try?

MK Yes, thank you. I can start. It is quite a broad question and it highlights a lot challenges that we are facing right now with the way in which we are living on this planet, the drivers of spillover and changes in climate, in terms of how the geographic range of these mosquitoes is moving further north, further south, placing countries at risk for diseases that they haven't had experience with, as you've pointed out in your question.

So, the world in which we live in, we need to take into account these changes and be able to prevent and prepare and respond to the threats that we face. You mention diseases spread by mosquitoes but this is a risk for all emerging pathogens with epidemic and pandemic potential.

One of the reasons why I'm going to link back to COVID for just a moment and what the DG said is that the systems that have been put in place and that have been enhanced, particularly over the last 3.5 years but have been working to advance for many years, are applicable for diseases like dengue, for diseases like cholera, for diseases like Ebola and the next respiratory pathogen.

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So, yes, countries do need to utilise the different ways and the different types of interventions for prevention, one of which is vector control, looking at what are the mosquito populations that are there and how could vector control be applied, but a lot of this is also about other uses of tools that exist.

In instances where we have interventions like medical interventions, therapeutics or vaccines, depending on the pathogen, we need to be able to prepare for that. And countries have worked incredibly hard over the last several years to build those systems and strengthen those systems for COVID but those could also be used for other diseases.

Other may want to comment on this, specifically about dengue, but in short, of course, countries need to look at what are the risks to their populations, they need to look at how the changes, climate change and the dynamics of spillover and amplification are changing and prepare for that.

TJ Thank you. Dr Briand, would you like to add something?

SB Yes. Thank you very much for this very important question, indeed. WHO is recommending Member States to now adopt a framework that we call HEPR, Emergency Preparedness and Response framework, which includes five categories of intervention and capabilities that countries need to strengthen to face those emerging diseases or new threats, and we call them five Cs.

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It is collaborative surveillance. We encourage countries to increase surveillance and, in particular, for vector-borne disease it's important not only to monitor the disease in humans but also see if mosquitoes are infected and able to transmit the disease.

The second C is community protection and it includes all the measures that important to protect communities. Of course, it's information and, as you mention, information on the measures that can protect individuals so, in case of vector-borne diseases, mosquito repellents and bed nets and so on, but also all the measures that will make the environment safer, for example using insecticides to reduce the population of mosquitoes.

The third C is clinical care. It's very important to have a good health system and to be able to take care of patients. For some of these diseases we do have treatment, either antivirals or for cholera, for example, we have antibiotics as well.

We encourage countries, of course, to make sure that depending on the risk they may face, they need to also be ready to have those treatments or vaccines in hand. The fourth C is access to countermeasures and here we include in countermeasures the vaccines, the treatment, the diagnostics but also any other measure that could be useful to treat patients, for example oxygen in some cases and this was the case for COVID-19, for instance.

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So, it's very important that countries also look at their supply chain and making sure they can access those countermeasures in a timely manner should they need them. And the last C is coordination because any of these outbreaks or new diseases will require cross-sectoral coordination. This coordination needs to be scaled up when there is a crisis but ideally it has to be prepared and enhanced before the crisis.

This is why we call on countries to really have this approach, cross-sectoral approach, and one good example is what we call One Health, which is a cross-sectoral coordination between the animal sector, human sector and environmental sector. Thank you.

MR I just want to add specifically in the relation to the likes of dengue. People make that comparison if people know that word, dengue virus or dengue haemorrhagic fever, and we have malaria. But it's important to recognise that there are different mosquitoes that transmit those two diseases and they have very different behaviours.

The Aedes mosquito that transmits dengue and also transmits yellow fever and other viral diseases is a day biter and not a night biter. So, the interventions we have in place for preventing malaria in kids are very often

bed nets at night but they don't work as effectively when the mosquito transmitting the virus is biting during the day.

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What is interesting is that that same day-biting mosquito is quite happy to continue to bite into the night if an area is well-lit but you're talking about where people are densely populated, where there's poverty. Where there's the *Aedes aegypti*, the mosquito doesn't breed in the normal rivers we see. It actually prefers to breed in areas where humans leave standing water, in upturned cans and upturned tyres and the waste of modern life.

So, we are creating this problem in the main by creating and driving the production of breeding sites, by putting people together in areas of poverty, by allowing those vectors to breed, and then the virus emerges or very more often emerges after flooding events or after rains.

But, in effect, this is about human behaviour as much as it is about the behaviour of the actual virus or the behaviour of the vector for the virus, which is the mosquito. Climate change is changing a lot of that too because it's changing the zones in which these mosquitoes can survive and breed, it's changing characteristics associated with the virus itself, it's changing human behaviour, it's changing human migration.

What climate is doing is driving all of those factors in a way that is very unpredictable and the outcomes we can't predict very well. But we do know that where dengue occurs, we do have recurrent dengue in many countries and we can prepare for it.

It's very treatable disease with very simple clinical interventions but they have to be done properly. But the intervention to prevent dengue is very much at community level. There's no high tech solution for dengue. Dengue vaccines aren't available. We don't have a magic wand.

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Cleaning up breeding sites and using larva sites or breeding sites is highly effective but that involves investing in communities, that involves dealing with peri-urban slums, that involves dealing with the people who are undocumented and unregistered in society, that means dealing with poverty.

So, there are solutions but there is no high tech solution around the corner for something like dengue. Dengue is a symptom of our society, it's a symptom of the way we make people live, it's a symptom of poverty and it's a symptom of the lack of application of simple interventions that are easily affordable in the right place at the right time.

TJ Thank you, all, for your view. Dr Maria Neira, who is our Director for Environment and Health, would also like to add something. Dr Neira, please. Can you please unmute yourself, Dr Neira? We will come back to you, Dr Neira. We definitely want to hear from you at some point. Let's go take the next question and we'll come back to you. Why don't we go to Helen Branswell, from STAT. Helen, if you can hear us, please go ahead.

HB Thank you for taking my question, Tarik. My question is about COVID vaccinations. Countries in the northern hemisphere are soon to start to give

people new boosters and I'm wondering at this point, given that we have used these vaccines in multiple rounds, whether there's any scientific rationale for putting a limitation on what vaccine you can get.

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Currently, for instance, in the United States you cannot get a Novavax vaccine unless you previously were vaccinated with Novavax, pretty much. There are a few exceptions. Is there a scientific rationale for that? Nobody cares if I get a Sanofi flu vaccine after getting a GSK flu vaccine. Isn't it time to just treat these all as equal vaccines?

TJ Thank you, Helen. We have Dr Kate O'Brien, our Director of Immunisation online. Kate, would you like to take this question?

KO Yes, Tarik. Helen, thanks for the question. First of all, we have provided recommendations on what you are referring to, which is mix and match of vaccines for COVID. Our recommendations are that for all of the vaccines that are WHO EUL, in other words the vaccines for which we've done a review and for which we have evidence, that these can be mixed and matched in terms of which dose you get for a booster dose and which dose you get for a primary series dose, with some limited exceptions.

I can refer you the recommendations but they have to do with the order in which and which vaccine you get when we're talking about the inactivated vaccines. But for the remainder of the vaccines, although we don't have clinical trial evidence or observational data on every single kind of combination of mix and match schedule, what we do know from the evidence that is available is that there is probably some increased benefit for some of the combinations of mixing and matching and that there's no evidence of having harm done or having a reduced performance of the vaccine.

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Now, that being said, different countries have certain policies around how they use the vaccines and that generally has more to do with the supply that countries have and the availability of managing that supply. But, as you say, our recommendations are that mixing and matching is acceptable and leads to good performance of vaccine regimes.

The most important thing is that for those people who are recommended to receive additional doses, that they go ahead and actually get them. So, the most important thing is to actually get the dose and that is particularly for those who are in high risk groups where that additional dose, even though it is of marginal additional benefit, still for those who are at high risk, really has a significant contribution to make to protect from serious disease. I hope that answers your question. Thanks.

TJ Thank you very much, Dr O'Brien. Maybe just to see if our guest, Prof. Aavitsland, would like to add something on this question on COVID vaccination. Professor?

PA Thank you. I'll just add that our committee strongly recommended that Member States take a look at the vaccine recommendations from SAGE, the vaccine committee of the WHO and make efforts to reach those groups at

increased risk of severe disease, and make sure that they are boosted and receive that extra benefit of protection against severe disease. Thank you.

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TJ Thank you very much, Prof. Aavitsland. Let's go to the next question. We have Belisa Godinho, from W Magazine in Portugal. Belisa, please go ahead.

BG Thank you very much for taking my question. In Portugal we are currently experiencing a season of mostly forest fires and high temperatures. Also, throughout Europe and in certain parts of the world, the intensity of the climate change is being verified. I would like to know if WHO has any updates on global warming. If not, can you give some advice in this regard? Thank you.

TJ Thank you very much, Belisa. Let's try with Dr Neira, to see if we have a connection.

MN Hi, Tarik. Can you hear me now?

TJ We can hear you now. Now, it's okay.

MN Sorry. Apologies from before. Clearly, we are very much concerned about what is happening with climate change. The international community is very concerned and, of course, WHO as well. We see now, very often, heatwaves and I think Portugal, the whole Iberian Peninsula, is very much affected by those heatwaves.

I think at an individual level the recommendations are very clear and very much common sense. Everybody knows now what they need to do at an individual level, take care of the most vulnerable, make sure that they don't go out at the extreme temperature hours of the day. You need to make sure you look for the shadow. You need to be hydrated.

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All of those common sense recommendations, including as well for outdoor workers. That is becoming very dangerous in some parts of the world where maybe the legislation is not so protective with them, and then we are assisting an increased number of mortalities due to people working outdoors and not having the proper protection. I think, by now, individual recognition of what are the symptoms of heat exhaustion or even heat stroke that can take us even to death, is extremely important.

So, what are the recommendations? At the individual level, I think those are very clear. At the local level, mayors, municipal authorities and others, they need to do an urban heat map, looking at what are those places with the most vulnerable people with social conditions that will not allow them to have air conditioning, for instance, or they don't have the conditions to look for cooling or a better situation where they can avoid this heat exhaustion.

They need to do this map and they need to do some planning as well at a human level to have more green areas, planting more trees or creating even refuges for extreme climatic conditions, for people to be able to go in there and escape a little bit from what are the terrible conditions that we are suffering now.

But, of course, in addition to that we need to look at the causes of these heat waves, and the extreme causes of that are related to climate change, and we need to look at how to prepare our world health systems to be better prepared so they can cope more and be more adapted to the climatic conditions that we are already suffering.

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That's important for dengue, the previous question on all the vector-borne diseases or weather-borne diseases. Our health systems now need to be climate resilient. WHO has issued recommendations on building blocks for preparing our health care facilities and our health systems to be climate resilient, low carbon and more sustainable health care facilities and health systems.

In addition to that, of course, we need to look at mitigating the causes of climate change, and this is where we can argue at the COPs. This year, for the first time ever, we will have a Health Day at COP28, where we are bringing Ministers of Health, Ministers of Finance to discuss how to ready the health system and the health of the people very negatively affected and for the resources that need to be injected to be better prepared, and to cope with issues like an increase of 35% of the population or risk of dengue, for instance, in South East Asia or the risk of malaria in places where we didn't see it before or how to reinforce the capacities of our health systems to cope with it.

In addition to that, of course, fighting and mitigating the causes of climate changes, doing a transition to clean sources of energy as soon as possible, and this will be protecting us as well from the horrible consequences of air pollution, which are killing now seven million people every year, and will generate a lot of health benefits.

More sustainable food systems and, of course, better planning at the urban level, preparing for and making sure that we will mitigate together the causes of climate change. The climate change is already there, no doubt. It is already affecting the health of the people, no doubt.

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We need to be better prepared to cope with the already existing consequences but we need as well to ensure that we fight, as the health community, to reduce the process of climate change as soon as possible and we need the voice of the health community very strong at COP. And this is what we are working for, to make sure that we will take the measures to reduce and mitigate climate change, which is so negatively affecting and putting at risk the health of our people. Over.

TJ Thank you very much, Dr Neira. We will move to the next question. We have Alex Tin, from CBS News. Alex.

AT Hi. Thanks for calling on me. Alexander Tin, from CBS. On COVID-19, related to the forthcoming EG.5 risk assessment that the Director-General mentioned, first can you clarify when you expect it to be released? Apologies if it's already out and I missed it. Second, what is the best way to describe EG.5's changes relative to other lineages like XBB.1.5 and EG.5.1?

Then, lastly, regarding the WHO TAG-CO-VAC's XBB strain recommendations that we heard earlier this year, do we think those XBB vaccines will be less effective for EG.5? Thanks so much.

00:36:55

TJ Thank you, Alexander. Dr Van Kerkhove.

MK Alex, you asked three questions there but I think we'll let it slide. The risk evaluation for EG.5 will be published, I think, just after this press conference. It is already being sent to our web teams for uploading. As you already know, EG.5 is one of the sublineages of Omicron that is in circulation.

It's a descendant lineage of XBB.1.9.2 and it has the same spike amino acid profile as XBB.1.5. In terms of its behaviour, it has an increased growth rate, as we expect with all of these sublineages that are emerging. We don't detect a change in severity of EG.5 compared to other sublineages of Omicron that have been in circulation since late 2021.

To date, there have been about 7,000 sequences of this EG.5 sublineage that have been shared with public platforms like GISAID and they've come from 51 countries. I think what is important is that today we will be classifying this as a variant of interest.

It was a variant under monitoring but given its increased growth rate we've conducted this risk evaluation looking at transmissibility or growth rate, which we see an increase. Looking at severity. We haven't seen a change in severity. Looking at immune escape. And we do see immune escape with this EG.5 sublineage and its sublineages. And looking at the impact of interventions.

There are very few sequences that are available to do this assessment but it is circulating and in countries where we've seen more EG.5 reported, we do see increases in case detection but we don't see a change in severity at the moment.

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What is really important for us right now at a global level and within countries is that for this virus surveillance, particularly for cases, so they can get proper clinical care, we need to ensure that sequencing continues. The virus is evolving. The virus is circulating in every country and EG.5 is one of the latest variants of interest that we're classifying.

This will continue and this is what we have to prepare for. So far, in terms of the sequencing, we need countries to continue sequencing and sharing with publicly-available databases so that our Technical Advisory Group for Virus Evolution can monitor, can assess and can conduct these risk evaluations and publish them regularly.

While I'm on this, I should say we have two other variants of interest that we're tracking, and this is the XBB.1.5 and XBB.1.16. In some regions of the world, XBB.1.5 is the most reported, that's in the Americas and in Europe. XBB.1.16 is currently mostly detected in South East Asia and in the Western Pacific region. There is no one variant that is dominant anywhere and I think that is what is important for us, as an organisation and with our expert groups, to be able to assess.

The risk evaluation will be published online and it will contain what I've just reported to you now. The Technical Advisory Group for Virus Evolution meets regularly to assess this and other variants, and the Technical Advisory Group for COVID-19 Vaccine Composition, TAG-CO-VAC, as you mentioned, also meets regularly.

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They will meet again to look at, exactly as you say, how are the vaccines performing against the circulating variants. It depends on the studies that are underway and those studies take time. So, it's a constant iterative exchange of information from researchers, from Member States and those who are producing the vaccines themselves.

We can't predict what TAG-CO-VAC will recommend in the future. They have to be agile to look at the available data as we go forward, but that is something that TAG-CO-VAC will do regularly, to decide whether or not an update to vaccine composition is warranted and we're grateful for all of our advisors who are working on that.

TJ Thank you. Dr Briand would like to add something on the recommendations.

SB Thanks a lot. I think the issue of deciding the composition of the vaccine is quite difficult with this virus, which is constantly evolving. As Maria mentioned, because there is no currently predominant variant anywhere but a number of co-circulating variants, decisions on vaccine composition remain challenging. I think the TAG-CO-VAC has decided as a strategy to really look to increase the breadth of immunity.

So, when we do the virus antigenic mapping, we look at all the viruses that are circulating and all the variants that are circulating and we try to select the antigen that will provide the maximum breadth of immunity so that the protection to people is as wide as possible, anticipating that the virus may evolve between the time when the recommendation is issued and the time when the vaccine is produced. So, it really is a strategy to minimise the risk and maximise the protection to people and always ensure that we have the best vaccine possible. Thank you.

00:42:37

TJ Thank you very much. As Dr Van Kerkhove said, once the risk assessment has been posted on our website, it will be also sent to our global media list. So, you should have it very soon in our inbox. Also, we've received a couple of questions in writing. Maria Van Kerkhove was speaking about this variant and that answered the questions of our colleague, Muhammet İkbāl, from Anadolu News Agency. Now, we will go to the next reporter. We have Kerry Cullinan, from Health Policy Watch. Kerry.

KC Thank you very much for taking my question. Yesterday, the World Bank suspended new public loans to Uganda in the wake of its Anti-Homosexuality Act, and also yesterday the Ugandan Health Ministry issued a press statement saying that it had called on all health workers not to discriminate against anybody despite the fact that the act compels them to report suspected homosexuality. Given that a lot of African countries are

contemplating similar laws, I wondered whether the WHO could respond and comment on the impact such discriminatory laws have on delivery of health services. Thank you.

00:44:00

TJ Thank you, Kerry. Dr Ryan.

MR I'm certainly not an expert here but I can tell you, from WHO's perspective, health is a human right. It's a human right for all people on this planet, all genders, all sexual orientations or whatever. I wear this band for a reason, in solidarity with our friends and colleagues in WHO, in the UN system and in society.

It is terrible to see discrimination against people for reasons of sexuality, gender or any other particular reason. It does impact people's access to health. Any law that criminalises a behaviour or criminalises sexual preference or orientation must ultimately end in a lack of access to health care or decreased access to health care and WHO condemns that form of discrimination.

The DG has spoken on this on a number of occasions. We act and are in solidarity with all those who lack access to health service all over the world for so many different reasons and, in particular, want to show our solidarity. We stand as one with people in Uganda and any other country who are discriminated against for reasons of their sexual preference.

TJ Thank you, Dr Ryan. Let's take the next question. It's Yuri Aprelev, from RIA Novosti. Yuri.

YA Thank you, Tarik, for taking my question. Dr Tedros indicated that only 25% of countries and territories recorded a death due to COVID-19 last month but what was this proportion, for example, a year ago because this is the first time I see this statistic and I just want to compare with, for example, the past year to write about that? Thank you.

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TJ Thank you. Dr Van Kerkhove.

MK That's an excellent question and we'll have to look at the databases that we have to give you an exact percentage of that I think, but you've highlighted an important point and what also the DG mentioned in his remarks is that the number of countries that are reporting cases has declined, which we expect, because we know we can't find all cases and report all cases.

But what is really important is to measure the impact of COVID-19 going forward, the hospitalisations, the ICU, the deaths from COVID, we need to be able to track over time to see what is happening in populations. The virus is not going anywhere in that sense and people are getting infected.

Population level immunity is very high but it does wane over time and those who are most at risk for severe disease need that periodic boosting according to the SAGE recommendations and the professor mentioned this in his remarks, as well. This is really critical. But the percentage of countries that are reporting deaths is declining and it continues to decline and there's a misunderstanding that those countries who have not reported cases or

deaths, it suggests to some that there aren't any cases or deaths in those countries.

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We were talking with our Epi team today, our incredible Epidemiologic team that looks at all of the data that are coming in from countries. Because countries aren't reporting deaths does not mean that deaths are not occurring.

What we cannot do right now is give you an accurate statistic of how many deaths are actually occurring for COVID-19. Part of this is because it's very difficult to test individuals because testing has declined in most countries. Some of the challenges are it takes time for patients to either recover or die, so there are lags in that death reporting.

We'll come back to you with the specifics of how many countries have been reporting deaths but the one thing I want to emphasise is that many countries are recording deaths already themselves. They're issuing reports, they're informing their populations. This also needs to be reported to WHO.

WHO cannot act on anecdotal information. We act, we assess information that comes in from our Member States, we put that into context with everything else that is happening, the variants that are in circulation, the numbers of cases, the burden on health care systems, access to care, waning immunity, so that risk assessments can be made.

These data, which are also recommended, that the DG put in the standing recommendations today, this reporting of data, particularly hospitalisations, ICU and death for COVID-19, need to continue to be reported in addition to the sequences, in addition to information on vaccine efficacy.

It's a challenge. It's a problem. About a year ago we were in a much better situation to either anticipate or act, be more agile and now the delay in our ability to do that is growing and our ability to do this is declining. So, it's something that is really important to us, as an organisation.

00:49:18

TJ Thank you, Dr Van Kerkhove. Prof. Aavitsland, would you like to add something?

PA Yes, thank you. I would like to point you to the recommendation C, where the committee strongly recommends that Member States continue reporting data to WHO exactly for the reasons that Maria Van Kerkhove outlined. WHO needs those data to be able to draw a global situation report, and also to perform global risk assessments and to follow new variants as they emerge because, as we heard, evolution of this virus continues.

We get used to new variants. This is expected, that new variants will arise. Fortunately, the immunity against severe disease holds up very well against the variants that we see now but we need, in all countries and at a global level, a system for surveillance of new variants and for assessment of the risk of these new variants. So, in this regard, Member States need to support WHO with data. Thank you.

TJ Thank you very much, Prof. Aavitsland and Dr Van Kerkhove. I also hope that this answers the message that we got from Carole Le Navenec, from International Journal of Nursing Student Scholarship, who was asking about the need for countries to do reporting on COVID-19. Let's go to see the follow-up question that Helen Branswell has. Helen.

00:51:20

HB Thank you. I think I just forgot to lower my hand but I will ask a follow-up question for Sylvie, please. Can you give us a sense of what the flu season and the RSV seasons have been like in the southern hemisphere and what we might be expecting for the coming fall and winter? Thank you.

SB Thanks, Helen, for the question. I think I will have to come back to you a bit later with accurate data on this. We are monitoring, of course, the flu viruses as usual through the Global Influenza Surveillance and Response System and we will also update the composition of the vaccine in September.

So, we are currently looking at all the data to see if the vaccine needs to be updated or not, depending on what has been circulating elsewhere. So, if you agree, I can come back to you with a written comment on this with more detailed information. Thanks.

TJ Thank you, Dr Briand, and thanks, Helen, for staying with us. This will conclude our press briefing for today. The transcript will be posted tomorrow but tonight we will send you audio and video files of the briefing. With this, I give the floor to Dr Tedros for his closing remarks.

TAG Thank you. Thank you, Tarik. I would like to thank our guest today, the Chair of the Committee, Prof. Aavitsland, for your leadership and also for joining us today at this presser. Thank you, also, to all members of the media for joining us today. See you next time. Thank you.

00:53:20