

# Global Health Issues

## Virtual Press Conference

### 12 October 2022

#### Speaker key:

|     |                               |
|-----|-------------------------------|
| MH  | Dr Margaret Harris            |
| TAG | Dr Tedros Adhanom Ghebreyesus |
| AP  | Prof Dr Axel Pries            |
| MR  | Dr Mike Ryan                  |
| SF  | Dr Ibrahima Socé Fall         |
| PB  | Dr Philippe Barboza           |
| MD  | Dr Mariângela Simão           |
| MK  | Dr Maria Van Kerkhove         |
| HB  | Helen Branswell               |
| SJ  | Sara Jerving                  |
| IW  | Ian Wafula                    |
| CO  | Christiane Oelrich            |
| NL  | Nina Larson                   |

#### 00:00:38

MH Hello, everybody. This is Margaret Harris in WHO Headquarters, Geneva, welcoming you today, October 12th, 2022, to our WHO global press briefing on health emergencies and other major current health issues. As usual, we will start with opening remarks from our Director-General, Dr Tedros Adhanom Ghebreyesus, who will also introduce a special guest. I will then open the floor to questions and our panel of technical experts, both in the room and online, will be available to answer your questions.

In the room with Dr Tedros, and I'll go from right to left, starting with Dr Gaudenz Silberschmidt, Director of Health and Multilateral Partnerships, Dr Maria Van Kerkhove, Technical Lead on COVID-19. Of course, Dr Tedros in the middle. On the other side of Dr Tedros is Dr Ibrahima Socé Fall, our Assistant Director-General, Emergencies Response, Dr Mariângela Simão, our Assistant Director-General for Access to Medicine and Health Products, and Dr Rosamund Lewis, Technical Lead on monkeypox.

As always, we will have simultaneous interpretation in all the six UN languages, plus Portuguese and Hindi, and I thank all the interpreters for their great work. But now, without further ado, I will hand over to Dr Tedros for his opening remarks. Apologies, there's some echo, so we won't begin quite yet. We're still managing the technical difficulties and we'll begin as soon as the sound problem has been sorted.

### **00:03:55**

I also forgot to mention that we have, as I said, a large number of people, a large number of experts online including Dr Mike Ryan, our Executive Director for Emergencies, for the World Health Emergencies Programme, and he's joining us from Uganda where a really important meeting on the Ebola situation is going on down there. So, of course, if there is interest you've got the latest news from Dr Ryan. I hope that the situation has improved. I'm talking about the echo. Okay, we can go ahead. Apologies for the interruption and the delays but now Dr Tedros will begin his opening remarks.

**TAG** Thank you. Thank you, Margaret. Good morning, good afternoon, and good evening. First to Uganda, where WHO is continuing to support the government to respond to an outbreak of Ebola disease in five districts. So far, there are 54 confirmed and 20 probable cases, with 39 deaths, and 14 people have recovered. More than 660 contacts are currently under active follow-up.

Our primary focus now is to support the Government of Uganda to rapidly control and contain this outbreak, to stop it spreading to neighbouring districts, and neighbouring countries. This morning I addressed a meeting in Uganda on the outbreak, attended by the Prime Minister, the Minister of Health and health ministers from several neighbouring countries. I welcome the Prime Minister's commitment to controlling the outbreak, and for engaging Uganda's neighbours. Dr Mike Ryan is on the ground in Uganda and can say more later.

### **00:06:12**

Now to Haiti, where we are deeply concerned about the outbreak of cholera in the capital Port au Prince and surrounding areas. According to the Ministry of Public Health and Population, as of last Saturday there were 224 suspected cases of cholera and 16 deaths. One quarter of suspected cases are among children aged under five years.

On Sunday, the ministry also confirmed a cholera outbreak in the National Penitentiary of Port-au-Prince, with 39 suspected cases and nine deaths. The situation is evolving rapidly, and it is possible that earlier or additional cases have not been detected.

The surveillance mechanism set up by the Haitian Government, with the support of WHO and other partners, is operating under extremely difficult circumstances. The affected areas are very insecure, and controlled by gangs, which makes it very difficult to collect samples and delays laboratory confirmation of cases and deaths. In addition, fuel shortages are making it harder for health workers to get to work, causing health facilities to close and disrupting access to health services for people who live in some of the most deprived communities.

WHO is working with the Ministry of Health and our partners to coordinate the response, including for surveillance, case management, water and sanitation, vaccination and community engagement, but to bring this outbreak under control, we need secure access to the affected areas.

#### **00:08:10**

Now to Pakistan. Last week, I said that many more people than died in the floods could die from disease in the coming weeks and months. There is now a malaria outbreak in 32 districts, while the incidence of cholera, dengue, measles and diphtheria is also increasing in flood-affected districts.

We expect the situation to continue to deteriorate but, so far, international support has not been at the scale or speed needed. Trillions of dollars are being poured into fighting wars around the world. We continue to ask international donors to invest in saving lives in Pakistan.

Tomorrow, the Emergency Committee on COVID-19 will hold its regular quarterly meeting in accordance with the International Health Regulations. Clearly, we are in a very different situation now to where we were when the committee recommended that I declare a public health emergency of international concern more than 22 months ago.

We have all the tools we need to end the emergency in every country but the pandemic is not over and there is much more work to be done. WHO will brief the committee on the current situation globally, and present our concerns about the continuing risks to the world's population, with large vaccination gaps, reduced surveillance, low rates of testing and sequencing, and uncertainties about the potential impact of current and future variants. I look forward to receiving the committee's recommendations.

#### **00:10:06**

On monkeypox, more than 70,000 cases have now been reported to WHO, with 26 deaths. Globally, cases are continuing to decline but 21 countries in the past week reported an increase in cases, mostly in the Americas, which accounted for almost 90% of all cases reported last week.

Once again, we caution that a declining outbreak can be the most dangerous outbreak, because it can tempt us to think that the crisis is over and to let down our guard. That's not what WHO is doing. We are continuing to work with countries around the world to increase their testing capacity, and to monitor trends in the outbreak.

We're concerned about reports of cases in Sudan, including in refugee camps near the border with Ethiopia. Like COVID-19, monkeypox remains a public health emergency of international concern and WHO will continue to treat it as such.

Finally, more than a decade ago, I was invited to join a committee that was setting up a new health conference in Germany, called the World Health Summit. Since then, the World Health Summit has gone from strength to strength and is now one of the most important events on the global health calendar.

For the first time this year, WHO is the official co-organiser of the World Health Summit. Over three days, thousands of leaders from public health, government, civil society, academia, youth, industry and parliaments will gather to discuss the most pressing issues in global health.

#### **00:12:12**

We encourage all journalists around the world to follow the discussions from Sunday to Tuesday at [worldhealthsummit.org](https://worldhealthsummit.org). It's now my honour to introduce the President of the World Health Summit and my friend, Professor Axel Pries. Axel, thank you so much for joining us today and you have the floor.

AP Dr Tedros, I would like to give the thanks back to you because you were the person initiating, together with Detlev Ganten and others, the World Health Summit, which aims to serve global health by bringing people together from very different sectors, regions and viewpoints to attack, as you say, the most pressing questions of global health today.

And, from your initiating talk, it's quite clear that we have a lot of crises and topics to address. Most visible at the moment is probably the COVID crisis but we will also have to look into other topics, like the effect of climate change, lacking investment for health and wellbeing, which you also addressed, the digital transformation, food systems and the relation between global health and peace.

And this will all be done or addressed at the World Health Summit starting on Sunday in about 60 sessions. Dr Tedros will be present in a number of sessions, I read ten sessions, which will be a lot of work to do, and we will have very many high-ranking government officials but also high-ranking people from science and industry and from civil society.

#### **00:14:22**

And as Dr Tedros already said, this meeting is a meeting and presence in Berlin but it is also a meeting which is digitally available all over the world for free and, for us, that's really very relevant because the problems of global health can only be addressed if we work together as a family of nations and try to overcome too local and too national views, which are really an impediment for tackling the pressing global health questions. Thank you very much my friend, Dr Tedros. And we are all looking forward to a very simulating meeting. Thank you.

TAG Thank you. Thank you, Axel. Thank you so much, indeed, for joining again, and thank you for your leadership. Margaret, back to you.

MH Thank you very much, Dr Tedros. I will now open the floor to questions. As you know, we've got a lot of people online. Please keep your questions short and please name your outlet. If we do not have someone to answer your question, which would be surprising, we have such a large panel, please, you can address your questions to Media Inquiries. The first question goes to Helen Branswell. Helen, could you please unmute yourself and ask your question.

HB Hi. Thank you very much, Margaret. It's Helen Branswell, from STAT. I think this question would probably go to Mike, given that he's in Kampala. I'm wondering if WHO has concerns about the way Uganda is handling this

outbreak. Is it accepting all the help it is being offered? Is it following up on suspected or probable cases as aggressively as it needs to, to get this under control? Thank you.

**00:16:29**

MH Thank you, Helen. While we're getting Mike. Oh, wait, it sounds like Mike has been able to join, otherwise I'll ask Dr Fall. No? Okay, over to you, Dr Ryan.

MR Thanks, Margaret, and just checking, verifying you can hear me.

MH Very well and we can see you well too. Nice to see you.

MR That's great. First of all, it's a wonderful opportunity to be here at this interministerial meeting where so many countries in the region have come together to collectively address the risks posed by Ebola.

I have returned from the field. I was at Mubende yesterday and Madudu, and got a chance to see on the ground the work that was done by the clinical teams, the nursing teams, the ambulance teams, by our colleagues and partners at MSF, and constructing and supporting the running of isolation facilities and the increasing activity around surveillance and community engagement. I think it's fair to say that the Ugandan government has completely activated, the personal leadership by the Minister here today, the Prime Minister here...

MH We've just lost you, Mike. We can see but we can't hear you. Would you like to make some additional remarks, Dr Fall?

SF Thank you, Margaret. I think this is an important question from Helen. Mike was just responding after his visit to the field and, as WHO, we always recommend to countries to consider probable cases, as is there more confirmed cases because we cannot miss a link on the transmission chain. So, it's very important to make sure that we have quality investigation and identification on contact around probable cases to make sure that we can understand the full dynamics of the transmission.

**00:18:40**

It will also help communities to understand that we need to be more alert because if you have more alerts from the community, from dead bodies or people presenting symptoms, we'll avoid having a number of probable cases without full information on what happened around them.

So, I believe although in some of the reports the highlight is on confirmed cases, but Uganda is considering all probable cases to make sure that the actions are comprehensive in terms of IPC, in terms of safe and dignified burial and also in terms of contact identification and follow-up. Thank you.

MH Thanks, Dr Fall. I think we've got Dr Mike Ryan back. I'll let you finish.

MR Yes, we do. But I don't know again, and can you hear me? I'm going to leave my video off, if you don't mind, because I think the connection is rather challenged. Can you hear me?

MH Yes. The voice is very good, nice and clear.

MR Okay, and I'm sure Socé has gone over this but certainly the leadership shown by the Minister and all the ministers and director-generals for health who have joined us here, in Kampala, today shows how not only Uganda but the whole region is activated in response to Ebola.

#### **00:19:55**

This is not the old way of responding. This is a new way of responding, led by countries, led by ministries of health, supported by international partners. This is what the world wants. The world wants responsible governments reacting and acting in response to these events and leveraging the international support they need.

We need more international support for the government here and the surrounding governments in terms of preparedness. We need to activate the surveillance system more at the local level. We need more alerts. We need more community engagement. We need better infection prevention and control in private and public health care facilities. We need to do the necessary testing of drugs and vaccines, and that's currently been planned and is underway already for some of the antivirals and monoclonals.

We are seeing good progress and the Minister said this herself today, it's very important that we're not confident. Ebola brings surprises, infectious diseases bring surprises and she and her team are not in any way underestimating the challenge that this outbreak represents.

So, I have confidence that the right things are being done but we need more scale-up, we need more support for that scale-up and, again, it's reassuring to see the countries in the region coming round together. It's also important that countries, when they are transparent and countries engage, that we don't see punishment for that.

#### **00:21:15**

So, I would hope that governments around the world will see this engagement in the region as a positive development in containing Ebola and will react appropriately to that, seeing the benefits of this kind intercountry engagement and the response of the Ugandan authorities. So, yes, Helen, like every time in Ebola, it is difficult to get everything right instantly but the pieces are coming together.

The central public health lab is working well now in terms of diagnostics. The time to diagnosis is now reduced to about four to six hours from more than 48 hours before. The time between onset and admission of cases has dropped from an average of seven days. It's now down to three to four days. It's not good enough yet but with each and every parameter we're making some progress. The thing that concerns me most overall is that we're not generating enough alerts at community level and we need to focus on that in the coming days. Over.

MH Thank you very much, Dr Mike Ryan. The next question goes to Sara Jerving, from Devex. Sara, could you unmute yourself and ask your question.

SD Thank you very much for taking my question. Can you talk more about the links between climate change and cholera? What should the world expect

to see in terms of cholera outbreaks in the coming years and should management of cholera change because of this uptick in cases? Thank you.

**00:22:38**

MH Thank you, Sara. Dr Socé Fall will start and we may supplement online as well.

SF Thank you very much. As we can see already, climate stress is creating more conflicts and humanitarian crises. Right now, we are talking about 330 million people in need of humanitarian assistance while the projection was around 274 million for 2022. So, we have an increased number of people in need of access to basic services like water, sanitation and so on.

If you look at the situation in the Horn of Africa, in the Sahel, in Pakistan, you can see already the impact of climate change and we also say that climate change is a public health crisis also, as the DG said. And it's really important to see that all these people have difficult access to water and sanitation because of the climate stress and, we'll see more and more cholera outbreaks happening.

Right now, we are talking about 28 countries reporting cholera cases and 11 of them are new in 2022. So, the climate change, associated with the issue of security, humanitarian crises, will continue increasing the risk of cholera for millions of people. We are really seeing cholera as an old disease but it's already a new trait.

So, we need to treat cholera like other new diseases we are dealing with and the pressure we have on commodities like oral cholera vaccines and other commodities is so huge and we are getting a lot of stress to make sure that the people who are in these difficult conditions have access to safe water, have access to cholera vaccine. This is going to increase and we call on manufacturers, on donors to really prioritise investment in cholera to save life. Thank you.

**00:24:50**

MH Thank you, Dr Fall. I believe we have Dr Philippe Barboza. Philippe, do you have anything to supplement? No. It looks like Philippe is not online. Oh, there he is.

PB Yes, I am. Sorry. I think the response was comprehensive. The only thing I would add is the impact also, the one last year and one coming very likely this year on the eastern part of Africa due to the projected La Niña phenomenon. It's really a gamechanger on the cholera dynamic. We can address more specific questions but the climate change is changing the dynamic of cholera and we need to pay a lot of attention to that. Over.

MH Thank you very much, Dr Fall and Dr Barboza. The next question goes to Ian Wafula, from BBC Focus On Africa. Ian, please unmute yourself and ask your question.

IW Thank you very much. My question is to Dr Mariângela Simão about the situation in The Gambia, about the cough syrup that potentially led to the death of about 66 children. The first question I'd just like to ask is how did you



reach the conclusion, as per your alert last week that the syrup might have possibly gone to other regions or countries through the black market. Do we know what regions we're talking about?

#### **00:26:34**

Then, just quickly, the Indian authorities today stopped the pharmaceutical company from producing the cough syrups. What's your reaction to this and are you concerned that the syrups might have actually already been in the market and are still in circulation?

MS Thank you, Ian, for the three questions. Let me see if I can respond to everything. First of all, related to how did we reach the conclusion that there could be a link. First, I think it's very important to say that there is a very in-depth investigation of these deaths, this very sad occurrence of these deaths in The Gambia by the Government of The Gambia, by international partners including WHO, on the ground supporting the full investigation.

During the course of these investigations, the Government of The Gambia started to collect medicines that have been used by different children who were hospitalised and WHO does what it usually does when there is a suspect of the involvement of medicines in a health occurrence.

WHO sent the samples, several. 23 different samples were sent to our reference labs. One of them is in Switzerland and the other one in France. Then, we had the unfortunate findings of the four paediatric formulations that had contaminations with two products.

They are old products. They have been involved in other contaminations and led to serious health problems and deaths since 1930. It's a very well-known history. Diethylene glycol, we call it DEG, and the ethylene glycol, we call EG, they should never be in anything that human beings ingest.

#### **00:28:40**

I'm just trying to separate it because the investigations into the deaths, they continue, but once we detect these products in a medicine or something that people will take on and will ingest, they should be banned from the market. So, what we have so far, the normal procedure, WHO has regular procedures for this. One them is the Global Medical Alert that has a few aims, for example, to inform national regulatory authorities when we notice problems with a product and to also inform the public.

And also we have to raise the alert in terms of that this product may be circulated in other countries. The information we received from the drug controller in India was that these batches were manufactured exclusively for The Gambia but we don't rule out the possibility that, through unregulated markets, it has reached other countries.

And, just lastly, to add that several countries in the African region have issued their own alert and are proactively doing surveillance, trying to identify if these products are in their market, and that's the right thing to do. Last thing is, let me say that we are working very closely with the Indian authorities for the full investigation into the manufacturing process, itself, and the way these products reach the market, so the distribution and the manufacturing.



And WHO did recommend to the drug controller in India to suspend the manufacturing in the plants that were involved in this incident and we hear that this has been done and that production is suspended. I'll stop here.

**00:30:35**

MH Thank you very much, Dr Simão. The next question will go to Christiane Oelrich, from dpa. Christiane, please unmute yourself and ask your question.

CO Thank you, Margaret. This is Christiane, with the German Press Agency. My question is ahead of the Emergency Committee meeting on COVID later this week I hope, maybe Maria, you could lay the land a little bit on what's ahead. Does it make sense?

I know that the committee is going to come up with its recommendation and it's not WHO who decides but, from a WHO perspective, does it make sense to keep this as an emergency of international concern or would it not make sense to move to a new phase now? Everyone has been alerted. Everyone is aware of this problem. How would it be important to keep this an emergency of international concern? Why should that not be withdrawn now? Sorry. Thank you.

MH Thank you, Christiane. Dr Van Kerkhove will answer your question.

MK Thanks very much for the question. We won't pre-empt what the Emergency Committee will debate and decide and advise to the Director-General tomorrow but what we, as the secretariat, will be laying out is what is happening with COVID-19 right now, given that we're in the third year of this pandemic and the virus is circulating at an incredibly intense level around the world.

**00:32:13**

In the last week alone, we've had more than three million reported cases and we know that's an underestimate because surveillance has changed, testing has changed, reporting has changed. So, we don't have a good idea. We don't have a clear picture of how much, actually, this virus is circulating around the world. On the other hand, what are seeing is a reduced impact of SARS-CoV-2 infections in people because of the use of available tools, life-saving tools like diagnostics, therapeutics and vaccines.

The challenges that we face right now are twofold. One is that we haven't utilised these tools most effectively in all countries around the world. We have not reached the vaccination level coverage in the most at-risk populations in all countries of the world.

If you look at the proportion of the people who have been vaccinated, who are over the age of 60, who have underlying conditions, are frontline workers, we haven't reached the target of 100% in every country, and that's due to a lack of access, it's due a lack of the implementation of the use of these vaccines in countries and many challenges that we face, including misinformation and disinformation about these products.

On the other hand, we also have an uncertainty about this virus going forward. The virus is spreading at an intense level. We are tracking currently more than

300 sublineages of Omicron, which is the variant of concern that is dominant worldwide. Most of these subvariants are BA.5, are sublineages of BA.5 or BA.2, and our ability to track, to trace, to assess these variants is reducing over time because of changes in surveillance, because of changes in sequencing.

#### **00:33:49**

And so what we don't know is how this virus will continue to change. We know it will change. We expect future variants to be more transmissible. We expect there to be some further immune escape from variants that will continue to circulate but we can have some kind of effect on impact of this virus going forward if we use these tools most effectively.

Now, countries are certainly in a different stage, as they were in the beginning. The world is in much better place in dealing with COVID as we go forward but we're not quite living with this virus, we're not managing it as well as we possibly could. We need to live with COVID-19 responsibly. We need to save lives, as many lives as we can, everywhere in the world, not just in high-income countries but in all countries of the world while we live our lives.

So, we are working with Member States right now, every Member State of the world, all over the world, to optimise the response in this third year, to adjust the strategies related to surveillance, related to infection prevention and control, related to vaccination, risk communication and community engagement, so that we have the appropriate use of public health and social measures, like masking, distancing, improving ventilation, cleaning your hands, making sure that we address misinformation and disinformation which is rampant worldwide and has an effect on the life-saving tools that actually exist.

#### **00:35:12**

And we need to further work on research and development, so that we continue to develop more vaccines, potentially vaccines that look at infection, as well as transmission, in addition to saving lives. So, there's a lot more to do and we, as the World Health Organization, will continue to work with all Member States to optimise that response, calibrate the response, in the context of all of the other health emergencies that you're asking about here today at this press conference, of health emergencies as well as non-health emergencies.

So, it's a complex picture out there but we have been very clear, the Director-General has been very clear that this is not over and that there is much more work that we need to do.

MH      Thank you very much, Dr Van Kerkhove. The next question goes to Nina Larson, from AFP. Nina, please unmute yourself and ask your question.

NL      Thank you very much for taking my question. I wanted to come back to Helen's question earlier about Ebola in Uganda. Mike mentioned that there's an issue with generating enough alerts in the community. I was wondering what the challenges are and what the problems are with doing that and if health workers on the ground are meeting pushback from the community and how you're working to respond to that. Thank you.

MH Thank you. I'll check whether Dr Ryan is still online.

MR I'm here.

**00:36:42**

MH Great. Over to you.

MR I'm here, if you can hear me.

MH Yes, we can. Beautifully.

MR We MacGyvered a solution with duct tape and plastic and rubber bands here, so we have a new connection. So, I hope it's better. That's a good question. I don't think there is any more resistance or difficulty than you find in any situation, and this is a local rural community. There are some traditional beliefs in that community. There is a huge commitment to family, there's a huge commitment to community, there's a huge focus on burial rights, and we've seen this in many cases.

I think, in general, the local government and the local system is reacting well. There are some specific communities. There are local settled communities. There are migratory or displaced or refugee communities. There are some communities who work around gold mining. So, it's not a completely homogenous group.

There are different groups within society in that part of Uganda and we need to reach all of them. So, first of all, we need to be able to reach all communities and the government are really trying hard with that. Our colleagues in UNICEF and the Red Cross movement are also working with us on that.

The other is really having engagement, not just risk communication where we tell people what to do or how to avoid risk, but having a true participation and engagement in the process so the communities are not only welcoming the response but participating and shaping the response, and that they're also seeing benefits of participation and the response, like improvements to the primary health care system, investment in the village health network.

**00:38:20**

There's a fantastic network of village health workers. They need be invested in. That's currently happening and the government is really scaling up its investment in that group. So, I think it is moving but, like in any situation, we need to really commit to the concept of true community engagement, which is a two-way conversation, a two-way process, not a one-way process, and I believe that is really starting to happen.

Again, it takes time to bring a response to scale. Every country learned this in COVID and nobody got full marks when it comes to responding to the first weeks in an epidemic where things are not straightforward. So, I've learned to be humble in the face of epidemics and I believe what I've seen on the ground is that the main components of the response are coming together, seeing that are improvements occurring, but there are still gaps.

From that perspective, putting the community at the centre of this response is something that is in the minister's mind and mind of the whole government.

Delivering and executing that is going to require prolonged investment in those communities and it is the centre of Ebola control to have that focus on communities, a patient-centred focus and, as I said, other partners like UNICEF, like the Red Cross movement and other NGOs are working also with us on trying to drive that.

**00:39:52**

MH Thank you, Dr Ryan. I think that you've finished? Yes. Your intervention finished, I should say. We're coming to the end. I apologise for the technical difficulties that we had at the beginning but we're now running out of time. I want to thank the media for such really good questions covering the big issues that we're facing at present. But I will now ask Prof Axel Pries if he'd like to make some final remarks.

AP Once again, very clear that we have a lot of problems all around the world where we need to pull together all our efforts to tackle them and I will just give one hint to what will happen at the World Health Summit, in one area here. There will be a keynote on investing in a polio-free future for more resilient health systems. It's a polio pledging event and a very, very relevant event where Dr Tedros will speak, among others, and also Christopher Elias, from the Gates Foundation, and I think these are the kind of mechanisms, how we can make the world a safer place. Thank you very much.

MH Thank you very much and I'll now hand over to Dr Tedros for his final remarks.

TAG Thank you. First, I'd like to thank my friend, Prof Axel Pries, for joining us today as a guest and also inviting, once again, journalists to follow the World Health Summit next week. I would also like to thank the community, the media community, for joining us today and see you next time.

**00:42:03**