

Monkeypox, COVID-19 & Other Global Health Issues

Virtual Press Conference 22 September 2022

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MS	Dr Mariângela Simão
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AF	Ashleigh Furlong
HB	Helen Branswell
PR	Priyanka Runwal
PP	Priti Patnaik
MG	Manuel Lino González
DR	Denise Roland

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TJ Hello to everyone. Today is Thursday, 22nd September. We are in Geneva, in the headquarters of the World Health Organization. My name is Tarik and I welcome you to the regular press conference on global health issues. Exceptionally, today our Director-General Dr Tedros will be dialling in from New York, where he is attending the United Nations General Assembly.

Let me start by introducing our experts here in the room with us. With us is Dr Ibrahim Socé Fall. He is Assistant Director-General for Emergency Response. Dr Maria Van Kerkhove is a Technical Lead for COVID-19. Mr Tim Nguyen is Unit Head for High Impact Events.

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We have also Dr Rosamund Lewis, who is our Technical Lead for monkeypox, and Dr Ana Maria Henao-Restrepo, who is Co-Chair of the WHO Research and Development Blueprint. We may have other WHO officials online besides Dr Tedros and I will introduce them after the opening remarks from our Director-General.

For journalists who are online, please click on icon Raise Hand so we can get you in line to ask your questions. Today our press briefing, as always, has simultaneous interpretation in six UN languages, in addition to Hindi and Portuguese. Today's press briefing will have to end shortly before five o'clock Geneva time because of obligations of our speakers but we will try to take as many questions as possible. With this, I will call on Dr Tedros to give his opening remarks. Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon, and good evening. At the United Nations General Assembly here, in New York, one of the most frequent questions I'm asked is where do we stand? Is the pandemic over? At our media briefings over the past two weeks I have said that pandemic is not over but the end is in sight. Both are true.

Being able to see the end does not mean we are at the end. Yes, we're in a better position, significantly better position than we have ever been. The number of weekly deaths continues to decline and they are now just 10% of what they were at the peak in January 2021. Two-thirds of the world's population is vaccinated, including three-quarters of health workers and older people.

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In most countries, restrictions have ended and life looks much like it did before the pandemic but 10,000 deaths a week is 10,000 too many when most of these deaths could be prevented. Although population-level immunity has increased, there are still large vaccination gaps, especially in low and middle-income countries, and the virus is still spreading and still changing, with the ever-present risk of more dangerous variants emerging.

We have spent two and a half years in a long, dark tunnel and we're just beginning to glimpse the light at the end of that tunnel, but it is still a long way off and the tunnel is still dark with many obstacles that could trip us up if we don't take care. We all need hope that we can and we will get to the end of the tunnel and put the pandemic behind us but we're not there yet. We're still in the tunnel and we will only get to the end by focusing on the path ahead and by moving forward with purpose and care.

The refrain of the pandemic has been that no one is safe until everyone is safe. That means everyone needs to use, when needed, the simple tools that are available to stay safe, distancing, masks and ventilation. And it means everyone needs access to the medical tools to stay safe, vaccines, tests and treatments. That's still not the case. Just 19% of the population of low-income

countries is vaccinated and access to life-saving treatments is virtually non-existent.

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So, I welcome today's announcement by the Global Fund that it has signed an agreement with Pfizer to facilitate access to the antiviral nirmatrelvir-ritonavir, or Paxlovid, for countries through the ACT Accelerator. It's overdue but this is the kind of action that is needed if we are truly to end the pandemic.

Tomorrow, I will join two meetings of world leaders here, at the UN General Assembly, one hosted by United States Secretary of State Antony Blinken, and one by UN Secretary-General Antonio Guterres, to take stock of where we are and foster stronger political support for equitable access to COVID-19 tools.

Now to Uganda, where health authorities this week declared an outbreak of Ebola disease. So far, there are seven confirmed cases and one confirmed death, while another seven deaths are being investigated as probable Ebola. 16 people with suspected Ebola disease are receiving care and contact tracing is ongoing. WHO's experts are on the ground, working with Uganda's experienced Ebola control teams to reinforce diagnosis, treatment and preventive measures. We are also delivering medical supplies to support the care of patients.

Finally, on monkeypox, the number of weekly reported cases continues to decline. So far this year, more than 62,000 laboratory-confirmed cases have been reported to WHO from 105 countries and territories, with 23 deaths. The trends are encouraging but, as with COVID-19, this is not the time for any country or community to assume those trends will continue. This is the time to keep doing what works. Tarik, back to you.

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TJ Thank you very much Dr Tedros for these opening words. Beside our speakers that I already introduced, online with us we have Dr Mariângela Simão, Assistant Director-General for Access to Medicines and Health Products, as well as Dr Bruce Aylward, Special Advisor to the Director-General. With this, we will open the floor to questions and we will start with Erin Pater, from Fortune. Erin, please unmute yourself.

EP Thank you so much. I'm just curious about thoughts about potential variants of interest and variants of concern for this fall and winter. I know some experts have their eye on BA.2.75.2 and BF.7. Can you let me know which ones that the WHO has their eye on? Thank you.

TJ Thank you. Dr Van Kerkhove.

MK Thanks for the question. As you know, Omicron is dominant worldwide without about 99% of all sequences shared of Omicron. There are about 200 sublineages of Omicron that we're tracking at the moment. Right now, BA.5 and even further subvariants of BA.5 we are tracking and there are several, numerous BA.5 subvariants that we are tracking.

Other ones that we have on our radar are, indeed, BA.2.75 and further subvariants of that, as well as BA.4.6 and this BF.7, which is a subvariant of BA.5, the point being is that this virus continues to circulate at an incredibly intense level around the world. You heard the Director-General say today that the pandemic is not over but that we see a light at the end of the tunnel.

Part of ending this pandemic is really trying to reduce the spread of transmission and there are simple measures that we can take to reduce the spread while we also focus on preventing severe disease and death, but the more this virus circulates the more opportunities it has to change and this is something we are deeply concerned about.

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Our ability to track variants and subvariants around the world is diminishing because surveillance is declining and, with surveillance declining, the numbers of tests are declining, the number of sequences that are being conducted and being shared is declining and that limits our ability to assess the known variants and subvariants, the ones that I have just mentioned, the ones that you've just asked about, but also our ability to track and to identify new ones.

This is why it's really important that we keep surveillance activities up. We're working with our Member States right now to right size the response for COVID-19 across all of the pillars of the response, including surveillance and making sure that those who need to be tested are tested, so we can track the variants but also those who get tested can be put into the clinical pathway very early so that they can receive the care that they need.

So, this is of concern for us but there are a number of subvariants that we are tracking, two of the ones that you've mentioned but, in addition, a number of others that we're working with experts around the world to assess transmission, severity and impact of our countermeasures.

TJ Thank you, Dr Van Kerkhove. Next question goes to Politico. We have Ashleigh Furlong with us. Ashleigh.

AF Thanks for taking my question. It's about the replenishment for the Global Fund yesterday. Yesterday, we saw that the replenishment fell short of the 18 billion that it wanted to raise and the UK and Italy still need to pledge. I wanted to ask, perhaps directly to the DG, what his message is to countries still debating their final amounts and perhaps he could also say what it would mean for the world if we don't reach this 18 billion.

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TJ Thank you. Dr Tedros.

TAG Thank you. Thank so much. Maybe I will start from what does it mean if we don't get the amount set for the replenishment, which is 18 billion. As you know, before even the COVID pandemic, on many of the targets we were offtrack, malaria, HIV and TB, and this is true for the other SDG targets as well.

After COVID, when COVID hit, services have been disrupted and some of those that have been disrupted severely are actually the same three major diseases, malaria, HIV and TB. So, we need the funding in order to catch up because we have to cover the lost ground because of the disruption, and I think the world really understands.

But if the replenishment is not as required we may lose the gains that we have made and I think, for the international community, this is not what we should expect. We have to move with addressing the three major diseases and we have to show progress and we have to even cover the ground that we lost and that we have to catch up.

But having said this, USD 14.7 billion, especially during the time we are in, is not a small amount of money. I think the world is showing that the three major diseases are a priority and that the Global Fund should be fully funded in order to tackle them.

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I think with the remaining countries that are expected to announce soon, we will be close to the USD 18 billion mark but I don't consider this as just a one-time activity and just focused on yesterday, the replenishment day. The countries that have not contributed or pledged can still do it in the near future, in the days, in the weeks and in the months to come. But I am sure the two countries you indicated are working on it, I know for sure, and also we expect other countries also to join.

I was at the replenishment yesterday and I was very much encouraged to see many developing countries, low-income countries contributing to the Global Fund and a good number of them even increasing their contribution from what they contributed during the last replenishment in Lyon three years ago.

So, by and large, I think it is good news but in order to reach the 18 billion, it's still possible, we have to continue to work because we shouldn't set the replenishment just with yesterday. We should continue to push the next few days, weeks and months to fully fund the Global Fund.

And I am a living witness of the difference that the Global Fund is making on the ground. As a beneficiary, when I was Minister of Health, I benefitted from the Global Fund and later on I also chaired the Global Fund. And I'm an insider. I know how it operates. And also the service as Director-General of WHO now, as a partner to the Global Fund, I think what we invest in the Global Fund is worth it and what we invest in the Global Fund saves lives

I encourage all countries, all donors, those who haven't yet pledged, to do so and achieve the USD 18 billion that is set for this replenishment and I would like to use this opportunity to thank His Excellency, the President of the United States, President Biden, for his leadership. I thank you and back to you, Tarik.

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TJ Thank, Dr Tedros. To remind journalists, if you want to ask a question please click on the icon Raise Hand. Now, we go to STAT News and we have Helen Branswell with us. Helen.

HB Hi. Thanks for taking my question, Tarik. This is for Dr Fall and maybe a second part for Ana Maria. Can you give us more of an update about the two Ebola outbreaks that are underway at the moment? We haven't heard anything for a while about what is happening in Beni. I'd like some information about that.

And, Ana Maria, I know that your group is looking at what exists in terms of experimental vaccines for Ebola Sudan. Can you tell us if any of the vaccines that have been tested in Phase 1 are there human-grade doses available to be tested in the field if it comes to that? Thank you.

TJ Thank you, Helen. Maybe we start with Dr Fall for the first part of the question and then Dr Henao-Restrepo will come.

SF Thank you, Helen. Clearly, we are seeing more and more Ebola outbreaks happening in the African countries but this is not unexpected because if you take DRC and Uganda, they are really in the middle of the Ebola ecological niche. So, we are happy that Uganda is well prepared and has a strong team to respond to this new outbreak.

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At the same time, every outbreak is unique. We need to make sure that the initial investigations, the initial interventions are well done in close collaboration with the communities to contain the outbreak in this human city close to Kampala, with mining areas. So, we have many risk factors for this outbreak to expand.

For the Ebola outbreak in Beni, luckily we have had only one case. In the coming days, the outbreak will be declared over if we don't have additional cases, so we are on track for that. Ana Maria, please.

AH Helen, thank you for the question. To add to the Ebola outbreaks, what is important now is that we have two vaccines that are highly effective and that they are being used routinely as a response to the outbreak, so there is quite a lot of progress besides the fact that we have the monoclonal antibodies to treat the patients.

Now, moving into the current outbreak of Ebola virus in Uganda, I just want to say you are right. We are in very close contact with all the vaccine developers. There are more than six vaccines being developed and we are very pleased because, as you know, WHO in the Blueprint since 2015 have identified that this virus is a priority virus for medical countermeasure development.

We had a meeting with all the developers and the experts yesterday to identify which of them have already clinical data, meaning Phase 1 data, in terms of safety and immunogenicity and there are three candidate vaccines that have such data. We are now following up with them for the availability of clinical-grade doses that can be used for a potential trial if we unfortunately have more cases in Uganda.

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In addition to that, based on our expertise and experience collectively, including that of the Ugandan researchers, we have a protocol for revaccination evaluation because, as in the case of Ebola, this disease transmits to close contacts of the cases. Therefore, the best way to evaluate the vaccine is again to put the vaccine where the transmission is, it means with the close contacts and the contacts of the contacts.

We are having a follow-up conversation with the developers and the experts tomorrow to clarify exactly how many doses are available, what will it take in terms of time and other procedures to have them available for a clinical trial. In parallel, we are discussing with colleagues in Uganda because if we are going to do anything it has to be with the blessing of the government of Uganda and also with the approval of the national regulatory authority and the ethics review committee in Uganda.

But we are hopeful that based on our collective experience now, as you know, Helen, we will be able to move fast and start the evaluation of the vaccines as soon as possible. Thank you.

TJ Thank you, Dr Fall and Dr Henao-Restrepo. Next question is for Priyanka Runwal, from National Geographic. Priyanka, please unmute yourself and go ahead.

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PR Thanks for taking my question. As Dr Tedros says, we're not at the end of the pandemic but I'm curious to hear if the WHO or its advising committee has any criteria in place that they'd be looking at for us to know when we're there. Thank you.

TJ Thank you, Priyanka. Dr Van Kerkhove.

MK Thanks for the question. As you've pointed out, we get this question a lot. As you know, the Emergency Committee that was established by the Director-General under the International Health Regulations advises the Director-General on whether or not we've reached a situation where an outbreak or a situation can be considered a public health emergency of international concern or a PHEIC, an unfortunate acronym.

But they're also considering what are the criteria for which the criteria is no longer met, where we're not in an emergency anymore, and they've been having some discussions amongst themselves and with us to look at what that might be. There are a number of factors that need to be taken into consideration and these are still under discussion, looking at what is happening at a global level, what is happening in each country with the virus itself, with the epidemiology and the potential futures of that epidemiology, the different scenarios that we've talked about in the past.

And, really importantly, the impact of the circulation of this virus in terms of morbidity, in terms of mortality, in terms of impact on the economies around the world and the drivers for that impact, because every country is in a different situation with regards to where they are in the pandemic and how they're dealing and how they're faring in the pandemic.

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So, that is under active discussion. As we've said, we don't declare pandemics, so we won't be declaring if a pandemic is over, but this virus is here with us to stay and we have to manage it responsibly, and that's what we're working on with every country. We're working on ending the emergency in every country.

As this is global problem, we need to end this at a global level. Now, countries are in very different situations and some have been able to manage COVID. They've had more success in reducing morbidity and mortality because they've had access to tools. Not every country has had access to tools and you know that is something that WHO and our partners have been working very hard at, to ensure that vaccination reaches the target levels in all countries, 100% of people who are most at risk for developing severe disease, people of older age, people with underlying conditions, immunocompromised individuals and, importantly, our frontline workers.

In addition, making sure we have good access to reliable diagnostics and that patients enter the clinical care pathway early so that they can receive treatment to prevent severe disease, they can receive treatment to prevent themselves from dying. So, there's a lot that needs to be done in this way.

The Emergency Committee will continue to discuss this and will continue to meet and advise the Director-General. We are worried, we have to say, as we enter into the Northern Hemisphere winter season, where people spend more time indoors, people are spending more time together. We will have circulation of influenza. As expected, we saw this in the Southern Hemisphere in their winter season.

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So, we need to be prepared. Countries need to be agile to be able to surge up and surge down the necessary requirements for testing, for clinical care, to make sure that the workforce is protected and respected, to provide the best, optimal care that they can. There's quite a ways to go but we do see that light at the end of the tunnel and we're very hopeful, and the reason we're hopeful is because we have so many tools. We just need to make sure that all countries have access to them and that all countries have the policies in place to use them most effectively.

TJ Thank you, Dr Van Kerkhove. Now, Priti Patnaik, from Geneva Health Files. Priti, please go ahead.

PP Thanks for taking my question. I had two quick questions. One is some Member States are of the view that it was probably premature to signal that the COVID-19 pandemic, the end is in sight. Would you respond to that? Second, with the recent decision of Moderna to sue Pfizer, what are the implications for the WHO mRNA hub? Thanks so much.

MK Thanks very much for the question. I'll reiterate what the Director-General said today, that the pandemic is not over but the end is in sight. I think what the message is that it's a hopeful one, that there is still a lot of work to do so that we can end this emergency everywhere.

Again, we recognise that countries around the world are in different situations based on a number of factors, including population-level immunity from past infection and vaccination. Looking at the access to the tools that exist, the use of masks, ventilation, distancing, the use of antivirals and therapeutics for people with severe disease, making sure those targets for vaccination are reached in all countries.

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So, we feel that there is a long way to go but we have the tools to get us out of this tunnel. We need to make sure that all countries are ending the emergency. As I said, this is a global problem requiring a global solution and we're in this together. We live in an interconnected world. The virus is circulating at an intense level. It's difficult for us to track this at the moment because surveillance has changed, testing has changed, while at the same time we have an increase in self-testing, which is a positive, but it makes it difficult for us to really understand the intensity by which this virus spreads, and the virus is evolving, the virus is changing.

We don't yet have a predictability with SARS-CoV-2 like we have with other types of pathogens, where we expect a seasonality. We may get there but we're not there yet. That's the message. We're not there yet but there's a lot that we can do. So, we're going to keep at it. We will keep working with our regional offices and our country offices, with ministries of health and beyond

ministries of health to ensure that the policies are in place, to ensure that the financing and the workforce can support those policies, so people can keep themselves safe and so that we can save lives.

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10,000 people a week dying is too many when we can prevent these from happening, and so this is our goal, we end the emergency in all countries and we will keep at this until we reach that goal.

TJ Thank you, Dr Van Kerkhove. Dr Mariângela Simão may wish to address the second question. Dr Simão.

MS Thank you, Priti. This is a pretty hot topic right now and of course we are very much on top of it. Let me say that we do have direct contact with Moderna regarding the mRNA hub in South Africa and we do have Moderna's commitment not to enforce the patents as it relates to the mRNA hub.

But we are looking at this. These are not new moves or they are very common among big pharma, among companies suing one another when they think their intellectual property has been breached in some way. But we are pretty confident that we can continue to have a very transparent and a very collaborative working environment with Moderna on the development of the vaccine through the mRNA hub in South Africa. Thank you.

TJ Thank you, Dr Simão. Now, we will go to Manuel Lino González, from Eje Central, Mexico. Manuel, please unmute yourself and go ahead.

MG Thank for taking my question. With the end of the pandemic in sight, what is the prediction or the prognosis for long COVID now?

TJ Thank you, Manuel. Dr Van Kerkhove.

MK Thank you for bringing up post COVID-19 condition, also known as long COVID. This is something that WHO and our partners we're concerned about. There are some estimates that the people who are suffering from post COVID-19 condition or long COVID are in the hundreds of millions. There's an estimate that at the end of 2021, that the estimate of people suffering from this is around 144 million, and this is before Omicron was circulating.

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So, this is something that is of significant concern to WHO. We have been working with clinicians, a variety of different types of clinicians including paediatricians as well, with patient groups to make sure that we have the appropriate recognition, research and rehab for post COVID-19 patients.

We recently issued guidelines, therapeutic guidelines for rehabilitation, for people who are suffering from this. We have case definitions and data collection forms so we can collect appropriate standardised data across countries to really better understand what this is. Many people think COVID-19 is a respiratory disease but this disease affects the brain, it affects the lungs, it affects the circulatory system, the heart. And so we're really just beginning to learn about not just the acute effects of what people are suffering from when they're infected and have a disease, a disease course, but what happens in the longer-term.

So, this is something that requires significant investment. We have called upon our funders to support research studies for long COVID, so that we can

have cohort studies established around the world, not just in high-income countries but in countries around the world so that we can better assess what post COVID-19 condition is and design the best clinical care for patients who are suffering from this but this is also something we want to see dealt with in healthcare systems for the medium and the longer-term.

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So, this is something we are concerned about. This is something that we are committed to studying appropriately and making sure that we have the right recommendations going forward. It is something that we will continue to learn about, so our guidance on this will be updated regularly. We thank the patient groups who are advocating for recognition of this and who are very well organised. We've worked directly with them since August 2020 and proud to do so, and we will continue to do that as we go forward.

TJ Thank you, Dr Van Kerkhove. I think we have time for one last question. Denise Roland from The Wall Street Journal. Denise.

DR Hi. You've made it very clear that the pandemic is not over. Was it unhelpful for President Biden to say that it is?

TJ Dr Van Kerkhove.

MK Thanks for that question. Listen, what we've said is, as the World Health Organization, we work with everyone, everywhere and our goal is to end this emergency everywhere. That's what we are staying focused on. There are countries that are in different situations. I won't speak for what anyone particularly said about what's happening in their own country but we recognise that there are some countries that are in a different phase of this.

What we want to make sure is that all countries are focused on ending this emergency everywhere because we live in an interconnected world. The virus is circulating and we're still at risk. We're at risk for future variants and we don't know the characteristics of what those variants will be.

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We expect future variants to be more transmissible, we expect future variants to potentially have more immune escape, which may render some of our countermeasures not as effective as they are right now, but we don't know if future variants will be more or less severe.

And with the world opening up, other viruses are circulating. So, we have to be prepared. Health systems are very fragile at the moment. COVID-19 is not the only crisis that the world is dealing with. We have other health crises. We have other non-health crises. We have displacement and movement and war and climate change and floods and droughts.

We understand that dealing with COVID is one of the many things that leaders have to deal with but we have solutions for COVID-19. We're trying to right size this response, make sure that we have a stronger foundation for the future, for any further threats that we deal with, but we have to deal with the emergency of COVID-19 and we can, and we want to do that in all countries.

So, we will continue to work with all leaders and we know that the leaders of all countries are focused on this because we live in this interconnected world but, again, our goal is to end this emergency everywhere and we are

committed to doing so and we need your help. We need the help of individuals, of industry, of governments, of communities, of businesses, of all of society to do this and we can do it.

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TJ Thank you, Dr Van Kerkhove. This will conclude today's press briefing. Apologies to journalists whose questions we were not able to take this time and I give the floor to Dr Tedros for his closing remarks. Dr Tedros.

TAG Thank you. Thank you, Tarik, and thank you to all the press members who have joined today and see you next time.