Hello and welcome, everyone, to today’s WHO virtual press conference on COVID-19, the war in Ukraine and other global health issues. It is Wednesday, 9 March 2022, and my name is Christian Lindmeier.

We have a strong panel here today again for you but first let me state we have simultaneous translation interpretation provided in the six official UN languages, plus in Portuguese and Hindi. Now, back to the panel.

Here, in the room, we have Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, the Executive Director for WHO’s Health Emergencies Programme, Dr Maria Van Kerkhove, the Technical Lead on COVID-19, Dr Socé Fall, Assistant Director-General for Emergency Response, and Dr Adelheid Marschang, the Senior Emergency Officer at the Emergencies Programme.
Thank you, Christian. Good morning, good afternoon and good evening. This Friday marks two years since we said that the global spread of COVID-19 could be characterised as a pandemic. The reminder, we made that assessment six weeks after we declared COVID-19 a global health emergency, when there were fewer than 100 cases, and no deaths outside China. Two years later, more than six million people have died.

Although reported cases and deaths are declining globally and several countries have lifted restrictions, the pandemic is far from over and it will not be over anywhere until it’s over everywhere.

Many countries in Asia and the Pacific are facing surges of cases and deaths. The virus continues to evolve, and we continue to face major obstacles in distributing vaccines, tests and treatments everywhere they are needed.

WHO is concerned that several countries are drastically reducing testing. This inhibits our ability to see where the virus is, how it’s spreading and how it’s evolving. Testing remains a vital tool in our fight against the pandemic, as part of a comprehensive strategy.

Today, WHO has published new guidance on self-testing for COVID-19, recommending that self-tests should be offered in addition to professionally-administered testing services. This recommendation is based on evidence that shows users can reliably and accurately self-test, and that self-testing may reduce inequalities in testing access.

How countries use self-testing will need to be adapted according to national priorities, local epidemiology, and the availability of resources, with community input. We hope that our new guidance will also help to increase access to testing, which is too expensive for many low-income countries, where these tools could play an important role in expanding testing.

WHO and its partners in the ACT Accelerator are urgently seeking further funding to ensure that all countries that need self-tests will be able to receive them as quickly as possible.

In readiness for these guidelines, WHO has contacted manufacturers to encourage them to apply for prequalification of self-tests. To date, WHO has granted emergency use listing to five rapid antigen tests for professional use, and we are gathering additional data to support the use of self-tests.

Now, to Ukraine. So far, WHO has delivered 81 metric tonnes of supplies, and WHO is establishing a pipeline of supplies for health facilities throughout Ukraine, especially in the most affected areas.

Yesterday, we delivered five metric tons of medical supplies to Kyiv to support surgical care for 150 trauma patients, and other supplies to manage a range of health conditions for 45,000 people for a month. More supplies will be
distributed today, and we have 400 cubic metres of supplies waiting to be transported to Ukraine from our logistics hub in Dubai.

00:05:41
So far, WHO has verified 18 attacks on health facilities, health workers and ambulances, including ten deaths and 16 injuries. These attacks deprive whole communities of health care.

More than two million people have left Ukraine and WHO is supporting neighbouring countries to provide health care for refugees, most of whom are women and children. Some of the main health challenges we see are hypothermia and frostbite, respiratory diseases, lack of treatment for cardiovascular diseases and cancer, and mental health issues.

WHO personnel have been deployed to neighbouring countries to provide mental health and psychosocial support. I thank all my WHO colleagues, and all our partners in Ukraine and its neighbours and all over the world, who continue to work to protect and promote health, even in the most difficult situations.

But the only real solution to this situation is peace. WHO continues to call on the Russian Federation to commit to a peaceful resolution to this crisis and to allow safe, unimpeded access to humanitarian assistance for those in need. A peaceful resolution is possible and that’s true in every war and humanitarian crisis to which WHO is responding around the world. Christian, back to you.

CL Thank you very much, Dr Tedros. With this, we’re coming to the question and answers. To remind you to get into the queue to ask questions, you need to please raise your hand with the Raise Your Hand icon and don’t forget to unmute yourself when I call upon you. We start right away with Nina Larson, from AFP. Nina, please unmute yourself.

00:07:49
NL Thank you very much for taking my question. I was wondering, first of all you mentioned the attacks on healthcare. If you’ve documented these attacks, do you think that would be possible to use as proof for war crimes because I guess it is a war crime to attack healthcare?

On a separate issue, I was just wondering about the radiation fears that are going around. Should we all be stocking up on iodine and especially within Ukraine? Thank you.

CL Thank you very much, Nina. We start with Mike Ryan, please.

MR Adelheid may wish to come in on this but the surveillance of attacks on healthcare is under a UN Security Council Resolution, I think 2286, Adelheid and Socé. Effectively, WHO is mandated and instructed to carry out the surveillance. We are very careful within the surveillance system to protect sources, to do deep verification and not pass information directly on to any party other than to represent the horror of these attacks and report them widely.

However, subject to that, we have engaged previously with other UN investigations and while remaining very, very cautious regarding any identifier
information, WHO is always ready to cooperate with the appropriate and mandated authorities on investigations.

00:09:22
CL Thank you very much. Did we have a second part on the iodine situation?
MR Sorry. I didn’t quite catch the second part.
CL Whether we should stack up on iodine now because of the radiation risks.
MR I think the IAEA are leading on this. Dr Tedros has had conversations with the Director-General of IAEA. We are part of a radiation and medicine emergency response network, which is led by IAEA under the leadership of Dr Zhanat Carr here, at WHO. Clearly, we have raised the issue of chemical, bio, radio, nuclear safety right since the beginning of this [conflict]. We’ve worked to ensure that high threat pathogens all over Ukraine were autoclaved and destroyed. We have worked on ensuring and monitoring for any attacks or any damage to chemical installations as well as nuclear installations.

All countries have preparedness plans for a radio-nuclear accident or radio-nuclear event and they have been in place in many countries, especially since the Chernobyl incident. I’m sure that countries are looking at those plans again.

No, I don’t personally think it’s time for individuals to be stocking up on anything like that but I do think governments will be, given the issues and given the risks that have risen in terms of an accidental event occurring, then governments are well-advised to ensure that their preparedness plans and their supply chains are in place should such a horrific eventually occur. But we will be led by the risk assessments at the IAEA and keep you updated on any further developments.

00:11:16
CL Thank you very much, Dr Ryan. The next question goes to Laurent Sierro, from the Swiss News Agency. Laurent, please unmute yourself.
LS Thank you, Christian, for taking my question. Another question on Ukraine. As the situation report on COVID was released yesterday evening, do we start to have any indication on the impact of the current crisis in Ukraine on the very likely increasing number of cases in that country? Thank you.
CL Thank you very much, Laurent. We’ll start with Dr Ryan again.
MR I will pass to Adelheid for some more detailed information on specific health risks. Again, as the Director-General outlined, we have the health risks of people on the move and mainly women and children and the specific health needs and the health risks that come with that.

We also have a complex situation with many, many older persons with complex health needs who may not be able to move or cannot move so easily, and getting aid and assistance to them is very important.
We have had circulating vaccine-derived polio, COVID and other diseases previously and currently there. There have been previous epidemics of cholera in Ukraine. All of those risks remain. I will let Adelheid speak to that.

00:12:38
But, in terms of the health system, itself, there are approximately 1,000 health facilities of different sizes, not all hospitals but clinics, polyclinics and various types of healthcare delivery entities either on frontlines or within ten kilometres of frontlines. So, in effect, the health system is becoming engulfed in this conflict, engulfed in this crisis.

We've seen now that some hospitals are being abandoned by the authorities because they simply cannot function and there’s an attempt to move hospital equipment and move doctors and nurses around. This is becoming an extremely complex health response with frequent population movements, shifting lines of control, increasingly difficult access and very asymmetric type of warfare also building up.

So, it’s very hard to know where frontlines are, it’s very hard to do deconfliction, it’s very hard to do the kind of humanitarian operations that are needed to provide the kind of significant support.

Sending supplies to hospitals is great but those hospitals need power, they need clean water, they need engineers to be able to help, they need a fuel supply for generators. All of this infrastructure and engineering support is needed to keep your average hospital going in a normal situation. In the middle of a shooting war, it is almost impossible.

So, it is the situation, itself, as the Director-General has said. It is the violence and it is the conflict that is driving this health crisis. This health crisis will not stop, it will only get worse unless we have ceasefire, unless we have peace, and the DG has said that quite clearly. This is putting bandages on mortal wounds right now and I think the world has to wake up to that as a reality.

00:14:34
The health workers and the frontline workers in Ukraine are exceptionally brave and they are saving lives. We will do everything in our power in this organisation, across this organisation, with our partners to support them in their heroic efforts but this crisis, from a health perspective, can only get worse unless there is an immediate move to cease hostilities within Ukraine to stop this war. Adelheid.

AM Thank you. As Dr Ryan has pointed out, the main health risks relate to conflict-related trauma and injuries which are exacerbated due to increasing intensity of violence that we have observed and by the lack of access or safe access, safe passage to health facilities by patients and health staff due to the insecurity.

We see risks of excess illness and death from non-communicable diseases that we have pointed out right from the start and we are tracking that, risk of the emergence and spread of infectious diseases such as measles, polio. COVID-19 has been mentioned already and related to COVID-19, we have to say remarkably Ukraine has maintained its COVID-19 surveillance and response system.
We have noted in the last week 731 COVID-19 deaths. The numbers of cases seem to decrease but as Dr Ryan has pointed out, due to population movements and disruptions, we will have to look very, very carefully at that and will monitor any increased risk in relation to that.

00:16:16

We have further health risks related to mental health, psychosocial health. People are very, very stressed, affected. The most vulnerable people are those who cannot move, they cannot go outside because they have a chronic disease, older people, often with mental disease, for a prolonged amount of time that cannot access medicines and their regular treatment.

Otherwise, we have also identified an escalated risk of gender-based violence as women, children and the elderly travel and stay at reception centres or apartments or remain alone. And, of course, issues around maternal health. We see many children and women on the move and therefore childhood illnesses are also very important to keep in mind.

CL Thank you very much. This was Dr Marschang, Senior Emergency Officer at the Health Emergencies Programme. Now, we have Dr Fall, Assistant Director-General for Emergency Response.

SF Thank you. I just wanted to add something about the complication of the situation. As we had already signalled, a significant number of the tests in Ukraine with people in movement and the older people, those who do not have access to health services.

We also talked about the interruption of the provision of oxygen because stocking and production of liquid oxygen is not working. So, we are working with our partners in order to ensure the provision of oxygen, even if it is at temporary hospitals, so that they can take into their care people in movement. We are combing approaches.

00:18:22

Also, because people are transporting, we are going to have to ensure that there is care ensured for people at the border. So, we have to expect an increase, unfortunately, of the mortality rate because of COVID, but we are trying to respond to it as much as possible. Thank you.

CL Thank you very much, Dr Fall. The next question goes to Belisa Godinho, from W Magazine, in Portugal. Belisa, please unmute yourself.

BG Thank you for taking my question. Is there anything that WHO can do to stop the war between Russia and Ukraine?

CL Well, thank you, Belisa. I guess we wish but Dr Ryan, do you have anything to add?

MR I think the DG has said it all and I think I repeated quite a bit of what he said. WHO will do everything in its power to create the conditions in which we can have health and peace. Without peace there will be no health so, yes, we are working at every level to demonstrate the humanitarian impact, to demonstrate the human impact of this war, of this conflict.
I said it in the last press conference. This violence is breaking bodies, it’s breaking minds and it’s breaking souls and it must, must, must stop. But, it is not the doctors and the nurses, it is not the humanitarians that can stop this violence.

The United Nations, the multilateral, the political system, the Russian Federation and others must work together to find a way to bring this conflict to a peaceful resolution to stop the violence now.

Political resolution can come later but we need to find a way to stop the violence. We will do everything in our power as a humanitarian organisation and Dr Tedros is communicating all the time with all parties trying to bring that message of peace to anyone who will listen.

00:20:12

Thank you so much, Dr Ryan. The next question goes to Naomi Grimley, from the BBC. Naomi, please unmute yourself.

NG Hello. We have heard reports that there has been panic buying of medicines in Russia and that stocks are running low in that regard. Is there anything you can do to make sure that supplies are kept open to ordinary Russians?

MR WHO works with all sides in any conflict and we have an office in Russia for many, many years and have experienced long decades of cooperation with the health authorities in Russia, both to the benefit of the people of Russia and to many people overseas. So, will continue to work.

I’m not aware of the reports that you’ve outlined but, again, as an organisation that is focused entirely on humanitarian impartiality and bringing aid and assistance to all those who need it, we will do our best to work with all sides and ensure that any request for assistance from the Russian Federation is met with the same response that we have given to the suffering of the people in Ukraine.

00:22:06

Thank you so much, Dr Ryan, again. The next question goes to Stéphanie Benz, from the L’Express, in France. Stéphanie, please unmute yourself.

SB Hello. Thank you for taking my question. My question is on the refugees and COVID-19. Do you know what is going on in the countries receiving the refugees regarding tests and vaccines and is the WHO implicated in vaccines delivery, for instance?

CL Thank you very much, Stéphanie. We go to Dr Marschang, Senior Emergency Officer.

AM Thank you. Thank you very much for your question. As the population is on the move they are clearly at risk, as we have highlighted previously, and it is within the receiving Member States to provide the screening and to ensure healthcare is provided.
We are, of course, supporting the Member States in assessing the needs and looking at what surge capacities, additional capacities and supplies may be required and we are surely there to support should these needs arise.

00:23:30
CL    And we have Dr Maria Van Kerkhove, our COVID Lead.

MK    Thanks. So, just to supplement what Adelheid has said. Certainly, this pandemic is not taking a break, despite the fact that we have this war, despite the fact that we have challenges and many countries are facing challenges right now.

Unfortunately, this virus will take opportunities to continue to spread. We, as an organisation, recognise that countries are in very different situations, they’re facing different challenges.

There’s a lot of movement and refugees associated with this crisis but we will support, as Adelheid has said, in every country to ensure that we not only improve vaccination access, vaccine access and vaccination rates wherever people may be, no matter where they are on this planet, to improve vaccination coverage because vaccines, COVID-19 vaccines, are saving lives.

But we also need to do what we can in the realities of what people are facing to reduce spread. So, we will continue to work with all countries, with countries that are receiving refugees to ensure the best care that they can receive, that testing continues, that vaccination continues and that we support the people, making sure that they get the care, whatever care that may be, including for COVID-19, wherever individuals are.

The pandemic will not stop because of conflicts, it will just take advantage of those situations and so we also remain focused on ensuring that we increase vaccination coverage around the world and reduce the intensity of spread.

00:25:01
The virus is still spreading at far too intense of a level three years into this pandemic. Even though we are seeing declining trends, as the Director-General has said, there were still more than ten million reported cases reported at a global level last week and we know this is an underestimate because testing rates have declined dramatically around the world. So, this is something we have to remain vigilant for, again recognising the challenges that all of us face.

CL    Dr Ryan, please.

MR    These images that people are seeing every day are images that we’ve all witnessed for decades all around the world. The reality is that the conditions we see in Ukraine are the worst possible ingredients for the amplification and spread of infectious disease. It doesn’t matter if it’s COVID, it doesn’t matter if it’s polio, doesn’t matter if it’s measles, doesn’t matter if it’s cholera.

You put that many people in desperation on the move, women and children packed together, people in basements, people stressed, people not eating, not sleeping, these are the conditions in which immune systems are weak,
people’s defences are low and infectious diseases can rip through populations like this.

00:26:22
We’ve seen this and we continue to see this. We’re discussing tomorrow the malaria risk and epidemics in Madagascar after the floods. We’re looking at a similar situation in places like Mozambique, and especially in Cabo Delgado, the conflict-affected area of the north. Yellow fever and cholera epidemics sweeping across parts of the Sahel, which are affected by complex crises, people on the move, lack of food. We see the Horn of Africa, similarly, with similar risks.

Tragically, pestilence, infectious diseases has always been recognised as one of the four horsemen of apocalypse and conflict and infectious disease are intimately intertwined. It has always been so. So, we should not be surprised.

Maybe, the surprise is that this is on the European continent again after so much effort to prevent such horror on this continent. But these horrors are suffered by people all over the world every day, every week, every month, every year and every decade over the last 50 years in many other parts of the world. Sometimes, I wonder whether we have reached the appropriate level of outrage for what we cannot seem to become outraged about elsewhere.

CL  Thank you very much, Dr Ryan. The next question goes to Donato Mancini, from the FT. Donato, please unmute yourself.

DM  Hi. Thank you so much for taking my question. This is not about Ukraine, specifically, it’s actually about COVID. Is WHO aware of the Delta-Omicron recombination made public yesterday? Could you explain to us what a recombination is? Where has it been found? Are you worried? Why are you worried or why are you not worried? When should we expect to have more data? Does it have a name? Is it a separate variant? Will you be naming it separately? And what is WHO doing, more specifically?

00:28:22
On a broader note, I know that you have been talking about the wind-down of testing. What does this say about the importance of keep good enough surveillance and testing active, even if appears that the pandemic is receding, even though it’s not? Could you talk a bit about how important it is to keep active surveillance? Thank you.

CL  Thank you so much, Donato. We go to Dr Van Kerkhove.

MK  Thank you, Donato, for the questions. Yes, we are aware of this recombinant. It’s a combination of Delta AY.4 and Omicron BA.1. It has been detected in France, it has been detected in the Netherlands, it has been detected in Denmark, but there are very low levels of this detection.

I’ll start with your second part of the question. Testing remains absolutely critical as part of the COVID-19 response. It’s about making sure that we have good testing, intelligent testing, strategic testing, not only to monitor the variants and virus evolution but to ensure that people know where the virus is and to get that appropriate care that they need, for health workers to be able...
to get patients into that clinical care pathway as quickly as possible so that we can save as many lives as possible.

00:29:41
The recombinant, itself, this is something that is expected given the large amount of circulation, the intense amount of circulation that we saw with both Omicron and Delta. If you remember, with the emergence of Omicron, in some countries the wave of Delta had already passed and so circulation was at a low level.

But in other countries in Europe, for example, Delta was still circulating at quite a high level when Omicron emerged. So, there’s very good surveillance in many countries right now and given the sheer number of changes and mutations within Omicron, it was much easier for researchers, scientists, public health professionals, people who are studying the genome, to be able to detect these recombinants.

We have not seen any change in the epidemiology with this recombinant, we haven’t seen any change in severity but there are many studies that are underway. WHO has been aware of this because of our Technical Advisory Group for Virus Evolution, which has been meeting regularly since June 2020 exactly for this reason.

We need to keep a good handle on this virus. We need to have a good system in place to be able to check the changes and to understand what those changes in the virus mean. Unfortunately, we do expect to see recombinants because this is what viruses do. They change over time. We’re seeing a very intense level of circulation. We’re seeing this virus infect animals with the possibility of infecting humans again.

00:31:11
Again, the pandemic is far from over and not only do we need to focus on saving people’s lives and reducing severe disease and death, we also have to focus on reducing the spread. We cannot allow this virus to spread at such an intense level. It doesn’t mean locking people down, locking people in their homes, it means using simple tools in a layered approach.

So, it’s really critical that we have testing and it’s really critical that we have sequencing, that we have good geographic representation of sequencing around the world and that the systems that have been put in place for surveillance, for testing, for sequencing right now be reinforced, that they are not taken apart, because we need to move on to the next challenge.

We need all countries, high-income, low-income, middle-income, to strengthen systems because they will benefit not only this virus but any future threats that we face. So, this is something that’s on our radar, it’s something that we are monitoring.

We discussed it at the TAG-VE on Monday again and with thanks to colleagues in France, the Netherlands and Denmark, we’re sharing ongoing work there. It’s a work in progress but these are the systems in place and so we will update you on any new information that we have as soon as we have it.
CL    Thank you very much, Dr Van Kerkhove. We got to Carlo Martuscelli, from Politico. Carlo, please unmute yourself.

00:32:36
CM    Hello. Thank you for taking my question. I wanted to ask a question elaborating on the response that Dr Michael Ryan already gave, which is how close are we to a collapse of healthcare provision in Ukraine? Is this an imminent risk? Also, if you are able to elaborate at all on the situation in Mariupol, that would be great. Thank you.

CL    Dr Ryan.

MR    If very much depends where you are in Ukraine. The Ministry of Health in Ukraine continue to do an outstanding job in keeping the basic health system running but there are obviously different scenarios. There are areas of Ukraine in which there is relative calm, a lot of fear and a lot of stress but relative calm and access, and those systems are working.

There are other areas that are approaching areas of conflict and, again, there’s limited services there as people are on the move and moving away.
Then, there are areas that are within ten kilometres of conflict where access is very difficult and even now people feel fearful in going to those health facilities because they fear that they get caught up in crossfire or they’ll get caught up in some negative situation if they try to access healthcare.

Then, there are obviously facilities right on the frontline and then there are facilities that are on the opposite side of the control line. So, there’s a whole range of scenarios that are playing out and, as both Adelheid and myself said, as the conflict intensifies and fragments and becomes very asymmetric it is very hard to see. There are many, many, many, many frontlines and that’s very difficult. We have dealt with this for years in places like Syria particularly. It’s very complex and very difficult to deal with.

00:34:32
So, no, I do not think that healthcare system in Ukraine is on the point of collapse. I think it has been remarkably resilient, given the stress it has come under, but there are certainly elements of that healthcare system, particularly those parts of the infrastructure and the workforce that are working on the frontlines, that are coming under intense pressure.

As I said, many of those hospital facilities are now being abandoned or moved away from because they’re just too much in the centre of the conflict. If the conflict continues to extend, if we cannot get supplies and support, engineering and other support and emergency medical teams and others to give those doctors and nurses relief.

Again, remember, doctors, nurses and all of the frontline healthcare staff in these situations, they’re not getting time off. They’re not going home in the evening or at the weekends. They’re not going on picnics. These staff are working 24/7 and they’re getting exhausted.

When we talk about attacks on healthcare, we’re not just talking about attacks on infrastructure. The very situation that is there is an attack on those healthcare workers because they cannot maintain and sustain this effort for
very long. We are in awe and inspired by their efforts but it cannot continue forever. But it has held up remarkably well given the stress that it has come under. I don’t know, Adelheid, if you want to add.

00:36:10
AM Just to highlight in addition that we are coordinating access for more emergency medical teams. Indeed, one of the objectives is that we are taking away pressure from the health system in some areas. We’re trying to increase the capacities to cope and to establish some medical evaluation pathways in certain areas in the west and trying to assess clearly, of course, also how that is possible in the eastern part, which we know is more affected right now.

CL Thank you very much, both. We have another question from Ari Daniel, from the NPR. Ari, please unmute yourself.

AD Hi, there. Thank you so much for this briefing. A couple of questions. One is around multidrug-resistant tuberculosis in Ukraine and neighbouring countries and just wondering what you’ve seen in terms of the impact of the conflict on it and in treating people with it.

Also, just to clarify, you’ve talked about infections like measles and polio but it sounds like you haven’t seen any definite spread yet, right, it’s just the possibility for it.

CL Thank you, Ari. I’m looking at Dr Marschang for a start or Dr Socé Fall, actually.

SF Thank you for the question. We are using a risk-based approach and public health need assessment. If you look at the risk, of course, when you have disruption of health services, any infectious diseases or non-communicable diseases will be difficult to manage, both for people staying but also for people moving.

00:38:01
So, in terms of impact for TB, it’s very early to be able to talk about the impact but, based on analysis of patients under treatment, we’ll be able in the coming days and weeks to see the real impact on TB clinical management and the risks of spreading multidrug-resistant TB and others.

For me, it is mainly based on risk. Because of the disruption of the immunisation programme, it will be very difficult to protect children from measles and from other infectious disease. Now, we continue to monitor the functionality of health services we have mapped out and it will be very critical to monitor the functionality of health services we have mapped out.

Now, it will be very critical to really see the real impact of the conflict on healthcare in general. So, that is one of our priorities and it will also help us to advocate for more access, for more protection of healthcare workers and health facilities. Clearly, some of the healthcare workers will be also moving with the population, so the level of disruption can be bigger than what we are seeing right now. Thank you.

MR We are tracking existing circulating vaccine-derived polio virus in Ukraine and therefore the risk of that continuing to grow and continuing to spread is there. Measles is already there.
When we talk about tuberculosis, Ukraine had done a fantastic job. Between 2005 and 2020, Ukraine managed to get its incidence of tuberculosis down from approximately 130 cases per 100,000 to about 40 cases per 100,000, which was tremendous health progress.

**00:39:39**
Multidrug-resistant TB remains a threat in the country. I think in 2018-2020 there was an average of about 7,000 people in the country prevalent with multi-resistant TB infections and the government put in place for 2020-2023 a state strategy for the development of anti-tuberculosis care with the support of WHO.

So, the government was on track to really bring this difficult public health problem under control, was making great progress, and this is the price of war. It’s not just the price paid in wounds and the price paid in injuries or even epidemics. It is the fact that years and years and years and decades of progress in important public health areas like tuberculosis are lost, sometimes in days or weeks, and that threatens everybody.

Multi-resistant tuberculosis is a deadly disease, it is a disease that can spread and we are, as I said previously, creating the conditions in which these years of progress are being lost. So, you’re right to raise the issue of TB.

The problem in a conflict like this is not matter of how good the infrastructure was before on surveillance. The signals of something being really badly wrong with an epidemic come late. It’s hard to count, it’s hard to see, it’s hard to test, and that’s the difficulty.

War obscures the signal of the epidemic. It obscures the signal of the outbreak. It means we’re late and we’re not only late but we end up not being able to have access to respond and contain. War amplifies and increases the chances that we will have epidemics and it decreases our chance of having effective containment. Thank you.

**00:41:33**

CL Thanks so much. I see we have a call for a clarification from Stéphanie Benz, from the L’Express. Stéphanie, please ask your clarification.

SB Thank you for giving me the chance. I was just wondering if, that’s an additional question, you expect a rise of COVID-19 in European countries due to the refugee crisis.

MR Certainly, there’ll be a rise in COVID-19 within Ukraine, without a doubt, because of not testing, without access to treatment, with vaccinations stopped and already low vaccination, I think about 34% or 35% vaccination rate before the conflict. So, there are many people still remain vulnerable to infection.

Again, I think authorities at the borders and Poland and other places are offering vaccination to refugees. But, again, let us be very careful with our rhetoric because this always arises, that in some way people fleeing the horrors of war are going to bring stuff with them. They’re not. They’re fleeing the horrors of war and the outpouring of generosity and acceptance by the
surrounding countries has been inspiring, quite frankly, in the face of the horror that we’ve all witnessed.

00:42:56
The health authorities will take care and provide healthcare prevention and protection to those refugees crossing and there will not be an issue related to that. Those refugees fleeing are not going to drive numbers up in Europe. Europe has plenty COVID, as it stands, and it has got to deal with that. Ukrainian refugees are not going to change the dial on that.

But it’s really important. We’ve seen this in many, many conflicts and it happens inadvertently because we’re not careful enough with the words we use and the words we choose. Refugees are not the source of risk to local populations. In fact, they’re a source of hope for the future.

I understand the meaning of your question and I know your question is not intended in any way like that, but it’s very important that we’re very careful how we communicate around this. Thank you.

CL Indeed, a very important clarification. Thank you very much, all. With this, we’ve come to the end of today’s briefing. We’ve come to the hour. I thank you all very much for participating and I’ll get back to the Director-General for his closing remarks.

Let me remind you that we will have the remarks by the Director-General right after this briefing sent out and the full transcript will be available tomorrow on our website. With this, Dr Tedros.

TAG Thank you. Thank you, Christian. Thank you to all media colleagues for joining today and see you next time.

00:44:37