COVID-19 and other global health issues

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SK	Shoko Koyama
AD	Ari Daniel
EP	Erin Prater
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TJ Hello to everyone, and warm greetings from WHO Headquarters in Geneva, Switzerland. My name is Tarik, and I'm happy to welcome you to the WHO Press Briefing on COVID-19 and other health emergencies. This press briefing has simultaneous interpretation in six UN languages, plus Hindi and Portuguese. Journalists are welcome to ask questions in those languages if they wish so.

Today with us, we have Dr Tedros, our Director-General, Dr Soumya Swaminathan, WHO Chief Scientist, Dr Mike Ryan, who is Executive Director of WHO Health Emergencies Programme. We have Dr Abdirahman Mahamud, who is Incident Manager at WHO Emergency Programme, Dr Marie Angela Simao, Assistant Director-General on Access to Medicines. We should shortly

be joined here in the room by Dr Bruce Aylward, Senior Advisor to the Director-General and Lead on ACT-Accelerator. Online, we have Dr Rosamund Lewis, who is a Technical Lead on Monkeypox, and we have also Dr Ana Maria Henao, who is leading the WHO R&D Blueprint.

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Journalists who wish to ask a question, please click the button, Raise Hand, and you will be then put in a queue and we will come back to you once we hear from Dr Tedros with his opening remarks. Dr Tedros, the floor is yours.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. On COVID-19, globally reported cases have increased nearly 30% over the past two weeks. Four out of six of the WHO subregions saw cases increased in the last week. In Europe and America, BA.4 and BA.5 are driving waves. In countries like India, a new sub-lineage of BA.2.75 has also been detected, which we are following.

Compounding the challenge are a number of factors. First, testing has reduced dramatically in many countries. This obscures the true picture of an evolving virus and the real burden of COVID-19 disease globally. It also means that treatments are not given early enough to prevent serious illness and/or death. Second, new treatments, especially promising new oral antivirals, are still not reaching low- and middle-income countries, depriving whole populations that need them.

Third, as the virus evolves, vaccines' protection, while still really effective at preventing serious disease and death, does wane. Decreasing immunity underscores the importance of boosters, especially for the most at risk. Fourth, each wave of the virus leaves more people with long COVID or post-COVID condition. This obviously impacts individuals and their families but it also puts an extra burden on health systems, the wider economy and society at large.

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These challenges require action at a global, national and local level. Governments, scientists, manufacturers, WHO and citizens themselves all have their part to play. Essential steps to take include, one, vaccinate and boost those at most risk, this includes older people, people with chronic illnesses, the immunocompromised and health workers, then build up the wall of immunity throughout the population.

Two, make new oral antivirals and other treatments available to all. Working with The Global Fund and UNICEF, WHO has developed an allocation mechanism to support countries as antivirals become available. So far, 20 countries have accepted allocations of Molnupiravir, which has moved into distribution. For Nirmatrelvir and Ritonavir, or Paxlovid, 43 countries have expressed interest.

However, our organisations are still trying to finalise with Pfizer the appropriate terms and conditions for low- and middle-income countries. This is delaying access. And some countries may choose to wait for a generic version of the antiviral, probably available only 2023, and this will cost lives. I call on Pfizer to work closely with health agencies and countries to ensure its new oral antiviral is available quickly and effectively.

Third, especially if you are in a place where cases are on the rise, use tried and tested public health measures to mitigate risk. For example, if you are in a crowded place or inside and there is poor ventilation, put on a mask, and if you are sick and you can, stay home.

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Fourth, it's crucial to accelerate research and development into next-generation vaccines, tests and treatments. WHO is working with scientists and researchers around the world to make this happen. Through the Solidarity trials, WHO can ensure maximum efficiency of clinical trials so that new tools are developed quicker. We don't know what the next variant will be like. This requires that we apply the tools we have now and that we develop the next generation of countermeasures quickly.

Fifth, we continue to work to strengthen the global health architecture for health emergency and response at all levels. We welcome the news about the creation of the Financial Intermediary Fund, FIF, which will focus on strengthening pandemic prevention, preparedness and response capacities. It will operate at a national, regional and global level, with a focus on low- and middle-income countries.

WHO and the World Bank will take the design forward with the founding donors and broader stakeholders. We hope the fund will expand and that this will become an important component of a comprehensive financing solution for health emergencies. Also, it's important that the pandemic accord process continues at pace. This remains a generational opportunity to improve how countries prepare for and respond to new pathogens.

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On monkeypox, I continue to be concerned by the scale and the spread of the virus. Across the world, there has now been more than 6,000 cases recorded in 58 countries. Testing remains a challenge, and it's highly probable that there are a significant number of cases not being picked up. Europe is the current epicentre of the outbreak, recording more than 80% of cases globally. In Africa, cases are appearing in countries not previously affected, and record numbers are being recorded in places which have previous experience with monkeypox.

My teams are following the data closely. I plan to reconvene the Emergency Committee so they are updated on the current epidemiology and evolution of the outbreak and the implementation of countermeasures. I will bring them together during the week of 18 July, or sooner if needed.

WHO is working with countries and vaccine manufacturers to coordinate the sharing of vaccines, which are currently scarce and need to be accessible to the most at-risk people. WHO is also working closely with civil society and the LGBTIQ+ community, especially to break the stigma around the virus and spread information so people can protect themselves. I want to particularly commend those that are sharing videos online via social media channels, talking about their symptoms and experiences with monkeypox. This is a positive way to break down the stigma about a virus that can affect anyone.

Finally, in Syria, the humanitarian needs are at their highest level since the war started 11 years ago. WHO works across the country to provide life-saving

health support. In the Northwest of the country, some 4.4 million people, including more than 3.5 million women and children, are in need of humanitarian assistance. They depend on the cross-border access for their healthcare, their vaccines and medicines. We hope the Security Council during its meeting this week will continue to find agreement to preserve the health and welfare of this highly vulnerable population. I thank you. And Tarik, back to you.

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TJ Thank you, Dr Tedros, for these opening remarks. Again, we'll remind journalists online to press the button, the Raise Hand, and then we will get to you for questions. And if we can, we will start immediately, and we will start with Simon Ateba, who is with Today News Africa. Simon, if you can hear us, please unmute yourself and ask the question.

SA Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington. Dr Tedros, COVID-19 cases have risen by over 30% globally in the past two weeks alone, as you just said. For two years, actually for more than two years, you and your colleagues at the WHO have been calling on the biggest pharmaceutical companies in the world, including Pfizer, BioNTech, Moderna, Johnson & Johnson, to temporarily grant intellectual property rights to African nations and low-income countries to manufacture their own vaccines. That has not happened, even with over 6.3 million people dead.

I know you have called out pharmaceutical companies that go for maximum profit over savings. I was just wondering, are you still having those conversations? And are you surprised that your doctor colleagues in the pharmaceutical industry continue to refuse to grant waivers to low-income countries, even as millions of people died? Thank you.

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TJ Thank you. Thank you, Simon. Dr Simao?

MAS Thank you, Simon. It is a very good question. Of course, everyone is aware that the World Trade Organization, the TRIPS had a ministerial meeting a few weeks ago where there was a decision taken and a resolution was passed, which left a lot of discontent behind because it really did not address the issues regarding the waiver.

The TRIPS agreement has 76 articles, and actually, the current decision resolution by the TRIPS, on the TRIPS, addresses part of one article. So, well, WHO continues to push for the equitable access, and we do have a very clear strategy in enhancing local manufacturing. That includes the local production and that includes the management of intellectual property.

We also do coordinate an initiative which is called C-TAP, the COVID Technology Access Pool, which works with voluntary licence and technology transfer. And we do have two good initiatives on there. We had licences from the Spanish Council institute of a diagnostic test, which has now been transferred to a South African company, and we had very recently the two licences involving 12 products from the NIH, the National Institutes of Health from the United States.

So we continue to work with the manufacturers to improve access, and we firmly believe that the TRIPS flexibility, existing TRIPS flexibilities are useful and that they can be used by countries or like a compulsory licence. But also, the voluntary mechanisms like C-TAP and the Medicines Patent Pool should be used to the full.

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And we are at the moment discussing the incentives. What would bring manufacturers to the table to share their technology more easily? Right now, what we see is an overprotection of the rights, and some of the manufacturers keep the technology, keep very concentrated in a few countries. Thank you.

TJ Dr Aylward?

BA Yes, thank you, Tarik. And Simon, thank you for raising this issue. Put another way, a little bit more simply, we are two and a half years into this pandemic, and as the Director-General laid out in his comments, we're in the phase of an evolving virus, rising cases, and we still don't have the tools we need. We don't have enough companies making enough tools and innovating fast enough to stay ahead of this virus. And I think, to the point that Marie Angela was just talking about, we've all failed collectively if two and a half years into this, we still are not using all means of production everywhere to optimise the availability of this.

And again, as we struggle to find incentives, I think you put it best Simon, 6 million people are dead, the virus is still moving, it still risks economic recovery, societal recovery. That should be incentive enough to go a lot, lot farther than we've managed to go so far in ensuring as many places are making as many of these products as fast as possible to get us out of this. That's our position. It continues to be our position in discussions with countries, with manufacturers and with others.

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TJ Thank you, Dr Aylward and Dr Simao. Next question, Carmen Paun from Politico. Carmen, please.

CP Yes. Thank you, Tarik, for giving me the floor. I wanted to ask about what happens now that the ACT-Accelerator will be phased out in its current form? What are the WHO's plans to have a framework to continue coordinating and helping with the global response to the pandemic? Thank you.

BA Yes. Thank you very much for the question. And first, to be super clear, the ACT-Accelerator will not be phased out. And I think there's a danger people didn't hear the rest of your comment there as you said in its current form. The reality is the world is adjusting, countries are adjusting, the virus is adjusting. And the ACT-Accelerator was set up by the Director-General and others over two years ago now to be an agile mechanism that evolved with the evolving pandemic.

So what we're looking at now is our current strategic plan. And our budget runs until the end of September of this year, actually into October. And at that point, we're getting very clear signals back from people that we don't want to develop a whole new strategic plan. What we want to look at is how do we

adjust our ways of working as a partnership, as a collaboration to make sure that we can manage this disease in the longer term?

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So really, we're going to look at a transition plan, for want of a better word for the moment, that looks at how do we make sure that this extraordinary collaboration that we've put together can continue to operate, but in a mode, in a manner that allows us to make sure the core business of the organisation also gets attention?

The Global Fund was set up to tackle HIV, TB, malaria. Gavi has a hugely important agenda, moving childhood vaccination and vaccination of other populations, etc. across the partnership. We need to be able to manage those agendas in an opening world again, as we managed the agenda of the ACT-Accelerator.

So this is really more a time of adjustment to be able to operate effectively and efficiently rather than a sunsetting or a shutting down. I think someone used the word sunsetting in the press the other day, and that certainly is not the intent. The ACT-A agencies will not sunset their support to the countries that rely on them for equitable access to these tools. What we will do is adjust to make sure we're working as efficiently, as effectively to deliver right across our mandates in the longer term as we move forward.

TJ Dr Ryan?

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MR And just maybe to emphasise the fact that the ACT-Accelerator is a global collaboration that is laser-focused on trying to ensure that there's access to these life-saving countermeasures, be it diagnostics, be it vaccines or therapeutics, oxygen, PPE. But the real work is at country level. This pandemic is a series of national epidemics that still require... As the DG outlined in his speech, this is not over by any means.

So in that sense, the real evolution that needs to happen beyond the evolution in the strategy at global level and an evolution in how ACT is managed and how WHO itself responds through its Strategic Preparedness, Readiness and. Response Plan, the real work for countries now is to really review your own national plans, see where you are in this.

Abdi often refers to the immunity wall or the wall of immunity and the gaps in immunity. There are gaps in immunity in every country, be it because of previous waves, be it because of vaccination levels, marginalised groups, people who were under-vaccinated, high proportion of vulnerable people.

So each country has gaps in its readiness, gaps in its preparedness, gaps in its surveillance. No country is without those gaps. Some of those gaps are more extreme, and many of those gaps are because of lack of access and lack of equity, but not all. And each country needs to look at its own national plan. How prepared are you? How well integrated, for example, are diagnostics now and antivirals in the healthcare system? Are they available at the level of primary healthcare? Is there good triage in the hospital and primary healthcare management system?

Are you continuing to do surveillance? Are you testing enough people? Are you sequencing? Are you sharing those sequences with the international

community so we can track the virus? Are you participating in trials, like the Solidarity trials, to gain more knowledge on your vaccines and antivirals and other drugs? And are you getting ready?

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For many countries, we'll enter into a period where schools will reopen. The Northern Hemisphere, winter will come, universities will reopen, people will go back inside. And it will then have been a number of months, and in some cases up to a year since the previous wave of infection passed through. That time causes a waning of immunity. And therefore, we will see differential impacts in countries.

So depending on how strong that wall of immunity is in your community, depending on how well you deal with the vulnerabilities that people have, and depending on how well you're prepared to deal with that, I think we're going to see further waves of disease. And I think we will see them have a very differential impact between countries. And there is so much that countries can do now in preparation and in readiness to get ready for that.

So I do think, as Bruce said, this isn't about shutting anything down right now. This is about adapting to these new realities that we face. And those new realities face ACT, they face WHO, they face national plans and they face local communities.

TJ Dr Swaminathan?

SS I just wanted to add to what Bruce and Mike have just said, but specifically around vaccines and COVAX. And as you're all aware, COVAX has now supplied over 1.54 billion doses of vaccines. And in the last six months, we've seen a lot of progress.

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If you remember, there were about 34 countries, in fact, there were 34 countries who had not achieved even a 10% coverage of their populations by January. And then there was a big push really to support those countries in terms of both getting political leadership and commitment, but also in financing, in technical resources.

Of course, supplies have not been a problem in 2022. And it's good to see that at least half of those countries now have achieved over 10% coverage of their most vulnerable populations, and, in fact, a lot are moving into the 20% to 30% range. But still, we have a lot of work.

And when we look at coverage of the vulnerable groups, the over 60s and the healthcare workers, we still see that in the lowest income countries, and particularly in Africa, that only about 30% of these populations are covered with vaccination. So we still have a lot of work to do as a global community and as COVAX as well.

And so while we are talking about transitioning this phase into a phase where the work is actually integrated into the work of the organisations, WHO, Gavi, UNICEF, PAHO, The Revolving Fund, as well as other agencies like the African Union, the AVAT, etc., everybody is going to have a role to play.

But I think very critically, I want to emphasise what Mike was saying, is that countries need to have their plans. They also need to collect data, because

only if there is good data on coverage in different age groups, on incidence of infection, of hospitalisation, of death, by age, by sex, by vaccine coverage, vaccination status, only then can we make policies for the future. How often are we going to need boosters? Which groups are going to need boosters? These are questions everybody is asking, but unfortunately, the data is not coming out. So I think that's again really important.

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And the next phase is to consolidate and build on the gains that we have. Today, we have waves of BA.4, BA.5, but luckily causing less hospitalisations and less deaths. And that's because of immunity both from vaccination and natural immunity. And then, of course, there's the big push to develop better vaccines, which will provide broader and more long-lasting coverage. And the Solidarity platform is one way of trying to support the global R&D exercise, particularly the smaller companies that are still very much engaged in trying to develop next-generation vaccines. Thanks.

TJ Thanks all. Next question comes from NHK, Paris office, Shoko Koyama. Shoko, please unmute yourself.

SK Hello, Tarik. Thank you for taking my question. As Dr Tedros just mentioned, globally we are seeing a number of COVID-19 cases. And especially in Europe, we are seeing a drastic increase. Do you consider it is a serious resurgence? And also, the summer holiday season has just started, but what measures should we take for avoiding a largescale transmission? I understand all vaccination, stay-home measures and social distance and wearing masks, all these measures are important. But especially for this season, what measures are important? Any advice, please. Thank you.

TJ Let's start with Dr Mahamud.

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AM Thank you, Shoko. Thank you so much for asking that. Important questions that we all struggle in how to bring the message. In terms of the importance, what we are seeing now is a wave of BA.4, BA.5 that started from the early countries, that started from South Africa, Portugal and more and more countries in Western Europe.

For those countries that have excellent surveillance on hospitalisation data, what we are seeing more and more is unlike what we hoped for. Everyone assumed that this virus will be an endemic and we'll go to the summer months that everyone will be able to relax. The virus shows again it's on top and it's ahead of our game.

So how do we get back to the game of this virus? It's a continuous race between us, our interventions and what we do and the virus evolution. So in terms of what we can do at individual, at community, at country level, it's not the time to declare the pandemic is over. We are still in the midst of the pandemic and the virus has a lot of force left to pose. So whether it is the BA.4, BA.5 or BA.2.75, the virus will continue. That's what it does good at.

So what we can do individually, masking, avoiding those crowded… All the interventions that we have been saying for the last two and a half years are more important right now as we see the surges. When the surge comes, I think

it's high time we protect the vulnerable and the high-risk population by basic measures, cost-effective measures.

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A mask in an overcrowded area does not cost anyone, does not cause harm to you or to the people. It's just a sense of solidarity, protecting the people who survived and protected themselves for two and a half years. Mike was telling me some stories of the colleagues protecting themselves.

We have a major, major population that still is vulnerable for various reasons. So it's an act of love and solidarity that we need to protect the people. It's not the time, and as I said earlier, we don't know when this virus will be endemic, but clearly it shows that it has the potential. So let's vaccinate the people. Let's take the vaccine. Let's protect ourselves. Let's protect the loved ones.

TJ Thank you.

MR And it is. To have a 25% increase just in one week in Europe, and granted it's coming from smaller numbers, but you can definitely see that trend. And to see that trend in the context of what is almost a collapse in testing... And I think, anecdotally, any of you out there in most European countries, I think anyone out there will be aware of friends and family. Everyone now can hear of people they know who've got COVID, who aren't at work.

And so I do think beyond the actual hard data, there's a much more intense wave of disease passing through. And that has resulted in many countries in an uptick in hospitalisations. And we've seen that. That's nothing... That happened with Delta. That happened with previous waves, as Abdi said. When you increase that pressure of infection, then that exposes the gap in your wall of immunity. That exposes any gaps you have.

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What we're not seeing, I think, Abdi, and correct me if I'm wrong, is an increase in intensive care unit admissions. So the vaccines are very much still working, and it is those gaps in immunity that are causing the problem. So we can have multiple, multiple waves of disease. If we're highly protected... Yes? And we know with Omicron that it certainly has a greater affinity for the upper respiratory airway so there's a lot more people going around with sore throats, going around with fevers, having upper respiratory tract infections.

But in the main, in people who are fully vaccinated, particularly people who are boosted in the vulnerable groups, we are not seeing a rise in ICU admissions, we're not seeing a serious rise in deaths, but what we are seeing is the gaps in immunity being exposed. So where there are significant gaps in the immunologic wall that countries have built, every time a wave passes through, you will see that pressure on the health system and you see the impact that that has.

And as Abdi said quite correctly, again, showing an increase in Europe in the middle of the summer when everybody is outside. But we also know that there are huge gathering events, everyone is... There's a lot more mixing going on. There's a lot more travel going on. So maybe we're exchanging one kind of mixing with other kinds of mixing, but there's a lot of mixing going on, because the virus is actually showing that. The virus in itself is a litmus test for mixing.

If people don't mix, the virus doesn't move. So when the virus is moving, people are mixing. That's been the story of this pandemic. It's just maybe different types of mixing that we're doing.

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But again, the WHO is not here to tell the world it's time to shut down or lock down. People have had two and a half years of really, really hard times. People are trying to get back to their normal lives. But what we're saying to countries is, ensure your most vulnerable are vaccinated. Ensure that your wall of immunity is strong. Ensure that you keep your surveillance. Ensure that you've got your antivirals in the system so those vulnerable people who do get infected can be treated early. And ensure, as Abdi said, that we're looking out for each other and ensuring that our most vulnerable can protect themselves and that we protect them as well.

So I do think it's important to recognise that we're not seeing... We're seeing really questions specifically referring to Europe. And we'll see that happen on other continents as well. I think we're seeing in Southeast Asia, and also, we're seeing in the Eastern Mediterranean region as well.

BA I just want to pick up if I might, Tarik, on one of the points that Mike made there. And Shoko, to your question, is this a serious resurgence, any resurgence of a new virus that we've known for a couple of months or a couple of years, that's evolving and mutating, as Mike laid out, you have to consider it serious. Any resurgence of a virus that's caused such death and destruction and so much economic upset, we've got to be taking it seriously, to answer that piece. What Mike has said previously, more transmission, more evolution of the virus, more risk, frankly, in terms of what it holds.

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The difference now is that we can get in front of it. And again, as Mike was referring to, when people are highly protected, we see this decoupling right now of the disease and the death. But now, going back to the last question we had, that is a phenomenon in the North. There are huge parts of the South, and we've been talking about it repeatedly, where vaccination rates are in the teens. And that's what we've got to change.

Because if we look at those waves, Mike, of course we see the North often, and Europe has had the first wave, and then we see it subsequently in other parts of the world. So we have a window right now. I'm going back to the point Soumya made earlier. The plea really is to policymakers, political leaders. We have vaccines now, and really, now is the time to be making that case to your populations to get the primary series in them, get them boosted.

COVAX has huge volumes now that we can make available to any country anywhere in the world. And the virus is telling you right now, there is a window because there's a resurgence. And Shoko, as you said, any resurgence of a virus like this, this early, with so much of the world still unprotected, you have to consider it serious.

TJ Many thanks. The next question goes to NPR Radio in the US, Ari Daniel. Ari, can you hear me?

AD Yes, I can. Thank you so much for taking my question. My question is related to monkeypox. And I was wondering if there have been any

documented cases yet of transmission through non-sexual means. I know that it's shown up in a few instances of kids developing it in Europe, and just wondering if there's been any sign of non-sexual transmission.

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TJ Thank you, Ari. We will start with Dr Rosamund Lewis, with us online. Dr Lewis?

RL Yes. Good afternoon, good morning. There are cases reported in children, and so far, about one third of them are in children under the age of ten, and half of those in children under the age of five. So whereas for older ones, 18 or 19, the mode of transmission may be still an open question, for younger children, one would assume that that would be from exposure in the household setting. Thanks. Of course...

TJ Thank you. Yes, please continue.

RL I was just going to say, of course we continue to work with countries on the case investigations and the case reporting to secure more demographic information and more information on exposures and risks in order to be able to learn and answer your questions as we go forward. Thanks.

TJ Thank you very much, Dr Lewis. Let's go to the next question. It's Erin Prater from Fortune. Erin, can you hear us?

EP Yes. Can you hear me?

TJ Very well.

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EP Excellent. Thank you so much. Yes, I am aware that in the US, I believe, two different strains of monkeypox have been discovered that differ from what is typically reported in Africa. And they are part of the West African clade, I believe. Just curious if you all have seen any further mutations during this global outbreak. Thank you.

TJ Maybe we go back to Rosamund. Dr Lewis?

RL Sure. So yes, you are correct that genomic sequencing is being done. There has been observed in the early cases some divergence from the original West African clade that was circulating primarily in the last few years. However, sequencing takes time, and these are very large genomes. This is a very large virus.

So we continue to monitor the information as it is posted by participating countries who are able to do sequencing, and providing the information as and when it becomes available. We'll make sure that information is made available as it comes out. Thanks.

TJ Dr Ryan?

MR Yes. And Rosamund is correct, we'll continue to monitor that. But there is a phenomenon that happens when we see what looks like viruses changing abruptly, when, in fact, it's a failure in our surveillance. Because if you look once and then you wait a long time and you look again and something has changed, then the question is, did it change abruptly or did it change gradually over time?

We see this in polio all the time. In fact, one of the measures in polio surveillance, Abdi, of the strength of the surveillance system, is whether or not the next virus looks very different to the previous virus it detected. And when it looks very different, you don't say the virus has changed as much as you say your surveillance was very poor. And I think we can say, well, monkeypox surveillance has been very poor.

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So I know that there are many, many samples that have been taken over the last few years and they've been shared with labs for sequencing. And we need to make sure that countries that have shared samples with labs for sequencing, that they receive those sequencing results back so we can put the full picture together and we can build the picture month by month, year by year, and then look at the evolution of the virus.

But what we're actually seeing at the moment is a little bit like the drunk man looking for his keys under the lamppost. We're looking where the light is, but we're not looking in the dark. And that's the problem, and that's why we want to see genomic sequencing expanded in Africa, particularly expanded in West Africa and Central Africa.

We commend the work of the INRB in Kinshasa, the work of the Nigeria CDC and the Institut Pasteur in Dakar and others, because the more we can expand the ability to do real-time genetic sequencing across the African continent, the more we can keep an eye on these viruses.

So I do think it raises that question. And we still have to look and see, how much is the virus actually evolving, and how much of that apparent evolution is because we just have not been looking and monitoring hard enough?

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TJ Thank you, Dr Lewis and Dr Ryan. Next question goes to BBC. We have Nikolay Voronin with us. Nikolay, can you hear me? Nikolay, can you unmute yourself, please? No? Well, we don't have Nikolay from BBC with us. We may try a little bit later. Let's try to see if Denise Roland from Wall Street Journal is with us. Denise? We don't have Denise. Should we try go back to see if Nikolay managed to unmute himself? Do we have Nikolay from BBC?

NV Hello. Can you hear me now?

TJ Ah, finally. Yes, now we can hear you.

NV Good. My name is Nikolay Voronin from the BBC World Service, and I'm not sure who to address the question to, but it's about the lessons of the pandemic. Because according to many experts, well, we all remember that wealthy countries started inoculating their populations early in the pandemic, in December 2020, whereas poor countries, especially in Africa, only started the campaign with a huge delay.

And many experts can see that that's one of the major factors behind the emergence of Beta and Omicron that were found in South Africa because the large share of the population immune compromised, their immunity is compromised. What do you think are the lessons of the pandemic we should learn to make sure we never repeat the same mistakes again?

TJ That's a broad one. Who would like to start?

NV Yes, sorry.

00:40:27

TJ Dr Aylward.

BA Sorry, I'll just kick off while people collect their thoughts, because I'm sure everyone has a perspective on this, Tarik. But I think the big take-away measure is the challenge as to what we have to put in place to truly make equitable access to tools feasible. And this is what the Director-General is calling for and championing with his call for a pandemic accord. Because it's very clear, what we've learned this pandemic, is that goodwill alone is not enough to get to equity, and what we need is to make sure we address those really fundamental enablers.

First, as we've talked about through the ACT-Accelerator experience, financing, at-risk financing to be able to develop the right tools and upfront financing to be able to put the right contracts in place for low- and low-middle-income countries. But secondly, we need to make sure that we've got free trade, we've got a free trade of the raw materials and of finished products to make sure that they can move and that countries aren't going to nationalise or protect or prevent the movement of these.

But then, most importantly, we've got to go back and really try and deal further upstream, like what happened under the pandemic influenza framework, which is a fantastic framework, in part because it requires that at the point of production, basically, that manufacturers who are part of the scheme actually, in real time, make quantities available for low- and low-middle-income countries, as they do for high- and upper-middle-income countries. And it's not enough to be able to get to true equity, but it's going in the right direction. It's the kind of thing that we need.

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And all of this needs to be captured, these new rules of the game, under something like a pandemic accord that is in everyone's interests. This is not charity. This is not handouts. This is in everyone's interest to end pandemics like the one we're in the midst of now, that's going on much longer than it should have, given the science that we had so early in this pandemic.

And those things need to be complemented by distributed manufacturing capacity so that all countries have access to products. What we've seen is those areas that actually control production had early access to products and controlled when others got access to it. So those things that we've learned in the areas of access to products, in their actual distribution, what we've learned in terms of the financing, what we've learned in terms of also the enabler around free trade are all crucial pieces that will need to be delivered.

People often focus today on the single biggest problem is demand and hesitancy and we have to address those issues. But imagine if we tried to roll out vaccines today, COVID vaccines, in high-income countries. You'd have huge challenges in getting to the kind of coverage levels that you have. But if you had made those available to low-income countries at the time they faced the same surges of disease and fear, then we would have got those addressed.

So we've got to be careful that really, as we go forward, we learn those lessons about what really controls equitable access and we make sure that we put in place... And it will need to be something like an accord, a rules of the game that help us solve those more effectively as we go forward.

00:43:36

TJ Dr Swaminathan?

SS I just wanted to add one point to Bruce's excellent points, and that is that science needs to be at the heart of the response to the pandemic and that we need to make our policies evidence based. This means that we need better systems to collect data. We've seen the gaps in data, including in data on cases, on deaths from countries. And we spoke about the lack of data on vaccine effectiveness from many countries.

So I think the focus on improving health information systems. Also the focus on investing more in science and research in countries that are still not doing that. We can see the returns that we get from investments in research. Developing networks, national, regional and global networks of scientists, researchers, academics, public and private sector, so that we can respond to these big public health threats. Data sharing principles and policies so that like we've seen now, we are tracking variants in real time. We've now started looking at the monkeypox genome, but we haven't done that for many pathogens for many years.

So there are a number of activities where there is global collaboration that really helps us to advance the science. And ultimately, even in the pandemic accord, I think that our response to the pandemic's future threats needs to be based on data and evidence, and scientists around the world need to play an important role in informing policy. Thanks.

00:45:12

TJ Dr Simao?

MAS Sorry. Very quickly, I think what we saw during this pandemic is a repeating history. Because we had the same problem with HIV even into... Because it took years and years and 60-70 million deaths before actually antiretrovirals, which were available in rich countries, were available to the developing world. So we're repeating history. H1N1, when the vaccines reached developing countries, it was already over, and then they were dumped into many countries.

So I think it's very much an issue of rethinking values. And this is super important. Because when you have a gamechanger technology or you have a technology that can help us end a pandemic, these technologies should be available to all who need them in a timely fashion. It's not that technology is not available now. We are still pushing that we need these technologies and the people need to continue to vaccinate. But millions of lives were wasted because these technologies, the vaccines, took a long time to reach some countries.

So it's never too late, but any time we are late, we are costing lives. So I think it's very much an issue of rethinking. The commercial, the trade and the relationships we have with industry on a fair profit manner, fair pricing, availability, making contracts that are easy to manage by developing

countries, this is all part of a rethinking how we value life. And I think this is a new era. We need to think differently for next time. Thank you.

00:47:15

MR Just very briefly, I think what I've learnt is that the human race, and we all, are collectively capable of amazing things in science and innovation and solidarity. When faced with an existential crisis, we can move mountains, and we do. We spent hundreds of billions of Dollars in response to this pandemic, and God knows the costs are much greater than this socially and economically.

But we never, ever seem to learn the lesson that we need to prepare better. And I'll say it, everyone talks about preparedness and we have all kinds of meetings going on here at WHO and the World Health Assembly, and it'll go around and around. I've been doing this for 25-30 years, like Bruce and others, like Tedros. And we will forget and we'll have the amnesia that we all get after a very painful event. We reimagine our memories, in a way, to reduce the impact and the suffering that it's caused us.

And we will then not realise that the solution for the next time is about the simple things, investing in primary healthcare, investing in communities, investing in social and health justice and not having so many hundreds, billions of people around the world who have no access to healthcare. The reason why many people died wasn't COVID. It was they had no access to healthcare. They could not get oxygen. They could not get a bed. They had unmanaged hypertension, unmanaged diabetes. They were simply poor. These are the drivers of the impacts of this pandemic.

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And that's what Tedros is trying to do with his proposals for a new architecture. We're saying, yes, the response has been painful and there's been great injustice, and the greatest tragedy will be to repeat that again in two, four, six or ten years. So I think the real lesson I've learned is we need to start spending now on preparedness, on readiness and on righting the wrongs of a health system that is not available to all. Universal health coverage, primary healthcare, strong public health systems, health and social justice, if we get those right, I believe we'll respond much better to the next pandemic.

And I do believe we need technological solutions and we need that science, but we will do that. We're great at that when the time comes. We're really bad at doing the things that we really need to do, and that's levelling the playing field when it comes to access to healthcare.

TJ Dr Mahamud?

AM Thanks a lot. I think, completely echo. But I wanted to see it from a different perspective, is where some of the high-income countries can learn from the success of the low-income countries. Because Dr Tedros from the start talked about science and solidarity. While some of the high-income countries perfected the art of science, they forgot that to respond to a pandemic, you require solidarity. And that's what we can learn from a lot of these countries, the Ubuntu philosophy, the belief in a universal bond that shares, that connects all humanity, that we are one and we are together one.

So I hope we can reflect. And you may have the science, but a lot of the death and destruction and decay has happened because of the division in the society. So we can prevent, we can develop science, can go fast, but we require solidarity. And some of those low-income countries, people in rural, that's an art they've perfected, that we can bring together the science and solidarity to respond to the next pandemic.

00:50:42

TJ Thank you very much. This question from Nikolay really brought lots of answers. With this, we will conclude today's press briefing. The transcript will be available tomorrow. And a little bit later, we will have an audio and video file on our website, but also sent to our media list. With this, I wish you a nice evening and give a final word to Dr Tedros.

TAG Thank you. Thank you, Tarik. Maybe to the last one, I think almost all my colleagues have addressed that, maybe I can add. I think not only from this learning from this pandemic, when the current pandemic hit, we anticipated that equity would be a serious problem. And that's why we proposed the idea of ACT-Accelerator. And we had two objectives when we established ACT-Accelerator. One is to accelerate the development of tools, and the second objective is equitable distribution of those tools.

Of course, we have done our best through ACT-Accelerator. Compared to previous experience the world has, I think we have made some progress. For example, the antivirals for HIV reached countries in Africa and other developing countries ten years after they were developed actually because they were very, very expensive and inaccessible.

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I think with these vaccines, the first developed countries maybe started in December 2020, but although they were few, some countries, developing countries have also started in February/March 2021, that's with three and fourth months delay, and then started to pick up. So there is some progress, if you like, but the ACT-Accelerator was meant for that, although we still face problems.

Then going forward, learning from these lessons, we are investing in investments that can bring equity and help the world to prepare right now. And that's why we have the mRNA Hub, for instance, in South Africa. One of the equity problems comes from monopoly of production. And technology transfer and local production in low-income countries, we believe, is a strategic solution. And it's from the problem we faced now that we have proposed this solution and we are already working on it. And not only this, but we have several other initiatives based on the lessons we have learned from this pandemic. I just wanted to add that.

Then on the resurgence, 30%, of course any increase should be taken seriously, even if it's less than 30%. Unless we control this pandemic, manage it, still it should be taken seriously. It's not about the increase alone. But there is progress. As you know, as my colleague, Mike, said, I think there is already a decoupling between number of cases and deaths. Although the number of cases increased by 30%, if you see the weekly deaths record or reporting, it's

stable. And what is very important is not the number of cases. It's actually the number of deaths which is very important.

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And not only that, we know the behaviour of the virus better and we have better tools, and based on the situation, for instance, the emergence of variants, if they need some tweaking, the technology we have, the tools we have are adjustable. So I think whatever the situation is with the increase in the 30% we said or other factors, we're in a better situation now.

Maybe you can say, as I think Bruce was saying, we can be ahead of the virus or we can get in front of it. So I don't think we will be the hostage of the virus like we have been in the past two years, because we know the virus better, we have better tools and we can do better and we can fight it better this time. So that's what I would like to say.

But still, the use of the countermeasures though is very, very important, not only vaccines but the other things that we have already said during my statement today. And especially the individual-level responsibility is very, very important. Each and every citizen has to be really taking measures that can protect him or herself.

Then on ACT-A, I think it has been said but just wanted to add, it's not phasing out. I think it is one of the lessons actually before even the pandemic got worse, and we will readjust it to be one of the instruments to prepare us for the future.

With the ACT-A, maybe something that I would like to add, what my colleagues haven't maybe touched on, is the principals of ACT-Accelerator, heads of the various agencies, the members of the ACT-A have been very, very committed throughout, since the establishment of the ACT-Accelerator. Weekly meetings every Thursday, incredible commitment.

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And that's why we have at least some result. It may not be enough, but that's really a new culture in interagency or interorganisational relationship. Working together, although we belong to different institutions, for a common purpose, and doing it with commitment and persistence and amazing hard work is, I think, the way forward for preparedness as well.

So it's not about ACT-Accelerator. There is the culture issue also there, the new culture that we have actually started, very closely working together. And we have to preserve that, not only the instruments but the culture, not only the instruments but the mindset as well.

Then on waiver, I think we have made progress. That's what I believe. You know the WTO Ministerial meeting, there is some progress. It may not be as good as what we expected, but at least there is a way, a forward movement. And this will be helpful not only for COVID, for the current pandemic, but also for the future.

So I just wanted to underline that, that there is already a good step in the right direction in terms of a waiver. But it may not be enough. We need to continue. But we still have the conversation, and the technology transfer is important since it's part of the strategic solution to address the equity problem that we have faced.

00:59:23
So with that, just wanted to touch some of the issues raised before I close. Thank you so much for joining us, and see you next time. Thank you.