

Global Health Issues

Virtual Press Conference

15 February 2023

Speaker key:

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AH	Dr Ana Maria Henao-Restrepo
AM	Dr Abdi Rahman Mahamud
MK	Dr Maria Van Kerkhove
MR	Dr Mike Ryan
RH	Rob Holden
HB	Helen Branswell
AF	Ashleigh Furlong
SA	Simon Ateba
BG	Belisa Godinho
MA	Muhammet İkbāl Arslan
CO	Christiane Oelrich
NC	Nick Cumming-Bruce

00:01:14

CL Hello and welcome, and thank you very much for your patience for bearing with us for so long today. Again, I hope we can make it worthwhile. Colleagues have also been travelling still until today, so we're having a good number of colleagues just here with us fresh, returning from missions.

Welcome again to WHO's virtual press conference on global health issues and other health emergencies, including COVID-19 and, of course, an update on the earthquake in Türkiye and the Syrian Arab Republic. It's Wednesday, 15 February 2023. My name is Christian Lindmeier and I will take you through today's press conference out of Geneva, here. Simultaneous translation is again provided in the six official languages, Arabic, Chinese, French, English, Spanish and Russian, as well as Portuguese and Hindi.

Now, with us today, here on the podium, are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme. We have Dr Sylvie Briand, Director for Epidemic and Pandemic Preparedness and Response. We also have Dr Rosamund Lewis, Technical Lead on monkeypox, as well as Rob Holden, the Incident Manager for Earthquake Response.

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We have a number of colleagues online such as Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Ana Maria Henao-Restrepo, the Coordinator for the R&D Blueprint, and Dr Abdi Rahman Mahamud, the Director Ad Interim for Alert and Response Coordination. With this, let me hand over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. Last night, I returned from the Syrian Arab Republic, where I visited areas affected by last week's devastating earthquake. I saw the destruction of entire communities, the unspeakable suffering of people, and the courage and determination of survivors and responders.

In Aleppo, I met people in temporary shelters set up by community and religious groups. I saw neighbours supporting each other with bedding, clothes and food. I saw health workers providing medicines and consultations. I met WHO's teams, who themselves are affected by the earthquake, to hear about the work they are doing. And I visited health centres where I saw how, even before this disaster, more than a decade of war has left the health system unable to cope with an emergency like this.

As we drove from Aleppo to Damascus, I saw the legacy of conflict, with town after town destroyed and abandoned. Survivors are now facing freezing conditions without adequate shelter, heating, food, clean water or medical care. WHO is providing care to survivors with injuries and disabilities sustained in the earthquake, hypothermia, mental health and psychosocial needs, the increased risk of infectious diseases and the range of regular health needs. So far, we have shipped medicines and supplies to both affected countries to support care for more than half a million people, including for urgent surgery.

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In Damascus, the Regional Director, Dr Ahmed Al-Mandhari, Chief of Emergencies, Dr Mike Ryan, and I met with President Assad to discuss the impact of the earthquake and we requested that he allow additional cross-border access points, which he indicated he was open to. On Monday, two more cross-border points were opened, allowing convoys from Türkiye into the north-west of the Syrian Arab Republic. This supplements the aid we had in place before the earthquake struck and which we distributed to health facilities that day.

WHO remains committed to supporting all people in the Syrian Arab Republic now and in the days, weeks, months and years ahead. On Saturday, we launched an appeal for US\$43 million to support our response in both countries. This amount is increasing by the day and we expect WHO's financial needs for this emergency to double by the end of this week. We urge donors to

be generous. The search and rescue phase is now coming to an end but, for WHO, the task of saving lives is only just beginning.

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Now, to Equatorial Guinea, which on Monday confirmed an outbreak of Marburg virus disease in two districts near the borders with Cameroon and Gabon. This is the first reported outbreak of Marburg in Equatorial Guinea. Marburg belongs to the same family of viruses as Ebola, causes similar symptoms, transmits between humans the same way and, like Ebola, has a very high fatality ratio.

So far, nine deaths have been reported in people with symptoms consistent with Marburg and one tested positive for the virus. The other eight deaths are considered suspected cases because they had similar symptoms and were most likely part of the same transmission chain but Marburg could not be confirmed because samples could not be obtained. 16 suspected cases have been admitted to health facilities with mild symptoms and 21 contacts are being monitored at home.

WHO is supporting the government to respond to the outbreak by deploying experts in epidemiology, clinical care, risk communication, community engagement, and infection prevention and control. We are also helping to establish diagnostic capacity for Marburg, and we have chartered flights to send medical supplies and personal protective equipment from our hub in Nairobi, Kenya.

So far, no confirmed cases have been reported in Cameroon or Gabon but WHO is working with the Ministry of Health of Cameroon to investigate an alert in that country. We are also supporting the governments of Cameroon and Gabon to prepare to rapidly detect, isolate and provide care for any suspected cases. There are currently no approved vaccines or treatments for Marburg virus disease, and few are in development.

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Yesterday, WHO convened a consultation of the Marburg virus vaccine and therapeutics consortium, which includes developers and experts from around the world. Any decision on trials of vaccines and therapeutics will be made by national authorities and researchers in Equatorial Guinea.

In the meantime, WHO is convening the vaccine prioritisation committee to identify which candidate vaccines should be evaluated first and taking steps to prepare for potential trials. WHO is also discussing with the Ministry of Health the possibility of providing access to experimental therapeutics as part of a clinical trial.

Following the large increase in reported COVID-19-related deaths last month, especially from China, hospitalisations and deaths have declined. Last week, around 10,000 deaths were reported to WHO, which is similar to the number of weekly deaths reported prior to last month's increase. I've said it before and I'll say it again 10,000 thousand deaths a week is 10,000 too many for a disease that can be prevented and treated.

We also know that the data reported to WHO are an underestimate due to reduced testing and delays in reporting. Subvariants of Omicron remain

dominant globally and remain a cause of concern, given their increased transmissibility and the fact that all subvariants can kill. We have the tools to save lives and end COVID-19 as a global health emergency this year. We must continue to use them all, and use them well.

00:10:54

On Friday, the Emergency Committee for the global outbreak of mpox met to assess whether, in its view, the outbreak remains a public health emergency of international concern. The committee has advised me that, in its view, mpox remains a global health emergency, and I have accepted that advice. The committee acknowledged the progress made in reducing mpox transmission globally and the continued decline in reported cases since its last meeting.

However, more than 30 countries continue to report cases and the possible under-detection and under-reporting of confirmed cases in some regions is concerning, particularly in countries where animal-human transmission of mpox has been reported before. WHO continues to call on all countries to maintain surveillance for mpox and to integrate services for prevention, preparedness and response into national control programmes, including for HIV and other sexually transmitted infections.

The earthquake in Türkiye and the Syrian Arab Republic, Marburg in Equatorial Guinea and the ongoing COVID-19 pandemic all point to the need for all countries to build health systems that can withstand the shock of emergencies and deliver the care people need when they need it most. Christian, back to you.

CL Thank you very much, Dr Tedros. We will now open the floor to questions. Let me remind everybody again to raise your hands with the Raise Your Hand icon in order to get into the queue. We'll with Helen Branswell, from STAT. Helen, please go ahead.

00:13:03

HB Thank you very much, Christian. My question is about the Marburg outbreak. Has the Institut Pasteur in Senegal managed to type or sequence the virus yet? Do you know which strain of Marburg it is? Thank you.

CL Thank you very much and I believe we have Dr Ana Maria Restrepo online. So, please go ahead.

AH I think this question is for Dr Abdi Mahamud.

CL Thank you, Ana Maria. Then, we'll go to Abdi Mahamud, the Director for Alert and Response Coordination.

AM Thanks, Helen. I would like to take this opportunity to acknowledge the excellent support from IP Dakar. The team have been working overnight. We expected the result would be released today, we were told, but we are still waiting for them. Indeed, they did two PCR tests. Both of them showed the tests were positive. So, hopefully, within the coming hours or tomorrow we'll be able to get the sequencing results.

CL Thank you very much, Dr Mahamud. Next question goes to Ashleigh Furlong, from Politico. Ashleigh, please go ahead.

AF Thank you for taking my question. My question is to Dr Van Kerkhove regarding her comments to Nature on the origins investigation. When you said that the plan has changed on the work being done and that there is no phase two to this work, I was hoping you could clarify what you meant, as I understand that WHO press office is saying that while the investigation is stalled it is not abandoned. I was hoping just to hear you elaborate a bit on what you meant in that interview. Thank you very much.

00:14:51

CL Thank you for that opportunity to clarify. Dr Van Kerkhove, please.

MK Thanks very much for the question. This is an error in reporting, which is really quite concerning because it's causing some headlines that are inaccurate. I think we need to be perfectly clear that WHO has not abandoned studying the origins of COVID-19, we have not and we will not.

I spent more than an hour speaking with this reporter over three separate interviews, one of which was in person while we were in Singapore together, describing the history of the different missions that have taken place over time in which WHO has been involved in studying and supporting field activities related to understanding the origins of this pandemic.

Initially, phase two was planned to be a continuation of that January 2021 mission to Wuhan which was, in a sense, seen as phase one, but we updated our plans, and I've explained this to that reporter. In a sense, phase two became SAGO. So, we were building on what was done during phase one and establishing the SAGO as a permanent strategic advisory group to conduct an independent assessment of the origins of COVID-19, but also to work more broadly to establish a framework to understand the origins of any future epidemic and pandemic pathogen and the origins in which it emerges.

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So, the creation of SAGO was, in effect, our best effort to move this work forward. We made this very clear in several statements of SAGO, several statements by the Director-General, by myself, by Mike Ryan in different press briefings, but also in statements that we published online. SAGO is an incredible group of experts from around the world that have come together and have met multiple times, including two times face-to-face over the last year to advance our understandings of this.

I think I also want to make very clear that in this article there was a suggestion of a quiet shelving of a plan. There was no quiet shelving of any plans. We have been and we continue to be open, transparent. We brief our Member States regularly in the wider world on where we are with finding these origins.

But let me also be very clear that we continue to ask for more cooperation and collaboration with our colleagues in China to advance studies that need to take place in China, studies that were recommended from the March 2021 WHO report, from the June 2022 SAGO report, and studies that we've been recommending, studies at the animal-human interface and markets, on farms. These studies need to be conducted in China and we need cooperation from our colleagues there to advance our understandings.

We will follow the science. We will continue to ask for countries to depoliticise this work but we need cooperation from our colleagues in China to advance this. I do also want to mention that through the work of studying the origins, it's very difficult.

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We have always envisioned multiple missions to China for particular technical aspects but also elsewhere, wherever the science takes us, and we have worked with additional member states around the world to understand and follow any lead in terms any early indication of SARS-CoV-2 circulation, and we will continue to do so.

So, we just need to make sure that it's very clear that we haven't abandoned any plans. We haven't stopped any work. We will not stop until we understand the origins of this. And it is becoming increasingly difficult because the more time that passes, the more difficult it becomes to really understand what happened in those early stages of the pandemic.

The DG may want to add to this but we will work with any Member State and all Member States. We will work with scientists to keep it rooted in the science until we have better understanding of what happened, follow all hypotheses, follow any science that leads us in any direction. And we thank the colleagues around the world who are helping us to advance this. Thanks.

CL Thank you very much, Dr Van Kerkhove, and we have the Director-General to add.

TAG Thank you. I think following up on the origins study and knowing how this pandemic started is very, very important and very crucial, and we should continue pursuing. As you know, there are two reasons why we need to know the origins of this pandemic. First, it's science and, second, it's a moral issue.

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First, when I say science, we need to know how this started in order prevent the next one. Second, when I say moral, millions of people lost their lives and many suffered and the whole world was taken hostage by a virus, and it's morally very important to know how we lost our loved ones. So, it is a science and moral issue and we need to continue to push until we get the answer.

As Maria said, we are continuing to push and recently, as recent as seven weeks ago, I sent a letter to a top official, a top official in China, asking for cooperation because we need cooperation and transparency and the information we asked in order to know how this started. So, I assure you that we will continue to push, we will continue to pursue until we get the answer because this is scientifically correct and morally correct to really pursue and understand the answer to the origins and how this pandemic has started.

CL Thank you very much, Dr Tedros. Next question goes to Simon Ateba, from Today News Africa. Simon, please go ahead.

SA Thank you, Christian, for taking my question. This is Simon Ateba, with Today News Africa in Washington DC. On the Marburg virus disease in Equatorial Guinea, I was just wondering if the WHO has all the resources in place that it may need in case the situation escalates or spreads to Cameroon

and Gabon. Also, a high level US delegation is in Addis Ababa this week and I was wondering if there are planned meetings between the WHO and Biden officials who will be there on the update of the Ethiopia and Tigray situation. Thank you. Especially when it comes to access. Thank you.

00:21:45

CL Thank you very much, Simon. We'll start with Dr Mahamud on Marburg.

AM Thanks, Simon. In terms of WHO capacity, we do have the resources and the capability to support Equatorial Guinea. Right now, we have WHO in teams, the country office has been repurposed, and we have already sent more support from headquarters and regional offices. Just today we had our grading call, our internal grading, and we have enough teams to support the regional office.

Both our country offices in Gabon and Cameroon are coordinating closely with the Ministry of Health in terms of the regional and sub-regional readiness. So, the main priority right now is strengthening the surveillance and the laboratory capacity as it is a long time since some of these countries had viral haemorrhagic fever. It's the first time Equatorial Guinea is dealing with it but the lessons learned from COVID response have strengthened the government.

They're using the capability that was there for the structure, at the national level led by the Vice-President, at a technical level the Minister of Health, and the sub-mission. As we speak now, the Director-General of Public Health with a WHO team is in the field and one of our senior epidemiologists from Geneva is on the ground supporting the team.

So, we are ready, I think, and the regional office have a lot of experience including the recent outbreak in Uganda, the previous Marburg virus outbreak in Guinea and Ghana. So, we'll be able to support the ministry and our Member States in responding to this outbreak.

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CL Thank you very much Dr Mahamud, and for the part on Ethiopia, Dr Mike Ryan, please.

MR Dr Tedros may wish to further comment but in terms of the humanitarian access in Tigray, it continues to improve and WHO continues to affect all people affected by conflict and other emergencies in Ethiopia. But, specifically for Tigray, certainly more and more of the area is accessible, although there are still areas that are not being accessed.

Fuel is becoming more available. More trucks are crossing into the area and health services or health centres are being resupplied. As I said, fuel supplies have increased as well. So, overall we're seeing an increased access across and I think it speaks to the fact that the peace process has now really resulted in what was a long blockade for many months, for over a year.

And it shows you, when you actually do allow material in, how quickly you can start to get to aid to people who've been without that for so long. So, we welcome that access and it should continue. There are still, I think, issues with areas close to the border with Eritrea that still have foreign troops present and

that has to be dealt with as well. I know the banking system as well, there's more money reaching the banking system in Tigray.

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So, the things that Dr Tedros has called for before consistently over the last year and half, access to fuel, access to money in the banking system, access to medicines, access to food, all of these are improving now and we hope that the peace can be sustained, so people after so long being cut off from the world, being cut off from the basic tools of survival, now have an opportunity to recover.

But the needs are still vast. This population is very vulnerable still and has been through a terrible amount of pain and suffering, and we will continue to work with Ethiopian and the authorities the region to continue to increase WHO's access and presence the ground. I don't wish to comment on the political processes. The African Union are dealing with the peace process and the monitoring of that, but Dr Tedros may wish to comment on that.

CL Thanks very much, Dr Ryan. Dr Tedros.

TAG Thank you. Mike, I think, has covered it. Since the signing of the agreement there is improvement and better access but, as Mike said, there are areas that are still occupied by Eritrean forces where access is limited but, at the same time, we see continued violation of human rights and massacring of civilians in the areas occupied by Eritrean forces. I think, while understanding that there is progress, addressing the continued problems will be very important for the peace process to really continue to move forward.

On the specific meetings, you asked about the delegation from the US and their Ethiopian counterparts. We have no knowledge about this and I cannot comment on that. Thank you.

CL Thank you very much, Dr Ryan and Dr Tedros. Next question goes to Belisa Godinho, from W Magazine, Portugal. Belisa, please go ahead.

00:27:28

BG Thank you for taking my question. What will need to be done to assess healthcare in the earthquake zones? What are the main challenges? What is missing? Thank you.

CL Thank you much, Belisa, a very big question. We'll go to Rob Holden, the Incident Manager for the Earthquake Response. Excuse me.

RH Thanks for the question. I think, as has been outlined by Dr Tedros in his opening statement, the task is huge. There's a lot to be done. That's a very simple answer to a very complex question.

Clearly, as the search and rescue phase comes to an end, it's about, as we talked about last week here and as Dr Tedros has talked consistently about, it's ensuring that we get healthcare services back up and running and we make sure we get the supplies, the support, the equipment into the hands of those providing healthcare, and not only to those with broken bodies and broken bones but also to ensure that the healthcare services are there for the people that need services on a day-to-day basis for normal ailments.

So, I think the number of people we've got to access, close to five million as outlined in the latest appeal from the UN, it's going to take some time. The task is huge but it's about getting those services restarted where they've been stopped completely, it's making sure that they don't stop where they've been disrupted, and it's making sure that we can sustain them for an extended period of time.

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We also need to bear in mind it's not just about the hospitals and the clinics. We have a lot of people who have survived this disaster who are now totally destitute. They're without shelter, they're without access to safe water, they're without access to heat, and we need to make sure that the basics of life are given to those people as well. So, we need to work hand in hand with the partners on the ground and the international system to make sure that this is a holistic and collective response to look after the needs of the people.

CL Thanks so much. Dr Ryan, please.

MR As Rob said, it's about scaling up in terms of the response but also recognising the tremendous courage and fortitude of frontline workers in both the Syrian Arab Republic and in Türkiye. A lot of lives have been saved, a lot of people have been pulled from rubble by their neighbours, by their friends, by their sons, daughters, mothers, fathers. Frontline health workers have done amazing work in both countries.

It's clear that the zone of greatest concern at the moment is the area of north-western Syria. The impact of the earthquake in area of Syria controlled by the government is significant but the services are there and there is access to those people, and supplies have come in from all over the world, both in Türkiye and the Syrian Arab Republic.

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But we have to remember here that certainly in Syria we've had ten years of war. The health system is amazingly fragile. People have been through hell and this the latest both physical and psychological strain on an already stressed population.

WHO has been working with other UN agencies and NGOs for years and, particularly in relation to north-west Syria, we support 141 non-governmental organisations and have been supplying those organisations with supplies and training over this last ten years.

But this can only keep a system barely functional. We need long-term solutions for the people of Syria that allow the stability, and Tedros speaks about all this all the time. We need peace for health. It is an impossibility at times to provide adequate healthcare in the context of eternal conflict.

So, the reality here and I think what we're pleased to see is that all sides are stepping back and focusing on the needs of the people right now and that's the most important thing right now, that we take the politics out of this situation if we can and we continue to focus on the people who are affected, on those frontline workers who are trying their best to save lives, to prevent a secondary disaster of epidemic and loss of access to healthcare for pregnant women, for children, for vaccination and other things.

But this can only happen in the context of a minimum level of stability, a minimum level of security that allows non-governmental organisations, UN organisations and local staff to be able to do their jobs. So, I think we've seen a huge ramp-up of aid. We've seen deployment of emergency medical teams. We've seen all the things that we need to see in a disaster.

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But this is not sustainable unless we have a more peaceful context in which this can happen more effectively. From a humanitarian perspective, I think the scale-up is moving forward but that scale-up and that presence and that ability to sustain our support to people will very much depend on the conditions in which that is delivered.

And I think we have to call today for all sides in this decade-old conflict to really think very carefully about the population, particularly in Syria, the whole of Syria, because these people have been through too much. Dr Tedros, myself, Rob and others have been there and have witnessed the courage, but we've also witnessed the suffering.

And we've witnessed, I think something for me personally, the psychological stress that we could see in people's eyes. It was very hard to bear, very hard to see because people felt that they survived ten years of war and now this. It's a really hard thing to experience for us coming in from outside but we get to leave. We get to come back to Geneva and we get to call on others and ourselves to do more.

But those people, those millions of people are still there today and it's cold and many people are still out in the open. So, we really would appeal to everyone out there to continue to give, to continue to support the appeals, and to continue to focus on the health needs of all of the people of Türkiye and Syria.

00:34:35

CL Thank you very much, both. Now, we go to Muhammet İkbāl Arslan from Anadolu Agency. Muhammet, please unmute yourself.

MA Can you hear me now?

CL Yes, very well.

MA Thank you for you taking my question. I am Muhammet, from Türkiye's Anadolu Agency. My question is going to be about earthquakes in Türkiye. UN Secretary-General Guterres has also underlined that the earthquake that struck Türkiye and Syria is one of the biggest natural disasters in our time. Considering the destructive power of the latest earthquake in Türkiye, what does WHO's support mean for any country facing such a devastating natural disaster? Thank you so much.

CL Thank you very much. We didn't quite get everything but I think the question was what WHO can do in such a disaster in general, but of course with a focus on Türkiye for a start. We'll maybe go to Rob Holden, the Earthquake Incident Manager.

RH Thanks. Hopefully, I'm able to answer the question correctly. It was a little difficult to hear but I think perhaps we've covered it with the previous

question and obviously Dr Ryan's inputs. The first priority for us now is obviously the life-saving, those who have been badly injured by the earthquake itself, by being inside buildings, falling debris, asphyxiation, crush injuries and so on.

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But that's not our only focus. As we've mentioned before, we've got to ensure those that were injured continue to get the right level of follow-up care, particularly those who are severely injured. Therefore, we'll work with the local authorities in Türkiye, we'll work with the local partners on the ground, we'll work with the local communities, and we'll work alongside our healthcare colleagues.

Secondly, it's around ensuring that those that survived the initial earthquake continue to survive and continue to stay well, and the scale of that task, as Dr Ryan has outlined, is significant. We're lucky in the sense that the Türkiye authorities and the Türkiye government has a lot of capability. It's got a lot of experience of dealing with earthquakes, as we know, hard won experience.

And we've seen that the capability that has swung into place from hour one has been beyond impressive and they need to be congratulated for that. So, we will work alongside those authorities to ensure that the services are stood up, the surveillance systems are in place, the supplies reach to those they need to reach and then, in due course, we'll look at some of the issues around how the healthcare system recovers and recovers to be able to perform better in the future.

CL Thank you very much and, indeed, we had long answers also already before on the general situation. Thank you very much, both, or Rob Holden. Next question goes to Christiane Oelrich, from dpa, German news agency. Christiane, please unmute yourself.

00:38:23

CO Thank you, Christian, for this question. I would like to go back to Dr Van Kerkhove and talk about this Nature article and your response. You said we had envisaged multiple missions to China. I would like to know whether you are still envisaging missions to China and whether you have put in that request. Do you get no answer to a request like that or are your requests denied? Thank you.

CL Thank you very much and, yes, Maria Van Kerkhove, please.

MK Thank you for the question. When I say we envision multiple missions this means when you're trying to study the origins of something, and we've discussed this previously, it's very, very difficult. There's a lot of different avenues that you can follow. There are many hypotheses that need to be followed up.

For example, most of these pathogens are zoonotic, so you need to understand the potential animal origins, the animals that are susceptible, information about wildlife trade, markets, the people who work in those markets and sell those animals, any investigations that you can follow on early cases to track down the earliest cases and understand their potential exposures. There are suggestions of lab leaks or the release, whether

deliberate or not, accidental, of a pathogen entering the human population through a breach in biosafety or biosecurity.

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So, when we say we envisioned multiple missions, many of these missions would take on different focuses, different technical aspects and each mission that you have you would bring different experts together and they would have specific objectives. The SAGO, in outlining its report in June, outlined many studies that need to continue to be conducted to understand the origins of this virus and what we had hoped to be able to do was to establish several different missions.

WHO works with Member States and it's up to the Member State themselves to allow us to be able to do that. Others may want to come in on this aspect. So, when I say we envision multiple missions, it would really be done to have specific focuses so that we could really do the time-laboured work, the scientific studies that take time, the technical collaborations with colleagues in countries to form those relationships, to establish those relationships to carry out the studies themselves, many of which take time. That would have to happen over a number of different types of studies.

In addition, we have followed every lead in terms of early indications of SARS-CoV-2 circulation, whether from wastewater or from serologic surveys or from studies from leftover biological materials. We've done some investigations in Italy. We followed up some studies in the US and in France. So, we have had collaborations with other countries in which we've had some field visits to those countries as well.

So, it's part of the scientific study. It's not a political discussion. There's no politics in this. It's really the time it takes to do these types of missions and we will continue to pursue the work to be done in countries, including in China and elsewhere.

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CL Thank you very much. Dr Ryan, please.

MR I think it's an important thing that is missed sometimes. It's the primary responsibility of governments and nation-states to investigate diseases within their borders, primarily for the purpose of protecting their own populations by understanding where a disease comes from. We'll see that with multiple diseases.

But it is also notoriously difficult to establish that unless there is a concerted effort. We still don't fully understand the origins of mpox. We still don't fully understand the origins of Ebola. It can take years and years to establish. It's not easy or straightforward but what we would generally do, as WHO, is work with government. Most of the science, 99% of that science is done in a nation-state by national authorities, by national institutions.

The SAGO has laid out, quite clearly, the specific studies that need to be carried out in order to better understand the origins, for example, of SARS-CoV-2 in China. So, the constant narrative of WHO, we will go into countries. For example, we have Marburg right now in Equatorial Guinea. If there's an opportunity to better understand the origin there, we are ready, obviously, to

support those countries in doing that. We are welcomed in. We go and help control a disease and, as part of that, we try to understand that disease better on behalf of everybody.

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So, I don't think the question is to WHO. I think colleagues in the media need to direct their questions to the countries who have been asked very specifically through the SAGO report to carry out specific studies and report on those studies to WHO. They are laid out very, very clearly. WHO does not have a power to go into a country to do those specific studies, but SAGO has laid out very specifically what should be done and we would expect to see the results of those studies.

If a country then has difficulties or has challenges in carrying out those studies and want's WHO to come and help, then obviously we do that any time at the specific request of countries. But SAGO has been clear and has laid out what needs to happen in order for the next phase of this understanding to emerge.

And Dr Tedros has had, as he said, has consistently, both in writing and through teleconferences, continued to offer assistance, continued to request that these studies be done and continued to say that, unless and until we have all these studies, all hypotheses regarding the origins of this specific virus remain on the table.

CL Thank you very much, both. I think we have one moment for one last question before we need to close and this goes to Nick Cumming-Bruce, from The New York Times. Nick, please go ahead.

NC Thank you for taking my question. It's back to Syria and to the north-west in particular. We're seeing accelerating deliveries of aid across border. I'm wondering, are you also deploying emergency medical teams or other medical personnel across border into the north-west. If so, could you just give us some idea of the kind of expertise and capacity you're sending and, if not, what's holding it back? Thanks.

00:45:15

CL Thank you very much, Nick. We touched upon it but it's good to clarify. Rob Holden, please.

RH The deployment of emergency medical teams is something that's under discussion in Gaziantep at the moment. Those teams are independent of WHO. So, it's for those teams to make their decision whether they go across. Obviously, we're looking at that and speaking with the partners on the ground, with the authorities on the ground, to look at what is required and to look at how we might support that but I'm not aware right now that any international emergency medical team has gone across the border.

But I just wanted to bring you back to a point which Mike made earlier. There is strong national capacity in north-west Syria in particular, that we need to ensure that we give the immediate resources, the immediate support and the immediate help to those. They are the backbone of this operation and will remain the backbone of this operation going forward.

So, our first priority is to ensure that those responding today, those in the hospitals today, those on the frontline today get the equipment, the supplies and the medicines that they need to continue doing their job and, of course, if there are areas where the emergency medical teams believe there is support required, that's something that we will look at, but ultimately it will be for those teams to make their own decisions if they go forward.

00:46:46

MR And may I just add that the Security Council resolutions that have allowed access to north-west Syria, we were reduced to one crossing, and that was for goods and supplies, trans-shipped at the border and then distributed within Syria. We've been doing that for years. We've been working with 141 local NGOs.

Even as the earthquake occurred, we had pre-positioned supplies and we've supplied 76 health facilities within the first 24-48 hours of this event having occurred. We'd done the same in Ukraine before. And there is this need for us collectively, in terms of disaster resilience and whatever those disasters are, be it an epidemic, be it an earthquake, be it a flood, be it a cyclone, we have to get better at doing preparation for these kind of events no matter where they occur because the first responders, the first response is what save lives.

I think we've been doing that work over ten years. It is not easy. It has to be said it is not easy to provide for the healthcare of 2.7 million people in north-west Syria when we have severe constraints as to having our personnel on the ground and having a full-scale operation.

We really do recognise the role that the NGOs have played in continuing to provide healthcare to so many people over so long and keeping their health at some acceptable level. But that's what we're talking about. We're talking about providing basic, minimum healthcare to people over a decade in a situation where access to that area is controlled by the politics.

00:48:24

It's not controlled by WHO in Geneva. It's controlled by the various actors involved politically, the Security Council and others. All we can do, as humanitarian agencies and INGOs and national NGOs, is to use whatever access we have, whatever access we're allowed. That's why having more crossing has been very welcomed. Having more cross-line supplies is also something that should be very welcomed.

But having large numbers of international staff on the ground in north-west Syria is a challenge. It must be facilitated. There must be safety and there must be a way of supporting those teams on the ground. Right now, we do not have the capacity to do that because we do not have the agreements in place that would allow us to deploy safely in that scale in those areas.

And, as Rob has said, there are many NGOs on the group. They're very, very skilled. They need supplies, they need training, they need a lot of inputs, and we're focusing on that as our major input. But, certainly, in future having more access to be able to scale-up operations in north-west Syria would be very desirable but that's not a choice for the agencies or the humanitarian agencies, that's a choice for the political architecture to make.

But these people, no more than in Tigray and other places, have been suffering for years and when you end up in a situation where a population is essentially cut off from the world, humanitarian agencies can only do what we're allowed to do. So, I think it's very important that we focus on supporting those local NGOs and continue to do that while trying to see if it's possible to put extra international human resources on the ground to provide extra support.

00:50:16

CL Thank you very much, both, again. With this we've come to end of our press conference. Thank you all for your participation. We'll be sending the audio files and Dr Tedros' remarks as usual after the press briefing, and the full transcript will be available in the course of tomorrow. Any follow-up, please, to Media Inquiries. With this, I hand back to the Director-General.

TAG Thank you. Thank you, Christian. Thank you to all members of the press for joining us today. See you next time.