Global Health Issues

Virtual Press Conference
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Speaker key:

TJ Tarik Jasarevic

TAG Dr Tedros Adhanom Ghebreyesus

WZ Dr Wenqing Zhang

MN Dr Maria Neira

CO Christiane Oelrich

LD Leroy Leo D'Souza

00:00:36

TJ Hello to everyone. It's July 19th. My name is Tarik and I welcome you to our regular WHO press conference on global health issues. I will, as always, introduce our WHO experts here, in the room.

We have today, Dr Tedros, our Director-General. We also have Dr Bruce Aylward, who is Assistant Director-General for Universal Health Coverage, Life Course. Dr Kate O'Brien is also with us, and she is Director for Immunisation, Vaccines and Biologicals. Dr Abdirahman Mahamud is Director ad interim for Alert and Response Coordination.

Dr Wenqing Zhang is the Head of Global Influenza Programme. And we also have Ilham Abdelhai Nour, who is a Team Lead within the programme of WHO Health Emergencies, as well as Dr Teresa Zakaria, Technical Officer with WHO Health Emergencies Programme. We have a number of other WHO experts online who may intervene if questions come in their area of expertise.

Today's press briefing will be shorter than usual as we have lots of activities going on in the building today, including the visit of the President of Chile that we had this morning, but also a number of meetings going on, so our experts have to leave a little bit earlier today. With this, I'll give the floor to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Yesterday, WHO and UNICEF published new data which show

promising signs that immunisation services are rebounding in some countries after disruptions caused by the COVID-19 pandemic.

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Last year, four million more children received immunisations than in 2021. This is encouraging news but large gaps remain, and global and regional averages mask severe and persistent inequities, especially in low-income countries.

More than 20 million children missed out on one or more vaccines last year, and almost 15 million missed out entirely. While these numbers are lower than 2021, they're still higher than pre-pandemic levels. We're still falling behind with our targets to reach children with measles, HPV, yellow fever and many other vaccines, risking outbreaks and suffering as a result of diseases that can be easily prevented.

Of the 75 countries with substantial declines in immunisation, only 15 have recovered to pre-pandemic levels, with the rest stagnant or even declining further. Most concerningly, low-income countries are not yet showing signs of recovery. In response, WHO, UNICEF and other partners have launched the Big Catch-up, working with the most-affected countries to catch-up, recover, and strengthen immunisation infrastructure.

This week, the Intergovernmental Negotiating Body to draft and negotiate the pandemic accord is holding its sixth meeting. Next week, the Working Group on Amendments to the International Health Regulations will hold its fourth meeting.

As the negotiations of both processes are entering a critical stage, with less than a year to finalise their work, later this week the two groups will hold their first joint meeting. The meeting will be webcast. The groups will discuss topics including the definition and declaration of a public health emergency of international concern, and a pandemic.

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However, just as mis and disinformation undermined the global response to the COVID-19 pandemic, so mis and disinformation is undermining these efforts to keep the world safer from future pandemics. 20 years ago, the tobacco industry tried to undermine negotiations on the WHO Framework Convention on Tobacco Control.

The same thing is happening now. Groups with vested interests are claiming falsely that the accord is a power grab by WHO, and that it will stymie innovation and research. Both claims are completely false.

I need to put this plainly. Those who peddle lies about this historic agreement are endangering the health and safety of future generations. If two companies sign a business contract and use lawyers to help them develop it, that doesn't give the lawyers control over the contract, nor make them a party to it.

It's the same here. The pandemic accord is an agreement between countries and WHO is helping them to develop that agreement, but WHO will not be a party to the agreement. As the countries themselves have pointed out repeatedly, this is an agreement between countries, and countries alone.

This accord aims to address the lack of solidarity and equity that hampered the global response to COVID-19. It's a historic opportunity for the world to learn the painful lessons COVID-19 taught us and make the world safer for generations to come.

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Earlier this week, I had the privilege of addressing the meeting of G20 finance ministers and central bank governors. I made the point that the global economy and global health are inextricably linked, as the COVID-19 pandemic demonstrated. And, of course, pandemics are far from the only threat to health and economies.

Every day, diseases, conditions and injuries incur huge costs to governments, in terms of health sector spending and lost productivity. Many of these diseases, conditions and injuries could be prevented at a fraction of the cost of dealing with their consequences.

Investments in health are, therefore, an economic no-brainer. If they were bonds, they would be rated triple-A. It's time to rethink financing for health. It's time to see health not as a cost but an investment, not as a consumptive sector but a productive sector, as the anchor for more inclusive, more equitable and more prosperous societies and economies.

Over the past three years, the G20 countries have played an important role in bringing together finance and health to respond to COVID-19 and to strengthen the global architecture for pandemic preparedness. I appreciate especially the G20's leadership in establishing the Joint Health-Finance Task Force, which is supporting countries to identify and mitigate economic vulnerabilities and finance pandemic response.

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WHO is proud to host the Task Force secretariat, with the support of our partners at the World Bank. On the other hand, it's concerning that at this meeting, G20 countries were not able to reach agreement on debt relief for low-income countries.

The pandemic has taken a heavy toll on the world's poorest countries. The burden of debt will keep them in a cycle of poverty and prevent them from making the investments in health that could help to fuel their recovery and growth. Just as the world's largest economies have taken action to protect the world from pandemics, we call on them to demonstrate solidarity by taking action on debt relief to protect the world from poverty.

One of the biggest contributors to keeping people trapped in poverty is the lack of rehabilitation services for those who need them. For most people, rehabilitation services, including assistive technologies, are often out-of-pocket expenses that they cannot afford. Ensuring access to quality rehabilitation services, without financial hardship, is an essential part of every country's journey towards universal health coverage.

Last week, WHO launched the World Rehabilitation Alliance, a global network focused on promoting rehabilitation as an integral part of universal health coverage. The World Rehabilitation Alliance is a powerful demonstration of the

collaborative spirit of the rehabilitation community and the importance of bringing together the voices of many stakeholders to promote one message.

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Many countries in the northern hemisphere are now experiencing extreme heat, driven by the El Niño weather pattern and climate change. Two weeks ago we saw the hottest day on record.

Extreme heat takes the greatest toll on those least able to manage its consequences, such as older people, infants and children, and the poor and homeless. It also puts increased pressure on health systems.

Exposure to excessive heat has wide-ranging impacts for health, often amplifying pre-existing conditions and resulting in premature death and disability. In collaboration with the World Meteorological Organization, WHO is supporting countries to develop Heat Health Action Plans to coordinate preparedness and reduce the impacts of excessive heat on health.

Now to Poland, which has notified WHO of an unusual outbreak of 29 cases of H5N1 avian influenza in cats. The source of exposure is unknown and investigations are ongoing. No human contacts have so far reported symptoms and the surveillance period for all contacts is now complete.

WHO assesses the risk of human infection as low for the general population and low to moderate for cat owners and vets, without the use of appropriate personal protective equipment.

Infection of cats with H5N1 has been reported before but this is the first report of high numbers of infected cats over a wide geographical area. WHO continues to monitor the situation in close collaboration with partners and the government of Poland.

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H5N1 is of particular concern because it is known to be highly dangerous to humans, although it has never been shown to be easily transmissible between people. This outbreak is another example of the continued circulation and risk of H5N1, which since last year has caused increased outbreaks in Central and South America.

Finally, a reminder that although COVID-19 is over as a global health emergency, it remains a global health threat. Cases and deaths continue to be reported from around the world and although people are better protected by vaccination and prior infection, this is not an excuse to let down our guard.

WHO continues to advise people at high risk to wear a mask in crowded places, to get boosters when recommended and to ensure adequate ventilation indoors.

We urge governments to maintain and not dismantle the systems they built for COVID-19, to continue to conduct surveillance and report, to track variants, to provide early clinical care, to provide boosters for the most at-risk groups, to improve ventilation, and to communicate regularly. Tarik, back to you.

TJ Thank you, Dr Tedros, for these remarks. As I said, this briefing will be a shorter but we will take a couple of questions. I remind journalists, if you wish

to ask a question, please identify yourself in chat and then press the icon, Raise Hand. We will start with the first question from dpa, Christiane Oelrich. Christiane, can you please unmute yourself.

00:16:30

CO Thank you, Tarik. My question is on the last topic that Dr Tedros mentioned, Poland and the cats, or was it the last but one. Poland is in the centre of Europe. That would be the question. Do you think that this is an isolated incident or has it just not been detected in other countries? And what would WHO's advice be to cat owners, probably every other person in Europe or something like that? Thank you.

TJ Thank you very much, Christiane. Dr Zhang may try to answer this question.

WZ Yes. Thanks so much for your question. The highly pathogenic avian influenza, H5N1, has been a concern from a public health perspective for many years and especially in the past three years because this virus has been spreading to North America, and then to Central and South America.

The recent case of the outbreaks reported from cats in Poland actually is again another reminder to us, the threat of influenza that might cause the next pandemic. So, with regards to whether this is an isolated case or linked to other cases, it's that we've never seen before the number of outbreaks or infections in cats infected with H5N1. This is really the first time we've seen this.

We've been working very closely with the World Organisation for Animal Health, as well as FAO, of course, to jointly investigate the outbreak. But, from WHO, we've been looking at the public consequence of those, especially from a preparedness front, to prepare not only surveillance so that we can detect the cases in humans as early as possible but also the preparedness, for example to develop candidate vaccine viruses, so that if the virus is turned into something highly transmissible among humans we would already have something in place to respond. Thank you.

00:19:07

TJ Thank you, Dr Zhang. I hope this answers the question. We have asked reporters to send us also questions in writing, as we know that many are on leave. We've got a couple of questions from reporters but also from the general public about heat and health.

Dr Tedros already mentioned that but maybe we can speak more about what is the WHO advice. I will ask Dr Maria Neira, if she is online, to tell us more about heat and health and what people should be doing and what is WHO advice.

MN Thank you, Tarik, and thank you all. It's true that if you open any newspaper today you will see that one of the most important headlines is about the high temperatures. We are very concerned about those who are most vulnerable and, clearly, the heatwaves can exacerbate all of those pre-existing diseases.

We are particularly concerned about people suffering from cardiovascular diseases, from diabetes for instance, those who have asthma, because air pollution will be contributing as well to the problem, the public health problem, and of course we are concerned about children, pregnant women, and old people.

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Two things to do. First, as an emergency is that each government, local, central, they need to look at a very strong surveillance system to make sure that we detect all of those people potentially at risk immediately.

An early warning system that we are working on with the World Meteorological Organization, they are issuing alerts now and we are working very closely with them. As Dr Tedros mentioned, we have these Heat Action Plans in collaboration.

Obviously, hospitals, they need to have a system to be prepared and there are some community resilience activities through their communication that each local authority now issues related to, of course, avoiding sport at the heat time, avoiding to be outside, trying to be in a cool place, trying to take care of those who are more vulnerable and making sure about the symptoms that you can develop.

There is another important part of this which is that we all, as a society we need to make sure that we take those acute emergency measures but we need, in the medium and long-term as well, to decarbonise our society and make sure that climate change, which is the one exacerbating, increasing the frequency, the intensity and the duration of those heatwaves could be handled, and we need to mitigate the cause of climate change.

That will be an emergency as well and that will be something that the communities need to be sensitised of the importance of decarbonising, creating more low-carbon societies. That will be helping us to reduce the heatwaves in a very important way.

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Urban planning is fundamental. We will need places at the city level for people to have a kind of climate refuge, places where they can be if at home they cannot ensure their refrigeration or something to cool the air, and making sure that they continue a, more or less, normal life with all the risks that the heatwaves will be representing.

It can go as far as heat stroke or heat exhaustion, so we need to be very well prepared to recognise the symptoms, avoid exposure and, therefore, if things happen, hospitals need to be well prepared. Thank you very much.

TJ Thank you, Dr Maria Neira, for this. Let's try to connect to Reuters. Leroy Leo, if I'm not wrong. Leo, could you please ask the question? Do we still have Reuters online?

LD Hello.

TJ Yes, we can hear you.

LD I just want to understand. I heard about what Dr Neira has just spoken about, the heatwave, but I want to understand more about how WHO is advising in terms of...

00:23:54

TJ I'm sorry, Leo, we can't hear you. The line is really bad. Can you try to speak closer to the mic? I think we lost our colleague from Reuters. Please do send us a question in writing, in a chat, and we will try to answer that.

I understand that Christiane has one more question. Christiane, while we wait for our colleague from Reuters, please go ahead. I think we have a problem with dropping. Let me just see if we have anything else. I understand that we don't have, really, anyone right now, so we hope that journalists will be able to send us questions in writing and then we will try to answer them.

With this, we will conclude today's press briefing and hope to see you very soon. Again, if for whatever technical reasons you were not able to connect, please send us an email and we will answer that. With this, I'll give the floor to Dr Tedros for his closing remarks.

TAG Thank you. Thank you, Tarik, and thank you to all members of the press who joined us today. See you next time.