Hello, everyone. Today is Wednesday, July 5th. My name is Tarik and I welcome you to the regular WHO press conference on global health issues. As always, we will start by introducing our speakers here, in the room.

With us is our Director-General, Dr Tedros. Also, Dr Mike Ryan, Executive Director of our Health Emergencies Programme. Dr Kate O'Brien is Director for Immunisation, Vaccines and Biologicals. We also have Dr Francesco Branca, our Director for Nutrition and Food Safety. Also in the room, Dr Sylvie Briand, who is the Director, Epidemic and Pandemic Preparedness and Prevention, Dr Abdirahman Mahamud, who is the Director ad interim Alert and Response Coordination, and we also have Dr Olivier le Polain, who is Incident Manager for Sudan Crisis.

We have also have a number of our colleagues online, who will be able to answer any particular questions in their area of work, and we will introduce them at some point. With this, I'll give the floor to Dr Tedros for his opening remarks. Dr Tedros.

Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. First malaria. I’m pleased that together with Gavi and UNICEF, WHO
will shortly announce the allocation of 18 million doses of the RTS,S malaria vaccine to 12 countries in Africa.

With the climate crisis changing weather patterns, mosquitoes that carry these diseases are increasing in density and spreading further afield. Malaria remains one of Africa’s deadliest diseases, killing nearly half a million children under the age of five every year and accounting for approximately 96% of global malaria deaths in 2021.

As the first vaccine against malaria, the RTS,S vaccine has now been delivered to more than 1.6 million children in Ghana, Kenya and Malawi. It has been shown to be safe and effective, resulting in a substantial reduction in severe malaria and a fall in child deaths.

Other positives worth noting, at least 28 African countries have expressed interest in receiving the RTS,S vaccine and a second vaccine is currently under review for pre-qualification and, if successful, provides additional supply in the short-term.

The climate crisis is now one of the major factors determining human health outcomes. El Niño, which has now been announced by the World Meteorological Organization, together with global warming, is already driving record temperatures. On Monday, the world recorded its hottest day on record. Over the coming months, we expect a range of extreme weather events, including droughts, floods, hurricanes, and heatwaves, all of which harm human health.

Prolonged drought in the greater Horn of Africa has already driven a wave of both hunger, migration and disease, and is putting a major strain on health services. This year, nearly 60 million people are food insecure across the greater Horn of Africa, which includes seven countries, Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda.

In Somalia, South Sudan, and parts of Kenya, WHO teams are seeing the highest levels of severely malnourished children arriving in health facilities since the crisis began three years ago. Over ten million children under five years are facing acute malnutrition in 2023.

While drought has given way to heavy rain and flooding, the situation remains extremely difficult and hunger levels are expected to remain high. WHO is working with local partners to provide critical health and nutrition services to marginalised communities and training to health workers.

There is a 97% cure rate when treating severely acutely malnourished children but it takes well trained health workers to deliver skilled care. The sooner WHO and partners are able to treat children in need, the better chance of regaining their strength and health. WHO and health partners need sustainable and coherent funding to mitigate the severe health outcomes, which are happening today.

Conflict in Sudan is further exacerbating an already challenging health and hunger situation. The health needs of the population are high, access to
health care remains very difficult, and the conditions created by the conflict in Sudan increase the risk for epidemics to spread and kill.

**00:06:39**
The conflict has dramatically increased the number of people at highest risk of hunger from 11.7 million to 19.1 million people. WHO has verified 50 incidents through WHO’s Surveillance System for Attacks on Health Care since the beginning of the conflict, which started in April. This includes 32 incidents affecting health facilities, and ten deaths and 21 injuries reported among health workers and patients.

I’m appalled by attacks on health care, as well as increasing gender-based violence in the country. The ongoing violence, including attacks on health care workers, facilities, transportation and supplies, are preventing survivors of gender-based violence from accessing essential health services at a time when they need them most.

Women and girls must have unhindered access to the care they need, particularly survivors of sexual violence and women that need support through pregnancy and birth. Health workers and facilities must be protected. Corridors for humanitarian and health supplies to be delivered need to safeguarded. We urge all parties to the conflict in Sudan to cease hostilities now before the health and hunger crisis gets even worse.

Over the last few days, I have also been deeply concerned about the situation in the occupied Palestinian territory, where renewed violence has led to 12 deaths, including five children, hundreds of injuries and thousands of people displaced. Roads have been destroyed, which has made it difficult to reach those people injured.

Across the occupied Palestinian territory, WHO has been using contingency funds for emergencies to train medical staff for mass casualty events and pre-positioning supplies to help health systems and health workers. WHO pledges to continue working with our partners to get medical supplies to those in need. WHO also calls for de-escalation of tension and for talks to maintain peace in the long-term so that health systems can recover.

**00:09:30**
Now, to food guidelines for children. Based on reviews of recent evidence, WHO has released a new guideline on policies to protect children from the marketing of foods and non-alcoholic beverages that are high in saturated fatty acids, transfats, sugar and salt.

Marketing of unhealthy food remains a threat to public health and continues to negatively affect children’s food choices and is linked to growing rates of obesity in children and adults worldwide. Considering this evidence, WHO now recommends that governments should establish strong and comprehensive regulations as part of a comprehensive policy approach to create enabling and supportive food environments.

Finally, tomorrow WHO and UNICEF are releasing a new report with new data on the impact of water, sanitation and hygiene on gender inequalities. Too many people, especially women, girls and the elderly, face the reality to have to go outside the home just to use a toilet and walk miles to get clean water.
This puts them at risk of being harassed or injured. I invite you to tune into WHO and UNICEF social media channels tomorrow to learn more. Tarik, back to you.

00:11:07
TJ Thank you, Dr Tedros, for these opening remarks. Before we open the floor to questions, just to remind journalists that you should raise your hand and then unmute yourself once you are called to ask a question.

I promised that I will introduce a few colleagues who are online, also available to answer questions. With us is Dr Teresa Zakaria, Officer in Charge for Humanitarian Interventions, Dr Rosamund Lewis, who is mpox Technical Lead. We also Dr Ilham Nour Abdelhai, who is Incident Manager for Ethiopia Crisis.

With us is also Mr Derek Walton, WHO Legal Counsel. And we also have Dr Bruce Gordon, who is the Unit Head for Water, Sanitation and Hygiene. We also hope that Dr Rogério Gaspar, who is Director for Regulation and Prequalification, will join us. So, let's start with the first question. We have Alexander Tin, from CBS. Alexander, could you please unmute yourself.

AT Hi. Thanks for taking my question. First on influenza. The US CDC recently published an updated risk assessment of H5N1 virus that was in that Spanish mink from last year. Does what we know now about that virus that was seen in the mink change anything about pandemic vaccine preparations?

Then, separately on malaria, can you clarify how eradication certification is affected by the detection of new locally-acquired cases and I'm thinking, of course, in this example, of the recent cases in the United States? Thank you.

TJ Thank you, Alexander. Maybe we start with the first question. Dr Briand?

00:13:00
SB Thanks a lot for this question. Indeed, we are monitoring very carefully H5N1 viruses, not only in birds but also in other mammals, for example more recently in cats, because some outbreaks have been reported in Europe in cats as well.

This monitoring is done globally with our partner agencies, FAO and WOAH, as well, and we have networks of laboratories at the human/animal interface who are sharing information on the virus and monitoring the evolution of these viruses across the different species.

What it means? It means that we are collecting those viruses, doing genomic sequencing on some of them and also comparing the results of the analysis of the virus with the epidemiological information because what is very important with those H5N1 infections is to see how much it affects different animal populations as well.

So, we are monitoring this. We have done an assessment of this virus in the last vaccine composition meeting and we have secured seed viruses in different WHO collaborating centres, and those viruses would be used if we need to develop H5N1 vaccine.
We will review these viruses at the next vaccine composition in September and we'll see if there is a need to update those seed viruses in the coming months. But for the time being, the evolution we have seen is not so different from what we have seen previously and it doesn't deserve yet to change the virus that we have put in the library of viruses for potential production, but we are concerned about the situation and monitoring it very carefully. Thank you

**00:15:20**

TJ Thank you very much, Dr Briand. Alexander, if I'm not wrong your second question was on malaria. I'm not sure we have any experts on malaria. Dr Ryan may comment.

MR I'm definitely not a malaria expert but I can speak to the general issue of mosquitoes. Tedros referred to it directly in his speech, that it's not just the wetter or drier, sometimes, conditions. If you change the climactic conditions you create an ecologic opportunity or you create a new ecologic niche for any organism to thrive. Sometimes that's bad for the organism, sometimes that's good.

With climate change and particularly with increased or decreased rain or precipitation, increased or decreased humidity, different vectors can either thrive or struggle and we see that with vectors like arthropods, essentially mosquitoes, but we also see other vectors like rodents, that can thrive in a certain situation, they can come closer to human populations.

And we see that. We see many, many outbreaks in which the relationship between the human being and the vector transmitting the disease changes. Very rarely do the viruses themselves change. What changes is the density or the presence or the proximity of the vector.

And what is happening right now is, for example, dengue, a disease transmitted by Aedes mosquitoes, is moving further south in the Americas, causing more disease in a more extended range. We're seeing cases of malaria being reported in the Southern United States.

**00:17:06**

Again, we're seeing the range of the virus extending or the vector extending. That can be a problem because if you, for example, live in Africa there's an assumption in the world that all parts of Africa are affected by malaria. There are many parts of Africa at high altitude that have very little malaria and there's very little immunologic memory in the population.

If the conditions and the climate conditions change and the viruses can move further and distribute themselves more widely, then you end up with very susceptible people being exposed to that disease and therefore incidence increases, mortality increases.

We're also seeing increasing density changes or breeding sites increase with dengue. We see this peri-urban transmission of dengue, which can be extremely intense and it's driven by the fact that there are so many human beings packed into such a small area and then you get a massive explosion of vectors because there's a lot of standing water. Then, you have the perfect situation for an explosive outbreak.
So, it's not just the climate per se, it's the climate interacting with the density of the population, with poverty, with the lack of services and therefore climate is one of the drivers. It's creating more and more opportunities for these vectors to thrive and act as conduits of the disease and we're not doing enough to protect our communities from that.

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We're not giving our communities the necessary tools, the necessary capacities to deal with vector breeding sites. Safe water, the DG referred to it again, basic sanitation. These are interventions that will mitigate the major impacts of these diseases in these settings.

But we're not making those investments and we need to adapt our health systems and we need to adapt our community services to be able to deal with a broader extension of these vector-borne diseases and we need to invest in that now, not in ten years' time.

The climate crisis is here and the health crisis associated with the climate crisis is here, it's now, and we need to start investing in the measures that protect our communities from these diseases. These diseases will just continue to exploit the opportunities provided. We've seen that again and again and again.

The vectors are the conduits of that disease and we need to deal with them by reducing the presence of the vector but also reducing the impact that that vector has by reducing the susceptibility of the population.

A simple thing like yellow fever vaccination can protect you for life. A single injection can protect you for life from yellow fever. Yellow fever killed hundreds of thousands of people right the way through the last century and the century before. For many people it was known as yellow jack. It was a disease that was absolutely feared and a disease that actually affected the southern part of the United States for many, many years.

00:20:04
So, vector-borne diseases have affected southern parts of the United States historically and they certainly could return unless we double our efforts both to control those vectors but also to reduce the vulnerability of our populations to the diseases that they cause. Thank you.

TJ Thank you, Dr Ryan. Maybe Dr O'Brien would like to add something in light of the news on malaria vaccine that Dr Tedros mentioned.

KO Yes. Thanks so much. Mike's comments are really prescient and not just prescient but in the here and now. I think it's really important to remember nearly every minute a child dies of malaria and the introduction of malaria vaccine as another tool, an additional tool in the toolbox to fight against the severe disease, the deaths that occur, is a really essential step forward.

The malaria vaccine that is now, as we've just announced, 18 million doses going out to 12 countries, is a step absolutely in the right direction and it's the preview of many more millions of doses that will go out in the future.
I think what's critical is that malaria vaccine is a real breakthrough in child health and child survival. It's the first vaccine for a parasite, and this is the thing that kills children in Africa, and is the vaccine that is in such high demand, with many countries applying for this vaccine.

So, this is a very positive news story that the allocations are being made, the supply that we have is going out. We already have over 4.5 million doses that have been deployed in three countries, immunising about 1.5 million children and, with the further deployment, many more millions of children will be vaccinated.

But, as Dr Tedros said, the supply is insufficient for all of the needs and so we're much looking forward to the review of the second malaria vaccine through both our regulatory processes and our policy processes. And if that review of that evidence leads to recommendations, we would expect a significant increase in the supply in the quite short-term.

So, these are the things that are going to make the difference and as the changes of climate change are impacting the distribution of malaria, deploying vaccine in routine immunisations in those areas of highest need first is really the thing that needs to happen and is going to happen now. Thank you.

Thank you, Dr O'Brien. Just to remind journalists, those who have their hand raised, to name the media they are reporting for, either in their name or through chat, so we know who you are. Let's go to the next question, Erika Edwards, from NBC. Erika?

Hello. Can you hear me now?

Yes, now it is okay. Now, we can hear you.

Thank you so much. My name is Erika Edwards. I'm from NBC News. Might you have an update to reports of severe neonatal sepsis related to echovirus 11 or perhaps other enteroviruses? Thank you.

I don't think we have an immediate update. We've been updating our Disease Outbreak News but I don't think we've have an update in the last number of days, so if you give us the opportunity we'll come back to you after the press conference with an update on the detail.

But, again, there have been a number of different enteroviruses that cause seasonal disease around the world, some of them causing encephalitis, some causing cardiac disease. As I said, I won't call it as normal but there is a yearly spread of these viruses around the world. In a very tiny percentage of children we see these unusual clinical syndromes associated with them.

In fact, when you look at something like polio, polio is an enterovirus and only a small fraction of children who actually get polio will become paralysed but it has been one of the most virulent enteroviruses that we have seen in history. Most of the other enteroviruses cause a very mild disease in the children that they infect but in a small proportion we see a much more significant and catastrophic disease in the child, particularly those that get neurologic or cardiac syndrome.
So, we will come back to you with an update on the numbers. I'm looking at Abdi to get the journalist's address or we'll put it on the web. I just can't recall when our last update was on the web.

00:24:54

TJ    Thank you, Dr Ryan. Erika, please stay in touch with us and, as soon as we have something, we will make sure that you receive the information. Again, just for journalists, please identify yourself, otherwise we can't really take you. While we wait to get those with the raised hands identified, maybe it is an opportunity to answer many questions that we have got on the aspartame issues. It was a hot topic in the media, so maybe Dr Francesco Branca can tell us when the IARC and JECFA reports will be published.

FB    Thank you, Tarik. Good afternoon. As indicated, the assessment of aspartame has been, in the first place, a hazard identification process that was done by the IARC committee. This hazard identification has been closed. This hazard identification is now followed by a full risk assessment process done by the Joint Expert Committee on Food Additives.

The committee will complete its assessment by the end of this week. The two assessments will be then put together in a final release that will be completed and disseminated next week. So, a full risk assessment will available next week. Thank you.

TJ    Thank you very much, and just to add that we may have an embargoed press conference on that topic prior to the release on the 14th. I'm just checking if we have more questions. Otherwise, we have received email questions about the situation in El Geneina and what is WHO doing regarding injured people and access to health care. I don't know if we have something on that. Yes, Dr le Polain.

OP    Thanks so much. The question is about the situation in El Geneina and West Darfur. We're very concerned about the situation in Darfur, which by all accounts is very dire. We also have very limited information in Darfur, given the security situation at the moment. So, providing health support to the population affected by the conflict there is particularly difficult.

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We know that the conflict is intensifying, some of which is along ethnic lines, and the visible side of the conflict is the hundreds of thousands of people who have fled from Darfur into Chad. On the other side of the border we have, as of this week, more than 200,000 people who have fled into Chad, settled mostly in existing refugee camps on the Chad border. And the number of people arriving is still increasing by today.

We're providing health services and strengthening our response on the Chad side, working with partners in the Ministry of Health in Chad, and we're also exploring options to provide health directly or through partners in Darfur, again with very limited visibility on what's happening but by all accounts a situation which is rapidly deteriorating and people are dying from common illnesses by a lack of medical care, lack of available supplies and also directly by the impact of the conflict.
Thank you, Dr le Polain for this update on the situation in El Geneina, in West Darfur and Darfur in general. Again, I don't see any hands raised. Maybe we can have an update because we got another question over email about the occupied Palestinian territories, in Jenin camp and what is being done.

We've got El Geneina and Jenin, so it is easy to pick up on both. I think it is important. The DG has spoken and I won't repeat the DG's words but we've been, as an organisation, operational in the occupied Palestinian territories for decades now, working very, very closely.

We also obviously work very closely with Israel and we work on both sides of that conflict to try and ensure that adequate health services are provided. In this particular case there have been a number of different incidents over the last number of years.

We've focused our efforts on improving the capacity of the Palestinian health authorities to manage mass casualty events, to improve their capacity in terms of surgical and trauma interventions, to improve the capacities of paramedics to act within the golden hour, get people from a position of danger into a properly managed health facility with the right equipment and the right doctors, the right nurses.

So, a lot of investment has been made using contingency funds over the last number of years to do that and we believe that does make a great difference. Dr Rik Peeperkorn and his team in OPT do a fantastic job also working with other agencies and including UNRWA, the agency responsible for Palestinian refugees.

We will continue to do that. Our job is to support health systems and support health services in country regardless of the conflict. But Tedros has said this again, again and again when it comes to provision of health services in these situations, is that conflict and act of fighting reduce access and attacks on health care further reduce that access.

So, I think the plea from WHO is that in all of these situations, regardless of where they are in the world, we have to maintain the safety and security of health care facilities, the safety and security of paramedics and other frontline health workers out providing direct assistances, and we have to continue to invest in the ability of those local health systems to provide immediate care and assistance.

We will continue to do that and we thank the donors and partners who continue to fund the Contingency Fund for Emergencies. It makes a huge, huge difference in situations like this.

Thank you, Dr Ryan. I think it's important that we got an update on both those situations in Darfur and in occupied Palestinian territories. I understand that we don't really have any journalists that we know who are raising hands. So, then we will conclude today's press briefing and I'll give the floor to Dr Tedros for final remarks.
TAG    Thank you. Maybe if there is one thing I would like to stress today it is about Sudan. Especially, the situation in Darfur is very grave and serious atrocities are being committed against civilians, and we call on the international community to give attention. From WHO's side, we will do everything to help, of course. With that, I would like to thank all the members of the press who joined today and see you next time.

00:32:38