

Global Health Issues

Virtual Press Conference 4 January 2023

Speaker key:

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AH	Dr Ana Maria Henao-Restrepo
MR	Dr Mike Ryan
MK	Dr Maria Van Kerkhove
KO	Dr Kate O'Brien
AM	Dr Abdirahman Mahamud
SB	Dr Sylvie Briand
CP	Carmen Paun
PU	Pranay Upadhyaya
JC	Jamil Chade
NG	Naomi Grimley
LB	Latika Bourke
SA	Simon Ateba
QL	Qu Liu
HB	Helen Branswell
CS	Chantal Srivastava
AT	Adam Taylor
LP	Lisa Pham

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CL Hello and good day to wherever you are listening to us today. It is Wednesday, 4 January 2023. It is the first press conference in the New Year and therefore a Happy New Year to all of you out there. My name is Christian Lindmeier and I welcome you to today's press conference on global health issues, at WHO. Simultaneous translation is provided in the six official

languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi.

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Now, let me introduce the panel and we have a strong one today. First and foremost, Dr Tedros Adhanom Ghebreyesus, WHO Director-General. To his left we have, first, Dr Maria Van Kerkhove, Technical Lead on COVID-19, followed by Dr Abdirahman Mahamud, the Director Ad Interim for Alert and Response Coordination.

On the right side of the Director-General we have Dr Bruce Aylward, Senior Advisor to the Director-General. Then, we have Dr Sylvie Briand. She's Director for Epidemic and Pandemic Preparedness. Then, we have Dr Rogério Gaspar, Director for Regulation and Prequalification.

That's not all. Online, we are joined by Dr Mike Ryan, Executive Director for the WHO Health Emergencies Programme. We also have Dr Kate O'Brien, Director, Immunisation, Vaccines and Biologicals. And, last but not least, Dr Ana Maria Henao-Restrepo, Coordinator for the R&D Blueprint.

Now, let me remind you also in the New Year, if you want to ask a question following the opening remarks, please raise your hand with the Raise Your Hand icon and, with this, let's get started and over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. The dawn of a new year in many countries offers a collective moment for both reflection and ambition for the year ahead. Now into the fourth year of the pandemic, the world is in a much better place than it was several years ago, due to clinical care management, vaccines and treatments.

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For most of last year, COVID-19 was on the decline. Vaccination increased across the world and there was sustained progress in many low and middle-income countries that had been left far behind in 2021 due to vaccine nationalism and manufacturing capacity being restricted to just a handful of countries. New life-saving antivirals were identified last year, which helped cut mortality further, although the rollout followed a similar pattern of rich countries first.

WHO is working, as always, to improve access and on Christmas Day announced that the antivirals, Nirmatrelvir and Ritonavir, were prequalified for production by an Indian manufacturer. This is the first generic version of an antiviral to get WHO approval and should lead to increased production and access; particularly in lower and middle-income countries.

But, despite clear progress, the threat of COVID-19 persists. There are still major inequities in access to testing, treatment and vaccination, and ultimately COVID-19 remains a dangerous virus to our health, economies and societies overall. Every week, approximately 10,000 people die of COVID-19 that we are aware of. The true toll is likely much higher.

We are really concerned about the current COVID-19 epidemiological picture, with both intense transmission in several parts of the world and a

recombinant subvariant spreading quickly. In recent weeks, there has been increasing reports of hospitalisation and health system pressure, particularly in temperate regions of the Northern Hemisphere where respiratory diseases including flu are also circulating.

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In the last week, WHO held a high-level meeting with counterparts in China to discuss the surge in cases and hospitalisations, and subsequently WHO's Technical Advisory Group on SARS-CoV-2 Virus Evolution and the COVID-19 clinical management expert network groups both met with Chinese experts.

We continue to ask China for more rapid, regular, reliable data on hospitalisations and deaths, as well as more comprehensive real-time viral sequencing. WHO is concerned about the risk to life in China and has reiterated the importance of vaccination, including booster doses to protect against hospitalisation, severe disease and death. This is especially important for older people, those with underlying medical conditions and others who are at higher risk of severe outcomes.

With circulation in China so high and comprehensive data not forthcoming, as I said last week, it is understandable that some countries are taking steps they believe will protect their own citizens. This data is useful to WHO and the world and we encourage all countries to share it. Data remains essential for WHO to carry out regular, rapid and robust risk assessments of the current situation and adjust our advice and guidance accordingly.

Outside of China, one of the Omicron subvariants originally detected in October 2022 is XBB.1.5, a recombinant of two BA.2 sublineages. It is on the increase in Europe and the US and has now been identified in more than 25 countries. WHO is following closely and assessing the risk of this subvariant and will report accordingly. COVID-19 will no doubt still be a major topic of discussion but I believe and hope that with the right efforts this will be the year the public health emergency officially ends.

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In other good news, Ebola in Uganda has not been detected since 27 November. If this holds, there are no cases by 11 January, the outbreak will be declared over. The last years have been tough on our collective health but I remain confident and steadfast in the belief that only by working together can we harness and share science, deliver solutions that save lives, and build solidarity to counter the health challenges we face.

This year also marks the 75th anniversary of WHO's creation and we will be sharing more in the coming weeks and at the WHO Executive Board about our plans for this historic year. Happy New Year. Together. Christian, back to you.

CL Thank you very much, Director-General, and with this we open the floor to questions. I see a couple of hands up already. Again, please raise your hand with the Raise Your Hand icon if you want to get in the queue. We start with Carmen Paun, from Politico. Carmen, please go ahead and unmute yourself.

CP Thank you so much, Christian and Happy New Year to everybody. I just wanted to get an update on the clinical trial for the vaccines in Uganda. What

has been happening over the past few weeks and how is the fact that there have been no new cases detected since late November impacting those clinical trials? Thank you.

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CL Thank you very much. With this, we go to Dr Mahamud. To Ana Maria Restrepo first. Let's go to Ana Maria Restrepo, Coordinator for the R&D Blueprint.

AH Good morning, good afternoon everybody and thank you for the question. As Dr Tedros says, the main objective of the Ministry of Health in Uganda, of WHO too, was to stop the transmission of the outbreak. Outbreaks provide us with a unique opportunity to evaluate the efficacy of candidate vaccines and working with the researchers in Uganda, the developers and several partners around the world, we prepare for the implementation of a phase 3 ring vaccination clinical trial together with aims to evaluate the immunogenicity of the vaccine.

As we reported before, the trial was organised, the approvals were available and it was done in record time, 79 days to be precise. And fortunately there are no more cases of Ebola and so what we are doing in collaboration with all our partners in the scientific community is looking at three aspects.

First, what is the best way to proceed with the doses of candidate vaccines that are now available in Uganda in a way that we conduct research that advances our understanding of these vaccines? Number two, how we can work together with the international community and the developers to ensure that the next time we have an outbreak we have more data on the safety, immunogenicity and efficacy of these candidate vaccines so that they could be evaluated more easily in the context of the outbreak or perhaps deployed with additional data collection.

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And third, we are also preparing and discussing with the regulatory authorities, both in the countries where these vaccines have been developed but importantly in the countries where the vaccines will be deployed. And to achieve this goal we have organised a consultation on January 12th, next week, on Friday, that is open to everybody where these points will be considered.

I just want to say that it is important for people to bear in mind that when you have a disease with very high mortality, like the Sudan ebolavirus, where about 60% of the people infected could die, in the context of outbreak we developed clinic trials and we have the expertise and the colleagues and the researchers on the ground to conduct trails.

If the outbreak is declared, as Dr Tedros says, over on January 11th, the challenge for all of us in the international community and WHO is set out, to take the lead on that and to help people to move forward, to advance of the evaluation of these vaccines so that the next time we have an outbreak of Sudan ebolavirus we not only have the candidate vaccines in the vials but we also have collected collectively as much information as we can on their safety, immunogenicity and efficacy so that they can be either in a position of having

regulatory authorisation or be deployed without incremental requirements in the field. Thank you.

CL Thank you very much, Dr Henao-Restrepo. I see Dr Mike Ryan maybe wants to come in.

00:13:09

MR Just to reiterate what Ana Maria said but, more importantly, to thank our multiple partners who worked with us through this whole process. I think we've taken a huge step forward. The fact that the control measures that have been put in place by the Ugandan Government, WHO and other partners have worked so well is a positive thing.

Having the vaccines ready to go gave us a massive contingency plan if that had not worked or not worked out. But, we do need to increase the speed at which we can get clinical material, clinical vaccines to the field. That's, I think, the challenge, Ana Maria, moving forward, is to really work with our partners.

We, again, would like to recognise our partners in the Sabin Vaccine Institute, the Oxford Vaccine Institute, SII in India, BARDA in the US, our colleagues in CEPI and Gavi, and most importantly, our colleagues in Uganda and the leadership of the Ministry of Health and Bruce Kirenga as the Principal Investigator down there, and all of the people who work with the R&D Blueprint for Epidemics.

This has been a really, solid, positive, transparent collaboration in which we've got important material to the field in time to make a difference if it was needed and I think it's a roadmap for the future collaboration in this space and really increasing our capacity to get effective vaccines into the field quickly in the case of rapidly developing epidemics.

CL Thank you very much, Dr Ryan. Next question goes to Pranay Upadhyaya, from ABP News. Pranay, please unmute yourself.

00:14:49

PU Hi, Christian. Thank you for doing this and wish Happy New Year to everyone. Am I audible?

CL Very well. So, please go ahead.

PU There are two questions. One is regarding the spread of the XBB.1.5 subvariant. This is considered to be a very rapidly spreading variant of Omicron and considered to be evasive to vaccine. This is actually creating fear and apprehension. So, could you please clarify on this?

And second thing, about the spread of COVID-19 in China, about the data sharing. Dr Tedros has mentioned that China has started sharing the data but WHO still expects a more rapid check and the data sharing. So, could you please share that in the next Executive Board meeting will there be some consideration and expectations on that?

CL Thank you very much. We'll start with Dr Van Kerkhove in the room here.

MK Thanks very much for the question and Happy New Year to all of you. With regards to the first question and this XBB.1.5, this is a sublineage of XBB

which is recombinant of two BA.2 sublineages. XBB.1.5 has been detected in 29 countries so far. There may be more. As sequencing becomes less and less available at a global level it's difficult for us to track each of these subvariants of Omicron.

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So, it is part of Omicron and, as you've noted, it is the most transmissible subvariant that has been detected yet. The reason for this are the mutations that are within this recombinant, this subvariant of Omicron, allowing this virus to adhere to the cell and replicate easily. And we are concerned about its growth advantage, in particular in some countries, in Europe and in the US, in North America, particularly the Northeast part of the United States where XBB.1.5 has rapidly replaced other circulating variants.

Our Technical Advisory Group for Virus Evolution discussed this yesterday at their call, which was really focused on the circulation of SARS-CoV-2 in China, but we did discuss this subvariant in particular because it is rapidly replacing other subvariant in some countries. Our concern is how transmissible it is. It does have immune escape, like we've seen with XBB but it is another subvariant of Omicron that is in circulation and the more this virus circulates, the more opportunities it will have to change.

We do expect further waves of infection around the world but that doesn't have to translate into further waves of death because our countermeasures continue to work. So, that is something that is on our radar. The Technical Advisory Group for Virus Evolution is doing a risk assessment specifically on this subvariant which we hope to publish in the next couple of days, but what we can say is that it does have a growth advantage above all of the other subvariants so far.

We don't have any data on severity yet or on the clinical picture but we also do not have an indication that severity has changed with XBB.1.5. But, that is something that we are watching very closely through experimental studies in the lab but also in real-world data, when we look at hospitalisation rates around the world among people who are infected with this subvariant.

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So, it is a risk assessment that will coming out in the coming day by our Technical Advisory Group for Virus Evolution. I do want to take a moment to say how important it is to continue surveillance for COVID-19 around the world, so that we can track these known subvariants that are circulation, that they can be assessed, that we can understand the epidemiologic picture around the world.

We've had more than 13 million cases reported to WHO in the last month and we know that that's an underestimate because surveillance has declined, plus we've had the holiday period. But, more concerning, we've had a 15% increase in deaths in the last month and, again, we know that is an underestimate because there are delays in reporting, and with the holiday period and with mixing those trends are expected to continue. So, it's really critical that surveillance continues, that we can track the known variants and that we can better assess what is happening globally.

With regards to circulation of variants in China, I should mention the Technical Advisory Group for Virus Evolution just released a statement based on a meeting that we had yesterday, looking at circulation of SARS-CoV-2 in China. From the data that was presented to us from China CDC of the sequencing that has been done in the country, most of the viruses that are circulating in China are BA.5 sublineages but, again, we need more information in sequencing around the country, those sequences to be shared with publicly-available databases like GISAID, so that deeper analysis can be done.

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It's not just a matter of knowing what variants are circulating. We need the global community to assess these, to look at mutation by mutation to determine if any of these are variants that are circulating in China, but also around the world. So, there's a lot more work that needs to be done, there's a lot more data that needs to be shared from China but additionally around the world, so that we can track this pandemic as we enter this fourth year of this pandemic.

CL Thank you very much and over to Mike Ryan.

MR Great. Thanks, Christian. With regards to engagement with colleagues in China, we also had a meeting with high level officials from China last week and we thank the Deputy Minister from the Ministry of Health and also the Vice Administrator from the National Disease Control Authority and Director-General of China CDC, the many colleagues who engaged with us on that.

Maria has spoken to the TAG-VE and also the clinical network meeting. There will be a meeting, a briefing of our missions, the WHO Member States, tomorrow and colleagues from China will also join that. It's an overall briefing on the COVID situation globally as outlined by the DG, including very much the Northern Hemisphere situation, but there will also be a specific update on the COVID situation in China.

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So, we thank Chinese colleagues for that engagement. However, as the DG has said, we still do not have complete data. There are certainly issues in terms of the criteria for recording and reporting deaths attributable to COVID-19. We believe that definition is too narrow, which requires respiratory failure in association with COVID-19 to be registered as COVID-related death. That is a very narrow definition.

We know there are difficulties in all countries, very often, in recording hospital-related admissions and use of ICU facilities but, again, we believe that the current numbers being published from China underrepresent the true impact of the disease in terms of hospital admissions, in terms of ICU admissions and particularly in terms of deaths, and we would like to see more data on a more geographic basis across China and we'll continue to endeavour. We look forward to getting more information on that from our colleagues.

We are pleased that more data on sequencing is being uploaded and certainly getting more information from expert clinicians in China was very helpful for us to understand the clinical impact of the disease and the needs of the system. I

do think, though, it is again worth reflecting because there are two lessons emerging from what we're seeing over the last number of weeks.

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One is even if you have existing subvariants causing your problem, if you have not good surveillance then you're late to understand the problem in terms of its evolution of impact. If you've got less than optimal vaccine coverage you have more people likely to get very sick and if your health system is not constantly ready and adapted to surge, then you struggle when that surge comes, and I think China is a good example, as many other situations and countries have been over the last two years.

It's not rocket science. This is how COVID does its damage now. If you don't have good surveillance, good vaccine coverage and a high level of health systems readiness and resilience, you're likely to suffer in subsequent waves of disease as immunity wanes or as new variants or subvariants emerge. And, again, we see with XBB the constant threat of the evolution or emergence of further subvariants that may have characteristics that have allowed the disease to transmit more easily or to reinfect individuals previously infected or protected by vaccination. So, it's very important.

Also, with specific reference to China, I refer to the issue of under-recording or China as well, that we do not discourage doctors and nurses reporting on these deaths or these cases and that we have an open approach to be able to record the actual impact of the disease in society so that we can take the best action on behalf of our citizens around the world, and this is something in which every country has a stake.

But, we do recognise the increased engagement from China over the last number of weeks and specifically over the last ten days and we look forward to receiving more comprehensive data through the process of the meetings that we're engaged in over the coming days. Thank you.

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CL Thank you, Dr Van Kerkhove and Dr Ryan. I should mention at this point that we just released the statement by the Technical Advisory Group on Virus Evolution that was talked about. Now, the meeting happened yesterday. We just released a statement. It's out now and it's also on our website in case you want to follow-up with this one. Next question goes to Jamil Chade, from O Estado de São Paulo. Jamil, please go ahead.

JC Christian, Happy New Year to you and to all of you there. Dr Tedros, my question is about Brazil. As you mentioned in the beginning of your speech, New Year is a time of reflection. Since this is the situation, could you reflect on the government of Bolsonaro for the last four years on dealing with the pandemic.

Obviously, we understood from not your behaviour but your institution's behaviour was to look for the scientists, the people that were basically working on science in Brazil in order to deal with the pandemic. Now, the new government has chosen as Minister of Health someone that you know very well, Nísia Trindade, and was one of the scientists that you relied on. So, what

is your message to the new government as well? Thank you so much. Happy New Year.

CL Thank you and let's keep this short. We'll start with Dr Van Kerkhove.

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MK Thanks very much for your question, Jamil, and Happy New Year to you. Yes, we know the new Minister of Health quite well, the former head of Fiocruz. I think I'd like to comment on the one part of your question related to scientists and, in fact, scientists in Brazil. We are so fortunate at WHO. One of the super powers I think that we have is the convening of the world's expertise and scientists around the world, including scientists in Brazil.

I think one of the things that is heartening to me is that transcends any political leadership in any country around the world. We have scientists that are dedicated to their jobs, public health professionals that are dedicated to the work of saving lives, to advancing science, to working with us, to being open and transparent and working with us so that we, as the World Health Organization, can take data and knowledge and turn that into knowhow, into how to, and translate into saving lives. That's the whole goal.

And so throughout the pandemic, around the world, no matter who was in power, in political power, that scientific collaboration was strong and in fact I would argue even expanded. Our reach into countries, in terms of scientific collaboration, in terms of technical disciplines only grew and we expect that to continue.

So, a special thanks to scientists in Brazil, based on your particular question, but around the world who continue to work with us. That remains fundamental for not only this virus of SARS-CoV-2 but also for all of the epidemic and pandemic threats that are out there, the ones that we know about and the ones that will come in the future.

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That collaboration of trying to gather evidence and to turn that into the most robust guidance that we can is the job that we have here, at the World Health Organization. So, a special thank you to all of those scientists and public health professionals that are out there working every day, no matter if there is a holiday or not, to try to advance that and to try and turn that knowledge into saving people's lives. So, welcome to the new government, congratulations on the role and we look forward to working with you

CL Thank you very much, Dr Van Kerkhove. Next question goes to Naomi Grimley, from the BBC. Naomi, please unmute yourself.

NG Hello. Thanks very much. On China, the EU has offered to donate mRNA vaccines. Should the Chinese seriously consider accepting those? Then, on XBB.1.5, there have been some reports that in the Northeast of the US hospitalisations are rising. Can we read anything into that on severity? I know Maria said that at the moment the data wasn't there but is that why they are really concerned?

CL I think we'll start with Dr O'Brien for the vaccines. Dr Kate O'Brien, Director of Immunisation, Vaccines and Biologicals, please.

KO Thanks you much. I didn't actually hear a question in there and perhaps I missed the question. So, I wonder if it could just be repeated on the mRNA vaccines from the EU.

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NG Yes. There have been reports that the EU have offered to donate mRNA vaccines to help the Chinese. Should they accept them?

KO Oh, the question is should they accept them? I see. Sorry, I didn't understand the question. Well, a couple of things to say about the vaccines. First of all, as we know from China reporting, there are very high coverage levels of vaccination in China and there are a number of products available in China. Most of them are inactivated vaccines.

The big issue is whether or not those who are at highest risk of serious disease have had already the optimal protection from the vaccines that are available and, as reported by China, especially in the over 80-year-old age group the coverage is not at the level that would be as high as it could possibly be. So, there are very considerable efforts going on now to try to enhance that coverage.

What's really important is that both the inactivated vaccines and the viral vector vaccines, the mRNA vaccines, are all vaccines that have had demonstrated high performance of protection against the severe end of the disease spectrum, hospitalisation, severe disease and death, when they're administered in a schedule that includes a booster dose. So, the availability of supply is a key issue and there is ample supply available. This is really about getting vaccination to people who are not yet fully vaccinated and especially to those who have not yet had their booster dose but have had their primary series doses.

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The choice of vaccine and the choice of the vaccine product, many countries have a mix of products in their schedule and we do have recommendations about the use of mix-and-match schedules as well, when you can have some doses from one product and some doses from another product. So, certainly a policy decision is really the remit of every country about what the mix of products is that they want to have available in the country for providing the broadest and greatest uptake of vaccine across the population.

So, I just really want to emphasise that the performance of the vaccines is something that we track really carefully and one of the issues that we do have is with the new variants or the subvariants of Omicron that are circulating. Of course, we don't at this point have information about the performance of the vaccines with the subvariants that are circulating.

We don't have a specific reason to believe that they would perform in any different way from the other subvariants of Omicron that are circulating right now. But, what's clear from that information is that getting the booster dose is one of the most critical things that people can do and, again, especially just re-emphasising what the Director-General said in his opening remarks, this is particularly important for those who are at greatest risk, and that's the group

that we're most concerned about, especially in situations where there is very broad, widespread transmission of the virus. Thanks.

CL Thanks very much, Dr O'Brien. Dr Van Kerkhove, please.

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MK Your second question around the situation in the Northeast of the USA, we don't have data specifically on severity related to XBB.1.5. However, we do note that increasing hospitalisations have been reported in the Northeast part of the US, where approximately 70% or so, I should check the exact data, of sequences that are available from that part of the country are XBB.1.5.

What you have to also note is that there are many other respiratory viruses that are in circulation, not just COVID-19 that is increasing around the world. We've just had the holidays, so many people came together and so we expect transmission to increase. That will result in increasing hospitalisations. We do also have influenza that is in circulation and other pathogens that are in circulation.

So, we can't attribute the increase in hospitalisations to XBB.1.5 yet but we are working with US CDC colleagues closely and we have asked them for a detailed risk assessment of XBB.1.5 as well, just as we would with any country and any subvariants that are circulating. We need to go deeper and look at the reasons for the increases in hospitalisation and determine what is happening. I will reiterate what Kate just said with regards to the vaccine. This is true for everywhere around the world. Vaccination remains absolutely critical to preventing severe disease and death, no matter where you live.

So, if you are out there and if you are recommended to have a further dose, a booster dose, particularly if you are of older age, I'm talking to my friends and family who live in the Northeast of the US and everywhere around the world, please get that next dose. It really matters when you received your last dose, especially if you are in that at-risk group, if you are over 60, if you have underlying conditions and, of course, we want our front line workers fully protected. So, vaccination remains absolutely critical.

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But, further risk assessments of XBB.1.5 will be forthcoming. It will take some time for some of this information to become available and we expect more information to come from the US on this particular variant where it's most notably reported. But, remember this variant has been detected in a number of countries around the world, so it's important that this assessment is done using all available data that we can get our hands on.

CL Thank you very much. Next question now goes to Latika Bourke. But, let me say first that we have a huge amount of questions coming in and hands up, so please everyone keep it to one question. I'm also asking the panel to keep answers as short as possible because we want to go through as many as possible of these questions here that we have or the hands up that we have. So, next now is Latika Bourke, from The Sydney Morning Herald. Please, go ahead and unmute yourself.

LB Thank you, team, and Christian it's nice to see you. Happy New Year everyone. Dr Tedros, you've said it's understandable that some countries are reacting in the way that they are in relation to China in imposing the pre-departure tests. But, does the WHO actually endorse the imposition of country-specific COVID restrictions at this stage of the pandemic because it looks like it's an attempt to resolve what is basically a political dispute over China's excessive secrecy and their lack of transparency when it comes to data?

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And the WHO has been quite concerned throughout the pandemic about the implementation of ad hoc restrictions, depending on what country was involved at the time of the variant emerging or other things coming out. So, I just wanted to check your views on those two things.

CL Thank you very much, Latika. We'll go to Dr Ryan for this one.

MR Hi, Latika. The requirement for testing is not, in itself, a restriction of travel. It's important to note that the vast majority of countries who have implemented measures are just requiring testing and that is from their perception over the last several weeks that they did not, I think, fully understand the dynamics of transmission of China and fears that there may be other subvariants circulating in that environment.

We've said this before and I think, Maria, you've referred to it many times in press conferences previously, that at the moment we don't have even sequencing going on around the world and we don't have even reporting of those sequences. So, it means that sometimes countries feel the only way they're going to detect new and potentially more transmissible variants is to be able to test people as they enter into a country.

But, testing in itself is not a travel restriction. It's a requirement for travel. It's not an excessive measure based on any individual country's risk assessment. Ideally, it would be much better if we had much more extensive sequencing and epidemiologic data and impact data on which countries could make a proper risk-based decision regarding what they require for travellers coming from that country.

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You can remember over the last three years China has had very strict testing requirements for entering China. The reality for China now is that many countries have felt that they don't have enough information to base their risk assessment. So, they're taking a precautionary approach, they're applying precautionary principle and requiring testing.

I would hope that as China reports more data onto the global databases like GISAID and shares more data with WHO regarding disease epidemiology impact and the health system impact, that countries would then have more information on which to base maybe more precise, more rational policies regarding testing.

But, you are right. As variants have moved around, subvariants have moved around the world, the requirement for testing has become less and less important and in fact what really is important, as Maria said in her previous intervention, is vaccination, and so did Kate. So, we need to focus on

vaccination. We need to focus on that ability to continue to do surveillance and on those resilient health systems. Travel measure in themselves, particularly restrictive travel measures, are often counterproductive.

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But, in this case I think the Director-General was trying to indicate that at the time and certainly at the time when the statements were made we had relatively little information on the dynamics of transmission in China, very little information on the sequences circulating in the country and I think the DG's intention was to create an understanding that countries in that situation, it was understandable that they would implement a risk-based testing requirement and not restrictive travel measures.

CL Thanks, again, Dr Ryan. Next question goes to Simon Ateba, from Today News Africa. Simon, please unmute yourself.

SA Thank you, Christian, for taking my question. This is Simon Ateba with Today News Africa, in Washington. Happy New Year to all of you. Going into 2023, I was wondering if you could talk more broadly about COVID-19 in Africa, in terms of vaccination, surveillance and these new variants, and if you could clarify why Africa still has lost fewer people to COVID in three years, even with the lowest vaccination rate. And, on Tigray, what is the latest update there? Thank you.

CL Thank you and even if they are, again, two big questions. We'll start with Dr Mahamud on the African question.

AM Thanks, Ateba. I think it's a very important question. That's the one million dollar we are trying to understand more. I think if we separate, because your question had multiple aspects. One is the testing and surveillance which has remained a major gap in a lot of countries, not specifically in Africa but a lot of low and middle-income countries and that has not really recovered.

At the initial start, WHO, we have supported countries. We have given them PCR and a lot but in 2021 and 2022 other agencies have been supporting the Member States. So, testing and laboratory after the initial investment remains a major challenge that needs to be strengthened. That's one.

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The second aspect to your question about the vaccination. COVAX have done a lot of great work and the COVAX facility and the top 34 priorities, but compared to the rest of the world still lagging behind. So, how do we bring that situation in 2023 with the spread of misinformation and disinformation in a lot of countries? I just came back from my home country, in Kenya, and the level of interest in the vaccination was quite shocking. So, it's how do we bring that people who initially, when they saw the deaths, it is okay to take but now vaccines are available it's a challenge how to reach the community?

Lastly, the deaths. I think I have a different perspective. One is I was just looking at the data coming from China, 38 deaths, but from my home country 5,000 deaths in a country of that. There is a massive under-reporting in a lot of the deaths. As you go to a rural area, when you go to either a church or mosque, you'll see a lot of elderly. Three and a half years later I visited. I couldn't see any elderly population and that's the number, the cultural aspect,

the historical aspect that the absence of elderly will have in a community, the glue that holds all the population.

00:42:36

So, my feeling, and that's qualitative, that's what I expected, going back it was really an underestimation and under-reporting. Yes, our older population is smaller compared to other countries in the regions of the world but a significant number have died during COVID, just from my immediate family and almost every family had that.

So, 2023 I think is how do we bring back with all the waves, XBB, Omicron going on across the world, how do we bring surveillance, how do we rebuild the vaccine programme for the vulnerable population and support the work done by COVAX, and for the whole team it will be a priority.

The pandemic is not over. We are seeing waves and waves and it's not the time to drop all the investment invested in the last two years, but rebuild more to prepare for the upcoming COVID waves but also other respiratory diseases. So, it's a long answer for your complex question. There's a lot of complexity and Africa has been hit very hard like any other but the advantage of young healthy population has also helped. But, we call on China and every other country to report data in a transparent and timely manner.

CL Thank you very much, Dr Mahamud. I see Dr Kate O'Brien has her hand up too, if I see that right.

KO Yes. Just a couple of things I wanted to comment on, especially around the vaccine issues and coverage in Africa. There are many countries that have made very, very substantial progress in 2022 and I think we have to really highlight that and point out the really rapid advances that many countries have made, especially in the Africa region.

00:44:28

At the beginning of 2022, we identified 34 countries that were at less than 10% coverage at the beginning of the year, and those have been a set of countries that have been a really intense operational support focus for WHO, UNICEF and other partners in the COVAX effort, and many of those countries were countries in the Africa region. By the end of the year, only seven such countries were at less than 10%. All other of the 34 had well exceeded 10% for some of them and all of them had gotten above 10%.

I think we really have to also focus on the countries that have humanitarian emergencies or other conflict settings. The countries that remain below 10% are largely countries, not all of them, but largely countries that have significant conflict or other issues around delivery of health services. So, there is really a conflation also, an important interdigitation, intersection of what countries are trying to do in order to increase their vaccine coverage and the multiple health issues, economic issues and other issues, including security issues that they're dealing with.

So, what's really important is that in 2023, as we enter this year we know that countries have significant demand plans for vaccine through the course of 2023. We're looking at that very carefully with countries to assure that this supply that we have can fully meet their demand and we are still in a very

good supply situation. So, that's good news for 2023. And most countries have significant plans for continuing the campaigns that they're doing to advance vaccine coverage, to assure that their people are getting booster doses as well, especially those who most need them, and for integrating the vaccination services with other services that are primary healthcare services for adults.

00:46:43

So, these are all of the ambitions for 2023 and countries are fully in the lead, making their plans for how much demand they have for vaccine, getting that vaccine supply in through the COVAX facility and through other means, and assuring that there is information, accurate information of the population so that there is demand for those vaccines at the population level, at the community level, at the family level, especially through primary healthcare services.

So, a lot of work still to do in 2023. We're in a good position that supply is fully available, a rich supply available of vaccines and countries committed to advancing towards their goals and their population coverage goals towards the WHO targets. Thanks.

CL Thank you very much, both. Now, on Tigray, we go to Dr Tedros.

TAG Thank you. Thank you, Christian. We were moving fast. There was a specific question from Jamil on the government of Brazil, the new government, so I'll just say a few things, although Maria had already covered, but just one aspect only. First of all, the selection for the ministerial position is, I think, excellent. We know Nísia very well, a very experienced, very seasoned leader and I hope she will contribute significantly.

Then, on the new government, I know President Lula's commitment to health. He has a very, very strong commitment to health, to health for all, and as WHO we look forward to working with him closely, not only in Brazil but also globally. His inauguration was last week, I think January 1st, Sunday actually, and I would like to congratulate him and wish him, wish President Lula the best.

00:48:59

Then, on Tigray, of course after the peace agreement, the signing, there is progress now. In food delivery there is progress. In medicines there is progress. Also, in both comparing the need, the huge need the region has of the six million population, still there are lots of areas that are not yet covered. We hope that can be addressed but there is good progress. The other area is the services. I think in banking services, resuming banking services, resuming telecom, that's good in some parts of the Tigray region but that will need, I think, to have full coverage as well, but there is good progress in resuming basic services.

I think the only problem now we see is the continued occupation of Tigray by the Eritrean Army and, as we speak, they are massacring civilians. They continue to massacre civilians and we believe that could affect the peace agreement and I think the international community should help in making sure that Eritrea respects the peace deal and withdraws from Tigray and stops the massacre. I think these are the two issues. Back to you, Christian.

CL Thank you very much, Director-General. Our next one goes to Qu Liu, from Xinhua. Please, unmute yourself.

QL Hi. Hello. Can you hear me, please?

CL Very well.

00:51:04

QL Thank you. Thank you, Christian, for taking my question. As WHO has repeated, the definition of COVID deaths by China's National Health Commission is too narrow but I've been trying to search in all WHO websites trying to find out a specific WHO version of the COVID deaths but to no avail. So, could you please, first up, clarify the latest, specific WHO definition of COVID mortality? That's question number one.

And question number two is that WHO has reiterated that COVID tests and sequencing have been declining worldwide, which could have led to underestimation of current circulation of the virus. Then, what's WHO's advice on how to accurately formulate anti-COVID measures or policies based on such insufficient or inaccurate data and also WHO's advice on how to strike a balance between making sure of the transparency of information about the outbreak and avoiding possible public anxiety and panic? Thank you.

CL Thank you very much. A lot of questions and apologies if we have to go short through this but we'll see. Dr Van Kerkhove, please.

MK I'll start with the second part of the question but we'll follow-up and send you the definitions that we have related to deaths, the way that we characterise those, because there is some specific language that we have in there. I think I'm going to generalise your question here about how do we provide the best advice with limited information. What we're really trying to do in the fourth year of this pandemic, we know so much about this virus and the disease that it causes but we don't know everything and we remain humble to this. We remain humble to learning about this.

00:52:59

What we look at in our advice is we try to provide this broad spectrum of advice across so many different technical areas. How do you protect yourself from getting infected? If you are infected, how do we prevent it from transmitting to someone else? How do we prevent you, if you are infected, from developing disease and dying? How do we protect our frontline workers so that they can provide adequate care, provide the best clinical care to patients who infected with COVID and have COVID-19 disease?

And we modify this over time. Because we don't have all of the answers, what we do is we ask individuals and we provide governments with guidance to take this risk-based approach to look at the different layers and the different types of interventions that can be put in place.

The good news is that now, four years in, we have so many different interventions that can be used and they can be applied, they can be adjusted over time based on the situation, based on the epidemiology, the current circulation, the variants that are in circulation, the capacities to respond, the access to the tools, the diagnostics, the therapeutics, the vaccines, the level

of population-level immunity across the communities within a country based on vaccination coverage and/or reinfection, looking at the other crises that countries are facing.

00:54:20

So, what we aim to do is put this guidance out and there is a number that we still have out there, and we are working with all Member States to adjust their policies to deal with COVID-19 and manage COVID as a disease so that people who are infected do not go on to die in the context of everything else. And given that it's been so long that we've been dealing with this virus, it's still relatively new but it feels like we've been dealing with this for many, many years. It has really only been a couple of years.

We have to make sure that the way that we deal with COVID is integrated into strong, sustainable systems, so dealing with COVID in the context of other respiratory diseases like flu and like RSV, dealing with clinical care in the context of the proper care someone needs when they show up at a health clinic or they show up at a hospital. Making sure that they have the right diagnostics in the context of all of the other health and non-health emergencies that countries are facing.

We aim to regularly update our advice, to modify that based on updated information. Science changes, science grows and evolves, and therefore our guidance changes. But, our advice to countries also takes into consideration the other challenges that they face. How do you deal with COVID in the context of everything else?

It's a constant challenge for us but it's all based on what we know, what assumptions we can make based on taking educated guesses, and to push all of our Member States, everyone, everywhere to collect the right types of data, to share that data openly and transparently, to work with us, to challenge us to make sure that the advice that we put out is the best advice available.

00:56:00

So, it's a constant iterative process. We're doing the best that we can. We're imperfect, we know that, but are grateful that we have so many people that are working with us. But, it is based on available information and we have to keep pushing.

In this fourth year it is really critical that we look at the impact of COVID-19, we look at not just what is circulating but what impact is that having in terms of hospitalisation, in terms of admissions to ICU, and we need to look at how the use of these interventions changes over time. Vaccination coverage, vaccination boosting of at-risk groups remains absolutely fundamental.

So, it is a give-and-pull, and we will continue to work with everyone, everywhere to ensure that we, as an organisation, have the right types of information regularly so that we can make those reliable, robust and rapid risk assessments as frequently as we need.

CL Thank you very much. Dr Mike Ryan, please.

MR Just to take that last part of the question, Christian, around people and information and panic and spreading fear or panic. I think this pandemic

has definitely taught us and many of us would have seen this for many years before. People are smart. Ordinary people are very intelligent and they generally don't panic.

00:57:20

In fact, people are fearful and tend to be more likely to overreact or panic when they get anxious because they don't trust the information that they're getting. That's when you start to have fear, that's when you fear for your parents, that's when you fear for your siblings, that's when you fear for your kids is if you don't actually think that what you're being told represents the true nature of what's actually happening around you.

And when there's a disconnect between what you are being told and what you actually can see and what you're hearing from your friends, then that erodes trust. The state, government should be the primary source of accurate, credible information related to people's health on which they can take appropriate action to manage their own risks. That's the key.

The key is being that source of strong, credible information and being always prepared to tell people how things are but at the same time telling them how things are and what's being done about it and what they can do manage their risk and what the government and others are doing to support them in managing that risk.

So, I do think we've learned collectively that transparency, openness and the communication of credible information to people in real time results in functional responses by people and we need to very careful not have a perverse nanny state approach where the state believe it knows what is best for people. That is not a way for any responsible government to act and it has happened in this pandemic in various countries.

00:59:04

So, I do think it's very important that we take this lesson. People need credible, accurate information on which to base their own risk management and manage their own risks to their own health, and we trust that governments will continue to endeavour to provide the best information to people so they can continue to manage those risks.

CL Thank you very much, Dr Ryan. Just to add that the classification, the international guidelines for certification/classification of the deaths, of the cause of deaths that Dr Van Kerkhove mentioned, we just put that into the chat, the link to this, so you should find that there. Thank you very much. Next question goes to Helen Branswell, from STAT News. Helen, please unmute yourself.

HB Thank you, Christian, and Happy New Year. I just took my hand down because I got an answer to my question. Thank you.

CL That is very nice of you. Thank you and Happy New Year. Now, the next question goes to Chantal Srivastava, from Radio Canada. Please.

CS Bonjour. Can you hear me?

CL Very well. Please, go ahead.

CS Thank you. Bonne Année. I will ask my question in English but, if possible, if someone could answer partly in French, so that I could use it for a broadcast, I'd really appreciate it. Here, in Canada, we will be starting screening travellers coming from China tomorrow. China has branded this measure as being unacceptable, not based on science.

01:00:34

Earlier on, the European Centre for Disease Prevention and Control said it was unjustified. I just want your reading. People are starting to wonder here, what's the use of this measure? How efficient is it? Is it a good measure to screen people? What can we expect as far as results are concerned from this measure that will coming into effect tomorrow in Canada. Merci.

CL We have one person who might be able to answer in French but otherwise we'll send it in writing. Dr Briand, do you want to try?

SB Bonne Année. Happy New Year to everyone. Thanks for this question. Yes, it's true. Several countries have set up tests for travellers coming in from China. As Mike Ryan said, to test is not restricting travel, not directly because people can still travel. It's simply a request, a demand that's made upon these travellers on arrival to make sure they do not arrive sick.

In any case, when we're talking about a pandemic, individuals who are ill are recommended to not travel. It's better for them to stay at home than to transport a virus. This measure includes mostly those travellers who are asymptomatic and unwittingly might bring the virus with them. As Dr Ryan also said, what is equally important is that this measure allows for identification of specific variants upon arrival, once again referring to asymptomatic individuals, people who would not have been tested back home.

01:02:29

Obviously, ideally, we would like a test ahead of travel so that any potential carriers might not travel. However, it's true, some countries have set up tests on arrival and it's quite simply another way of reducing uncertainty regarding the virus. Regarding the public health impact, since Omicron is to be found pretty much all over the world, it might put a dent in that transmission.

However, once again, the goal of these measures is, on the one hand, to reduce uncertainty, since we often don't have a lot of information on the situation in China and, on the other hand, it allows us to possibly identify new variants that might emerge in any given country. Since China is obviously a very populous country, if there is circulation of a virus variant it might lead to new variants due the possibility a virus has to evolve in cases of high levels of transmission. Thank you.

CL Thank you very much. Merci beaucoup, Dr Briand. Next question goes to Adam Taylor, from the Washington Post. Adam, please unmute yourself.

AT Hi, everyone. Happy New Year. I just had one question. Do we have a sense in China, how much the vaccines being used there are protecting against severe disease and death? Some outside modellers have made predictions that there could be a million-plus deaths by April. Is that within the realm of credibility or is that not what we're seeing from the data that WHO is receiving so far? Thank you.

CL Thank you. I believe we will start with Dr Kate O'Brien on the vaccines. Thank you.

01:04:32

KO Just to be clear, there are over a dozen vaccines that are authorised for use in China. They include both inactivated vaccines and viral vector vaccines, and there is also an inhaled product that is in use in China. So, I'm going to focus my comments mostly on the inactivated vaccines, which are the most commonly used vaccines.

We have followed the data very carefully on the performance of those vaccines when used according to the schedules that are recommended, and when a booster dose is provided of inactivated vaccines, they perform at an equivalent level to the performance of other vaccines, viral vector vaccines, mRNA vaccines.

I'm emphasising the importance of the booster dose. As you've heard us throughout this press conference and in others, that in order to actually get the best performance out of vaccines against Omicron variants it's really important to get the booster dose. So, in terms of the performance, these are performing at an equivalent level for severe disease, for hospitalisation and for death, from studies that are some studies in China but studies that are also coming from other countries where these vaccines are in use and where there has been more circulation of COVID.

I'll just emphasise again the importance of the mix-and-match schedules. It's not restricted to only being able to use one product in a series of vaccines but full availability of recommendations to combine the use of vaccines, and this breadth of vaccines that we available are highly effective against the severe end of the disease spectrum when they're deployed to the right people in the right number of doses. We just can't over-emphasise that enough, that those who are not vaccinated, even if somebody has infection before, get better performance, better protection when you've had vaccination, even on top of a previous infection. Thanks.

01:06:46

CL Thank you, and Dr Van Kerkhove

MK Very briefly because I know we still have a lot of questions and more people that want to ask. With regards to the modelling question, we just want to point out that these models are quite helpful for a scenario base, to plan, but the models are not predictions of what has to happen. And, I think what we have to point out is exactly what Kate was talking about in terms of increasing that vaccination coverage. It is never too late to vaccinate and the vaccines that are in country, that additional boost will save lives.

Also, the amount of clinical care that is available in China, access to antivirals. We had a clinical management call yesterday as well, where we had discussions with clinicians across the country in terms of how they are dealing with patients, what they are seeing in terms of severity of patients with Omicron and the sublineages that are circulating there is the full spectrum, everything from asymptomatic infection, all the way through severe disease and death.

The disease presentation is similar to what other countries have experienced with waves of Omicron. The therapeutics are working at preventing, especially the antivirals, of preventing severe disease. But, also a number of therapeutics that could be administered to those who are at risk for developing severe disease and dying can be used. They're working. So, it's back to the fundamentals, early diagnosis, access to clinical care, the use of antivirals and therapeutics, vaccination. This is saving lives.

01:08:10

Those predictions do not need to become a reality. They are very useful for planning purposes, in terms of what may be needed across the country in terms of the bed needs for hospitalisations as well as for ICU, access to oxygen and ventilation for example, but those predictions do need to become a reality.

We just want to emphasise that. They're very helpful to get action underway but we have many tools that in place. Vaccination is absolutely critical to preventing severe disease and so that's what needs to be the focus in China right now, to prevent those deaths from occurring but also we can prevent deaths that are occurring around the world.

The DG just said more than 10,000 people are being reported to die each week, four years into this pandemic. Many of those lives can be saved now with the tools that are available. So, let's get acting on that and let's focus our efforts to save the lives now.

CL Thank you very much and Dr Mike Ryan is still on to add.

MR No, no. I think that Maria gave the answer as I would have. And remember in this when we talk about deaths, particularly in relation to China, has a relatively low death count over the last three years and there have been millions and millions of deaths in other countries.

01:09:34

Again, we need to look at expected mortality in a population of 1.4 billion over a period of months. People unfortunately do die in every country and they die for all causes. The question is what the excess mortality might be in relation to this wave of COVID.

And we've said it before in a number of press conferences, getting as many people, particularly the vulnerable, vaccinated right now. It's not too late. And making sure that there's adequate clinical care in place for people so they can get access to oxygen, access to supportive therapy, access to ventilation when they need it.

And that comes back to the issues around having good surveillance. If you have good surveillance, if you know where the disease is, if you know where the impact of the disease, if you know where your hospital beds are becoming overwhelmed, if you know where your health workforce is at, if you have access to all of that information it's much easier to be agile, it's much easier to be tactical in your response and be able to respond to the maximum with the resources that you have. So, surveillance again, vaccination and hospital or healthcare readiness still remain the magic solution when it comes to

dealing with COVID regardless of the wave and regardless of the subvariant causing it.

CL Thanks so much, both. We have still a long list but I think we're already over the hour. We may get one or two more questions in and then we may need to close even though many people are on the list, but some of the questions are repeating so we hope we covered most of it.

01:11:07

We'll go ahead with Naomi O'Leary, from The Irish Times. Naomi, please unmute yourself. Naomi, you're gone. Then, we'll try the last question for Lisa Pham, from Bloomberg. Lisa, please unmute yourself.

LP Hi, and thank you for your time today. With the record number of people getting infected in China in such a short period of time, do you think the country is getting closer to the widespread level of hybrid immunity already established elsewhere around the world and what would the subsequent waves look like there?

CL Thank you very much. Dr Van Kerkhove, please.

MK It's very difficult to get into predicting what will happen. We are seeing intense circulation of SARS-CoV-2 in China and around the world but in China, in particular right now, which is the focus. We do have both this population-level immunity increasing from vaccination and there are significant efforts underway to increase vaccination coverage. We will see more hybrid immunity, as you've pointed out, from infection and vaccination or a combination of both.

In terms of subsequent waves, I think what we have to do is we have to learn from other countries. Other countries that have experienced Omicron have seen different waves of infection but we cannot predict exactly what will happen. It really does on the measures that are in place, the comprehensive approach to these different types of measures, having people live their lives but taking ways to reduce the spread where we can but also preventing severe disease and death, and there's a lot that can be done.

01:12:51

So, there is no inevitability but we can learn from other countries and how they have experienced different waves of infection. The predominant viruses, that are circulating in China that have been reported to us from the sequences that are available, are these BA.5 sublineages, but with further virus evolution there and around the world we cannot predict with certainty what will happen.

We plan. We plan for more cases. Those cases do not need to translate into further severe disease if we use those tools most appropriately. So, it's about making sure that the systems are agile, that they can adjust to surges, to ebbs and flows of circulation to deal with patient care so that health systems do not get overwhelmed and where they are overwhelmed, how they can manage the patients from COVID but from other diseases that are circulating there as well.

But, again, we will work with China. We continue to work with China. We continue to work with our Member States to adjust the strategies based on the current situation they have, based on the capacities that they have to deal

with this and that includes dealing with workforce issues and dealing with access to life-saving tools.

CL Thank you very much. Dr Mahamud, please.

01:14:09

AM Thanks. I think Maria covered it. It's very hard to predict but what we have learned so far is the human nature and human congregation, coming together, whether it is the Northeast US or the temperate region of the Northern Hemisphere, people coming together, particularly very effective and safe measures like masking.

In a lot of countries masking doesn't cost anything and it's going to save your life. And so I think the message for both China and all the people in the temperate, in this crowded zone where we all come together, it's very, very important that masking saves lives, prevents infections. And with the coming of the Lunar New Year on January 22 in China, and a lot of other Asian countries celebrating that New Year, we expect people coming together may create a subsequent wave.

The preparedness that we have seen right now, the wave that's going through the urban area. How does the health authority prepare in the rural area where the health system may not be up to the mark? So, I think there's a lot a preparedness and lessons that can be learned from the current wave that's going through major urban centres. As we come to the Lunar New Year, how does the health system prepare? And then basic measures, really like masking saves lives, both in those countries and everywhere. So, just to add that part. Thank you.

CL Thank you very much, Dr Mahamud. With this, we are closing our first press conference of this New Year 2023. Thank you all very much for attending and being with us. We will be sending the audio files and Dr Tedros' remarks and most likely the link again to the death classifications right after the press conference. The full transcript will be posted tomorrow morning. For any other questions, please follow-up with mediainquiries@who.int. With this, over to Dr Tedros for closing.

01:16:09

TAG Thank you. Thank you, Christian, and thank you to all members of the press for joining us to today. Happy New Year and see you next time.