

# World Immunization Week

## Virtual Press conference 24 April 2024

### Speaker key:

TAG	Dr Tedros Adhanom Ghebreyesus
KO	Dr Kate O'Brien
MVK	Dr Maria Van Kerkhove
WZ	Dr Wenqing Zhang
RL	Dr Rosamund Lewis
MR	Dr Mike Ryan
MS	Dr Moez Sanaa
FC	Fadela Chaib
JMB	Professor José Manuel Barroso
EL	Dr Ephrem Lemango
VM	Violaine Mitchell
TM	Mr Thabani Maphosa
AP	Agnès Pedrero
BG	Belisa Godinho
GE	Gabrielle Emanuel
CP	Carmen Paun
HB	Helen Branswell
JR	Jennifer Rigby

### 00:00:03

FC Hello, all. I am Fadela Chaib, talking to you from WHO Headquarters in Geneva and welcoming you to our Virtual Press Conference today, Wednesday, 24 April on World Immunization Week and 50-year impact of the Expanded Programme of Vaccination. We will also take questions about other global and

humanitarian health issues. By now, you have received WHO and partners' press release on global immunization efforts.

### **00:00:34**

Let me introduce to you the participants present in the room. We have Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director, Health Emergencies Programme, Dr Maria Van Kerkhove, Director ad interim for Epidemic and Pandemic Preparedness and Prevention, Dr Kate O'Brien, Director, Immunization, Vaccines and Biologicals, Dr Abdi Abdirahman Mahamud, Director ad interim for the Alert and Response Coordination.

We have also Dr Raman Velayudhan, Unit Head, Vector Control and Environment unit, and Dr Jaouad Mahjour, who is the Head of WHO Secretariat to the IHR and INB. We have also a lot of experts present online. I will call on them and introduce them to you if need be. Now, without further ado, I would like to invite Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Fadela. By the way, you can call me Adhanom instead of Adanom because you can say the ha. Good morning, good afternoon and good evening. Today marks the start of World Immunization Week, a time to celebrate some of the most powerful inventions in history, vaccines. Thanks to vaccines, smallpox has been eradicated, polio is on the brink and many once-feared diseases can now be easily prevented, including measles, cervical cancer, yellow fever, pneumonia and diarrhoea.

### **00:02:33**

Today, 84% of the world's children have received three doses of the vaccine against diphtheria, tetanus and pertussis, which is used as a marker of global vaccine coverage. But only 50 years ago, in 1974, fewer than 5% of infants globally were vaccinated. That was the year WHO launched the Expanded Programme on Immunization, or EPI.

The Smallpox Eradication Programme had shown that vaccines could eliminate or even eradicate some diseases. Building on that success, EPI supported countries to establish standardised vaccination programmes against smallpox and six other diseases, diphtheria, measles, pertussis, polio, tetanus and tuberculosis.

In the five decades since then, every country has established immunization programmes with support from WHO and our partners. Now called the Essential Programme of Immunization, EPI helps millions of children, adolescents and adults access vaccines against 30 diseases.

A new study led by WHO estimates that EPI has saved at least 154 million lives since 1974, an average of more than 8,000 a day and six every minute of every year for the past 50 years. Thanks to immunization, a child born today is 40% more likely to see their fifth birthday than a child born 50 years ago.

And more and more lives are being saved as more and more diseases are becoming vaccine preventable, with newer vaccines against COVID-19, malaria, cholera, dengue, meningitis, RSV, Ebola and mpox, and more in development.

Immunization programmes are also the bedrock of primary health care in some of the most remote locations. A child brought to a clinic for vaccination often receives other life-saving services, such as nutritional support, illness screenings or bed nets.

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Over the past 50 years, EPI has achieved so much, but we cannot take these gains for granted. The COVID-19 pandemic disrupted routine immunization programmes globally, while in many countries, crisis and conflict means millions of people miss out on vaccines.

Around the world, WHO and our partners are supporting countries to respond to outbreaks, catch up on children missed during the pandemic and provide access to vaccines in even the most difficult contexts.

In the past 50 years, EPI has shown what's possible when partners work together, including those who are joining us today, UNICEF, Gavi and The Bill and Melinda Gates Foundation.

Today, we are launching a joint campaign called Humanly Possible, calling on world leaders to advocate for, support and fund vaccines and the immunization programmes that deliver these lifesaving products.

To say more, I'm delighted to welcome Professor José Manuel Barroso, the Board Chair of Gavi, the Vaccine Alliance, and former President of the European Commission. José Manuel, my friend, you have the floor.

JMB Thank you very much, dear Tedros. It's indeed a great pleasure to be with you and so many colleagues in this very important celebration. It's a press release, but it's also somehow a celebration.

### **00:07:00**

From what we have heard today from these new reports, it is clear, with at least six lives saved every minute over half a century, vaccines are one of the most cost-effective investments in health and development in history. And that is just from the 14 vaccines examined in today's study, a portion of the vaccines countries around the world deliver through their health systems.

For low-income countries around the world as well as several middle-income countries, immunization takes place with the support of the organisation where I am proud to serve as Chair of the Board, Gavi, the Vaccine Alliance.

Gavi was established in 2000 to build on and intensify the progress made by the EPI programme. It brought together the full alliance of immunization stakeholders, including the core partners on the panel today, WHO, UNICEF, The Gates Foundation. We have my colleague of the board, Vio, also present. And all these with one goal, equitable access to vaccines for the most vulnerable.

Why was Gavi established? New products needed to get to lower-income countries faster. And after initial progress, coverage rates had stalled and needed to improve. And these countries needed a partner to support them and invest in the path towards sustainable immunization systems.

In a little over two decades, our Alliance has had incredible impact. An entire generation of children, more than 1 billion, have been protected against a range of diseases. Coverage rates in the regions we focus on, such as Africa and South Asia, have dramatically improved and childhood mortality has fallen.

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Through Gavi, lower-income countries can access affordable vaccines suited to their settings and protect their populations against 20 infectious diseases, including those delivered through EPI programmes in each country. Gavi-funded global stockpiles of vaccines against Ebola, cholera, yellow fever and meningitis helped protect the world against outbreaks.

More than 23 years of investment in health systems and immunization campaigns have helped countries remain resilient in the face of threats. And Gavi programmes are estimated to have generated more than USD \$220 billion in economic benefits for the countries we serve.

This is important to every person in the world, not just to those in low-income countries. Yes, some countries are donors, and we are very grateful for their efforts, but the reality is that all countries, including donors, are beneficiaries because all have to gain from global health security, and that's what I'm talking about.

COVID-19 and climate change are teaching us that infectious diseases threaten us all and vaccines are certainly amongst the best tools we have to fight back against their impact in our lives and our economies.

Today, we are launching this Humanly Possible campaign to remind the world that vaccines are one of humanity's greatest achievements and also one of the best investments we can make in our collective health, collective health security and also global development.

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We are calling on governments everywhere to invest in immunization and for partners and people around the world to join us in that call. That includes also investing in Gavi as we prepare to raise funds for the next five years of work, supporting immunization efforts that reach more than half the world's children, protect the world against outbreaks and help us better be prepared for the next pandemic. Thank you very much for your time. Back to you. Thank you.

**TAG** Thank you. Thank you so much, José Manuel, for your partnership and for everything Gavi has done to ensure more children benefit from the lifesaving power of vaccines. Thank you for your leadership.

One of WHO's founding partners in EPI 50 years ago was UNICEF. So I'm very pleased to welcome Dr Ephrem Lemango, UNICEF's Associate Director for Health and Global Chief of Immunization. Ephrem, welcome, and you have the floor.

**EL** Thank you very much, DG Tedros. Thank you so much for allowing us to speak on this joint effort as we celebrate the EPI 50-year celebration.

Today, more children live to celebrate their fifth birthday than any other moment in history. The strides we have made in reducing child mortality are nothing short of a miracle. Immunization unquestionably stands as the cornerstone of our success, representing one of the most effective and impactful investments in child health.

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The launch of the Expanded Programme on Immunization back in 1974 was a historical moment that extended the reach of vaccination beyond the common territories. Its goal was bold but simple, to make sure every child, regardless of where they live or their family's income, could access life-saving vaccines.

Today, we are celebrating this remarkable achievement. The success of the past 50 years was marked with two important global initiatives. These were the Universal Childhood Immunization Initiative, led by UNICEF by the then Executive Director, Jim Grant, that drove immunization coverage from less than 20% to about 80% in the 1990s, and, of course, the establishment of Gavi, the Vaccine Alliance, as being one of the most impactful miracles.

UNICEF was a key player in this global effort, working with WHO through engaging global leaders to commit to immunization, training health workers, engaging with communities to build vaccine confidence, procuring and supplying vaccines and pioneering cold-chain storage solutions to reach the furthest corners of the world.

What has started as a humble beginning of distributing about 100 million doses of vaccines a year in 1980 now has reached to annual supply of about 2.5 billion vaccine doses to over 100 countries. Global immunization efforts of the past five decades are one of the brightest examples of what can be achieved when humanity comes together and commits to achieve something.

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Our celebration won't be complete without recognising the remaining task ahead of us. As Dr Tedros mentioned, most importantly, the urgent need to reach the over 80 million children who have missed one or more of their routine immunization vaccines due to the disruption caused by the pandemic is an important task. Of course, UNICEF, WHO and Gavi have joined hands, along with partners and countries, to support the catch-up on vaccination of these children at this moment.

The future of immunization programmes will be a time where vaccines become for everyone and not only for children, it will be a time where additional new vaccines will become available to boost our fight against some longstanding diseases, and of course, the location of vaccine manufacturing will be more diversified. And above all, it will be a future where primary healthcare infrastructure that delivers these vaccines are strong enough to reach every person that needs them.

Achieving this future is, indeed, humanly possible, as long as we put our mind and heart to it. Thank you very much. Back to you, Dr Tedros.

TAG Thank you. Thank you, Ephrem, and my thanks once again to UNICEF for its steadfast partnership over the past 50 years.

Lastly, so much of this would not be possible without the support of the Bill and Melinda Gates Foundation. So I'm honoured to welcome Violaine Mitchell, Director of the Gates Foundation's Immunization Team. Violaine, welcome, and you have the floor.

### **00:15:32**

VM Thank you, DG, and thank you so much for having me here today. I'm pleased to be representing the Bill and Melinda Gates Foundation as we celebrate the incredible impact of vaccines during the last 50 years. From eradicating smallpox to protecting communities from deadly outbreaks and moving closer to a polio-free future, it's truly amazing to see proof of what's possible when we work to make vaccines accessible around the world. And I'm proud that the Foundation has contributed to that success.

Since its inception in 2000, the Gates Foundation has committed more than 23 billion for the discovery, the development and delivery of life-saving vaccines. This has included 87 million to the Meningitis Vaccine Project, a public-private partnership to develop a low-cost shot against meningitis A, reducing meningitis by 99% in Africa.

And further, perhaps we're very proud as well of more than \$6 billion in support to Gavi, which has helped 78 lower-income countries develop vaccines and immunization to more than a billion children.

But despite these achievements, global progress is in jeopardy. Immunization coverage may be rebounding from pandemic-related disruptions, but in today's global health environment, these gains are in jeopardy.

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In many countries, debt crises are forcing governments to cut funding for essential health programmes. Climate change and conflict are making it more difficult to provide routine health services, like immunization and primary healthcare, especially in the world's poorest communities, and outbreaks of vaccine-preventable diseases, like measles, cholera, diphtheria and polio, are threatening to slow, stop or even reverse our progress towards global health security.

As of 2023, an estimated 14 million children around the world had not received a single vaccine, and tragically, infectious diseases are starting to flourish in these environments. We're at a crucial juncture here for protecting the hard-won gains of the last 50 years while reaching for progress to come. However, with continued investments in immunization, we truly can achieve a world where every person is safe from vaccine-preventable disease and can lead a long and healthy life.

As you all know now, we're celebrating 50 years of the Expanded Programme on Immunization with Humanly Possible, a year-long campaign led by WHO, UNICEF, Gavi, the Foundation and many other partners, all to reflect on the incredible impacts we've mentioned here today. But perhaps more importantly, the campaign is also an opportunity to set our sights on what humanity can achieve in the next 50 years with continued investments in immunization.

We're on the brink of eradicating polio, eliminating cervical cancer and future-proofing health systems against diseases that are climate-sensitive, like typhoid and cholera. But in order to secure the next chapter for future generations, we must continue investing in immunization and recommit to strengthening vaccine programmes around the world.

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And as I reflect on our Humanly Possible initiative, I would also like to take this time to celebrate all the health workers around the world who work tirelessly to vaccinate every child, everywhere.

I'm remembering a young woman, Aisha, I met last year in northern Nigeria, who had gone out of her way to ensure that every child in her village was vaccinated against polio. And I also met, on that visit, a farmer, who came out of the fields and brought his four children for a measles vaccine, saying this was something he had to do.

So in this effort, we celebrate achievement, what's to come and the people who all make it possible on the ground. And by working together, we can save millions more lives, advance equity and create a much healthier and more prosperous world. With many thanks.

TAG Thank you. Thank you, Violaine, and my thanks to you and your colleagues at the Gates Foundation for everything you do to expand access to vaccines around the world. One disease for which there was no vaccine 50 years ago, but there is now, is meningitis. Just last month, Nigeria became the first country to roll out the new Men5CV vaccine, which protects against the five major strains of bacterial meningitis in Africa.

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The campaign aimed to vaccinate 1 million people across several States in northern Nigeria which had been hit hard by meningitis outbreaks. I thank the Government of Nigeria and partners, including Gavi, UNICEF, PATH and the United Kingdom, who have been critical to the development and roll-out of this vaccine.

Building on this success, WHO is working with governments and partners on future roll-out plans, including in Niger. For the first time, the Men5CV vaccine gives us real hope of being able to eliminate meningitis as a public health problem.

On Friday, I will join global health leaders in Paris for the first high-level meeting on defeating meningitis. The Defeating Meningitis by 2030 roadmap requires an initial investment of USD \$130 million, which is frankly loose change compared to the return that investment will deliver. As well as preventing over 900,000 deaths and nearly 3 million cases of meningitis by 2030, Defeating Meningitis would save billions of dollars in health costs and lost productivity.

Vaccination against meningitis, as part of an integrated-with-primary-healthcare programme, can also help to combat antimicrobial resistance. With the support of President Emmanuel Macron and the Government of France and our partners here today, achieving the goals of the roadmap is feasible.

Another disease for which vaccines have only recently been developed is malaria. In the past two years, WHO has recommended the world's first two malaria vaccines, which are now being rolled out in Africa and which could save tens of thousands of young lives every year.

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Burkina Faso, Cameroon, Ghana, Kenya, Malawi and Sierra Leone are already delivering malaria vaccines through national immunization programmes, and many more countries are planning to introduce them in the coming weeks and throughout the year.

Alongside other tools, including new types of bed nets, vaccines could help to reignite progress against malaria, which has stalled in recent years. In 2022, malaria claimed the lives of an estimated 608,000 people worldwide, and there were 249 million new cases. Most cases and deaths are among children under five in the poorest households in sub-Saharan Africa. To truly address malaria, we have to address the inequity that drives it.

Tomorrow marks World Malaria Day. Together with the Roll Back Malaria Partnership and other partners, we're drawing attention to the critical importance of health equity, gender equality and human rights in the fight against malaria.

Finally, vaccines are also playing a role in the response to dengue outbreaks around the world. So far this year, more than 5.2 million cases of dengue have been reported from the Americas, more than the total number of cases reported from that region last year, which was already the worst on record. With warmer temperatures and the effects of climate change, other countries around the world must be ready to respond to increasing numbers of cases.

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Last year, WHO recommended use of a new dengue vaccine for children aged six to 16 in areas where dengue is present. Countries, including Brazil, are now using the vaccine, although the supply is constrained and the costs are still relatively high.

In February, WHO released USD \$5 million from our Contingency Fund for Emergencies to support priority countries to implement essential interventions against dengue. But the needs are immense, and more support is needed from donors. From the world's oldest vaccine against smallpox to the newest vaccines against meningitis, malaria and dengue, WHO remains committed to doing everything humanly possible to realise the lifesaving power of vaccines for everyone, everywhere. Fadel, back to you.

FC Thank you, Dr Tedros. I will now open the floor to journalists' questions. If I may, can I invite journalists to ask, first, questions about the main topic of this press conference, because we have several partner experts present and available to answer your question. Now, I would like to invite the first journalist to ask her question. Agnès Pedrero from AFP. Agnès, you have the floor.

AP Thank you for taking my question. Several of you today have said that the progress are in jeopardy. And I wanted to ask you a question about the rise of measles in the world. I wanted to know what role the vaccine

opponents, who are also called anti-vax, have played in this measles upsurge that we saw in several countries. Thank you.

### **00:27:05**

FC Thank you, Agnès. Dr O'Brien?

KO Yes, thanks so much for this question. I'll just anchor us in what the size and scale of the measles problem is. In 2022, there were 136,000 children who lost their lives from measles, a completely preventable disease. And there were over 9 million cases around the world. We know that last year, the number of cases went up by about 70%, and we're still working on the data around how many deaths likely occurred last year.

And the reason for this is that there has been a very significant backsliding in the use of the measles vaccine and the coverage that's been achieved in countries around the world. And that's resulting in outbreaks in many, many countries around the world in all regions. In fact, in the last year, there were 50 countries that had what we call large and disruptive measles outbreaks, and that's more than double there were in the two years before.

So we're continuing to see that measles is an old disease and it's a disease that is completely preventable but does require people to be vaccinated in order to prevent illness and in order to prevent the serious consequences from measles.

There is certainly a role of the misinformation about measles vaccine that is playing into people's decision about whether or not to receive the vaccine. And we're really concerned about the way in which this misinformation and anti-vax movements are scaling in terms of their ability to communicate and to spread information that is incorrect information.

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Measles vaccine is a safe vaccine, it's highly effective, and measles is one of the most infectious viruses that infects humans. For any case of measles that occurs, anywhere between 12 and 18, and it can be up to more than 40 other people who are not immune, can be infected by that single case.

So the important reason for this backsliding is certainly related to the secondary effects of the pandemic, and there's an incredible effort to try to recover programmes around the world through an initiative that the partners here today and others have initiated, called The Big Catch-Up.

So there is certainly a role for the anti-vaccine contributions to this negative backsliding, but the main reason that children don't receive measles vaccine has to do with the ability for them to access vaccine, the ability of programmes to get to all of the places in the world, to every child, everywhere, in every village, every city, every place where a child is, in order to vaccinate them. And that's an ambition that is humanly possible.

FC Thank you, Dr O'Brien. I would like now to invite Belisa Godinho from W Magazine to ask the next question. Belisa.

BG Thank you for taking my question. I'm Belisa Godinho from W Magazine, based in Lisbon, Portugal. I would like to know how the issue of avian influenza, H5N1, is affecting humans in different countries. Is there any

link to climate change or risk of becoming a pandemic, or even a vaccine to be developed? Thank you.

### **00:30:48**

MVK Yes, thanks so much for the question. I'm going to start, and Wenqing Zhang, who's online, who's leading our Global Influenza Programme, may want to add.

So the question you have, since 2021, there have been 28 human H5N1 infections reported to WHO. In the background of this, we've seen this rapid expansion of H5N1 in poultry, in wild birds across the world that has spilled over into small mammals, has spilled into people, and most recently, we've seen spill into dairy cattle in the US, and potentially in other countries as well.

I just wanted to contextualise this in the fact that we have a Global Influenza Surveillance and Response System that's been in place for 70 years. And within this system, there's strong surveillance components made up of labs around the world, made up of many partner agencies. And of course, in the animal sector, we work very closely with FAO and WOA and others in national contexts. So there is a strong surveillance system that's in place that are detecting these viruses.

As part of the GISRS system, what this group does is they look at candidate vaccine viruses for the potential development of vaccines for humans should some of these viruses become rapidly transmissible between people. With H5N1, we have not seen human-to-human transmission in the recent cases.

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And I think that's really important, because there's a lot of news right now on avian influenza. We are concerned of this particular virus because we know influenza has the potential to cause epidemics, has the potential to cause pandemics. And that's why we have a global system in place to monitor, detect, to rapidly do risk assessments, to look at viruses that could potentially be used in vaccines as we go forward.

So there's a lot of work in place right now. But right now, I can tell you, human infections of H5N1, we've only had 28 since 2021, and we haven't seen any human-to-human transmission among those. Wenqing may want to add to that.

FC Okay.

WZ Can you hear me?

FC Yes. Wenqing, yes, we can. Dr Zhang Wenqing.

WZ Okay, great.

FC Thank you.

WZ Thank you very much. I just want to add to what Maria said, the answer to your question. As you know very well, that the highly pathogenic avian influenza emerged in 1996, and since then, there have been sporadic human infections. And only in the recent years, we've seen the unprecedented speed of spillover or spread, specifically this very specific clade 2.3.4.4b virus.

In 2020, it emerged. In 2021, it crossed the Atlantic to North America and then, in 2022, to South America. And also in recent years, we've seen a lot of outbreak reported in mammals, and a lot of mammals actually were also seen dying itself.

### **00:34:16**

So it comes to your question, well, what is the reason behind all of those? Certainly, we've seen the change or the impact of the climate change, that it impacted the migratory birds' pathway, so it disturbed its pathway, and also some of the habitats of the animals getting lost. It certainly plays a role in this type of unprecedented spread of the H5N1 virus.

On the risk itself, just to add to what Maria said, is that the H5N1 virus itself, at the moment, it remains as an avian influenza virus, so it means it is still an animal virus. WHO, we have a global network, as Maria said, monitoring closely the evolution of these viruses, assess the risk and then develop rapidly the risk mitigation measures. Back to you.

FC Thanks so much, Dr Zhang Wenqing, Unit Head, Global Influenza Programme. Now I would like to invite Gabrielle Emanuel from NPR to ask the next question. Gabrielle, can you hear me?

GE Yes, thank you very much. I had a question about vaccines, and particularly Mpox in the DRC. I wanted to know about the effort to get vaccines there and where things stand. Thank you.

FC Thank you, Gabrielle. I would like to invite Dr Rosamund Lewis to take your question. Dr Lewis.

### **00:36:11**

RL Sure. Thank you very much for the question. So significant efforts are being made to support the Democratic Republic of the Congo to be able to introduce vaccines that have been used in other parts of the world. So there are vaccines that have been used in Europe and the Americas, for example, and certain other countries, such as MVA-BN, and there's a vaccine that's been used in Japan and Colombia which is called LC-16.

So the Democratic Republic of the Congo has convened its National Immunization Technical Advisory Group, and they have provided guidance to the Ministry of Health regarding the vaccines that they propose to use, that they would recommend for use in the country.

The next steps for the country are to develop immunization strategies, that is underway, and also, very importantly, to establish the vaccine assessment pathway through the national regulatory authority, which is called ACOREP, Autorité Congolaise de Réglementation Pharmaceutique.

So that work is to begin now that the ministry has a direction. The government did, two weeks ago, determine that the Mpox outbreak in the country constitutes a health emergency, and they have issued their statement that they intend to introduce vaccines in the country.

So the next step is the vaccine assessment by the national regulatory authority for the two vaccines that the National Immunization Technical Advisory Group has recommended and development of immunization

strategies. So there's still work to be done, but there are also many partners who are supporting this work. And we hope to be able to support the country, as WHO and other partners, to move it forward quickly. Thanks.

### **00:38:01**

FC Dr Ryan.

MR And let us just recognise the partnership that we've had not only with the DR Congo but the surrounding countries, Central African Republic and others, who are threatened with the virus, clade 1 or clade 2, the clade 1 virus being more common in Central Africa, but in particular, to recognise the role the ministries of health are playing but also the role that Africa CDC is playing in partnership with WHO, our colleagues at CDC in Atlanta, colleagues at NIH, in Antwerp and others. So there's a real scientific collaboration. There's an operational collaboration with UNICEF and others.

So this is going to... Congo is a country suffering multiple challenges. We have measles outbreaks in the Kivus. It's really important, as we support Congo, that we look to the broader priorities of health. Mpox may be an issue, and it is an issue in Congo, but it is not the only issue. And we have to work with the ministry to ensure that we use every opportunity for vaccination.

And if we're going to invest in larger-scale immunization programmes for Mpox, we can't forget issues like measles. It's very easy to run vertically and solve the problem you think you have, but the problems are much deeper, much broader. And we do recognise the excellent science base and research base there is.

### **00:39:23**

There are also significant questions that need to be answered regarding the use of these vaccines in children, and we have to ensure that we're gathering the clinical data that support their use. This is a licencing and regulatory issue, but it's very important that when we apply these vaccines, that we target the vaccines to those most at risk. And then there's an ethical responsibility to gather as much data as we can which provides a base for broader and expanded vaccination for all, as needed.

So there's a process here. There's been a huge strengthening across Africa in the regulatory, in the research, in the public health field. And I experienced that personally, and so did Dr Tedros, in the fantastic response sponsored by the government of DRC, the Ministry of Health of DRC and the surrounding countries in response to the Ebola outbreak there a few years ago.

So I do think we're building on strengths that have already been there, but we must work in a broader way and recognise that we're doing this in strong partnership. There was an interministerial meeting week before last, and Jean Kaseya from the Africa CDC was there, but also Matshidiso Moeti, our Regional Director for Africa.

And it's fantastic to see that the leadership in this space is being by African countries to deal with issues that are global in nature, but that requires every country to do its piece. So we're very grateful to the countries. We're very grateful to our regional partners. And we will do everything from the HQ

perspective, and I'm sure our other partners will, to ensure that the right vaccines and the right funding goes there.

### **00:41:02**

I will remind everyone that in two and half, three years of Mpox response, there hasn't been a single penny of donor money invested at a global level for controlling Mpox. So while the concerns of the world are very well noted, I don't see the concerns of the world reflected in the investment of resources needed to actually contain this virus.

FC Thank you. Dr O'Brien.

KO I just want to add and amplify one point that Mike made about this, is that the use of these vaccines is... These are licenced vaccines, they're authorised vaccines. And as a result of the use of the vaccines for the purpose of Mpox outbreaks over the past two years, there is information that the vaccines do work when they are provided in a preventive way.

But what Mike really emphasised is that we lack information about what's the best way to use them and, particularly, what's the best way to use them among children. And because the cases in the DRC are substantially in children as well as in adults, it's really important, as the roll-out of the vaccine happens, that it's done in such a way that the information is collected in a scientific way so that we really strengthen the evidence that will lead to a better understanding of exactly how the vaccines can best be used.

### **00:42:33**

And we have so many great examples of how you can embed research in the roll-out of a vaccine, so that actually, we make a big step forward for the future. And I think this investment that Mike is also talking about, that it's not only about rolling out the vaccines, but it's about investing in the studies that are needed so that we understand more about how they can be deployed for their best impact. I think that investment is absolutely critical.

FC Thank you. I would like now to invite Carmen Paun from Politico to ask the next question. Carmen, you have the floor.

CP Thank you so much, Fadela. I actually wanted to follow up on what Dr O'Brien just said. I wanted to clarify. So the Mpox vaccines, are any of them that were used in Europe and North America, were any of them licenced for kids, or is there any data in how they work in kids?

And just if you'd allow me just another clarification on The Big Catch-Up and Humanly Possible, what's the difference between them? Because I thought The Big Catch-Up was the big campaign to boost immunization around the world. So if you can explain the two different campaigns and what they aim to achieve, that will be great. Thank you.

KO Sure. So just to clarify on the Mpox vaccines, the LC-16 vaccine in Japan is an authorised vaccine in children. The MVA-BN vaccine is an authorised vaccine over 18 years of age. It does not have authorisation in national regulation down into children. So use in children would be considered an off-label recommendation, which we do for many vaccines.

I think it's important to note that the MVA-BN vaccine is very similar to the vaccine for Ebola, and that does have authorisation for children. So we know a lot about the safety of these vaccines in children.

#### **00:44:40**

And I want to just point out that WHO does have recommendations around the use of the Mpox vaccines that were issued in an updated fashion from the March SAGE meeting, and those are available online, on the web.

So these are the areas of new evidence that are needed also, is about exactly how we should deploy vaccines for children and what would be the best method of identifying who's at risk and how broadly to deploy vaccines for children, for adolescents, especially those who are in household contact, those in communities. So I hope that clarifies the situation around children and Mpox vaccines. There may be others who want to contribute to that as well.

Just with respect to The Big Catch-Up, The Big Catch-Up was initiated by the Director-General and partners at the beginning of 2023, calling for a push in 2023, 24 and 25 to do this massive catch-up in three ways. First of all, catching up all of the people, the children especially, who missed vaccines during the course of the pandemic, this secondary impact of the pandemic.

But that's not the only part of The Big Catch-Up. It was also to assure that the programmes on immunization got back to their performance level that they were able to achieve in 2019, before the pandemic hit. And the third part of The Big Catch-Up was actually to strengthen the programmes even further in these couple of years to get back onto the trajectory that would lead to the success of the 2030 goals. That's what The Big Catch-Up is.

#### **00:46:26**

There's been a \$290 million investment through Gavi to support countries that are Gavi-eligible to do even more than they were doing through the rest of their programmes, to go and find those kids, strengthen their programmes and get back on their trajectory. And all of that is being implemented by countries as we speak.

The Humanly Possible campaign is about this year's celebration of vaccines. And it's about recognising the 50 years, it's about inspiring what more we can do now, and it's about really envisioning what the next years are going to be about in order to achieve the decade-long goals, but also what the next 50 years are about.

It's about all the things that are humanly possible to stamp out vaccine-preventable diseases, develop new vaccines and adapt the vaccine programme to the future that we will be facing that is also a climate-adapted future.

So that's the distinction between a dedicated, short programme on The Big Catch-Up to get past the historic backsliding from the pandemic and Humanly Possible, to envision the future.

FC Thank you so much, Dr O'Brien. I would like now to invite Helen Branswell from STAT to ask the next question. Helen, can you hear me?

HB Yes. Thanks very much, Fadela. I wanted to follow up on the question from the woman from, I think it was W Magazine, about H5N1, and particularly in reference to it in cows. In her answer, Maria said that it had been found in a number of herds in the United States and potentially in other countries. And I wanted to see if you could clarify what you mean. Does WHO have any intel that suggests this has been found elsewhere?

### **00:48:28**

And relatedly, I would wonder if you would answer the question, does WHO feel like the presence of the virus in cows fundamentally changes the risk the virus poses to people at this time? Thank you.

MVK So I can start. So thanks for picking up on that, Helen. The answer to that relates to surveillance and it relates to what countries are doing to look for this virus in different animals, in different species. So there is a strong surveillance system globally in wild birds and in poultry, although that could be improved.

I do defer a lot of this to our partner agencies at WOA and FAO. We work very closely with them on the global surveillance, looking at the animal-human interface. And of course, for WHO, we are trying to assess the public health risk and looking at spillover into humans and potential amplification of all different types of influenza viruses.

What we really need globally is strong surveillance in different animal species now that we know that this virus can infect many different types of species. I'm not giving some subliminal messages here in terms of what might be happening. But given that we know it can infect not only poultry and wild birds but we've seen goats and dairy cattle, we would want to see strengthened surveillance in different species around the world, not only that, but also in milk and milk products, and to be able to make sure that people are protected.

### **00:50:03**

I don't think detection in dairy cattle fundamentally changes our risk assessment, but this is concerning, the fact that we have seen this massive epizootic across the globe. And this was happening under our noses in some respects during the COVID-19 pandemic, looking at not just birds but into small mammals, into people in many different countries.

Every opportunity this virus has to continue to circulate, to continue to mix with animal species, we are looking at the potential for... I'm looking at the wrong camera again. Sorry. It has the potential to cause an epidemic and outbreak and potentially become a virus that has that pandemic potential.

And then I go back to why we have this surveillance system in place. Influenza is a certainty. We have seasonal influenza. We've had some influenza pandemics. We now have avian influenza. And so there's this global network that are looking at these viruses and looking at the potential for transmissibility. We're looking at the severity of each of these viruses. And that's why that collaboration is important.

I should mention that not only is surveillance important, but sequencing is important, the sharing of sequences. And you've heard us talk about this for

COVID for years, but it's true for all of these pathogens that have epidemic and pandemic potential.

### **00:51:20**

That sharing of information allows for robust risk assessment. So to look at your specific question about our understanding and what is fundamentally changing or not, we have to be able to do those risk assessments in real time. And we do that with our partner agencies.

We will be publishing an updated risk assessment for H5N1 viruses, WHO, WOA and FAO. This is something we routinely do. We're doing another one. And you'll see an update in there on the viruses in humans and in animals as well. But those risk assessments lead to action, and it's an iterative process.

So we do need more surveillance in animals, and we're grateful for those who are working on that around the world. We need those sequences to be conducted, to be shared, so that these assessments can be made.

FC Dr Ryan.

MR Again, it is really, and Maria has done this twice, but I need to reemphasise that, that none of this is possible without the collaboration between our collaborating centres, the national labs. And that's both on the WHO collaborating centre side but also on the animal side.

This is one of the most multisectoral... This was One Health before the world caught onto the idea of One Health. This was One Health in action for the last 20 years. And this was done as a contribution to global health security by these labs all over the world.

### **00:52:42**

The fact that these labs are sharing millions of samples and sequences, and most importantly, I think Maria may have said it, that the whole purpose of this is to make sure that we have candidate vaccines ready at all times. So there is a candidate vaccine. It is ready if it should be needed.

And the whole purpose is to get that advance warning, to know what's coming, if we can, and be ready to react really, really quickly if the virus either shows signs of becoming more transmissible in the human context. Because all of the cases, most cases of H5N1 really are a result of unprotected exposure to sick or dead poultry or products. And we've seen an increasing range of potential exposure scenarios. Anytime there's a variation in suspected exposure, anytime there's a sign that the virus is more transmissible between humans or anytime...

And what is worrying about H5N1 is that it's quite a virulent virus in itself. The case fatality rates for H5N1 in an infected human are very, very high, way higher than in COVID. That's in some ways expected, because this is an avian virus. It's not used to the human environment, and it tends to be very dangerous in a human when it infects humans. But humans are not easily infected by these viruses because they're not human viruses. They're avian viruses.

But I have to again pay tribute to that band of labs and people and individuals and institutions who maintain this protective mechanism, this network, this

net of protection around the world that makes sure that we have early warning. It's a little bit like when people talk about meteors that are coming to the earth. We have a system that can detect them. We have a system that can measure. And we have countermeasures ready to go, should anything happen.

### **00:54:39**

And that's all we can do in public health. That's all we can do in life. We can't stop living because viruses threaten us. They've threatened us forever. What we can do is know about it, and what we can do is be ready to respond. And again, a tribute to the colleagues who work in the influenza.

And much of this is supported through the Pandemic Influenza Preparedness Framework, which has been in place, again, for 20 years and has provided a framework for collaboration between WHO, labs and industry for the sharing of material, for the sharing of vaccines.

And it's timely, as next week, we will go in what we hope might be the final stages of negotiation of a pandemic agreement, which could lead to that kind of sharing happening on a much broader basis. So again, thanks to our partners. WHO is nothing without our technical, operational and scientific partners.

FC Thank you. I would like now to invite Jen Rigby, Reuters, to ask the next question. Jennifer.

JR Hi there. Thank you. I just wanted to ask, it's on avian flu again, it's about the milk products that Maria mentioned. I just wanted to know what efforts are underway to check that pasteurisation deactivates the virus. And is WHO involved in any of those efforts?

### **00:56:03**

MVK So I can begin, but we also have someone online from our Food Safety department who may want to add to this. So yes, indeed, there has been H5N1 detected in milk products. But what we understand, a lot of this work is ongoing right now as we speak, so evidence is being generated to better understand this, and obviously we want to make sure that the milk supply is safe.

There have been some statements that have come out from the FDA, and I will refer you specifically to that, because there's mention of fragments of RNA of this virus in the milk products as opposed to live virus or replicating virus. And of course, pasteurisation, we know, beyond H5N1, will remove harmful bacteria and viruses from milk and from milk products.

So that is an important thing that WHO recommends, the consumption of pasteurised milk products. But maybe I can also pass to our colleague online, who can specifically speak to this.

FC Thank you so much. I think we have come to the end of the...

MVK Moez is online. Moez.

FC Who?

MVK Moez.

FC Moez? Dr Moez Sanaa.

**00:57:15**

Yes, thank you. I will not add too much, just to confirm that we always recommend, for the drinking milk, the pasteurisation. Pasteurisation is still recognised as a good, effective control for different pathogens that we can find in milk.

However, looking at this situation, we don't have enough information about the load of virus in raw milk and how effective is pasteurisation, but there is some work to be done. And in general, in such situations, the food safety authorities take different actions to protect people in contact with dairy cows and people, workers manipulating raw milk. And usually, we can increase the heat treatment to make the pasteurised milk safer. Thank you very much.

FC Thank you, Dr Sanaa. Dr Sanaa, Moez, he is from the department of Nutrition and Food Safety. As we are coming to the end of this press conference, I would like to ask our partners if they want to make any closing remarks.

EL May I comment? Ephrem from UNICEF.

FC Yes, of course. Please.

EL I just wanted to add a bit of light on the progress we are making on The Big Catch-Up, adding to what, earlier, Dr Kate O'Brien raised. The Big Catch-Up has already been launched across countries. WHO, UNICEF, Gavi and several other partners have joined hands to be able to support countries to implement The Big Catch-Up as soon as possible.

**00:59:08**

We have received interest from over 30 countries to implement The Big Catch-Up, which means catching up on the children that they missed over the past few years. And out of that, some 15 countries have already requested for support from Gavi to receive free doses.

And it's important to mention that the Gavi board has recently approved about \$290 million in support of countries who are willing or who wish to do The Big Catch-Up, to avail them free doses of vaccination. So the first country that will start this campaign would be Guinea, in the next few weeks period, and several other countries will follow as we are intending to accomplish The Big Catch-Up in 2024 and 2025. Thank you so much. Over.

FC Thank you.

VM May I jump in?

FC Yes.

VM Vio Mitchell, just very, very quickly. This has been a fabulous press conference and amazing questions from journalists, which just really underscore that vaccines are truly one of humanity's greatest achievements. And I really hope that in this year, in 2024, let's really unite across partners, everyone here, to protect our progress and ensure the next generation of children remains safe.

And I think we really are on a course for a world with vaccination for all, and it truly is humanly possible. And that is our initiative for this year, which brings together all the things we've been talking about today. So, thank you.

#### **01:00:40**

FC Thanks to you. Now, I would like...

TM Can I come in now for Gavi?

FC Yes, of course.

TM Thank you very much. I think that the press conference has been really good, and it has pointed out a number of things that we are achieving together. I do want to bring back again the HPV vaccine and what it is doing for many young girls across the globe. We have worked through challenges, but it is exactly the working through these challenges that shows that it is humanly possible to achieve what we have committed to.

And now, we have begun an important journey on malaria. It's a journey that has taken many years, and the investment that has gone into that really shows that if we put our heads together, and resources, we can achieve the impossible.

So again, closing with the Humanly Possible frame, it is humanly possible to achieve what we are calling for in the next 50 years. But we don't have to wait that far. We have to begin doing today more of that. Thank you.

#### **01:02:03**

FC Thanks so much. I would like just to give your full title, Mr Thabani Maphosa, Managing Director for Country Programmes at Gavi. As usual, journalists, you will be receiving the DG speech as soon as we finish here, and you will receive the audio and video files this evening. The full transcript will be available tomorrow on our website.

Please do not hesitate to contact the media team at WHO or our partner organisations. The names of the media contacts are listed in the press release you received at 1:00 PM today. Now, I would like to hand over to Dr Tedros for his closing remarks. DG, you have the floor.

TAG Thank you. Thank you very much, Fadela. Thanks to our partners, Gavi, UNICEF, the Gates Foundation and others, and especially Gavi, UNICEF and Gates Foundation for joining us today.

I will just repeat what I said earlier. Thanks to immunization, a child born today is 40% more likely to see their fifth birthday than a child born 50 years ago. Let's continue to do what's humanly possible to realise the lifesaving power of vaccines for everyone, everywhere, because vaccines cause adults. To our members of the press, thank you so much for joining today and see you next time.