Good afternoon. I am pleased to welcome you to the WHO virtual press briefing on COVID-19 and other global health emergencies. Today, we are Wednesday, 1 June. Simultaneous interpretation is provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi.

Let me introduce to you our experts who are in the room, starting with Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead on COVID-19. We have also in the room Dr Rosamund Lewis, Technical Lead for monkeypox, Dr Meg Doherty, Director, Global HIV, Hepatitis and...
Sexually Transmitted Infections. And we have two experts joining online, Dr Soumya Swaminathan, WHO Chief Scientist, and Dr Mariângela Simão, Assistant Director-General, Access to Medicines and Health Products.

00:05:00
Now, without further ado, I would like to hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Fadéla. Good morning, good afternoon and good evening. As you know, Saturday marked the end of the first in-person World Health Assembly since the COVID-19 pandemic began.

As usual, WHO’s Member States discussed a huge range of issues but the most significant decision of the week was the assembly’s adoption of a landmark resolution to increase assessed contributions, the membership fees that countries pay, to a target of 50% of our base budget by the end of the decade, from just 16% now.

This change will give WHO the flexibility and predictability to plan for long-term programming in countries, and to attract and retain the people we need to deliver those programmes.

Along with this, WHO is committed to stronger governance, accountability and efficiency. The assembly also made important decisions on strengthening WHO’s preparedness for and response to health emergencies, including making targeted amendments to the International Health Regulations.

Alongside a new international accord on pandemic preparedness, a sharpened IHR will be a critical piece of a stronger global architecture for health emergency preparedness and response. I am also humbled and honoured that Member States elected me for a second term.

00:07:10
Reported cases and deaths from COVID-19 continue to decline globally, although this trend should be interpreted with caution because many countries have reduced the number of tests they do, which in turn reduces the number of cases they find.

And we do see concerning trends in several regions. Reported cases and deaths are increasing in the Americas, while deaths are also increasing in the Western Pacific region and in Africa.

Once again, the pandemic is not over. We continue to call on all countries to maintain testing and sequencing services, to give us a clearer picture of where the virus is spreading and how it’s changing, and we call on all countries to vaccinate all health workers, older people and other at-risk groups.

Now, for an update on monkeypox. More than 550 confirmed cases have now been reported to WHO from 30 countries that are not endemic for monkeypox virus. Investigations are ongoing but the sudden appearance of monkeypox in many countries at the same time suggests there may have been undetected transmission for some time.

So far, most cases have been reported among men who have sex with men presenting with symptoms at sexual health clinics. These communities are
working hard to inform their members about the risks of monkeypox and prevent transmission. But all of us must work hard to fight stigma, which is not just wrong, it could also prevent infected individuals from seeking care, making it harder to stop transmission.

00:09:20
WHO is urging affected countries to widen their surveillance, to look for cases in the broader community. Anyone can be infected with monkeypox if they have close physical contact with someone else who is infected.

The situation is evolving and we expect that more cases will continue to be found. It’s important to remember that, generally, monkeypox symptoms resolve on their own but it can be severe in some cases.

WHO continues to receive updates on the status of ongoing monkeypox outbreaks in the countries in Africa where the virus is endemic. WHO’s priorities now are, first, to provide accurate information to those groups most at risk of monkeypox and, second, to prevent further spread among at-risk groups, third, to protect frontline health workers and, fourth, to advance our understanding of this disease.

Now, to Ukraine. After 100 days of war, Ukraine’s health system is under severe pressure. In the face of the deteriorating health situation, WHO has increased its presence in Ukraine and in countries hosting displaced people.

Since the Russian Federation’s invasion began, WHO has delivered over 515 metric tonnes of medical supplies and equipment, and trained more than 1,300 health workers in trauma surgery, mass casualties, burns and chemical exposure.

Meanwhile, the number of attacks on healthcare continues to increase. As of yesterday, WHO has verified 269 attacks on health in Ukraine, killing 76 people and injuring 59. Healthcare must never be a target. We continue to call on the Russian Federation to end the war.

00:11:41
The invasion of Ukraine has badly disrupted food supplies, exacerbating the risk of famine around the world. This is compounded by the impact of climate change and extreme weather.

The Horn of Africa is now experiencing one of its worst droughts in recent history. There is a high risk of famine and malnutrition, severely affecting an estimated 15-20 million people in Kenya, Somalia, and Ethiopia. Populations in Djibouti, Eritrea, Uganda, South Sudan and Sudan are also affected.

Tens of thousands of families are being forced to leave their homes in search of food, water and pasture. Hunger and under-nutrition greatly increase health risks, especially for pregnant and breastfeeding women, newborns, small children, older people and those living with noncommunicable diseases and disabilities.

Mass displacement and a lack of access to safe drinking water, hygiene and sanitation, means the risk of outbreaks is very real. This is especially worrying in an already under-immunised population with little access to health services.
Food is not the only shortage. In Tigray, Ethiopia, blockades have caused a shortage of fuel that is crippling the health system. More than six million people remain under siege by Ethiopian and Eritrean forces after more than 18 months. Although some food is being delivered, it’s not enough and basic services remain unavailable, and the region is sealed off from the rest of the world.

The Ayder hospital in Mekelle, the region’s only referral hospital, is at risk of shutting down because of lack of fuel to run generators and ambulances. The hospital is running very low on basic supplies like IV fluids and antibiotics, even as hospital staff are reportedly collapsing due to hunger.

This is a hospital serving a population of six million people, which is responsible for performing thousands of surgeries and deliveries every year. WHO is doing its best to help but the only solution to this inhumane situation, as in Ukraine, is peace.

Finally, yesterday was World No Tobacco Day. Tobacco kills over eight million people every year. We’re making clear progress. Tobacco use continues to decline and 60 countries are on track to achieve the target of a 30% reduction in tobacco use by 2025.

More than 100 countries have now mandated graphic health warnings on tobacco packaging, 18 countries have introduced plain packaging, and another nine are on the way. But tobacco doesn’t just harm human health, it also hurts the health of our environment.

A new WHO study has found that every year the tobacco industry costs the world 600 hundred million trees, 84 million tonnes of CO2 emissions, 200,000 hectares of land, and 22 billion tonnes of water.

The effects are felt mostly in low and middle-income countries. As our new report highlights, tobacco is poisoning people and planet. It is time to quit this deadly habit. Fadéla, back to you.

Thank you, Dr Tedros. I will now open the floor to questions from members of the media. I remind you that you need to raise your hand using the Raise Your Hand function in order to get in the queue to ask your questions. I will start with Laurent Sierro, from the Swiss News Agency. Laurent, can you hear me? Laurent?

Yes. Thanks, Fadéla, for taking my question. Can you hear me?

Yes.

Good. I’d like to come back to the figure that was just given by Dr Tedros, the latest figure on Ukraine. Do you have the feeling the resolution that was passed last week might have any positive impacts on the situation in the field or has it worsened it? Do you have any indication that there might have been a local reaction by either the Russian authorities or the Russian troops? Thank you.

Thank you, Laurent.
Thank you. Thank you, Laurent. The resolution, too early to say but we will monitor what its impact will be. And on local reaction, I think it’s the same. The only thing we know is the debates in the room, but we will monitor both and understand the situation. Thank you.

00:17:55

FC Thank you. Next question is for Simon Ateba, Today News Africa. Simon, can you hear me?

SA Yes. Thank you, Fadéla, for taking my question. This is Simon Ateba, with Today News Africa in Washington. Congratulations to Dr Tedros on your second term of five years. You and your health team and communications team have worked really hard in the past three years, so congratulations.

Now, my question. The US Diplomatic Mission to Nigeria is furious over increasing calls to the WHO to investigate false claims that US-controlled labs in Nigeria are spreading monkeypox disease across Africa and the world. In a statement, the US Consulate in Lagos said that those claims are false but that it had to issue a statement to fight fake news.

I was just wondering if the WHO can again talk a little bit more about what it is doing to fight fake news when it comes to COVID, monkeypox and vaccination. Do you still have a division within the WHO focused mainly on fighting fake news?

I know that in 2020 the WHO partnered with social media companies such as TRIBE, Facebook, Twitter, Google, but what it ended up doing was to fight publications such as Today News Africa and elevated New York Times, the Washington Post, CNN, Reuters, claiming that those were the only publications on Earth that were telling the truth about COVID-19. So much hidden racism in the world. May God help us. Thank you.

00:19:37

FC Thank you, Simon. I would like to give the floor to Gabby Stern, who is the Director of Communications.

GS Hi, Simon. Thanks for your question. Yes, WHO remains laser focused on fighting misinformation and disinformation and we have multiple groups and teams across the world in countries and in regions and here, at headquarters, who are doing so, including Dr Sylvie Briand’s group, which works on infodemiology, including wonderful colleagues in my department who work with social media companies, colleagues in the Digital Health Innovation Group who also work with tech companies.

We’re all doing basically two things. One is working with them, because they have vast platforms and channels and audiences, to get accurate, authoritative information to people through their channels and platforms.

But we’re also continuing to ask, push and urge these companies to do a better job of filtering out mis and disinformation across their various apps and channels, platforms and so on. So, yes, this is a priority for us and across the UN as well. Our colleagues at UN Headquarters have efforts as well. So, bottom line, yes, major priority. Thank you.

FC Thank you, Gabby. Dr Van Kerkhove.
I just want to supplement what Gabby has said and to reiterate that this is a major focus of ours and a major concern of ours because misinformation kills. Just as these viruses kill, misinformation kills as well.

So, as Gabby explained, and as we've been explaining throughout this whole pandemic, we target this on multiple different levels, whether it’s through social media, whether it’s through the different companies, whether it’s through our EPI-WIN platform, whether it is through religious leaders or religious communities, youth leaders, through our risk communication materials, through our myth-busting materials.

This is a constant challenge for us and it remains a constant challenge, not only for COVID-19, across the entire spectrum of the interventions and the response that we have. It’s not only misinformation about vaccines, it’s misinformation, it’s the attacks on science that undermines the effectiveness of our countermeasures. It undermines the response.

We see this happening with monkeypox. We will see this happening with the next one. So, for us, we try to address this on multiple channels. You, in the media, provide an incredibly important role for this as well, to get accurate, reliable information out there.

But, I also want to say that we listen as well. It’s not just about us talking to communities. It is about listening back and understanding where some of the information comes from. Here, I’m talking about misinformation or maybe a lack of understanding about particular aspects.

We have an entire global community that is interested in these aspects right now and we, as an organisation, have a responsibility to get out accurate information, to say what we know, to say what we don’t know and to say what we’re doing to find out.

So, we will continue to do this. As you know, we sit up here every week and have multiple channels through which we get this information out, through our Science in 5, through our social media platforms, but also reaching communities through our country offices, through our partners and listening in communities.

Every single person out there has a responsibility to pass on good information. Everyone out there has a responsibility to ensure that they try to find, as best they can, accurate information to make life-changing and life-saving decisions, but this remains a critical focus for us.

If I could just speak very briefly to the specific misinformation and disinformation. We’ve been tracking monkeypox right the way through the eradication of smallpox, and monkeypox surveillance was continued in the aftermath of smallpox eradication because of the concerns that it was a similar disease, though not quite as severe in humans, not established in humans.

But there was also a concern with waning immunity from vaccination, that there always was chance that this disease could continue to be endemic in
the endemic areas or become epidemic. We’ve seen, now, this outbreak. So, this has been constant and Rosamund Lewis, who sits here beside me, has been leading on that for many, many, many years.

00:24:15
With particular reference to the US, I think in this case the United States of America deserves huge credit for having maintained and sustained its public health capacities, lab capacities, supporting countries when most other countries did not regard this as a threat.

I think it’s churlish that responsible governments who have continued to invest in surveillance of a disease now that we’re facing and we have a lot of uncertainties and a lot of things we need to understand. Again, the US government, its scientists across many different agencies deserve huge credit for having sustained their scientific interest in this disease because much of the knowledge we have has come from US investments in understanding this disease, and to associate this with some form of spreading of disease or bioterrorism is quite frankly the worst kind of disinformation.

It is the worst kind of disinformation. So, I’d just like to commend our colleagues in the United States for the work they’ve continued to do, which is now a great benefit to everyone as we try to understand this disease at an even deeper level.

FC Sorry, I have a mic problem. Thank you. I would like to give the floor to Dr Swaminathan, who had something to add. Dr Swaminathan, you have the floor.

SS Thank you, Fadéla. I just wanted to add. I don’t know if you’re getting an echo. I wanted to add to what Gabby was saying, particularly about our work with the tech companies and this has really advanced in the last two years since the COVID pandemic began.

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We work with a number of tech companies and partners, especially the ones who have social media platforms, because we recognise that a number of people get their information from social media. And the way that we have worked with them is for them to highlight some of what they see as misinformation or disinformation but also to flag to us some of the questions that people are asking on these social media platforms, and sometimes these questions are being answered by people who are giving the wrong information.

Therefore, our effort is two-pronged. One is to make sure that there’s much more credible information out there. So, it’s the responsibility of agencies like WHO but also public health agencies and scientists and public health officials to actually be proactive in providing more of the right information that’s based on data and science.

So, we are now setting up something that we call a claims platform that will have a number of engagements with Meta, that’s Facebook, with Instagram, with Twitter, with YouTube, and many social media platforms who will flag to us the kind of claims or the kind of questions that they are seeing and we will then respond through the scientists that we have access to, both within WHO
but perhaps from outside WHO, and provide the best possible evidence at that point of time, given that in many situations the evidence is evolving.

**00:27:47**
That’s, again, something that we need to make the public understand that just because from week-to-week the information that we give changes, it only means that as we learn more we can provide more details. And we always have to recognise that when you’re dealing with something new or even something that’s not new but maybe presenting in a new way or in a new environment, then we have to do the data collection and the research before we can make definitive statements.

So, we’re doing that. We’re also working on developing a platform that will be more Member State-facing. It will be engaging with countries so that governments can also monitor what their citizens are talking about. What are the topics that are on the top of mind in conversations that people are having, the questions that people have.

Again, this will help both to address the gaps in knowledge but also to flag some disinformation that maybe circulating that needs to be addressed very proactively by the public health agencies of that country. Thank you.

FC Thank you, Dr Swaminathan. I would like now to invite Donato Mancini, from Financial Times, to ask the next question. Donato, you have the floor.

DM Hi. I hope you can hear me. On monkeypox, given that it’s likely it has been spreading undetected for a while, are we too far gone in this outbreak to contain it and eradicate it where it does not normally circulate? Have any deaths been reported among the cases reported to you so far? And what is the fatality rate projected and obviously seen, with the cases reported to you so far? Thank you.

**00:29:44**
FC Thank you. Dr Lewis?

RL Thank you very much. The fact that this virus has appeared in Europe in a large number of cases, an increasing number of cases, is clearly cause for some concern and it does suggest that there may have been undetected transmission for a while.

What we don’t know is how long that may have been. We don’t know if it is weeks, months or possibly a couple of years. It really is something that needs to be ascertained through deeper investigation of the initial cases that were reported and outbreak investigation of the clusters from which these cases arose. So, we don’t really know whether it is too late to contain.

What WHO and all Member States are certainly trying to do is to prevent onward spread. So, it’s really important that we collectively all work together to prevent onward spread through contact tracing, outbreak investigation, isolation for people who have diagnosis of monkeypox and symptoms. It’s not too late to do that kind of really basic public health work. It’s really important that we continue to do that.
There have been no deaths reported in the multi-country outbreak that began in May, however we do know that WHO has been monitoring this disease called monkeypox in the African setting for 50 years now and there have been deaths every year.

00:31:19
The disease is also emerging in the African setting. The number of cases being reported from Democratic Republic of the Congo, for example, have been increasing year-on-year. There are a few theories as to why that might be the case. Again, we don’t have all the answers.

One of the theories, of course, is that vaccination against smallpox was stopped in 1980 when smallpox was eradicated worldwide and so the collective immunity in the human population since that time is not what it was at the time of smallpox eradication.

Collectively, anyone under that age of 40 or 50, depending which country you were born in or where you might have received your vaccine against smallpox would not now have that protection from that particular vaccine. This virus is from the same family. Monkeypox is related to smallpox in the sense that the viruses are from the same family.

We are continuing to monitor the situation. There have been deaths in Africa over all these years. There have been almost 70 or 70 deaths reported so far in 2022 from five African countries. So, this is not a disease that is unfamiliar but certainly the new context and how it is spreading is something new and we are monitoring and working with countries, both in the African setting as well as Member States newly affected, to see how to prevent onward spread, to see how to work with the authorities around making countermeasures available.

FC    Dr Ryan?

00:32:55
MR     Just to add to Rosamund’s excellent point. If we look at things like Lassa fever, we’ve seen an upward trend in Lassa fever, again a disease of mammalian origin in Africa. We see the upward trend in Ebola outbreaks. You can count them now almost on a three-monthly basis. We used to have three-five years between Ebola outbreaks at least. Now, it’s lucky if we have three-five months.

There is definitely ecological pressure in the system. Animals are changing their behaviour. Humans are changing their behaviour. The DG spoke earlier about climate stress, drought stress. That is not just changing human behaviour, it’s changing animal behaviour. It’s changing the range of animals. It’s changing food-seeking behaviour and many other things.

What we’re dealing with is a lot ecologic fragility. We’re dealing with the animal/human interface being quite unstable and the number of times that these diseases cross into humans increasing. Then, our ability or, unfortunately, that ability to amplify that disease and move it on within our communities increasing.
Both disease emergence and disease amplification factors have increased and therefore it’s not just in monkeypox. It is in other diseases. These are generally diseases of small mammals. We’ve seen similar with aviation influenza and again that strain at that animal/human interface between us and birds, effectively.

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I think what we’re generally seeing here is this hyperendemicity, as in endemic diseases at small levels becoming more persistent, more frequent and generating more and more outbreaks. I think that that’s a lesson, not just for monkeypox. It comes back to our lack of investment in that animal/human interface, particularly in countries that don’t have the systems in place to do the diagnosis and do the interventions.

There are thousands and thousands of cases of monkeypox every year in Africa and there are deaths every year. Our concern now is real. We have a concern about this disease spreading in Europe but I certainly didn’t hear that same level of concern over the last five or ten years.

So, I think this is a lesson. These diseases will continue to emerge. They will continue to pressure. They will continue to cross the species barrier. The question is are we in a position to collectively respond? Are we in a position to share resources in order to stop onward transmission of these diseases within human communities?

MK  I just wanted to comment on the mortality part of your question related to this and reinforce the messages that Rosamund talked about, about preventing onward transmission. There’s a lot that we could right now with regards to monkeypox in terms of better understanding this virus, better understanding its transmission patterns, better advancing our understanding on diagnostics, therapeutics and vaccines.

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As Mike has just said and as Rosamund has said, this virus has been circulating for decades and there has not been the investment, there has not been the intention. Right now there is, and it’s a sad reality of the world that we live that we now have attention to this.

We will use this right now to advance our understanding and the investment and the financing and the attention that it deserves. But with regards to mortality, in regards to crude case fatality ratio that you see in some of the estimates in our fact sheets, this is in fact quite crude because surveillance is lacking across many countries. There hasn’t been enough investment in that, as well.

This is likely to be an upper bound of that case fatality ratio but we don’t know exactly what the mortality is. With regards to the non-endemic countries, we haven’t had any deaths reported to date but what we are seeing in some countries, as Rosamund said and as the DG has said, more than 550 confirmed cases across 30 countries.

We are asking countries to increase their surveillance, to look for unexplained rash, not only in MSM communities but also people presenting to emergency departments and dermatology clinics and emergency departments, to see
what the extent of the circulation is. While we have not seen deaths reported yet, we have not also seen monkeypox circulate in vulnerable populations in the non-endemic countries, so pregnant women, for example, or children.

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What we want to ensure is that we take steps to prevent onward transmission so that we don’t see this virus entrenched in communities across Europe, across the Americas, across the Western Pacific, across the Eastern Mediterranean region because if we do that, then we will see this virus enter into vulnerable populations and that may change our perception, our understanding, what we are seeing in terms of severity.

So, there’s a lot that we can do right now. There’s a lot that we can do with public health measures by increasing awareness, making sure people understand what monkeypox is, what it isn’t, in a non-stigmatising way. What are the facts? What can we say about this? How can we better prepare ourselves to detect? How can we ensure that people who are infected with monkeypox know how they can get the right clinical care and how they can prevent the onward spread.

We’re not telling people to stop living their lives. We just want to make sure that they have information, so that they know what they need to do to keep themselves safe and to prevent onward transmission. There’s a lot we could do with regards to contact tracing, with supported isolation and we will continue to work on that throughout the course of this, but we also have to have as much attention, if not more, in countries where this virus is endemic and we will be working very hard to advance this.

Tomorrow and Thursday we have an R&D meeting for monkeypox, which is being organised. You can register for this and anyone can attend, but this is also an opportunity for us to advance our understanding in terms of what research needs to be done to understand why we’re seeing re-emergence. What are we doing to develop further antivirals, further therapeutics, further vaccines? So, please join that help us advance this disease.

00:38:49
FC Thank you. We shared with the global media list, the details about this webinar to happen tomorrow and after tomorrow. Thank you. Now, I would like to give the floor to Nina Larson, from Agence France-Press. Nina, you have the floor.

NL Thank you for taking my question. Just a follow-up on that. I was wondering if you are worried that monkeypox could develop into a new pandemic, if that’s something that you’re looking at.

On the misinformation part that we were discussing earlier, there’s been a lot of misinformation, disinformation around the pandemic preparedness accord that is up for negotiation. Are you worried that could impact the negotiations, themselves? If you could just say something about that and what you expect from next week’s talks. Thank you.

FC Thank you, Nina. Dr Lewis will take the first part of your question.
Thanks very much. What we are seeing is an outbreak. We’re seeing cases in countries that have not had them before, in many countries that have not had them before. This is an outbreak. We have 500 cases so far, more than 500 cases. We do expect to see more because people who have been infected in the last few weeks may have continued to transmit during the period of time when they didn’t know what they had, when they had not had an opportunity to have a diagnosis, when this spread had not been detected yet.

It’s critically important for countries to support the health services to really rapidly share information with those that need to have it and to stop the onward transmission from the cases. Right now, this is an outbreak and outbreaks can be stopped. So, that’s our effort right now, is to stop forward transmission of this outbreak and also to support the countries in Africa that live with disease day in and day out.

Thank you, Dr Lewis. Nina, let me come back to you with an answer for your second question. Now, I would like to give the floor to Daniel Payne, from Politico. Daniel, can you hear me?

Yes. Thank you so much for taking my question and for holding this briefing. On Friday there was a discussion about getting countries to agree to share what they have to deal with monkeypox, whether that’s smallpox vaccinations, monkeypox vaccinations and other supplies.

So, I’m just wondering what the state of play is there and particularly if the smallpox emergency stockpile is going to be used or those agreements with Member States have been discussed and if any countries have already committed to share things with that stockpile. Thank you.

Thank you. Dr Lewis?

Let’s talk a little about the vaccine reserves that WHO has and that some countries do also have. This vaccine reserve was established in 1980 at the time of the eradication of smallpox. It was done at the request of the World Health Assembly.

The reserves consist of vaccine that was used at that time. This is a vaccine that remains extremely stable under cold conditions, under frozen conditions. A number of countries have maintained their reserves because the world has deemed it desirable to maintain a certain level of preparedness in the event of re-emergence of smallpox, which could be through a natural occurrence, through an accident or through a deliberate event. So, countries are prepared and WHO has participated in that preparedness.

Having said that, most of the vaccines in these reserves are, in fact, what we call first generation vaccines, so they are from the eradication era. They don’t, at the present time, meet the standards that we have today and, as Dr Ryan alluded to, there have been decades of research in preparing, developing new vaccines and treatments for smallpox essentially. But, as we said, monkeypox is a related virus and a related medical condition.
Now, the question is coming up, are these products available? Are these new vaccines and treatments available? And the answer is while they have been, to some extent, approved for smallpox and in a couple of cases also approved by stringent regulatory authorities, by licensing bodies for monkeypox, however these remain new products and they remain in very limited supply. So, WHO is working with countries and with the industry, commercial sector to see what we can do going forward to strengthen both access to these products.

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Having said that, again this is a situation that WHO is not recommending mass vaccination. There is no need for mass vaccination. We’re talking about an outbreak. At the moment, what is described is an outbreak in a specific community which does engage in travel and contact, physical contact where transmission can occur, where spread can occur.

So, the important thing is reaching those communities with the right information on how to protect themselves and how to protect each other and how to prevent onward spread of the condition that they may have just recently discovered or learned that they have.

Right now, our advisory group on immunisation and vaccines for monkeypox has been discussing on a couple of occasions and reviewing interim guidance that will come out shortly, and that interim guidance really focuses on very targeted vaccination around folks who need it. That is contacts of persons who have monkeypox, and very limited, where possible, preventive measures for health workers, for example.

As Maria said, our intention is to also protect health workers, so health workers who may be coming into contact with cases of monkeypox in selected clinical settings such as emergency rooms, primary healthcare, sexual health services, dermatology clinics and so on. They may need access to these products as they become available, as they come online. I just need to repeat that at the moment that supply is limited and we are working with our Member States and industry to enhance production and supply. Thank you.

00:45:25
FC Thank you, Dr Lewis. Now, I would like to invite Elaine Fletcher, from Health Policy Watch, to ask the next question. Elaine, you have the floor.

EF Hi. Thank you very much for taking my question. In reflection on Dr Ryan’s very eloquent remarks about ecosystem pressures that may be driving the circulation of this disease, is there any plan by WHO to do a report, perhaps earlier rather than later, on the origins, the ecosystem and zoonotic origins of monkeypox, so that we could put some of the misconceptions to rest and also call clear attention to the drivers of this pandemic up-source?

Secondly, in relation to the pandemic treaty or convention or other international instrument that we’re talking about, I got an email today from a group, Wildlife Conservation Society, claiming that it’s impossible to interact with the Intergovernmental Negotiating Board or the WHO because they are not recognised in official relations with WHO, so they don’t have the kind of observer status that health groups have.
I’m just wondering whether this is a moment when perhaps that observer status needs to be expanded to conservation groups in order to really get to these One Health questions with people that have more knowledge of them than the traditional health organisations who are going to deal with the treatments but not the actual divers. Thank you for taking my question.

00:47:00

FC    Dr Ryan?

MR    Rosamund may wish to add but there has been and continues to be research in the field around monkeypox but that research has not been enough. It has been underfunded. The countries have not been resourced in order to do that, and we need to invest more, certainly understanding that and other diseases in that context. Certainly, there is going to be a research and development blueprint meeting. Is it this week or next, Rosamund?

RL    Tomorrow.

MR    This week, which will bring together researchers, not just around the issue of vaccines or the issue of the outbreak, as we see it now in Europe, but specifically also around the upstream parts of this and the origins. But, in this case, we know that the disease is endemic in a number of countries.

We have knowledge of how that disease transmits to humans but the issue is finding interventions that work at the community level. How are we going to break that animal/human species barrier in a way that protects humans from the disease and we just better need to understand the ecology there? So, investing in that is very important.

In terms of the NGOs and others who need to contribute on the international treaty, I think the INB and WHO have opened important dialogues outside. In fact, I think there is an open dialogue with WHO coming up again, the second one. All organisations, down to the individual citizen, are absolutely encouraged to provide submissions to the INB around what they think should be in the treaty, what they think shouldn’t be in the treaty.

00:48:42

This is one of the most open processes that WHO has ever had and I think any advice we have from NGOs and others, and Tedros has said this before, any advice we can have from civil society on how better to engage, how to bring more people into this.

This is a problem like climate change that affects every citizen on the planet and it’s really, really important that the Member States, as they go through the process or prioritising what should be in this treaty and negotiating this treaty, that they have that dialogue, they have that input, and they have that constant conversation with society, with NGOs and with others. Dr Tedros has been very clear on that in his discussions with the Member States and in his discussions with the Intergovernmental Negotiating Body.

You did mention earlier the issue of misinformation around the accord. I think this is another important issue to clarify. The Intergovernmental Negotiating Body is the body that will take forward the discussions and the agreements around the accord. This is not the WHO Secretariat in Geneva. This is the 194
Member States of WHO, which will include that dialogue with civil society and beyond.

This is not about stealing sovereignty from countries. This is about counties coming together to solve problems together. We’ve seen the climate change, we see with pandemics, there no national solutions to these. We need strong national systems and we need strong national commitments on climate change. We need strong national commitments on preparedness.

But that’s not enough. We need to be able to come together at a global level and make the necessary commitments to do the preparedness, to do the prevention to get ourselves ready and to respond effectively in the next pandemic. That requires a degree of international agreement on how we will behave before and during the next pandemic.

That is the attempt here and it is being led by our Member States, it’s being led by the countries, by national entities and there is no question of any loss of sovereignty or any play by global powers to take over the world. This is not what this is about.

This is about finding the necessary level of agreement to protect all of our communities in the future. We’ve seen the shortcomings, we’ve seen the difficulties we’ve faced in this pandemic. We may face a more severe pandemic in future and we need to be a hell of a lot better prepared than we are now.

That’s going to require countries to work together. We need to establish the rules of that game. We need to establish the playbook for how we’re going to prepare together and how we’re going to respond together. That is not about sovereignty. That’s about responsibility. Thank you.

Thank you, Dr Ryan. I will give the floor to Shoko Koyama, from NHK, and it will be the last question for today. You have the floor.

Thank you, Fadéla.

Shoko?

Yes. Can you hear me?

Very well. Go ahead, please.

Thank you. Regarding the COVID situation in the DPRK, I wonder if the WHO hasn’t yet received any report or updates from the authorities. I’m asking because, according to your dashboard, it is still zero confirmed cases. How does the WHO plan to support the citizens there? Thank you.

Thank you, Shoko. Dr Van Kerkhove will answer this question.

I will start. What I can say is that the total number of fevered persons, people suspected with COVID-19 is over 3.7 million reported from DPRK. We continue to offer support through our offices on a variety of different ways in which we can help, in terms of diagnostics, in terms of vaccines, in terms of treatments, in terms of PPE and other medical supplies that are necessary.
There are many recoveries that have been reported but there’s limited information that we have from the country currently.

**00:52:44**

MR Can I just add that we’re working off the same information that most of you are out there. This is not any privileged information. We have real issues in getting access to raw data and to the actual situation on the ground. We are triangulating, like everybody else.

We have offered assistance on multiple occasions. We have offered vaccines on three separate occasions. We continue to offer vaccines. We continue to offer supplies. We are working with neighbouring countries like China and the Republic of Korea. We see a very positive attitude towards trying to deal with this.

This is a collective problem. We do not wish to see intense transmission of this disease in a mainly susceptible population, in a health system that is already weakened. This is not good for the people of DPRK. This is not good for the region. This is not good for the world.

So, we really would appeal for a more open approach so we can come to the assistance of DPRK because, right now, we are not in a position to make an adequate risk assessment of the situation on the ground. We assume that situation is getting worse, not better, but again it is very, very difficult to provide a proper analysis to the world when we don’t have access to the necessary data.

FC Thank you. We are coming to an end of this press conference. I would like to hand over to Dr Tedros for any final comments. Over to you, Dr Tedros.

TAG Thank you. Thank you, Fadéla. Thank you to all members of the press for joining us today and see you next time. Bye-bye.

**00:54:25**