

Global Health Issues

Virtual Press Conference 21 June 2023

Speaker key:

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TAG	Dr Tedros Adhanom Ghebreyesus
MR	Dr Mike Ryan
RG	Dr Rogério Gaspar
FB	Dr Francesco Branca
LS	Laurent Sierro
BG	Belisa Godinho
PA	Paul Adepoju
JR	Jennifer Rigby
KC	Kerry Cullinan

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FC Hello, all. I am Fadéla Chaib speaking to you from the WHO headquarters, in Geneva, and welcoming you to our press conference on global health issues today, Wednesday, 21st June. Let me introduce to you our panelists present in the room.

We have present in the room Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Dr Mike Ryan, Executive Director for WHO's Emergencies Programme. We have Dr Olivier le Polain, Incident Manager for Sudan. We have Dr Francesco Branca, Director for Nutrition and Food Safety. We have also Dr Rogério Gaspar, Director, Regulation and Prequalification.

We have Dr Gaya Gamhewage, WHO Director, Prevention of and Response to Sexual Misconduct. We have also present with us Dr Bente Mikkelsen. Bente is Director of Noncommunicable Diseases. And we have also Dr Teresa Zakaria, who is a Technical Officer in the Department of Health Emergencies, Humanitarian Intervention. With this, I would like to give the floor to Dr Tedros for his opening remarks. DG, you have the floor.

TAG Thank you. Thank you, Fadéla. Good morning, good afternoon and good evening. First to Barbados, where last week I had the honour to join leaders from Small Island Developing States in Barbados and agreed the 2023 Bridgetown Declaration on Noncommunicable Diseases and Mental Health.

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Noncommunicable diseases such as cardiovascular disease, cancer and diabetes are responsible for more than 70% of all deaths globally. Nowhere is the threat of NCDs felt more acutely than in small island states.

A new WHO report shows that eight of the 15 countries with more than a 30% risk of premature death from cardiovascular disease, cancer, diabetes or chronic respiratory disease are small island countries. And the ten countries with the highest obesity rates globally are all small islands in the Pacific, where over 45% of adults live with obesity. Mental health conditions are also common in small island states.

The threat of NCDs is exacerbated by the climate crisis. Small island states represent 1% of the world's population and economy and emit less than 1% of greenhouse gases but are disproportionately and severely affected by climate change and natural disasters. We cannot afford to ignore the crippling impact of these colliding threats.

The Bridgetown Declaration is a collective call on all countries to support small island states to address the impact of NCDs and mental health, and it's my call to all leaders and partners to extend their support to them.

One of the main risk factors for NCDs is poor nutrition, especially in the earliest stages of life. Inadequate breastfeeding increases the risk of childhood obesity, sudden unexplained infant death, leukaemia and maternal diabetes and cancers.

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WHO recommends exclusive breastfeeding for the first six months of life and continued breastfeeding for two years or beyond. In the decades following the Second World War, aggressive marketing of breastmilk substitutes led to significant reductions in rates of exclusive breastfeeding.

To respond to this threat, in 1981 WHO Member States adopted the International Code of Marketing of Breast-milk Substitutes. The code helps to protect health, nutrition and development in the first years of life so that parents and caregivers receive sound medical advice untainted by commercial interests.

Since the code was introduced more than 40 years ago, there has been clear progress. Over 70% of countries have enacted legislation that puts in place at least some of the code's provisions. In the past decade, the prevalence of exclusive breastfeeding has increased globally by ten percentage points, reaching 48% of children under six months, the highest level since we started measuring it in the 1980s.

But many challenges remain. Little progress has been made in high-income countries, where the code has not been made into effective legislation and, as

a result, exclusive breastfeeding rates are stagnating. Manufacturers of breastmilk substitutes are also using increasingly sophisticated marketing tactics, including targeted ads on pregnant mothers' mobile phones, clandestine participation in online baby clubs or coaxing mothers to market formula to one another.

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Yesterday, experts from around the world met here, at WHO headquarters in Geneva, for the first Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes. The meeting is bringing together delegates from around 130 countries to discuss how to strengthen legislation to counteract industry tactics and give more children the best start to life.

Now to Sudan where two months of violence have severely impacted the delivery of health services, leaving 11 million people in need of health assistance. About two thirds of health facilities in affected areas are out of service. Repeated attacks on health facilities, medical warehouses, ambulances and health workers are preventing patients and health workers from reaching hospitals.

WHO has verified 46 attacks on health care since the start of the fighting. Critical services have stopped, including for trauma and emergencies, mothers and children, survivors of gender-based violence and malnutrition and noncommunicable diseases.

There are significant challenges in controlling ongoing epidemics of measles, malaria and dengue in Sudan. The risk of epidemics will only increase given the upcoming rainy season, limited access to safe water, population displacement and limited capacity to detect outbreaks early.

Last week, WHO released a new funding appeal requesting US\$150 million to meet increasing health needs of the people affected by violence in Sudan and those who have fled to the neighbouring Central African Republic, Chad, Egypt, Ethiopia and South Sudan.

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I'm deeply concerned for the health and wellbeing of the people of Sudan and WHO is exploring all avenues for providing the support they need but we cannot do it alone. There is an urgent need for solidarity from the international community to enable WHO and our partners to continue providing lifesaving interventions over the next six months.

Finally to Peru, which has declared a state of emergency over its worst recorded outbreak of dengue. Since the beginning of this year, almost 150,000 suspected cases have been reported, more than half of which have been laboratory confirmed.

The number of cases reported so far this year is more than double those reported in the same period last year and more than four times higher than the average of the last five years. Although fewer than 1% of cases are of the life-threatening, severe kind of dengue, these cases are putting a heavy burden on Peru's health system.

In response, WHO is supporting Peru to strengthen vector control, surveillance and clinical management through the training of more than 6,000 health workers. The incidence of dengue has grown dramatically round the world in recent decades, especially in the Americas, which reported 2.8 million cases and 1,280 deaths last year.

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WHO is preparing for the very high probability that 2023 and 2024 will be marked by an El Niño event, which could increase transmission of dengue and other so-called arboviruses such as Zika and chikungunya. The effects of climate change are also fuelling mosquito breeding and the spread of these diseases.

To respond to this threat WHO last year established the Global Arbovirus Initiative, which aims to strengthen the world's ability to prevent, detect and respond to outbreaks of these diseases. Many of the same capacities that countries established for COVID-19 can also be leveraged for dengue and other diseases and many of the actions that can prevent dengue are the same actions that can help to prevent so many other diseases, including climate action. Fadéla, back to you.

FC Thank you, Dr Tedros. I will now open the floor for questions from journalists. As you know, if you want to ask a question, please raise your hand using the Raise Your Hand icon and unmute yourself. I will start by inviting our first journalist, Laurent Sierro, from the Swiss News Agency. Laurent, you have the floor.

LS Thank you, Fadéla, for taking my question. This is a question for Dr Tedros. The Swiss President, Alain Berset, just announced a few hours ago that after 12 years as Swiss Minister of Health he will not seek an additional term within the Swiss government after the Swiss federal election in a few months.

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As you've worked a lot with him since you became DG of WHO and you've repeatedly called him a friend, do you have a few words for him after this announcement? And in connection with that, what's the latest about the global pathogen repository which was agreed with and is hosted by Switzerland? Thank you.

FC Thank you, Laurent. Dr Tedros.

TAG I think we can start from the BioHub maybe, then reverse. I will come after that.

MR I don't know if we have Dr Briand online? No. Okay. We can provide more details later. First of all, we'd like to thank the Swiss government for working so closely with us in creating the pilot phase of the BioHub project. This project is really to look at how WHO can facilitate the transfer of biologic material between countries for the purposes of research, sequencing, the development of projects, etc., and create a very transparent and secure means by which countries can exchange material.

The pilot involves a number of countries. Materials are being taken in, processed and then redistributed to laboratories under material transfer agreements. The process is working extremely well but it's at a very low scale and we'll be reporting back to the Member States in the coming months and briefing them on progress.

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Our Member States are very keen to understand how we progress with this. It's not going to be a single solution for the transfer of all clinical material around the world. Clinical material is exchanged all the time between labs around the world for all kinds of purposes, development of drugs, development of vaccines and other things.

The BioHub's main purpose is to provide a one-stop shop for the urgent transfer of material between countries in a transparent and dedicated framework that would allow WHO to underwrite and underpin a process by which governments can be assured that by transferring material into this system, that they retain their basic rights of ownership and access to that material. Thank you.

TAG Thank you. Thank you, Mike. On my good friend Alain Berset, as you have said, he is my good friend since not only after I assumed my position as Director-General of WHO but I have known him when I was Minister in my country, Ethiopia. We have known each other for a long time but, of course, it's after I became the Director-General that we have become even closer.

He has been supporting WHO since I joined very, very seriously and, as you know, as part of our transformation, for instance, we have started many initiatives including, one is the BioHub you said, the WHO Foundation, WHO Academy, and his support has been very, very significant for the success of these initiatives.

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WHO has expanded significantly in the last five years compared to even the previous several decades with very important and game-changing initiatives, and his contribution has been instrumental in helping us succeed in those initiatives. Also, we have partnered on many other areas including our bilateral, in terms of collaboration, for instance, on the Health and Peace Initiative. He has been a lead, actually, on that and also other important initiatives.

I've found him to be very supportive, not only as a person, as a minister of health but also as a head of state. So, I wish him all the best and I hope that, since he is a very senior and seasoned person in the areas of health and even beyond, I believe even if he is not an official in government he will continue to work with us and he will continue to support us and look forward to also working with him in another capacity. But I wish him all the very best in the next chapter of his life to my good friend. I think that is all I would like to say. Fadéla, back to you.

FC Thank you. Now, I would like to invite Belisa Godinho, from W Magazine, to ask the next question. Belisa, you have the floor.

BG Hi. Thank you very much for taking my question. Today is the International Day of Yoga and I would like to know if WHO would advise yoga, Ayurveda and natural projects to promote health and how does it do it? Thank you.

00:18:45

TAG Can you repeat the question?

FC It's International Day of Yoga today and we issued a press release today about this, a feature story that we will be happy to send you if you don't receive it, Belisa.

We will make sure you have an interview with one of our experts in this area of work but, yes, we very much promote yoga as a discipline in our life. But I will be happy to send you this feature story, very nice one, that we posted also on our website today. Now, I would like to invite a reporter from Nature, Paul Adepoju, to ask the next question. Paul, can you hear me?

PA Yes, I can hear you. Thank you very much. My first question has to do with the issue of health workers. During the COVID-19 pandemic attention was drawn to local environments. We've seen the WHO supporting countries to improve their health care work, health care systems, but brain drain has not stopped in many countries and considering there is a global shortage this is not expected to stop any time soon.

WHO has concrete plans of several of those issues but I would like to know what is the latest regarding WHO's strategy towards reducing or tackling brain drain as an issue, especially in developing countries where health workers are inadequate but they do not have a competitive edge to retain health workers. Thank you very much.

FC It's a good and interesting question. I'm looking around. Dr Tedros, you have the floor.

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TAG Thank you. I think human capital or health workforce is central to the health system, as you have rightly said, and investment in health workforce is crucial but as you know we're facing many challenges, as you have said. For instance, migration of health workers from low and middle-income countries to high-income countries because the high-income countries can afford to pay higher, what we call actually, to be honest, poaching, and many countries are suffering.

I was in Barbados last week and Trinidad and Tobago and not only the two countries, ministers or officials from the two countries, but I have met ministers from other countries from the Caribbean and Pacific, and especially the Caribbean and Pacific are being hurt significantly because many of the workers that are being hired by high-income countries, especially nurses from these islands, and this is a problem almost shared by all small island countries.

But I'm not saying the problem is limited to them. Many other developing and middle-income countries, low and middle-income countries are also affected. But, in addition to this, there is also because of COVID, as you know, a burn-

out and stress that really forced many health workers to leave the health sector because of health problems and because of all the stress. That has also contributed to the decline in the workforce in many countries.

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And the solution is, one, I think countries should respect the code. Of course, migration cannot be prevented or cannot be stopped but the mechanism of migration should be followed between the origin and the destination countries. And, especially, there are 55 countries which are seriously affected and the receiving end or the destination countries should really respect the code when they recruit people from the 55 countries.

The second strategy, which is the strategic solution, is to train more but, as you know, the low and middle-income countries do not have the resources to train more. So, we call on high-income countries to contribute in the training of more health workers and that could actually, in the long term, address the systemic problem and address the ten million gaps that we face.

So, it's a combination of the respect of code of conduct. What we are doing are two things. One is the code of conduct, respecting that, and second is addressing the problem at the root, meaning training more health and care workers. Of course, the third part that needs to be considered is supporting the health workers that are serving now but providing the incentives that they need and deserve.

We shouldn't also forget about those health workers who are working and giving them the necessary incentives. So, thank you so much but if there is more detail needed, we can also provide more information. Fadéla.

FC Thank you. Dr Ryan.

00:25:18

MR Just one addition. Dr Tedros, during the World Health Assembly with Karl Lauterbach, the Minister of Health for Germany, and working with the Gates Foundation, launched the Health Emergency Corps, which is an initiative to bring together rapid response and search mechanisms around the world to enhance the capacity of national systems to react to local events, regional and global systems to react to national events, by providing standardised, rapidly deployable surge capacity in the areas of investigation, containment, clinical care, logistics and other areas.

It's an initiative that brings together our partners in the Global Outbreak Alert and Response Network, the emergency medical teams movement, the health cluster, the International Association of Public Health Institutes, the training networks for epidemiology and labs around the world.

This is not a replacement of existing fantastic networks but it seeks to bring together those initiatives to create national response mechanisms and create a situation where South-South cooperation, North-North cooperation can occur, where neighbouring countries can provide surge assets to neighbours with standards created by WHO and the partners and underwritten by the kinds of training and equipment that will be needed to effect a more effective response.

So, that's only a very small piece of what Dr Tedros laid out there as the bigger issue when it comes to health workforce, which is the main issue, but on this particular area I believe we are poised to make a big step forward in generating the kind of reliable, rapid and competent response mechanisms that will allow the best of the best to respond at local, national and at global levels in the future. Thank you.

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FC Thank you very much. I would like now to invite Jennifer Rigby, from Reuters, to ask the next question. Jen, you have the floor.

JR Hello. Thank you for taking my question. It's about contaminated cough syrups. We had a story yesterday that Gambia was requiring checks on all pharmaceutical products from India before they're shipped. Does WHO recommend other countries do this? Then, also what is WHO's advice for parents who want to give cough syrups to their children at the moment?

FC Thank you, Jen. Dr Rogerio.

RG I'll try to address from the regulatory perspective, part of the question. In terms of the quality control and the norms to be implemented to import the medicines, as you know, this is part of the national regulatory standards that are established by the national regulatory authorities. So, any measure taken by a sovereign country in that respect is a legitimate and sovereign decision. There are some regional agreements that waive that control in terms of bringing reliance mechanisms in several parts of the world.

The second part about the recommendation of use of the syrups, again this is a national norm in terms of the national health systems. WHO is not recommending or advising not to use cough syrups in the specific situations but again this is a national norm to be implemented by the ministers of health. Thank you.

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FC Thank you so much. We have a reporter from Health Policy Watch, Kerry Cullinan. Kerry, can you hear me? Please, take the floor and ask your question.

KC Thank you, Fadéla. There was a proposal in a Lancet series last year that the marketing of baby milk formula should not be allowed, so sales would be allowed but marketing not, much as applies to tobacco products. Is that something that WHO would support? Also, the sneaky marketing measures that Dr Tedros mentioned in opening, are those in violation of the current code? Thank you.

FC Thank you so much. Dr Branca will take this question.

FB Thank you very much for the question. Indeed, the Code of Marketing of Breast-milk Substitutes that was launched in 1981 indicates that marketing of infant formula shouldn't be done. Subsequent resolutions since then have identified the different forms of marketing that should be discouraged through national legislation.

It is indeed up to the countries to decide how to legislate. We now have a majority of countries, 74% of the countries, who have some forms of

legislation that comply with the code. We only have 32 countries, however, that are fully compliant and many countries are still working on the update of their legislation.

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The countries who have legislated more recently are taking into account the new forms of marketing that Dr Tedros was mentioning in his intervention, such as forms of digital marketing or the use of nutrition and health claims or even the donations and the support to health professional societies.

So, definitely WHO recommends to consider these new forms and to have much greater and stricter legislation because we have seen that that is associated with increased rates of breastfeeding. Countries in South Asia, Africa, are the ones who are producing legislation which is closest to the implementation of the code. Unfortunately, high-income countries are the ones that have less legislation in place and as a consequence the lowest rates of exclusive breastfeeding in children under six months.

FC Thank you so much, Dr Branca. This was the last question. We will come to the end of our press briefing. Thank you very much for your participation. We will be sending you the audio file and the DG remarks as soon as we can. The full transcript will be available on our website tomorrow.

If you have any follow-up question on yoga or other issues, please reach out to the media team of WHO. We will be happy to assist you. Now, I would like to hand over to Dr Tedros for his closing remarks. Thank you so much and see you next time. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Fadéla. Thank you to all members of the press corps for joining us and see you next time.

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