World Health Organization

Virtual press conference on global health issues transcript - 2 June 2023

5 June 2023 | Press briefing transcript

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Overview

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MH Hello, everybody. This is Margaret Harris in World Health Organization headquarters, Geneva, welcoming you to our global press briefing on current health issues today, 2nd June 2023. As usual, we will start with opening remarks from our Director-General, Dr Tedros Adhanom Ghebreyesus. I will then open the floor to questions and our panel of technical experts, both here in the room and online, will be available to answer all your questions.

Just to let you know who is in the room. In the room we have Dr Tedros, in the middle. To Dr Tedros' right we have Dr Michael Ryan, Executive Director of our Health Emergencies Programme. Next to Dr Ryan is Dr Olivier le

Polain, the Incident Manager for the Sudan response. Around the corner, next to Dr Polain, is Dr Catharina Boehme, our Assistant Director-General for External Relations.

To Dr Tedros' left we have Dr Maria Van Kerkhove, our Technical Lead for COVID-19. And next to Dr Van Kerkhove we have Dr Abdirahman Mahamud, who is the Director for Alert and Response Coordination Department of our Health Emergencies Programme. We also have a large panel of experts online and we will call on them as your questions require specific technical answers. But now, without further ado, I'll hand the floor to Dr Tedros. Dr Tedros, you have the floor.

00:02:28

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Over the past two weeks, health leaders from around the world gathered in Geneva for the annual World Health Assembly. There were many significant resolutions and decisions taken on the vast array of issues on which WHO works.

This includes behavioural sciences, best buys for noncommunicable diseases, diagnostics, disabilities, drowning prevention, emergency, critical and operative care, food micronutrients, indigenous health, infection prevention and control, maternal and child health, medical oxygen, primary health care, refugee and migrant health, rehabilitation, traditional medicine, WHO’s work on emergencies, and much more.

The approval of the budget for 2024-25, including the 20% increase in assessed contributions and support for an investment round, are landmark agreements in our shared efforts towards a stronger, more effective and

empowered WHO, and the year ahead offers several opportunities to make further progress.

In particular, the high-level meetings in September on universal health coverage, tuberculosis and pandemic preparedness and response at the UN General Assembly are major opportunities to catalyse political commitment. Likewise, the continuing negotiations on the pandemic accord and amendments to the International Health Regulations are an unprecedented opportunity for us all to learn from the successes and failures of the response to the COVID-19 pandemic.

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There are several key points worth repeating to avoid misconceptions. First, this accord is a generational opportunity that we must seize. We are the generation that lived through the COVID-19 pandemic, so we must be the generation that learns the lessons it taught us and makes the changes to keep future generations safer.

Second, the two processes are negotiated by Member States for Member States and will, if enacted, be implemented in Member States in accordance with their own national laws. Third, all Member States will retain their own sovereignty to set their own domestic health policies.

The idea that this accord or the amended International Health Regulations will cede sovereignty to WHO is simply bogus and, as I've said many times, fake news. WHO will not gain any power to override domestic policy decisions. Nor would we want to.

I know the journalists listening to this briefing are largely health and science journalists who have a deeper understanding of health and understand how an accord can help bolster our collective pandemic

defences.

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So, I ask you to keep following the facts about these two processes, to dispel myths and to inform your colleagues on the news and editorial desks so there is accurate reporting. These processes represent a serious commitment from all 194 WHO Member States towards their populations and we cannot let mis- and disinformation jeopardise them.

Next to some good news on the outbreaks of Marburg virus disease in Equatorial Guinea and Tanzania. Today, Tanzania declared its outbreak over, 42 days after the last patient tested negative for the second time. The outbreak in Equatorial Guinea is also expected to be declared over next week, if no further cases are detected. WHO will continue to support both countries to strengthen their outbreak prevention and preparedness activities.

Now, to the greater Horn of Africa, which faces a deepening hunger and health crisis. The region comprises seven countries, Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda, and is already in the midst of the worst drought on record.

In the first half of this year, heavy downpours on the baked earth have caused flash floods in parts of Ethiopia, Kenya and Somalia and displaced thousands of people. Floods increase the risk of water and mosquito-borne diseases in a region already impacted by malaria, cholera and other infectious diseases. 53 million people, one in six, are facing crisis levels of hunger.

WHO and our partners are on the ground, ensuring access to basic health services, providing treatment to severely malnourished children, and helping countries detect, prevent and respond to disease outbreaks but a lack of resources is hindering our response.

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Under our Health Emergency Appeal for 2023, WHO is asking for US$178 million to enable us to deliver urgently needed, life-saving medical aid. We face critical funding gaps, and we urge donors to be generous.

In Sudan the situation has been compounded by violence. Fighting, which started on 15th April, is continuing for a seventh week. People are dying because they can't access hospitals and receive the care they need to treat injuries or the medicines they need to treat chronic diseases, such as diabetes or hypertension.

Women cannot safely deliver their babies and children are dying of malnutrition and dehydration. With the upcoming rainy season, there is an increased risk of outbreaks of waterborne and mosquito-borne diseases which could pose significant health issues. Since the beginning of the conflict over 1.6 million people have been displaced, both internally and to neighbouring countries.

WHO is working closely with health authorities in neighbouring countries to provide care to refugees. Health workers, supplies and facilities continue to be targeted. Since the fighting started, WHO has verified 46 attacks on health care leading to eight deaths and 18 injuries. 16 of these attacks took place after the signing of the Jeddah declaration to protect civilians on 11th May. This is unacceptable.

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Along with other humanitarian agencies, WHO has worked to accelerate the distribution of life-saving medical supplies. We have sent a total of 170 metric tons of medical supplies, including for trauma and injuries, chronic and infectious diseases by air, land and sea.

However, limited access and insecurity continue to hamper our efforts to get these supplies to where they can be used to save lives. We urge all parties in Sudan to resume ceasefire negotiations, stop the fighting, withdraw from health facilities, protect health workers and support the delivery of lifesaving supplies.

Finally, the 4th Health for All Film Festival will have its award ceremony on Tuesday, 6th June. The Health for All Film Festival brings a human face to WHO's scientific work. Listening to the voices of people affected by health issues is a powerful way to raise awareness and improve our understanding of people's experiences.

I congratulate in advance the winners and my thanks to the distinguished members of the jury. The awards ceremony will be webcast on the WHO website and we invite everyone to join. Margaret, back to you.

MH Thank you very much, Dr Tedros. I will now open the floor for question and answers. We actually have a lot of you online, despite it being a Friday afternoon, and a lot of hands up already, so I ask you to keep your questions short and crisp. The first question will go to Jérémie Lanche, from RFI. Jérémie, please unmute yourself and ask your question.

00:13:21

JL Thank you, Margaret. Good afternoon to everyone. I'd like to ask a question about the Disease Outbreak News that the WHO just posted concerning France. France reported an increase in severe neonatal sepsis

associated with Enterovirus. I would like to know, the risk assessment is considered to be low but how concerned are you by this disease, how unusual it is. And is France the only country that has reported such cases in Europe? Thank you.

MH Thank you, Jérémie. Dr Abdi Mahamud will answer that question and you may have some additions.

AM Thank you for that and thanks, appreciating the French authority for reporting that and for the detailed investigation that was done. Saving lives is very important. Coming back to your question, I think it is very general and I don't want to spend some time explaining different virus groups, but just to reiterate again this is part of Enterovirus.

These are big virus families that can cause, most of the time, asymptomatic effects in everyone but some of them within, particularly this group, the Echovirus-11, as we have seen through COVID and other RNA viruses, more the virus goes through evolution either by recombining itself or by not proofreading the mistakes it does.

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What we have seen right now is a new recombinant form of this. This was a very rare disease that used to happen, but since April now, from July last year until April last year when the French authority reported, nine cases have been reported. It's still a very low number but we need to have better surveillance monitoring all these Enteroviruses. As part of the Polio Eradication Initiative, polio, itself, is another Enterovirus, a lot of countries have only reduced their surveillance.

The main message is we are not worried about it. Of course, it is very sad for what happened for these children, and a lot of early treatment and care needs to happen. The cause of sepsis is widespread and clinician care, timely care, is important.

To reiterate again from ourself, the risk posed by this recombination is still limited but we are calling for increased surveillance. The EU team, ECDC, are working with all the Member States, trying to understand better, since the surveillance has gone down are we missing other cases?

So, we'll keep updating more as we get more information from other Member States within the European Union and from other regions. For now, the numbers remain small but the clinicians and the families have a critical role to play in saving lives.

MH Thank you, Dr Abdi. Dr Ryan will add a few more comments.

MR I think it's important to say the Enterovirus infections are very diverse. They happen all over the world every year and the overwhelming majority of these infections are very mild in most children and most adults. There are a whole range of Enteroviruses. Abdi mentioned Echovirus. There is Coxsackievirus. There are the polioviruses. They are a group of viruses. They a are in a big family of Picornaviridae, I think is how they are lumped together.

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But in this sense, in many ways they are joined by the many ways in which they transmit. In a normal situation they often transmit by the fecal-oral route but for neonates there are other ways in which a neonate can be

infected, either around the time of birth in the birth canal, exposure to blood, exposure to carers in a hospital environment or whatever. And neonates are particularly vulnerable, particularly pre-term neonates.

So, what you have is a vulnerable group being exposed to these viruses and the outcomes for those children can be more severe. But for the vast majority, even of those children, the outcomes are very positive. But there are a small proportion, in this case the Echovirus in France, but in the UK we've had Coxsackievirus as well causing problems of myocarditis.

These viruses target different organs. Some cause encephalitis, some cause myocarditis or infection of the heart. Some can have effects on multiple organs but, again, I think it is important that these are viruses that are natural in our environment. They have been with us for aeons, as polio has been with us for thousands of years.

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But it is important that we keep an eye on them. They do evolve, they do change, and they can replace each other. So, I would like to thank that governments of the United Kingdom and France for maintaining such good surveillance. And this is where genomics and genetics become very important in being able to track viruses. Maria has spoken about this for the last three years.

Our ability to detect these events is getting better and, as such, that's important but there isn't a cause here for heightened fear amongst people. It means the scientists are doing their jobs, they're detecting these events, they're sequencing them, they're looking at the risk.

It is a real tragedy for any family, in this particular case in France, to lose a child at this time after what may have been a very healthy pregnancy, so we should really think about those families and the losses that they have suffered. We owe it to them to understand these viruses more, to understand how they spread, to understand how they cause what they do.

But, again, for the vast majority of people experiencing an infection with an Enterovirus, the outcome is entirely positive and many children don't even know they have these infections.

MH Thank you very much for those answers, Dr Ryan and Dr Mahamud. The next question goes to Belisa Godinho, from W Magazine, Portugal. Belisa, unmute yourself and ask your question, please.

BG Thank you for taking my question. Yesterday, WHO launched a single-source repository on drug dependence information. Does WHO have any plan to control the situation of psychoactive drugs and medicine in the world? Thank you.

00:19:45

MH Thank you, Belisa. We did, indeed. I'm not sure that we have one of those experts online. It's an excellent question. We do? Okay, I'll move to our regulatory people but I don’t think that they were necessarily prepared for this question. Dr Deus would you like to answer that question? If not, we can handle it through Media Inquiries.

DM I will give a preliminary response but I think most of it will need to follow afterwards. In terms of drug dependence, we have a programme, indeed, that is monitoring and facilitating countries in terms of having an appropriate framework for regulation of access but also control of drugs that may result in dependence.

We work together with the UN Programme on Drug Dependence and Control, UNODC, in this respect, first of all to classify what these drugs are, put them in that classification, and then appropriately put measures that can control access to these drugs.

Now, there is a strict balance that needs to happen here. One, because they cause dependence the access must be controlled so that they are not overused, but then there are also circumstances where they are needed to be used in the management of certain conditions. So, there must be also measures to allow their access under controlled and supervised conditions.

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We have guidance on this for Member States and we can always follow up with a specific case, who would like support in putting up and managing these measures. Over, thanks.

MH Thank you very much, Dr Deus. I'll give your proper name. It is Dr Deusdedit Mubangizi, apologies if I've pronounced that incorrectly, and he's our Prequalification Unit Coordinator. And, as I said, if you need more information, Belisa, we'll handle it via Media Inquiries.

The next question goes to Gabriela Sotomayor, from Proceso, Mexico. Gabriela, please unmute yourself and ask your question. Gabriela, we've lost you. We can't hear you, Gabriela. We started hearing you and then you cut out. It looks like we've lost you.

Gabriela, we've got some others on the line, so what we'll do is we'll go to the next question and then we'll move back to you later on. Just maybe you check your line at your end. So, now, the next question goes to Ravi Kanth, from The Wire. Ravi, please unmute yourself and ask your question.

RK Thank you, madam. My question is to the DG about complaints being made by civil society organisations and some governments about the ongoing discussions on privatising several initiatives within WHO. I'm here referring to the A76/32 document.

Why is it that the DG is opting for this at a time when serving the vulnerable populations is his core concern because we all know that privatisation of health has caused major disasters in country after country. Could DG response, please?

00:23:37

MH I should inform that The Wire is a major publication from India. Are you referring to a particular resolution on universal health coverage? I'm sorry it is not completely clear what your specific request is.

RK It is about the A76/32 document, about bringing voluntary funds and trying to throw the doors open because of the resource crunch which the WHO is facing.

MH So, that's financing.

TAG Thank you. Of course, the most important decision by Member States this year was not actually that. Member States have agreed to increased assessed contributions, meaning all Member States to contribute, based on the share they get, to WHO. That's why in my speech I said the 20% increase agreed this year is significant, it's historic and a huge milestone. So, that's where our resources come.

The second will be the investment round which we have also got a signal from our Member States to start, where the other bulk of the funding would come, and this is mainly, again, donor countries. Then, the other part

could be from the private sector but this is not part of the two. For the private sector we do not get involved directly.

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What happens is we have the WHO Foundation, which we have established a few years ago as part of our transformation. The private sector can contribute to WHO Foundation. There is a firewall between the private sector and WHO but the funding we get through that mechanism is very, very minor.

So, I think your concern is really well addressed when we designed the way we mobilise resources and we don't allow any interference by the private sector or any entity and we focus on science and evidence and do our work based on that. But if there is any conflict of interest we have ways to manage that. Thank you and back to you, Margaret.

MH Thank you very much, Dr Tedros. The next question comes from Malaysia, from Su-Lyn, and her outlet is CodeBlue. Su-Lyn, please unmute yourself and ask your question.

SB Thank you, Dr Margaret. My question is on tobacco control and it is for the Director-General. The Malaysian Government recently legalised e-cigarettes and vape with nicotine for taxation purposes and to grow the local vape industry. The Malaysian Government did this without implementing any regulation whatsoever for e-cigarettes.

So, e-cigarettes can be legally sold in Malaysia to children and teenagers and there are no regulations whatsoever on vape advertising or packaging and labelling. Do you consider this to be antithetical to public health?

MH Thank you for that question. I may pass that, first of all, to the Unit Head for Tobacco Control, if Dr Tedros agrees.

00:27:43

TAG We can say something now, I think. First of all, whether it is electronic cigarette, e-cigarette or vaping, it has to be regulated and we ask Member States to do their best to protect their citizens. When the tobacco industry introduced electronic cigarettes and vaping, one narrative they tried to really sell is that this is part of harm reduction.

It's not true. It actually is a trap and a trap meaning kids are being recruited at early age, ten, 11, 12, to do vaping and e-cigarettes because they think that it is cool because it comes in different colours, different flavours and so on. Then, they get hooked for life and most actually move into regular cigarette smoking. That's why it's a trap.

But e-cigarette and vaping, itself, is also harmful. It's harmful. So, because of these two things, I think what we say to all countries is please protect your citizens, especially your children starting vaping and electronic cigarette early. And many adverts are being done, recent studies show, inside or near schools. So, it has to be regulated and it has to be taken seriously. Thank you.

MH Thank you very much, Dr Tedros. Now, we'll move to try Gabriella again. Gabriella, can you try once again to unmute yourself and ask your question? Gabriella Sotomayor.

GS Thank you very much. Hola, Dr Tedros. In Mexico there is a serious crisis due to the lack of medicines. The most worrying shortage today, due to the lack of options, are the medicines to treat schizophrenia, bipolar

disorder and major depressive disorder conditions that, in Mexico, suffer some 4.9 million people.

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The government of Mexico said that the UN Office for Project Services, UNOPS, has worsened the medicine shortages in Mexico. They are accusing UNOPS because the government signed a cooperation agreement in July 2020. I kindly ask for your comments on this worrying situation in Mexico. Thank you so much.

MH Gabriella, that's highly specific to a situation in a country, so I doubt that we would have any comment but Dr Deus may be able to talk about the overall situation with regulation of medicines and management of access. So, Dr Deus, over to you.

DM Thank you very much. Indeed, as you said, that is a specific question and also involving UNOPS where I don't have the detail, but just speaking generally about access, there are many factors that affect access to medicines, starting right away from forecasting, quantification, procurement processes and then timely availability of funding to be able to procure the medicines, and then the logistics for their delivery but also efficient regulatory systems.

So, there are many situations and WHO has many interventions and programmes that work at the different stages of the supply chain. I don't have the specifics and I would like to check on the specific cause in this respect of Mexico and the argument with and role of UNOPS. This, we'll need to cross-check and then come back to you on the specifics. Thank you.

00:32:26

MH Thanks very much, Dr Deus. Gabriella, if you'd like to put your question through Media Inquiries, again we'll make sure that we facilitate those answers for you. The next question goes to Maya Plentz, of The UN Brief. Maya follows UN processes very closely and we've just finished our World Health Assembly, so I'm expecting that's what the question is about, but please go ahead Maya. Unmute yourself and ask your question.

MP Thank you very much. My question is related, actually, to a statement that was issued during the assembly that WHO was cautioning people using ChatGPT for medical diagnostics and other studies and so on using ChatGPT. My question is what specifically do you recommend, is WHO recommending, in that sense? Are you creating a working group or is there working groups that are already working on the issues of new and emerging technologies being promoted and used for doing these studies and looking more closely at the uses and possible misuses of ChatGPT?

MH Thank you, Maya. That is a really excellent question and I know we are doing a lot of work on this. I'm not sure I have the specific experts in the room. I'm just looking around to see but Dr Ryan has got some points to make.

MR I can't speak to the broader issues but certainly we have a lot of ongoing work on the use of artificial intelligence for very positive gains we can make. We're using artificial intelligence to try and detect signals of epidemics around the world, we're using artificial intelligence to look at how people and communities are responding to various different events and trying to understand better what communities are saying, what they're doing and how they're reacting to public health interventions.

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Artificial intelligence I know is being used right now to try and identify and look at virulence factors in viruses with genomic analysis. AI has also been used to identify new small molecules which could be very effective as antivirals or antibiotics. AI can be used to aid diagnostics, to aid radiologic diagnostics, to aid simple clinical diagnostics.

AI is a tool and, as such, is potentially a hugely powerful tool in the future of health. But like all tools, in the wrong hands and without proper regulation and without proper oversight, that tool can be turned to inadvertent bad use or to intentional bad use. So, we are, in my programme, looking at artificial intelligence and biologic risk and how AI and the misuse of biologic agents can come together, and it's a powerful combination, the use of both of those issues and we are looking at that.

I know that the Chief Scientist is leading a process around dual use in the area of dual-use technologies, and we're looking at that in terms of genetics and genomics. AI will fall into that category but I think there is a much bigger discussion to have here.

Certainly, we're all very curious about our health and we're all very curious to find out what may or may not be wrong with us at any one time, and we use various things. We ask our friends. We look at posters. We listen to podcasts. We might ask ChatGPT.

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The most important thing is that if we're concerned about health, we should be going to see our primary health care physician, we should be going and interacting with the health system, and we shouldn’t necessarily be using AI products that are not designed to do that as our health care worker.

But it is reassuring. People use the internet all the time. People are constantly searching for terms around disease. Sometimes, I think we drive ourselves crazy looking on the internet and wondering what we could possibly have based on the symptoms we're feeling at any one time.

That can be very empowering but it also can be very fear-inspiring. But if using tools stimulates people to access health care, that is not a bad thing. We want people to access health care, especially for things that can be treated and prevented.

So, I think this is a huge area. It's an area that is going to require a lot of discussion in the coming months and years and I think it is an area in which WHO has a role to play in convening experts from around the world and in finding ways to ensure that this powerful tool can be used for good and that we can mitigate any of the potential uses of such technology that would act against health.

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MH Thank you very much, Dr Ryan. As I said, Maya, if you need any other stuff, please come through Media Inquiries. We now have a question from India again. This is from Malayala Manorama, a major newspaper in India, and the journalist is Joseph Rubin. Joseph, please unmute yourself and ask your question.

JR My question is about COVID vaccines the sudden surge of heart attacks, even among young people. Do you have any evidence that these deaths are linked to the post-COVID issues or to the COVID vaccines? Do you have any concrete study on this?

MH Thank you, Joseph. That's a very broad question. I think, again, we'd probably refer to Dr Van Kerkhove about vaccines and sudden deaths in young people. Is that your question? Do we have studies on this, causal studies? That's your question?

JR Yes, that is the question.

MH That's your question. Repeat the question please, Joseph.

JR Okay, I will. My question is about the sudden rise of heart attacks and deaths, even among young people. Even India is reporting a lot of such deaths. Is there any evidence that these deaths are linked to the post-COVID issues or with COVID vaccines? Do you have any concrete study on this? That is my question.

MH Thank you. Dr Van Kerkhove will start.

MK Yes, I can start. I think you've put two things into this question. One of the things that we're constantly looking at around the world are any adverse effects related to COVID-19, first of all primarily from infection, and we still are seeing a number of hospitalisations, ICU admissions and deaths due to infection with COVID-19.

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What we do have is ample evidence and studies upon studies of the protective effects of vaccines in preventing hospitalisations, preventing severe disease and preventing deaths, and that is consistent over the last 2.5 years where these vaccines have been in use. So, it really remains critically important that people get vaccinated.

There are registries that follow adverse events following vaccination and that has been put in place since the vaccines have been put in use and that is something that will continuously be studied as these vaccines continue to be used.

But I do want to reiterate that the vaccines that are currently in use around the world are protecting people from dying and they have prevented millions of deaths in the course of the last several years. So, please do get boosted if it's your turn, if you are recommended to get one, particularly if you are in an at-risk group.

This virus is still circulating in every country around the world and we have millions of cases of infections and reinfections that are being reported to us. There are hundreds of thousands of people in hospital every week for COVID-19 and we have thousands of deaths every week.

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The second part of your question, I just wanted to address as well, is post-COVID condition. This is something that we are deeply concerned about and working on with clinicians around the world to better understand post-COVID condition. There are some estimates that suggest that about 6% of symptomatic infections result in post-COVID condition, which affects multiple organs in the body, the lungs, the heart, the brain and really causes significant impairment in individuals.

The good news that we understand is that most people will recover after about a year, but that's a very long time of causing very harmful effects in individuals. So, this is something we are working on to make sure that post-

COVID condition is recognised, and this is coming from infection with this virus, making sure that it is recognised, making sure that there are treatments and there is good rehabilitation.

The other thing that we are looking at is the impact of repeat infections of individuals over time. We are in the fourth year of this pandemic and the virus is circulating and people are getting reinfected. They are not developing severe disease because they have a high level of immunity, either from vaccination or previous infection, so that's the good news.

But what we want to better monitor are the long-term effects, potentially in different organ systems of the body. So, there's still a lot to learn, which is why we are working with all of our Member States to ensure that not only do we prevent the impacts of COVID-19 going forward but we also do what we can to prevent infections while we are living our lives.

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MH Thank you very much, Dr Van Kerkhove. I think we don’t need to add any further. We're also getting close to time but we've got time for one more question, and that will go to John Zarocostas, who is based here, in Geneva, and works for The Lancet and France 24. John, please unmute yourself and ask your question.

JZ Good afternoon. I'd just like to follow-up on Dr Tedros' introductory remarks. I'd be interested to hear the views of WHO experts on the new draft text that has gone to Member States. What are your thoughts on the liability risk management going forward? What guidance would you give Member States? How do you draw the balance between what Member

States should do for indemnity and what should be the role of the manufacturers of vaccines and therapeutics? Where do you strike the balance?

MH Thank you, John. That's a very specific question and Dr Ryan has got an answer.

MR I'll never have an answer that satisfies John but thanks, John. I think we have to be careful here. This negotiation is between our Member States and the Secretariat is not influencing that discussion one way or the other, although the bureau or the negotiating parties can ask the Secretariat at any time to produce background documents, to do scientific analysis. They can commission us to do things.

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So, it's very important that we don't, in this sense, have a view, a particular view as to how they should codify, if they codify at all, the issue of liability and risk management within the treaty. So, whether it is in or out and what it actually constitutes in that is entirely up to them.

But, in general, the issue of liability and risk management is an important issue when it comes to dealing with matters of equity because if we can't deal with the issue of liability, if we can't deal with the issue of who owns the liability for the safety of a product and if all of that liability is forced onto to a country that may not have the resources to manage that, that in itself can drive inequity.

So, there's no question that managing liabilities, terms and conditions and the legal requirements around the transfer of vaccine, even if a vaccine is priced at a price that is affordable, the actual risk quotient attached to

accepting a particular product is very much determined by the liabilities that come with owning that product.

There's a lot of issues to unpack there and I think, John, what it reflects is that this is not a simple A, B, C thing. This is not just about pricing. This is not just about technology. This is not just about liability. This not just about absorptive capacity. This is not just about manufacturing capacity. It's about all of this.

And our Member States are going to have to come together and find a way to find an effective mechanism for us to respond to the next pandemic while keeping in mind the issues, more than keeping in mind, keeping central, as they have said as they have set out on this journey, keeping central the ideas of equity, access, solidarity and the shared responsibility we have to serve every person on this planet.

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And in doing that, I think they will consider the issues of liability and risk management but, of course, we will leave it to them to decide how they wish to manage that, but obviously stand ready to respond and input to that discussion at any time they see fit.

MH And Dr Tedros will... No? Time to close. Yes, okay. That's the last of our questions and we've reached the end of the press conference and, as I said, any further queries you need, please send to Media Inquiries. We will also send out the audio and the transcript of today's press conference. Now, I'll hand over to Dr Tedros for final remarks.

TAG Thank you. Thank you, Margaret. Thank you to all members of the press for joining us and see you next time. Bon weekend.

WHO TEAM

Department of Communications (DCO)