



WHO Director-General's opening remarks at the media briefing – 30 August 2024

30 August 2024



Good morning, good afternoon and good evening,

First, an update on the mpox outbreaks in Africa.

More than 18 000 suspected cases of mpox have been reported in the Democratic Republic of the Congo so far this year, with 629 deaths.

That includes more than 5000 cases and 31 deaths from the eastern provinces of North and South Kivu, where the new clade 1b strain has been spreading.

The number of reported cases of clade 1b has been rising rapidly for several weeks. Fortunately, relatively few deaths have been reported in recent weeks.

In addition, 258 cases of clade 1b have been confirmed in Burundi, 4 in Rwanda, 4 in Uganda, 2 in Kenya and 1 each in Sweden and Thailand.

We also remain concerned about outbreaks of clade 1a in other parts of DRC.

This morning I returned from DRC, where yesterday I had the honour to meet with His Excellency President Félix Tshisekedi to discuss the outbreaks.

I thanked the President for his leadership in the response to the outbreaks, demonstrated by the government's commitment of US\$ 10 million to the response.

I assured him of WHO's full support, together with the Africa CDC and other partners.

I also had the opportunity to meet with the United Nations Country Team, where we discussed coordination of the mpox response among UN agencies, under the government's leadership.

We discussed the critical importance of clear communication with people at risk of mpox, and strong engagement with communities and local partners.

I also met with global and local health partners to discuss scaling up routine immunization for other diseases, including polio, measles and malaria, and mobilizing frontline polio workers to support the mpox response.

WHO is working to accelerate access to, and delivery of, vaccines.

The manufacturers of the two vaccines submitted their applications for emergency use listing last Friday, the 23rd of August, and we are working to review those applications as fast as possible.

The safety and efficacy of vaccines are our highest priority. We will not take short cuts.

The two main buyers of vaccines for low-income countries, Gavi and UNICEF, require WHO emergency use listing to buy vaccines for use in countries that have not issued their own national regulatory approval.

Last week, I gave Gavi and UNICEF the green light to proceed with procuring vaccines, in parallel with the EUL process.

However, WHO emergency use listing is not a barrier to vaccines being deployed in DRC.

DRC's medicines regulator approved both vaccines in June of this year, and the government has requested bilateral donations of vaccines from high-income countries with large stockpiles.

Together with the Africa CDC, WHO has also helped to secure donations from the European Union and some of its Member States.

WHO is working with the Africa CDC, GAVI, UNICEF, CEPI and HERA to set up a coordination mechanism to allocate the donated vaccines and increase access in affected countries.

Yesterday, we also invited manufacturers of mpox diagnostics to submit an expression of interest for emergency use listing. Today we have received the first expression of interest.

Over the past two days we have also convened a meeting of researchers to identify research priorities, and to foster a coordinated and collaborative approach to the development of vaccines, diagnostics and therapeutics.

It's vital to stress that although vaccines are a powerful tool, they are far from the only tool. There are many things that WHO and our partners are doing to prevent and diagnose infections and treat the sick.

The outbreak of clade 1b mpox is occurring in one of the poorest and most insecure regions of DRC, complicating the response.

Despite these challenges, hundreds of WHO personnel are on the ground in DRC and the other affected countries, working with our partners to stop transmission and bring these outbreaks under control.

With the government's leadership and close cooperation between partners, we believe we can stop these outbreaks in the next six months.

But what this region of DRC needs more than anything else is a political solution to the long-running insecurity.

===

Now to Gaza.

On Sunday, WHO and our partners will begin a polio vaccination campaign in Gaza, in which we aim to reach more than 640 000 children under ten years of age.

The campaign will involve two doses of vaccine, given in two rounds, four weeks apart.

More than 1.2 million doses of vaccine have been delivered to Gaza, and 400 000 more doses will arrive soon.

We have trained more than 2180 health workers and community outreach workers to provide vaccination and inform communities about the campaign.

Our aim is to reach at least 90% vaccination coverage during each round of the campaign to stop the current outbreak and prevent the international spread of polio.

The campaign will be delivered in a phased approach over three days in each round, starting with Central Gaza followed by South Gaza, and then North Gaza.

I thank the Palestinian Ministry of Health, UNICEF and UNRWA and others for their partnership in this campaign.

I welcome the commitment to humanitarian pauses in specific areas to allow the vaccination campaign to be carried out.

Due to insecurity, damage to roads and infrastructure, and population movement and displacement, three days in each area is unlikely to be enough to achieve adequate coverage.

Vaccination coverage will be monitored throughout the campaign, and it has been agreed that vaccination will be extended by one day wherever necessary.

The vaccination teams must be protected and allowed to conduct the campaigns safely. We urge all parties to ensure their protection, and that of health facilities and children.

Humanitarian pauses are welcome, but ultimately, the only solution to safeguard the health of the children of Gaza is a ceasefire. The best medicine is peace.

===

Now to Sudan, where fighting has now been continuing for 500 days.

Hospitals are shutting down, and life-saving supplies are running out.

Outbreaks of cholera, dengue, malaria and measles are taking lives and putting further pressure on the health system.

WHO is particularly concerned about the situation in El Fasher and surrounding areas in North Darfur, with famine already reported from the Zamzam Camp.

WHO has verified more than 100 attacks on health care since the conflict began.

The recent attack on El Daein Hospital in East Darfur killed 16 civilians, including children and a nurse.

The attack damaged the dialysis and gynecology departments, and stocks of lifesaving vaccines and other supplies.

WHO is working with UNICEF and partners to support the Federal Ministry of Health as it responds to multiple health challenges.

This includes rolling out essential vaccines to children and providing technical, operational and financial support to the cholera response.

Prepositioned cholera and other essential medical supplies helped jump-start the response.

WHO recently deployed 51 000 doses of oral cholera vaccines in Kassala State, which has a high number of cases.

The International Coordinating Group on Vaccine Allocation has approved a request for more than 450,000 doses to be sent to scale up the vaccination campaign in Kassala State.

Last week, five trucks from WHO and partners delivered over 175 tonnes of health supplies.

These supplies, including medicines, diagnostic materials and nutrition supplies, will be used by humanitarian partners to provide emergency health care, treat infectious diseases and help alleviate the threat of malnutrition.

But much more is needed to stop diseases from spreading and avert famine in parts of the country.

A ceasefire and unhindered humanitarian access is the best way to stop the health crisis worsening.

===

Finally, earlier this week I was in Brazzaville for the annual Regional Committee Meeting of the WHO Regional Office for Africa.

The committee nominated a new Regional Director, Dr Faustine Engelbert Ndugulile of Tanzania, to succeed Dr Tshidi Moeti, whose second term ends in January next year.

I congratulate Dr Ndugulile on his nomination, and I thank Dr Moeti for her 10 years of leadership, dedication, vision and commitment to serving the people of Africa.

The Regional Committee also hosted a pledging event for the WHO Investment Round, which aims to mobilize the sustainable funding we need to implement our work over the next four years.

I have asked every Member State to contribute according to its means, and every partner.

I am deeply grateful to the 14 African Member States and many partners who pledged more than 45 million US dollars to the Investment Round.

Africa is leading by example. I call on other regions to follow.

Fadéla, back to you.