DEBATE 1

Michel KAZATCHKINE, Special Advisor to UNAIDS in Eastern Europe and Central Asia

Thank you for this overview, Antoine, which sets the scene. I would now like to open Antoine's presentation for discussion and if there are questions from the audience. I am looking at the chat, so go to it whenever you want to ask a question; I can see some coming. First, Antoine, can I ask if you think the pandemic has now entered an endemic phase? That is, given the map you showed us in one of your first slides, since it is everywhere and there are no ways to eradicate it, are we dealing with a chronic, endemic state? In that case, what triggering factors of resurgence have been identified, not for outbreaks but new waves, and is there a way to focus on some of these specific factors, be they the identity of the population or the lack of appropriate measures?

Antoine FLAHAULT, Director of the Institute of Global Health at the University of Geneva

Thank you for this question, which is very difficult. I could say that we do not forecast beyond seven days so there is no endemic situation within that period, only epidemic outbreaks, and bursts. However, we could have some scenarios and first, we can answer the question of what the trigger factors are. You have seen the four brakes and if you lift any of them you have a focus for an outbreak and surge of cases. The seasonal brake was lifted after the warm season in Europe since it represented the most important factor for generating this outbreak in the fall. The outbreak in the fall was not at the same strength as the one in March, the reproductive rate (the R rate) was below 1.5 rather than 3.0. That was probably due to another brake, which was the protective measures, mandatory mask wearing in most European countries, as well as physical distancing and hand washing, which also play an important role in reducing the R rate.

I do not know if it will become endemic after the vaccine. I can say that if the vaccine is administered to high-risk groups, particularly the vulnerable, elderly, and at-risk, it may transform the prognosis of the disease dramatically. If you have a disease with all the population in the green zone I mentioned, I imagine below 50, it will become a very common cold disease again. Without any hospitalization, surge in intensive care units or deaths, or almost no deaths due to COVID-19, it would become much more manageable even if it is a chronic condition.

Michel KAZATCHKINE

Thank you very much. Those are important comments. We should be able to develop the tools to prevent high mortality in high-risk groups so that this disease is no longer a public threat at a serious level but rather something we can live with.

Related to this discussion, I can see a question from Stanislas Cozon. He says, "It seems that demography would be a likely driver. How close are we from being pretty sure that this is the case?"

Antoine FLAHAULT

Of course, demography is a key factor in terms of severity and mortality. It is understandable that when you have a very young country you have more protection against mortality and severe cases because of that. However, it is not clear if the young segment of the population is a driver of the pandemic. It is possible that schools, school-age children and students are a key driver of the pandemic in terms of spread, not in terms of severity or hospitalization, but in terms of spreading within the community, it is highly probable that the young segment of the population is the driver for the pandemic.

Michel KAZATCHKINE

There are two questions around Africa, so maybe As Sy and Juliette Tuakli would like to ask a question.

Elhadj As SY, Co-Chair, WHO/World Bank Global Pandemic Preparedness Monitoring Board

Thank you very much. Antoine introduced Africa by saying it is a grey zone, but we have to define what the grey zone is. I heard a number of factors that seems to be playing a role there and you mentioned demography with a question mark. You mentioned cross-immunity with a question mark. You mentioned climate with a question mark. You even mentioned race and blackness with a question mark. However, I have not heard anything about what Africans are doing. Should it not also be considered that people are not just sitting and waiting for those factors to be determined and for protecting. People also responded and action was taken, and how much did that factor contribute to that? That was not referred to a single time. Extremely difficult and powerful measures have been taken in a very difficult context and under very difficult circumstances. Religious leaders closed mosques and churches. Markets were closed and there were economies where 80% of people rely on [inaudible] for a daily living, and curfews were imposed on a lot of people. Many of the measures taken I think would have led to a rebellion in many European countries or a kind of public [inaudible].

I do not think we can just look at Africa as a grey zone where there are a number of factors that may or may not contribute to the millions of deaths that you may or may not see. I think it would be helpful to also understand the kind of accumulated experience there is in preparing for and responding to pandemics and epidemics over time. Also, the measures that have been taken that may have contributed to that and conserve for future action and incentive for Africa and the rest of the world. I think that part is missing every time we talk about the response. It is shown as just a passive, kind of waiting for protective factors and I think we need to correct that.

Michel KAZATCHKINE

Thank you, As. Of course, Senegal is quite an example when one talks about public action. Antoine, maybe before you answer let us hear from Juliette Tuakli, who also has a question relating to Africa.

Juliette TUAKLI, Medical Director, CEO of Family, Child & Associates

Thank you. Looking at the slides, I totally agree with the previous speaker by the way, but then, that comes to the other issue of climatic changes. Given what you have said, would we therefore expect an upsurge in our COVID incidence in the upcoming [inaudible] season, which we are about ready to enter? I think that would prove whether or not that impact pertains to Africa as well as to the West. That alludes to my other concern which is that I think there are some social behaviors we tend to ignore, smoking being one of them. Many of the parts of Africa that have been spared are generally non-smoking, while those parts of the continent that have been badly affected tend to have a much higher proportion of people engaging in behaviors that compromise their respiratory systems, despite their high GDP and strong public health systems.

Antoine FLAHAULT

Thank you very much for these comments. Mr. As Sy, I fully support your comments on the fact that the level of answers of response was huge and impactful on many other aspects than simply health and this has to be taken into account. I would also suggest or suspect, that there are some contributing factors in Africa related to the outdoor life, which is probably more important than in European or northern countries. The fact that people are ventilating their [inaudible] at a higher pace may also contribute to help blocking the [inaudible].

Regarding the question of smokers, I will say that it is controversial for the moment. As you mentioned, smoking definitely alters the respiratory functions and should play a negative role in COVID, but surprisingly, it has not been seen as a risk factor. I am not talking about COPD or the consequences of chronic smoking habits that have led to a deterioration in respiratory functions, which are a risk factor. However, rather surprisingly smoking has been found to be a protective factor in COVID-19. In the surveys studied in China, Europe or the USA, fewer smokers are found in COVID treatment and even severe cases than in the general population. It seems a bit strange but maybe nicotine could play a role in protecting people. It has not been clearly demonstrated scientifically, although I know that there are some trials using nicotine patches or electronic cigarettes to see if they have an effect against COVID-19. It is controversial, conflicting, and not clear that low smoking in Africa could be protective.

Michel KAZATCHKINE

We are talking about Africa and the next panel session will move to the global governance and global issues that are the core of this conference. You told us, Antoine, that you do not want to even give a mid-term prediction of what will happen, it seems to me that there are fairly “stable” regional patterns to the epidemic in different parts of the world. Do you agree and if so, do you think it will have implications for creating a regional governance level to the global governance of health in addition to the global solidarity and cooperation effort that is required?

Antoine FLAHAULT

It is such a good question. I would be very cautious in terms of stable patterns. For example, Austria, Germany, and Switzerland had a very good response to the first wave in Europe, but this was not as true for the second wave. Austria and Switzerland in particular had among the worst incidence in Europe. For the first wave Norway and Finland behaved as the champions in Europe, with almost the same patterns as in Asia, but they are now experiencing a surge that is a bit behind that in southern Europe. I do not know exactly what will happen, so for the moment it is true that Asia had a very good response in terms of incidence and mortality. When you see that Taiwan with 24 million people has had seven deaths, cumulated deaths from the beginning of the pandemic, when they are so close to the continent of China. You can see that they have had a very good response and Japan is not far behind. It is not entirely sure that they will keep the pace for the whole pandemic, so it is a bit early to be certain that they will not experience a surge. For Africa, I very much hope that they will not have to face the same problems as the Latin American countries or India recently experienced, but who could predict that it will not happen? Fortunately, it may never happen and maybe the vaccine will be available before anything can happen, but it is impossible to know and I think it is better to keep some protection, as well as some modesty about these predictions.

Michel KAZATCHKINE

Thank you very much. I hope we can return to this regional/global issue later. There is a specific question from Alexandre de Germay on the spreaders.

Alexandre de GERMAY, Senior VP Global Head of Cardiovascular and Established Products, Sanofi

Thank you, Michel. Thank you for your interesting perspective, Professor Flahault. I have a question on the spreaders. Is there a better way to identify those spreaders and do you know if we are running real-world evidence studies somewhere to actually narrow down some of their characteristics? Of course, it would allow us to focus our attention on the spreaders so that we do not block society overall.

Antoine FLAHAULT

Thank you for your question. I do not think we should have too romantic a view of these superspreaders. You know, the Japanese approach was parsimonious initially and it was because of a shortage of testing that they decided to focus on the superspreaders. Their pragmatic approach mentioned that it is very hard to find the one, the superspreader and now they are talking more about super-spreading events. We can know that you attended a wedding party or a dinner in a poorly ventilated restaurant, or a choir in a church and you have been contaminated during this event along with some other people. We are focusing on the event more than the person. However, sometimes it has been possible to identify these people and they are like you and me. I mean, anyone can become a superspreader if they are at a contagious phase of the disease, of their infection, which is mostly in the two days before the symptoms occur, highly contagious in a closed, poorly ventilated room, which could be an abattoir, a choir, restaurant, bar, or auditorium. It is more about the environment where you are placed at the time when you are most contagious, then you are triggering a super-spreading event.

Michel KAZATCHKINE

Thank you. I see two other questions from Stanislas Cozon and Michael van den Berg, but I think they might be better at a later point in our discussion, after we hear from our panelists. Thank you for setting the scene, Antoine, and let us now move to the panel and may I call on Alexandre de Germay, Senior Vice President Global Head of Cardiovascular and Established Products, at Sanofi.