

DÉBAT

Michel Kazatchkine, conseiller spécial du Bureau régional de l’OMS pour l’Europe, Senior Fellow au Global Health Centre de l’Institut de hautes études internationales et du développement de Genève

With that, we have a few minutes for discussion. I suggest we take the questions and then I will ask my colleagues to answer the ones they would like to address.

Masood Ahmed, président du Center for Global Development, ancien directeur du département Moyen-Orient et Asie centrale du FMI

Thank you very much, Michel. First of all, let me just say it was a terrific panel and I really want to thank you all for your interventions. I hope we can make the slides available that were used by Professor Flahault as well.

I have one question for you, which picks up from your last comment Michel, which is how well do you think we are prepared for the next pandemic if it was to strike us in the next 12 months? One thing about Covid is that we developed a vaccine that works within a year, faster than at any time in history and there is no guarantee that we will be able to do it for the next pandemic. The mortality rate was also quite low at less than 5%, and again there are no guarantees that the next pandemic will have a low mortality rate. Christian, you just identified what is needed, and my question to all of you is how much progress have we made globally and regionally to be prepared if the next pandemic were to hit us within the next 18 months?

Michel Kazatchkine

Thank you, Masood, that will also be discussed in the next session.

Hervé Mariton, maire de Crest et président du Conseil franco-britannique

I have two quick questions. Does the panel draw any lessons from the difference in policies, even in Western Europe? For example, there was difference between France and Sweden, where there was no lockdown at least during the first weeks or months and going beyond Europe there was a completely different policy in Australia. What sort of lessons would you draw from these vast differences in the Western world? Second, on the refusal of vaccination, which can be regional, problems in Africa but also in some parts of French Overseas Territories. Now, there is some kind of sequential refusal of vaccination with, for example, the current low levels in France for the repeat vaccinations required, are not particularly carried by the elderly. What is the answer to some sort of vaccination fatigue?

Suresh Kumar, professeur au département d’études africaines de la faculté des sciences sociales de l’université de Delhi

Thanks for sharing some valuable information, Christian. How can Artificial Intelligence help in checking Covid-19 in the future?

Tobby Simon, fondateur et président de Synergia Foundation

Good morning and thank you very much. We are a thinktank that has been doing a lot of work on viruses and their growth for about 20 years. The question is more on why we accept the premise of zoonotic diseases. I just wanted your insights, especially Christian, on the gain for function where these researchers are outsourced to external labs. We have some intelligence and information that makes us strongly believe that Wuhan was not an accident because we had a discussion with the Wuhan medical officer soon after the virus, and that it may have been an accident out of the lab. At a global level, how do you prevent this because if you do that, the way to stop it and the cure will be difficult?

Meir Sheerit, ancien membre de la Knesset, ancien ministre des Renseignements et du Comité de l'Énergie atomique, ancien ministre de l'Intérieur d'Israël

You know that in a way Israel has been a laboratory for developing the Pfizer vaccine and, in fact, we became a laboratory for the whole world. It was not compulsory to be vaccinated in Israel but of course, it was possible to do it fast because there the health system has a special structure in Israel. People belong to one of the three or four companies that deal with health and every person and family belongs to one of them, which made it easy to get at most people and it works. One of the questions I have about immunization and Covid is that there are a lot of people who were spreading the idea in Israel and around the world that you do not have to be vaccinated, that they are strong and have all kinds of mapping and rubbish. A lot of people believed these ideas and refused to be vaccinated and the fact is that when we cancelled the closure in Israel we were in a very bad situation because the people who had been vaccinated were okay but those who were not would also come to the centres, etc. What do you think about the possibility of making it compulsory? Do you think that in the future the mRNA vaccines could work for other problems like cancer, etc.?

Michel Kazatchkine

Thank you very much for this futuristic outlook and yes, Israel is a sort of living clinical trial cohort for Covid-19 and the data from Israel is the most precious at population level. Monsieur Dossou, very briefly, s'il vous plait.

Robert Dossou, président de l'Association africaine de droit international, ancien ministre des Affaires étrangères du Bénin, ancien président de la Cour constitutionnelle du Bénin

Merci Monsieur le président. C'est presque une consultation personnelle, profitant de la qualité de ce panel.

Michel Kazatchkine

Mais le secret médical, qu'en faites-vous ?

Robert Dossou

Non, je la fais en public. Je suis pleinement octogénaire, j'ai déjà pris quatre fois le vaccin et j'étais admissible à la cinquième fois il y a deux mois. Puis on m'a dit : « Non, ce n'est pas encore sûr, ne le prends pas ». Donc j'ai hésité. Voici ma question concrète : puis-je aller directement, en partant d'ici, au cinquième vaccin ? Je vous remercie.

Michel Kazatchkine

Merci beaucoup. I'd like either Antoine or Christian to address this, because that relates to your point, Antoine, of either continuing waves or continuing ongoing circulation of what we now call a "super variance". As we face that, and as we know that immunity is waning in people aged over 70 within 4 to 5 months – and that was shown in Israel with the last booster – what does that imply in terms of continuous boosters? Let's start with this question. Let's have Antoine and Christian react and then I'll turn to Juliette, Yide and Maha for the final points.

Antoine Flahault, directeur de l'Institut de Santé globale à l'Université de Genève, directeur adjoint de la Swiss School of Public Health, ancien directeur et fondateur de l'EHESP Haute école de Santé publique

Pour la question du vaccin, nous avons aujourd'hui un vaccin qui n'est pas dangereux, qui est très bien toléré, en particulier chez les personnes âgées. Il ne fait même pas de réaction réactogénique. Par conséquent, conseiller un nouveau rappel pour toute personne qui n'a pas eu de rappel dans les six mois qui précèdent me semble être de bonne politique. Il n'y a pas de niveau de preuve majeur aujourd'hui sur le plan scientifique parce que les fabricants courent derrière les variants en permanence et n'ont pas le temps de mettre en place des essais cliniques formels aussi puissants que ceux qui avaient été faits au départ. Cependant, nous pouvons aujourd'hui raisonnablement recommander une dose vaccinale à toute personne éligible au vaccin qui n'a pas eu de dose depuis six mois.

Christian Bréchet, président du Global Virus Network, doyen associé principal pour la recherche dans les affaires mondiales et vice-président associé pour les partenariats internationaux et l'innovation de l'USF Health Morsani College of Medicine, ancien président de l'Institut Pasteur

I will follow up on this on a more general basis, and this goes with the question in Israel. We have RNA-based vaccines. They are being adjusted to other viruses – possibly on cancer, but this is another story. The problem of these vaccines is that they do not generate a strong cellular immune response. This is why there is still very much ongoing research on other vaccines for the future, which would provide a longer lasting memory. But for the time being, we have this. It can be adjusted very rapidly to a new situation, and this is very valuable. But you must take into consideration that there is, at the same time, a huge effort for novel vaccines. And I just take this opportunity for the question on artificial intelligence. This is very interesting because artificial intelligence is being tested on the data sharing. For example, long Covid, which is multi-factorial, very much beneficiates of this. However, artificial intelligence can only be effective if you nurture it with good and accurate data. And then, it always comes back to local and regional capacities. Otherwise, you are working on nothing.

Michel Kazatchkine

One of the things that is currently being discussed is establishing at regional level, across the world, different hubs that would master some of the basic technologies, mRNA – and Juliette, you mentioned the hub in South Africa – but also adenovirus-based vaccines, and all inactivated vaccines. Because let's not forget that within one year, in 2020, we saw the mRNA vaccines from the US and the European industries. We saw the Chinese Sinopharm based on inactivated vaccines. We saw the adenovirus vaccines AstraZeneca and Spoutnik. We saw a



Cuban vaccine. We saw an Indian vaccine. Within a year, the world, based on existing technological platforms, could innovate and bring effective vaccines. I am not entering the discussion here of the relative efficacy but thank you, Antoine, for making the point. And I would like to make this clear because several people ask that question: two doses of Sinopharm plus one dose of Pfizer, or three doses of Sinopharm, are equivalent to three doses of Pfizer, as far as we know at population level. Maybe a last turn of hearing the answers. Maha, would you like to say something?

Maha Barakat, PDG du Frontline Heroes Office et conseillère principale chez Mubadala

Clearly, very important questions. Again, I reinforce the need for the strongest surveillance systems in every country. The next virus that may be predisposing to a pandemic could be in any country. Investment and surveillance systems and looking into the zoonotic sites are very much a One Health support. Countries need to invest in developing a strong One Health system. Thank you.

Michel Kazatchkine

Thank you. Juliette?

Juliette Tuakli, directrice générale et médicale du groupe médical CHILDAccra, présidente sortante de United Way Worldwide, ambassadrice de Mercy Ships Africa

I want to go back to something Christian said about the relationship of humans and wild animals – not just wild animals but also the environment – and our nutritional changes, the distortion of our nutritional changes. Increasingly, I do believe that there are huge impacts of focusing on our microbiomes through an increase in our plant-based intake in our diet, and minimizing, if you will, distortion and destruction of our environments wherein we, then, become exposed to wild animals with viruses that have been causing many of the pandemics we have been subject to the past few decades. And I think that is only going to increase until we recognize that men have to be a little more circumspect in their relationship with the environment.

Michel Kazatchkine

Thank you. Yide?

Qiao Yide, vice-président et Secrétaire général de la Shanghai Development Research Foundation

Addressing the question: how we should deal with future diseases? As I said, I want to emphasize that the most important thing is the awareness of the public, because when viruses are unknown, people do not know the details. However, they should understand, they should know how to deal with these things. I wanted to point out that due to the SARS that happened in Asia several years ago, the awareness of the public in Eastern Asia was risen. They take these matters very seriously. And that is the point, even if we don't know the details in the future, the public should know how to deal with these unknown viruses.

Michel Kazatchkine

Thank you. Please join me in thanking our panelists for the very good session. And see you in a minute.