

COVID-19

Virtual Press conference 15 January 2021

Speaker key:

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CH	Christophe
MR	Dr Michael Ryan
BA	Dr Bruce Aylward
MK	Dr Maria Van Kerkhove
TO	Toni
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CD	Dr Carmen Dolea
SO	Sophie
SS	Dr Soumya Swaminathan
MS	Dr Mariângela Simão
BI	Bianca

00:00:00

FC Hello, all. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva and welcoming you to our global COVID-19 press conference today, Friday 15th January. We will update you about COVID-19 but also about the recommendation of the sixth emergency committee meeting regarding the outbreak of COVID-19 that took place virtually yesterday. The emergency committee statement and a press release were sent to the media an hour ago and are also posted on the WHO website.

I will let Dr Tedros introduce our guest, the Chair of the emergency committee, later on. Present in the room are Dr Tedros, Director-General of WHO, Dr Mike Ryan, Executive Director, Health Emergencies and Dr Maria Van Kerkhove, Technical Lead for COVID-19. Joining also are Dr Jaouad Mahjour, Assistant Director-General, Emergency Preparedness, and Dr Carmen Dolea, Unit Head,

International Health Regulation. Both can talk about the emergency committee recommendation.

We have also Dr Mariângela Simão, Assistant Director-General, Access to Medicine and Health products, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator.

Joining online is Dr Kate O'Brien, Director, Immunisation, Vaccines and Biologicals. Welcome, all. Simultaneous interpretation is provided in the six UN languages plus Portuguese and Hindi. Now without further delay I would like to invite Dr Tedros for his opening remarks. Dr Tedros, the floor is yours.

00:02:15

TAG Merci beaucoup, Fadela. Shukran. Good morning, good afternoon and good evening. The emergency committee met this week and made a series of recommendations about the COVID-19 outbreak. It will come as no surprise to you that variants and vaccines were heavily discussed as well as the current epidemiological situation.

Some countries in Europe, Africa and the Americas are seeing spikes in cases with multiple factors driving transmission risk. This is because we're collectively not succeeding at breaking the chains of transmission at the community level or within households.

We need to close the gap between intent and implementation at the country and individual level because at present there is immense pressure on hospitals and health workers.

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With almost two million deaths and new variants appearing in multiple countries the emergency committee emphasised the need for governments to do all they can to curb infections through tried and tested public health measures. The more the virus is suppressed the less opportunity it has to mutate.

We need to be more efficient than the virus and reach excellence in everything we do. There is only one way out of this storm and that's to share the tools we have and commit to use them together. The committee called for upgrading national sequencing capacity so that as the virus changes we can effectively monitor and respond to new challenges.

This is a defining moment in the pandemic and I was pleased that the emergency committee put a major emphasis on rolling out COVID-19 vaccines equitably. Health workers are exhausted. Health systems are stretched and we're seeing supplies of oxygen run dangerously low in some countries.

Now is the time we must pull together as common humanity and roll out vaccines to health workers and those at highest risk. This is key to saving lives, protecting health systems and driving a fair recovery.

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We have also developed updated guidance about how to best protect people in long-term care facilities and recognise that if they are isolated it has a profoundly negative impact physically and mentally. The guidance aims to prevent the COVID-19 virus from entering the facilities and ensure our loved ones remain safe.

I was really pleased to see refugees in Jordan start to be vaccinated this week. I truly appreciate the approach taken by the Jordanian Government to ensure that refugees are not left behind. It's critical this momentum on equitable vaccine roll-out continues in the weeks ahead.

I came into public health because I wanted to ensure that everyone everywhere has access to quality health services. I know what it's like to come from a continent where not all health services are available. When AIDS drugs first rolled out they were only available in rich countries until a historic movement of health advocates, civil society and manufacturers provided a roll-out of low-cost antiretroviral drugs.

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In the H1N1 pandemic by the time low-income countries received vaccine supply the pandemic was over. We don't want this to be repeated. COVID-19 vaccines are a major scientific breakthrough and I know through COVAX that we will distribute them a lot more effectively than in the past.

We're working hard but we must also do more to ensure that vaccines reach those that need them most. I will keep repeating this over and over again during the coming weeks because, as I said on Monday, I want to see vaccination underway in every country in the next 100 days so that health workers and those at high risk are protected first.

I'm looking forward to the executive board next week and working with manufacturers and countries to ensure that vaccine supply is available and distributed equitably around the world. I now want to turn to the Chair of the emergency committee, Professor Didier Houssin, to discuss the recommendations from the committee. Professor, you have the floor.

DH Thank you very much, Dr Tedros, and good morning, good afternoon, good evening to you all. The Emergency Committee met yesterday and I want to thank first the members of the committee for their work and contribution to these recommendations.

00:08:07

It's a sad anniversary because nearly one year ago the emergency recommended - and it was followed - in considering [inaudible] be even considered a public health emergency of international concern.

Since that time, as Dr Tedros said, 19 million people contaminated, nearly two million people have died and the committee focused on two things. The first is a worry, a worry about the variant which starts circulating in some places in the world. This variant requires a strong and quick effort in research in collaboration between research teams in sharing of information as suggested and mentioned by Dr Tedros and also about data sharing.

I think we are in a race between the virus which is going to continue trying to mutate in order to spread more easily and humanity which has to try to stop its spreading. This effort of research needs to be very, very quick and very intense.

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Fortunately there is also good news. The good news is about the vaccine but this good news should not be transformed into bad news and we should remember the objective for 2021 is 20% of the population vaccinated not only in rich countries but also in low and middle-income countries. It's extremely important not to transform this good news into bad news.

For the vaccine of course some of the recommendations of the emergency committee are about trying to know more about the efficacy of the vaccine, the efficacy against the new variants, etc. I will not go into the detail.

I would like to add a final point about the situation in which the world is presently. We are a little bit paralysed, we are a little bit confused and clearly the question of travel inside the world, around the world by air, by road, by sea needs to be perhaps better possible and organised.

This is why one of the recommendations of the committee to WHO was to take a strong lead in order to produce clear and scientifically based guidance about how best to facilitate and permit the circulation of people in a safe manner by air, by sea and by [inaudible]. I thank you for your attention.

00:11:13

TAG Thank you. Thank you so much, Professor. These recommendations are very important as the world fights COVID-19. The greater the solidarity we have the more lives we will save and the quicker we will end this pandemic. Thank you so much again, Professor. I thank you and back to you, Fadela.

FC Thank you, DG; thank you, Professor Houssin. I would like now to open the floor to questions from journalists. I remind you that you need to raise your hand under the raise your hand icon in order to get in the queue. I would like to start with Christophe Vogt from Agence France Press. Christophe,

can you hear me? Christophe. Can you please unmute yourself, Christophe?
We cannot hear you.

CH Okay, it should be done now. Can you hear me now?

FC Very well. Go ahead, please, Christophe.

CH Okay, I'm really sorry about that. I have a question about what Dr Houssin just said and what has been said in the last few weeks since the vaccines arrived and now with the variant. It's a bit confusing. We had a light at the end of the tunnel at the end of the year and then two or three days ago Dr Ryan talked about how this year could be even worse than last year was.

00:12:56

So how can we reconcile the fact that now we have efficient vaccines and still have this idea that things could get still worse?

FC Dr Ryan will start.

MR Thanks for your question. I think this is a matter of deciding the future. We have an element to control of the future we want to have and we did also warn in 2020 that if we were to rely entirely on vaccines as the only solution we could lose the very control measures that we had at our disposal at the time.

I think to some extent that has come true for different reasons; because people are more inside in the northern hemisphere, because the holiday season pushed and brought people together and people mixed in a way that they might not otherwise have done.

We've seen northern and southern hemisphere increases; it's not just in the northern hemisphere. If you go to the southern cone of the Americas, in Argentina, in Chile, in Paraguay and Uruguay and in Brazil we're seeing difficulties there. This phenomenon of rapid acceleration of cases is in the Americas, it is in Europe, it is in some countries in Africa and it is in some countries in every region.

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That is the reality and that's happening for a reason. A small proportion of that may be due to the emergence of variants that are fitter but the large proportion of that transmission has occurred because we are reducing our social, physical distancing, our behaviour is...

As the DG said in his speech, we're not breaking the chains of transmission. The virus is exploiting our lack of tactical commitment, our fatigue, the breaking down of our behaviours. The vaccine is light at the end of the tunnel, it is a massive advance but it doesn't answer and it won't address every question that we have. We have to continue doing the other measures and even with that - and Bruce will speak to this - if vaccination is going to be

successful people have got to be vaccinated and for people to get vaccinated countries have to get vaccine.

Therefore it's not just an equity issue about countries getting vaccine. It's about protecting those around the world who are most vulnerable; our front-line workers.

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So we want to start the year on a hopeful note. I think what the Director-General is trying to do is start the year on a realistic note. We need to be real with ourselves, we need to be honest. We're not doing as well as we could. We've learnt so much about the virus, we know more than we've ever known before, we have more tools, we have to sustain the effort.

It's tough. We've got to pick ourselves back up. Many of us in the northern hemisphere in the new year where people have been celebrating holidays; many people in the southern hemisphere similarly; they're confused because they think, oh, this disease is seasonal, it shouldn't be here, we're in the middle of summer.

Again this idea that we've assigned seasonality to a virus; we assign these values to the virus that were never proven scientifically. We need to recommit ourselves to the basic measures. We need to decide that this disease stops with me. Individuals need to protect... let the disease stop with them. Communities need to ensure that the disease stops with them in clusters.

Governments need to support communities and individuals to do that and I've said it before; we're expecting our communities to do extraordinary things, to separate themselves in extraordinary ways, to make huge sacrifices.

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In order for that to be successful governments need to support communities in extraordinary ways and within all of this none of us are doing enough to make this all work. Everyone's got to recommit themselves and increase the level of commitment. We're all working hard, everyone's working hard. We're just not working hard enough. Bruce.

BA Thank you, Mike, and thanks for the question. We do have efficient vaccines but remember, we're in a situation with an escalating virus right now in terms of numbers and transmission in many parts of the world. We have a virus that's also evolving and we have against that background, as Mike said, we have a decrease in what we call stringency in the application of the measures that we have.

When you put those three things together you're making it easier for the virus and the virus is taking off so things can get worse, numbers can go up and we're seeing that.

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Against that we have vaccines, yes, but we have limited supplies of vaccines that will be rolled out slowly across the world and also vaccines are not perfect, they don't protect everyone in every situation, as you know. So as a result the situation could definitely get worse in the short term and we also have hesitancy against the vaccines in places.

So it is not the silver bullet, as the Director-General and Mike have reaffirmed multiple times but there's very good news of course because now we have three lines of defence but we have to use them all. The first line of defence we're starting to roll out is the vaccine that can protect people from getting infected.

Then we have diagnostics and we have new rapid diagnostics that work well. They give a second line of defence so you can find the ones who get infected, you can rapidly isolate, rapidly quarantine.

Then we have the third line of defence for those people who are infected and get sick. We have dexamethasone, oxygen, as Maria lays out all the time; very, very good clinical pathways and you can save lives if all of that is applied. But no one part of this works; you have to use all there lines of defence or the situation will continue to be very bad and that middle line of defence is still about finding cases, getting them isolated very rapidly, not just hospitalised but the mild and moderate cases at home.

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We have to make it easier for people to isolate so that they don't infect other people. You need all of that. Vaccine's such an important part of the solution but this is a complex situation and we need all pieces of this working together.

FC Thank you. Maria.

MK Thank you. I just wanted to highlight the point you made about the light at the end of the tunnel. There is a light at the end of the tunnel but that tunnel is a long tunnel right now and it's dark and it's dangerous and it's a challenging one that we have to get through but we have the tools to help us get through that and more and more and more are coming online.

But please don't forget about the tools we have in hand. We're all in a challenging situation, we're tired, we're frustrated, we want this to be done but we have to be part of the collective action towards ending it, we have to be part of the collective action to prevent ourselves from getting infected and if we do get infected the virus stops with us, we don't allow this virus to pass from us to someone else.

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We have the tools in hand to do that, whether this is related to a virus variant; these variants will be detected and it's confusing and it's scary but the virus itself is enough to scare us into action. We need individual information to turn

into action. We need knowledge to turn into action. We need intent to turn into action and all of us have a role to play but it's not just up to individual-level measures.

We need our families, we need our communities, we need governments to provide supportive environments in which we can take those actions. We need not only good testing with rapid turn-around results; we need those tests to link to public health action so that we know where the virus is circulating, we know...

If I'm infected or if I'm a contact of someone who's been infected I need to know what to do and I need to know that I will be supported in being in quarantine and that I can protect my loved ones.

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We have a very different situation around the world. Many countries have shown us the hope that by doing all of this collective action, by putting in the hard work through a comprehensive strategy, not one measure alone, many measures together, applying them in a comprehensive way with strong national plans, implemented, adapted, agile at the local levels, tailoring it to the specific needs of the local level. They've shown us the way.

We have outlined guidance in support of all of our member states, in support of everyone everywhere about what needs to be done and we know it's hard but we have seen, we've had it demonstrated over and over again that it works. This is why we sit up here and repeat that there are many things that we can do. Vaccines and vaccination are another tool that will help us get to that light at the end of the tunnel but it will take time.

So there is a frustration and I understand that and all of us understand that because we feel it too but it will take some time. But let's look at the hopeful angle here and that we are lucky in the sense that we do have tools. We need to make sure that that luck and that hard work and these vaccines reach all people all over the world and the COVAX facility and the commitments that we have seen across the world to make sure that that turns from just words into action, becomes a reality.

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So there's a lot that we can do so I just wanted to highlight your light at the end of the tunnel. There is a light at the end of the tunnel and everyone that's listening to us today needs to know that there's something they can do. They need to feel empowered and if you don't know what it is you can do come to our website or reach out to find out, how can I help, because all of us can be part of the solution to a very challenging situation that all of us are in together.

FC Thank you. I would like now to invite Toni Waterman from Asia News Channel to ask the next question. Toni.

TO Thank you very much for taking my question. It's on the WHO team of experts that has now arrived in Wuhan. I believe the video meetings began today with Chinese counterparts. I'm just wondering if there's any update on these initial meetings or if you could provide any more specific information about what sort of co-operation is going to be carried out and how the potential identification of patient zero in Italy from November will play into this investigation into the origins of the pandemic. Thank you.

00:24:13

FC Dr Ryan.

MR Yes, the team did immediately begin work and will be working with Chinese counterparts to implement the terms of reference as we've agreed and getting more specific on the specific data and the studies that we want to see and the follow-up studies that need to be carried out.

But at this stage I think it's very important... the team are going to have the need to be able to engage with their scientific counterparts in China. We can't debate this every day; what did they do today; tomorrow; what do they do the next day.

They have to have the space to be able to do the work and therefore Maria can outline in more detail the overview of what we want to achieve but this can't be paced on a daily basis and litigated in press conferences. I'm sorry; this is not the way we would do outbreak response or outbreak investigation or origins investigation in any situation.

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However our team will be in touch with the media in the field, there will be regular briefings and I'm sure that we will be able to keep you updated on the day-to-day activities but forgive me for not getting into the detail of what the team is achieving on a daily basis.

MK Thanks. I'm not going to give you any very detailed response either because, as Mike said, the team needs to do the work. The Chinese counterparts and the international team have been meeting regularly and been talking by teleconference and now the team is in Wuhan they're going through their quarantine period but they're meeting again by videoconference. Once they finish that quarantine period they'll be able to meet face-to-face.

Anyone who's ever been involved in visiting the field or in these outbreak-type investigations knows these studies takes time. Mainly what will happen is a series of studies - and this series of studies has already begun - looking at some of these initial patients from December and epidemiologic studies, seroepidemiologic studies, studies and review of past work that has happened in the markets, that has happened with patients.

So it's a number of things but we won't be giving a day-by-day update of what the team is doing. What we do need to do is let them do the work and carry that out and put the information that all of them are learning together into context in planning the next series of studies.

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You mention a report from Italy and you refer to this person as patient zero. We need to be very careful about the use of the phrase patient zero, which many people indicate as the first initial case. We may never find who the patient zero was. What we need to do is follow the science, we need to follow the studies and make sure that they are done comprehensively.

Any report of cases that were detected through either looking at stored clinical samples or stored sera into 2019 we are following up on. We are reaching out through our global networks, contacting the researchers directly to find out more information and set up collaborations for potential further work of any samples or studies that remain.

So we will continue to follow that and we will report as much as we learn when we learn it to you but it will be put in a collective understanding of the science.

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So the team is there, they're very happy to be there, they're very happy to be working with their Chinese counterparts and we're thrilled for them to be able to have this time. But Bruce and I spent some time in China and we are grateful for the opportunity to have worked directly scientist-to-scientist to be able to have that level of interaction.

So let's let them do the work, let's let them follow the science and we will report when we can.

MR Fadela, can I just follow up again because I think it's important. The Director-General in his mission to China in January 2020 - as early as that and before that in terms of the various meetings here - the issue of the origin of the virus and the animal/human interface was on the agenda.

The mission to China in February; the animal/human interface and the origin of the virus was on the agenda. The World Health Assembly in May formulated a resolution asking the Director-General to deploy a team to follow up on that issue of designing studies that would allow us to reach some better knowledge on this.

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A team was deployed in June/July that went to the field to do that preliminary discussion with Chinese colleagues on the ground. Subsequently we've been planning that mission. That mission has now been deployed and has arrived in Wuhan. That mission has ten of the finest scientists I've ever worked with on it from different countries around the world, covering a huge range of skills,

supported by WHO team and in the context of the Global Outbreak Alert and Response Network support.

The global scientific community has come together in a network with GOARN at the request of the Director-General to deploy a team to work with Chinese counterparts to find the scientific answers we need so we can learn more about the origin of this virus.

They are in Wuhan today. I think we do need to give them the time and the space to do that work. We do thank our colleagues in China for working with us to achieve this. These things are not always easy to achieve and we do thank them for that.

00:29:47

We thank our colleagues in Singapore for facilitating the transit of our team and all of those who are working so hard to ensure that we all get the scientific answers that we need so we can protect public health now and into the future.

So in that regard we should see today as the culmination of a lot of work to put together this process and, as Maria said, there are no guarantees of answers. We've seen the same in previous epidemics of emerging disease. It is a difficult task to fully establish the origins and sometimes it can take two or three or four attempts to be able to do that in different settings.

I wish the mission luck in the field. They're a wonderful group of people and we trust with the co-operation and the hospitality of the Chinese Government and the Chinese people and the authorities in Hubei and Wuhan we will have a successful mission.

FC Thank you both. I would like now to invite Jamie Keaton from Associated Press to ask the next question.

JA Thank you, Fadela. Can you hear me?

FC Yes, very well. Go ahead, please.

JA Happy New Year to you all; always nice to see you again. I'd just like to say that I think that I speak for much of the Geneva press corps in saying that I hope that we'll also see WHO spokespeople return to the UN briefings here.

00:31:10

My question is for Dr Houssin. I'd just like to thank you for your recommendations. They're very illuminating. I just want to ask you about the recently announced travel bans that we've seen in places like the UK or in other places of particularly travellers coming from South Africa or the UK in particular.

You mentioned in your recommendations that countries should apply evidence-based approaches with regard to international travel. Could you just

elaborate a little bit on that and could you help us understand if, in your view, these bans on travel are justified by the science? Thanks so much.

FC Thank you, Jamie. Professor Houssin.

DH Thank you very much, Mr Keaton. This is not an easy question because we tend to live with of course the lessons from the past with regard to travel in the context of the International Health Regulations.

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But with coronavirus things have changed and it's necessary to reconsider perhaps some of the orientations which were commonplace in the context of the IHR. This is where the science base can perhaps modify some strategies. At the moment what we see is that there is a great disparity in the behaviour of the member states about testing, about quarantine, about bans, about suppression of visa, etc.

This is why we didn't go into the details of what should be done but our recommendation to WHO was that it was really time to reassess what could be recommended, what guidance could be provided with regard to air travel, sea travel, land borders considering the new scientific information provided with coronavirus.

This is our recommendation. Of course I cannot give you a precise response about what should be recommended but the recommendation was really to put a strong focus on this difficult topic, which may lead us to see things a bit differently from the previous years, for example at the time of the H1N1 influenza pandemic. Thank you.

FC Thank you, Professor Houssin. I would like now to give the floor to Dr Carmen Dolea, Unit Head, EHR, to complement the answer. Dr Dolea, you have the floor.

00:34:02

CD Thank you very much, Fadela, and thank you very much for the question. To complement what Professor Houssin said, the Chair of the emergency committee, we welcome the continued advice and recommendations from the emergency committee that build on the current work that we have been doing.

Just to let you know, we have published recently updated guidance on considerations for implementing travel-related measures to address transmission of SARS-CoV in the international context. This guidance is promoting a risk management approach for countries whereby they take into account when they issue the measures a number of elements that can influence the suppression and the risk of transmission via travel of the disease.

So we propose that in this guidance there are basic approaches that continue to be done in terms of self-monitoring, travel advice. There are also additional approaches that can be done based on an assessment of the risk in the arriving country, of the capacities of destination countries and of the health system surveillance and response.

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We will continue to refine this guidance and these approaches based on what we begin to learn from countries on the effect of these measures in actually suppressing or influencing the transmission of the disease at the international level.

The recommendations of the... Again the review [?] committee will continue to work with partners in the aviation and transportation sector to calibrate better the measures and the advice that we give to countries based on the assessment and the evidence that these measures can have on reducing the international spread of the disease. I hope this answers your question. I don't know if Mike can supplement.

MR Hi, Jamie, and Happy New Year to you as well. Maybe let me give you one example because you're asking specifically about the science-based approach and, as Carmen has outlined quite correctly, a risk-based approach.

If you look at the recommendation made by the committee around vaccination for travellers it says, at the present time the committee does not recommend to include a requirement for proof of vaccination for international travel - not because that won't be a good idea in future but because we are lacking critical evidence regarding whether or not persons who are vaccinated could be infected or continue to transmit disease and because nobody in the world beyond health workers and very vulnerable people have access to the vaccine.

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The committee is not saying don't. What the committee is saying is, at this present time scientific evidence is not complete, there isn't enough vaccine and therefore we shouldn't do that now and create an unnecessary restriction to travel, a barrier to travel that's artificial until such a time as we have the evidence and the vaccine. I think that's the way the committee has approached things.

This is about taking the principles of science and precaution, using the best evidence one has, using a risk management approach and we appreciate the recommendations of the committee at this time.

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But that will change over time and there may be different reasons in future to do that. So we're trying to protect the travel space and ensure that economies

are not entirely isolated but recognising that a small island nation is very different to a nation that's land-locked in the middle of a continent.

The consequences economically or socially of preventing or stopping travel are different for each individual family, community and country. It can only be made as a decision at that level.

There are attempts and very laudable attempts amongst economic integration organisations like the European Union to try and harmonise the rules around travel and I think that's a very positive thing and we should encourage that.

Taking a regional and subregional risk management approach is a very positive thing but we have to recognise that it is very difficult to legislate risk management measures at a global level that cover all types of travel in every situation between every country because circumstances change.

So therefore taking this risk management approach, applying science as best we can and working within and between governments to ensure that we align those measures in the best possible way, we believe, is the best way forward.

00:38:46

So we do thank the committee for their careful recommendations related to travel and all of the other matters.

MK Thanks. I just want to come in on the first part of your comments, Jamie, around the UN press briefings. I just wanted to say I for one have been very proud to sit up here next to Dr Tedros, Dr Ryan and so many other amazing colleagues here at WHO.

My first press conference for this pandemic was about a year ago as of yesterday and as of today we've done more than 130 press conferences, we've done more than 50 live Q&As where we answer direct questions. Our press conferences are translated by amazing translators who are sitting in the room and I note, I try to speak more slowly for them as they try to translate our answers to you; six different UN languages plus Hindi, plus Portuguese and we have live captions that are ongoing as well.

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It's a privilege for us to do these briefings, to be able to answer these questions to all of you, to journalists, to people in the general communities. We will continue to do so because these are important ways in which - one of the ways in which we get information out so thanks for mentioning that.

We will continue to find different ways in which we can communicate but I for one am very proud to sit up here with this amazing group of individuals day in and day out.

FC Thank you. I would like now to invite Brazilian journalist, Bianca Rathier from Globo, to ask the next question. Bianca. Can you unmute

yourself, please? Bianca, can you hear me? You are muted. Can you please unmute yourself? If not I will move on to ask Sophie Mkwena from SABC, South Africa, to ask the next question. Sophie, can you hear me?

SO Yes, I can hear you loud and clear. The Director-General spoke about a need for ensuring that all countries receive these visuals [?] where the front-line workers and the vulnerable people are receiving the vaccine. But it looks like it's doom and gloom to a continent like Africa unless the wealthy nations, particularly the G20; their conscience tells them that, as you often say, Director-General, no-one is free until all of us - no-one is safe until all of us are safe.

00:41:59

It looks like there's no movement from particularly the G7 and the G20 to really invest in COVID. And perhaps with the new incoming President of the United States of America, Joe Biden, next week are you hopeful as he has indicated that his priority will be to rejoin the World Health Organization that perhaps world leaders with America back on board will see a different approach?

FC Thank you, Sophie; well understood. I would like to invite Dr Swaminathan to answer your question.

SS Thank you, Sophie, for that very important question. This is exactly what the Director-General and the WHO have been saying from the beginning; it's a question of solidarity, finding solutions and then sharing them equitably. Science has played a major role. In the last year we've had amazing progress in diagnostics, in a lot of clinical trials for drugs and of course for vaccines.

We are in a position where today a year after the discovery of a new virus we have not one but we have several vaccines that are in development, several the have been approved in certain countries and deployed, one of course that has WHO emergency use listing.

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But I was looking at the landscape document that we have on our website and there are over 170 candidates still in preclinical development and 65 in clinical development, 15 of them in phase three clinical trials. That gives a lot of hope. There are more tools, more vaccines coming down the pipeline.

In April the Director-General along with many leaders around the world and several global health agencies set up the ACT Accelerator exactly to address the issue of how to accelerate the development of tools but equally, if not more important how to ensure equitable access.

So from the very beginning we have recognised and advocated for equitable access and the COVAX facility which WHO runs jointly with GAVI and CEPI was set up to ensure equitable access. As of now we do have a guarantee of at

least two billion doses and perhaps a lot more than that at the moment, by the end of 2021 and that's going to go to the 190 countries that have signed up for COVAX.

92 of these are what we call the AMC countries; the countries that are eligible for distribution of vaccines at either no cost or very low cost by GAVI.

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We anticipate that the first tranches of vaccines will start going out in the first quarter of this year even though they may be in small volume because we also need to recognise that vaccines do need to go through the stages of testing, they need to complete trials, they need to have data on efficacy and safety, they need to be manufactured in a quality-assured facility.

Dr Simao's team has been working hard with a number of manufacturers around the world, anticipating results from the trials, already preparing for the regulatory processes and approvals that need to be put in place.

We have at least 13 manufacturers who've expressed an interest and five of them currently in conversation with WHO but these things take time. We cannot rush the elements that need to be fulfilled because billions of people are going to receive vaccine so on the one hand we have to make sure that the vaccines we deploy are safe and efficacious and quality-assured and on the other hand of course countries are preparing to deploy this and WHO, UNICEF, partners, the World Bank have been working closely with countries.

00:45:04

We had a goal of 100 countries to be ready for deployment and that's been done by intense work over the last several months. So we have to wait now for the supplies to get ramped up, to start coming into the facility. We're very hopeful that that's going to start happening very soon.

As I mentioned, several vaccines are currently under assessment by our regulatory team and so in the second and third quarter of this year is when we're really going to start seeing volumes but I think people should continue to be hopeful. Vaccines are going to arrive in countries, people are going to get vaccinated, starting with the most at risk group, as Dr Tedros said; all health workers to start getting vaccines in the next 100 days. That's the goal and that's what we are going to get to. Thanks. Bruce might want to add or Mariangela.

MS May I complement. I think this is a great question and it's really a moral issue at the stage we live in because I think in an ideal world we would be seeing a different scenario; we would be seeing a scenario where we're understanding that we're living through a global crisis and that no-one's safe until everyone is safe.

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In an ideal world we would not be seeing what we're seeing right now. WHO and partners worked for days and days and days to ensure that we put a framework in place that would allow for timely access to all countries, independent of income or availability of resources.

But the world we live in is not a fair world and I'm saying this because the COVAX facility is a way for us to reach fairness. We're going to get there and, as Dr Soumya was saying, there are vaccines that are friendlier to the low and middle-income countries' environment. The logistics that are needed to ensure coverage and to ensure that the countries can actually use the vaccine in the priority populations and so on...

These vaccines are on the way so what we have is a gap in time when we have now, I think, 46 countries which have started vaccinations and out of these I think 38 are high-income countries. The COVAX facility is there to ensure we can correct the course and make sure that all countries have access to safe and effective vaccines.

00:48:50

This is not happening now in January but it's happening quite soon and we hope to have good news for you on this in February this year. Thank you.

FC Thank you, Dr Simao. I would like to make a second attempt to reach Bianca Rathier from Globo. Bianca.

BI Hi, Fadela. Can you hear me?

FC Now very well. Go ahead, please.

BI My apologies; I had a technical problem here. Thanks a lot for trying again. My question is about Brazil. As the UK suspended new arrivals from Brazil over fears of a new coronavirus variant that was detected in Japan from travellers from Amazonas, Brazil's largest state - because in the same state Amazonas hospitals are overwhelmed, collapsing; we have reports of patients dying of suffocation without oxygen.

So the state made an urgent call for help from abroad. Is WHO aware and prepared to help? Does WHO believe that the new variant could be contributing to the sharp rise in cases there and what do you know about this new variant, is it more contagious than the UK variant for example?

00:50:20

It seems like a lot of questions but they are all related.

FC Thank you, Bianca; very well understood. I'd like to ask Dr Ryan.

MR Hi, Bianca. Yes, a lot of questions in there. Yes, we do have a WHO team on the ground in Manaus and we have been working very closely with state-level and federal-level authorities over the last number of months. Our Regional Emergency Director, Sero Orgarte [?], our Incident Manager, Sylvan

Aldigeri [?], our Country Representative and others are working very, very closely with our colleagues in Brazil at federal and state level.

You are correct; the situation in Amazonas and particularly in Manaus has deteriorated significantly over the last couple of weeks but that's not the only area. Other areas in association with the Amazon have had big problems in terms of their ICU capacity; Rondonia, Amapa; very high rates of positivity, in this case 54 and 46% respectively.

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So this isn't just an issue in Amazonas; it's not just an issue in Manaus. This is an issue in many areas of Brazil and in many countries in Central and South America. Again a bit like some of the countries in Europe like my own the holiday period has probably resulted in many people mixing in ways they hadn't mixed before and certainly this is not the winter period in these parts of the world so that's not the factor driving things.

It remains to be seen to what extent variants are driving that disease and Maria will speak to that in a minute. There has been a rapid rise in hospitalisations reported in Amazonas since the middle of December. Most of those cases are in Manaus, the capital of the state but they're increasing in other municipalities as well.

Clearly if this continues we're going to see a wave that is greater than what was a catastrophic wave in April and May in Amazonas and particularly in Manaus, which is a tragedy in itself. The ICU occupancy right now in Manaus is 100% over the full last two weeks. This is a health system under extreme pressure.

More than 4,000 new COVID-19 cases and 50 confirmed COVID-19 deaths per day have been reported, over 2,000 people hospitalised, both suspected and confirmed and over 400 people waiting to be hospitalised who already have COVID.

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There are many, many responses going on; the local response team, the incident management team and many others are doing all that they can to continue support but you are correct; there is a shortage in supply of oxygen, there's a shortage in gloves and basic PPE and there's difficulty in transporting oxygen from other states into Manaus.

Oxygen is not an easy thing to transport; it's heavy, it's usually in these big cylinders, they're weighty and I'm sure other states and the federal government will come to the assistance of Amazonas and Manaus. Brazil is a country of great solidarity and I think we will see that happen.

Another problem - and this is one thing that happens; we've seen before front-line health workers being infected. Of note here is that many, many

surveillance officers are now affected by COVID-19; many of the laboratory staff have been affected through community transmission.

00:53:49

This is a situation where your whole system begins to implode because your hospital system, your public health system, your laboratory system; those people are part of the community themselves and they begin to become infected and you go into a negative spiral.

There's, I think, a backlog of 7,000 or more samples. This is not a situation that other places didn't face. What I've described there could have been described from New York or northern Italy or any number of places on this planet over the last year.

The issue now is how do we get the necessary support both within and outside Brazil to support but if you look at the epidemic curves and, as I said, in Paraguay and Uruguay and Chile and in Argentine, the whole southern cone and all the way up to the Mercosur countries in Central America as well; we've seen a rapid, exponential increase in cases in a number of countries in the Americas, again likely driven, as the DG said in his speech, by that breaking down of basic behaviour, the increased social mixing, the reduction in physical distancing, fatigue and exhaustion with having to manage those measures is driving this.

We're going into waves where, as you can see in the case of Manaus, the hospital and health system has already been weakened by previous waves and therefore it's harder for them to suffer a second, third punch.

00:55:12

So the situation is difficult and in this case, in the case of the southern cone and Central and South America it is not new variants driving this transmission. New variants may have an impact down the line and they may be having some impact now and Maria can speak to what we know about that but again it's too easy to just lay the blame on the variant and say, it's the virus that did it.

Unfortunately it's also what we didn't do that did it and we have to be able to accept our share individually and as communities, as government, our share of the responsibility in this virus getting out of control while recognising the variants in the virus make it difficult.

I've said it before; the opposition has put substitutes on the field, it has more energy. The virus has been energised by the ability to evolve and become better, fitter and better adapted to infecting us. We have got to get more efficient at fighting the virus. There are no easy or other answers and again our solidarity is with the Government and the people of Brazil.

00:56:20

It's entering - obviously with other countries in the Americas - a very difficult phase. We will as an organisation, as always, do everything to support our member states and everything to support the people of Brazil. Maria.

MK Thanks, Mike. Just some comments on the virus variants that are being reported. There are some virus variants that have been reported from Brazil and we're working directly with researchers and scientists and amazing public health professionals in Brazil. They have very strong scientific work, sequencing capacities and, as Mike said, we met with our colleagues in PAHO today to get an overview of the current situation.

With regard to the virus variants, there is a virus variant that has been reported. They're delineating this the P1 lineage. I won't go into many different names but just to say there are several in Brazil but also in other countries. This mutation, this variant has several mutations that have some known biological importance; the ones you've heard us talk about before; this 501Y mutation and the E484K mutation.

00:57:29

I think what we should do, Fadela, is we should plan a specific live Q&A on these so that we can get into the details of this and go point-by-point because it's a lot to cover in a very short answer.

But just to say that WHO and partners have been monitoring these mutations so specific change, one change, or variants which are a collection of mutations and deletions and setting up a monitoring framework to evaluate these mutations and variants of interest and variants of concern.

We've presented this to our strategic advisory group, we've presented this to our R&D forum for epidemics. We had an excellent meeting on Tuesday - I think it was Tuesday this week - where we developed a research agenda specifically related to the studies that are necessary to better understand each of these virus variants that are being reported because more and more will be reported.

00:58:30

There's pressure on this virus to change; the more it circulates the more opportunities it has to change so while we are trying to get transmission under control we still have to monitor for new variants. We presented this risk monitoring framework that we have outlined also to the emergency committee where we are working to increase surveillance for the SARS-CoV2 virus circulation using PCR tests, using antigen-based tests, increasing capacity for sequencing.

There are a number of efforts that are ongoing around the world to increase sequencing capacity. There's an excellent network across PAHO to try to leverage existing systems. There's a system across Africa as well and we're

looking at different ways in which we can enhance sequencing capacity around the world so that we can detect changes in the virus.

We're also working with our virus evolution working group, which you've heard me mention many times, to set up a risk assessment framework to say, okay, we see something of interest, what does this mean, what are the studies that are needed to evaluate transmission, severity, neutralisation and any potential impact on diagnostics, therapeutics and vaccines, those that are available and those that will be available in the future.

00:59:52

We had the R&D research meeting this week to outline the suites of studies that are needed to be conducted and we're setting up the collaborations to ensure that our partners that work in labs with good biosafety and biosecurity can carry out the research that is needed to answer these questions.

And lastly to make sure that all of this fits into a risk assessment that WHO carries out regularly - we call these our rapid risk assessments - just so that we can put into context what these variants mean.

It's a lot of information for me to give in an answer but I provide this because it's not just as simple as to say, we've identified a mutation. There needs to be a system in place to understand what each of these mutations mean, what these variants mean and how it impacts the behaviour of the virus.

But as you've heard us say, this virus is dangerous on its own, variant or not and even if it can provide increased transmissibility - and some of them do - we still have tools that could break chains of transmission.

01:00:58

The interventions that have been outlined by WHO, that many countries are using, implementing at a local level based on the local situation work at breaking chains of transmission. Variants and the detection of variants and the emergence of variants makes it harder but we still have some control over this virus.

The emergency committee reinforced what we suggested in terms of monitoring this on a global level and said that this needs to be strengthened and so we will work very hard to strengthen that monitoring framework so that we have better eyes and ears on where these virus variants are and we will also be working on a nomenclature so that we will be able to describe these more eloquently to you as they emerge.

So it's a work in progress, there's a lot to do but we all have to do as much as we can to prevent as many infections as we can and reduce the pressure on this virus.

FC Thank you. Dr Simao.

MS I have a very short intervention because I think what's happening in Manaus and Brazil is actually an alert for many countries because you have a resurgence but at the same time you have an enormous break-down of the health system, the structure.

01:02:19

We are seeing this, as Mike has mentioned, also in developed countries so it's not just a matter of poor-resource settings. Manaus had an infrastructure that was put in place for the emergency situation, the horrible, horrific situation we went through in the first months of last year.

Because of a false sense of security this was let down and I think this is an important alert to all countries; don't let a false sense of security bring your guard down. If you have built up infrastructure - ICU beds and oxygen distribution points - don't shut it down because it's not over yet.

I think we need to learn from what's happening, the terrible situation that Manaus is facing right now. Let's say we can prevent further damage if we take this further message forward and we take it strongly; don't let your guard down, we're not over yet.

FC Thank you all for your participation. I would like now to invite Dr Tedros for his final words and also ask if Dr Houssin has any final comments to make; please do. Dr Houssin, do you have any final comments?

01:03:50

DH No, thank you very much, except to reinforce what Mike Ryan said; work, speed and realism are what is necessary at the present time.

FC Thank you, Professor Houssin. Over to you, Dr Tedros.

TAG Thank you. Thank you so much, Fadela, and thank you to those journalists who have joined us today and bon week-end. Thank you; until we see you in our next presser.

FC Thank you, Dr Tedros. Reminding you that you will receive the audio file and Dr Tedros' opening remarks right after this press conference. The full transcript will be posted on the WHO website as of tomorrow. Thank you and have a nice weekend.

01:04:43