COVID-19

Virtual Press conference
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Speaker key:
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TAG Dr Tedros Adhanom Ghebreyesus
LA Laurent Sierro
MR Dr Michael Ryan
HE Helen Branswell
SF Dr Soce Fall
CA Carmen Paun
KOB Dr Kate O’Brien
TU Tulip Mazumdar
MK Dr Maria Van Kerkhove
SO Sophie Mokoena
SS Dr Soumya Swaminathan
BA Dr Bruce Aylward
SI Simone McCarthy
JE Jenny Lei Ravelo
GU Gunilla Von Hall
JA Jamey Keaten
MS Dr Mariangela Simao

00:00:19
MH Hello, everybody. This is Margaret Harris welcoming you today, October 13th, to our global press conference on COVID-19 and other major health emergencies. Speaking today will be, as ever, Dr Tedros Adhanom Ghebreyesus, our Director-General, and we also have as usual our full team of experts available to answer your questions.

In the room we have Dr Mike Ryan, Executive Director, World Health Emergencies, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Soumya Swaminathan, our Chief Scientist, Dr Bruce Aylward, our Lead
for the ACT Accelerator, Dr Kate O’Brien, Director of Immunisation, Vaccines and Biologicals, and Dr Mariangela Simao, our Assistant Director-General, access to medicines and other health products.

Along with them we also have Dr Ibrahima Soce Fall, our Assistant Director-General for emergency response. We have a huge number of you online today, more than we’ve ever had before so we ask that you identify yourself fully with your name and your outlet otherwise we cannot call on you. We have to ensure that you’re legitimate media or we will not call on you for a question.

But before we go into the question-and-answer we will have opening remarks from Dr Tedros so without further ado I will hand over to Dr Tedros for the opening remarks. Dr Tedros, you have the floor.

00:01:48

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. The number of weekly reported deaths from COVID-19 continues to decline and is now at the lowest level in almost a year. But it’s still an unacceptably high level, almost 50,000 deaths a week and the real number is certainly higher.

Deaths are declining in every region except Europe, where several countries are facing fresh waves of cases and deaths. And of course deaths are highest in the countries and populations with the least access to vaccines.

As you know, 56 countries who were effectively excluded from the global vaccine marketplace were not able to reach the target of vaccinating 10% of their populations by the end of September and most of them in Africa. Even more countries are at risk of missing the 40% target by the end of this year.

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Three countries have not started vaccinating yet, Burundi, Eritrea and DPR Korea. About half of the remaining countries are constrained by supply. They have a vaccination programme underway but don’t have enough supply to accelerate enough to reach the target.

We ask once again for the countries and companies that control the global supply of vaccines to prioritise supply to COVAX and to AVAT now.

Another group of countries is constrained by capacity, especially countries affected by fragility, conflict and/or violence. WHO and our partners are working with those countries to strengthen on-the-ground technical and logistical capacities to roll out vaccines.

Reaching 40% needs a whole-of-government and whole-of-society approach, which depends on political and civil society leadership. We’re
working with leaders to support the prioritisation and planning that’s needed to make 40% coverage a reality.

With aggressive and ambitious action most of these countries can still reach the 40% target by the end of this year or be on a clear pathway to reaching it.

00:04:50

But it takes global co-operation. Countries that continue to roll out boosters now are effectively preventing other countries from vaccinating their most at-risk populations. Supply is finite. In the end this is a zero-sum game.

Following a public call for experts WHO today announced the proposed members of the WHO scientific advisory group for the origins of novel pathogens or SAGO. The 26 experts were selected from over 700 applications and were chosen for their world-class expertise and experience in a range of disciplines as well as their geographic and gender diversity.

SAKO will advise WHO on the development of a global framework to define and guide studies into the origins of emerging and re-emerging pathogens with epidemic and pandemic potential, including SARS-CoV-2.

There will now be a two-week public consultation period for WHO to receive feedback on the proposed SAGO members, following which the composition of SAGO will become firm and the group will have its first meeting.

The emergence of new viruses with the potential to spark epidemics and pandemics is a fact of nature and while SARS-CoV-2 is the latest such virus it will not be the last. We thank all those who expressed interest in SAGO.

Finally, I want to talk about the escalating crisis in northern Ethiopia. As an Ethiopian from Tigray this crisis affects me personally but today I’m speaking as the Director-General of the World Health Organization.

After 11 months of conflict the humanitarian crisis in northern Ethiopia is growing worse by the day. Up to seven million people are in urgent need of food and other aid across Tigray, Amhara and Afar.

Tigray, with an estimated population of six million people, has now been under a de facto blockade for almost a year. Humanitarian aid has not been arriving at anywhere close to the levels needed and basic services remain cut off, including electricity, banking and telecommunications.

The spread of the conflict into Amhara and Afar is further increasing needs and complicating response efforts. In Tigray more than 90% of the
six million population needs food aid and an estimated 400,000 people are living in famine-like conditions, based on the latest UN analysis.

Fuel shortages, a continuing communications black-out and other challenges make it difficult to assess the exact extent of the need but we are seeing acute malnutrition rates at levels comparable to those we saw at the onset of the 2011 Somalia famine.

The de facto blockade of Tigray is preventing us from getting aid to people in desperate need. Since the end of June we have only had access to Tigray via one road, through the neighbouring Afar region where movements are being severely restricted by official and unofficial checkpoints and roadblocks, insecurity and other obstacles.

The UN estimates that we need to bring in roughly 100 trucks of aid a day to meet basic needs in Tigray but since July the UN has only been able to move 10% of this into Tigray.

The conflict has devastated Tigray’s healthcare system and no supplies of medicine have been allowed into the region since July. Just a fraction of health facilities in Tigray remain operational due to a lack of fuel and supplies. People with chronic illnesses are dying due to lack of both food and medicine.

Nearly 200,000 children have gone without critical vaccinations. When people do not have enough food they’re more susceptible to deadly diseases as well as the threat of starvation and that’s what we’re now seeing in Tigray.

WHO will continue to do everything we can to provide essential life-saving support to all those affected by this crisis. WHO and our partners ask for unfettered access to the affected regions. The lives of millions of people are at stake. Margaret, back to you.

Thank you, Dr Tedros. We’ll now open the floor to questions and, as I said, we have a lot of you online, many hands up. We have, as usual, simultaneous translation so you may ask your question in any of the six official UN languages plus Portuguese and Hindi.

The first question goes so Laurent Sierro of Swiss News. Laurent, please unmute yourself and ask your question.

Thank you, Margaret. Thank you for taking my question. I’d like to come back to the SAGO announcement. Out of the 26 members there are people coming from the five permanent members of the UN Security
Council. Does that mean that it reflects the sensitivity of the mandate and should we expect blockades in the debates as we can sometimes observe in the UN Security Council? Thank you.

MR  
Hi, there. No, I think that’s the wrong interpretation. There were over 700 applicants and a technical group made a pre-selection of a shortlist that were checked for declarations of interest. There was no political process associated with this selection and we certainly need strong nations with scientific power to be part of the process but it’s their scientists we need, not their politicians.

MH  
Thank you very much, Dr Ryan. The next question goes to Helen Branswell from Stat. Helen, please unmute yourself and ask your question.

HE  
Thank you, Margaret. I was hoping that we could get an update, please, on the Ebola case in North Kivu. Is there any indication yet whether this is a case that relates to transmission from the previous outbreak or is this a new transmission? Is vaccine going to be deployed there, please? Thank you.

MH  
Thank you. I think Dr Soce Fall will answer that question.

SF  
Thank you, Helen, for your questions. We are still working on the sequencing with the national laboratory of Congo, ANRB, to be able to say if this is a new introduction or if it is related to the previous outbreak.

But as you know, the health zone and area where this new outbreak happened was one of the hot-spots of the previous outbreak. But we have already programmes there working with survivors and we have over 1,100 survivors so there is a possibility for this outbreak to be linked to the previous one but we still have to wait for the sequencing.

In terms of vaccination, as part of our preparedness programme in this high-risk area we still had vaccine available in Congo, close to 14,000 doses of the Ebola vaccine so we have already started vaccinating contacts and contacts of contacts but we also have provisions for vaccine under the ICG mechanism.

If we need additional vaccines we will be able to ship more vaccine. Thank you.

MH  
Dr Ryan will add a little more.

MR  
Just to add a note of thanks to our partners within the international co-ordinating group for the provision of Ebola vaccines, which mirrors the work we’ve done on meningitis and yellow fever and on cholera and in particular to UNICEF, to GAVI, to Medicines Sans Frontieres and others who support that process.
The fact that we have a stockpile now of vaccine to be made available to countries based on epidemiologic need and purely on the basis of equitable access to those vaccines based on the situation that they face is another victory for international science and solidarity.

I just hope we can achieve the same with the COVID-19 vaccines.

MH Thank you very much, Dr Ryan and Dr Fall. The next question goes to Carmen Paun of Politico. Carmen, please unmute yourself and ask your question.

00:15:14

CA Thank you. I wanted to ask about the mixing-and-matching of vaccines. I know SAGE recommended something on Sinovac and Sinopharm but we've seen countries giving a third dose of MRNA vaccines to people who have had two doses of AstraZeneca for example.

I was wondering if there's enough evidence to support that in terms of safety and efficacy already. Thank you.

MH Thank you, Carmen. Dr Kate O'Brien will answer your question.

KOB Thanks so much for that question. The issue, given that we have now 17 vaccines, of which seven are emergency use listed and more are coming through the emergency use listing process...

That means that many countries have multiple products in their immunisation programme. In fact the majority of countries have more than one vaccine in the programme and some up to nine different vaccines in the programme.

There's really no other vaccine programme that's like this. Most countries would have a single product for a single disease in their immunisation programme so this issue of mix-and-match is a really important one and we as WHO are following the evidence on this.

00:16:30

We already have recommendations for the combination of using the AstraZeneca product in combination with either of the MRNA products and in this most recent meeting of SAGE we did recommend a third dose of vaccine for immunocompromised people and that that third dose of vaccine is best to be the same vaccine as was previously received but we allow for the opportunity for people to receive a different vaccine.

Also we made a recommendation for the Sinopharm and Sinovac products in particular, for people over the age of 60 to also receive a third dose as part of their primary series. These are not booster doses as we define booster doses. Again the recommendation there based on the evidence which is mostly around the use of an additional dose using the
same product but an allowance for use of other products as that third
dose.

There is a limited amount of information about the immunogeneicity and
and even more limited amount of information about the effectiveness of
that mix-and-match schedule so we will continue to follow the evidence,
recognising how important this is for countries to have much more
flexibility around multiple vaccines in the programme, in the country and
being able to deploy those in various combinations to improve the
performance of vaccine schedules and just simply flexibility for being able
to assure that people get the doses that they need as quickly as they can.
Thank you.

00:18:19

MH    Thank you, Dr O'Brien. The next question goes to Tulip Mazumdar
from the BBC. Tulip, could you unmute yourself and please ask your
question.

TU    Hello. Thanks, Margaret and to the team for taking my question.
With SAGO, is there a plan for what that group is going to do first when
they're in place in a couple of weeks' time and are there any signs that
China will allow international scientists back in under this new umbrella
group since there hasn't been much movement on that for a few months
now?

Or is there anything more that this new group could do to try to
encourage China to share the data from the very early days of the
pandemic, which you've outlined obviously is still outstanding?

00:19:04

MH    Thanks, Tulip. Dr Maria Van Kerkhove will answer your question.

MK    Hi, Tulip. Yes, we've just announced the membership of the
proposed members for the SAGO and following this two-week public
comment period we hope to have our first meeting. There are a couple of
really urgent items up for discussion for this new advisory group to WHO.

First is to look at how we establish a global framework for the study of the
emergence of these novel pathogens. SARS-CoV-2 was the latest one. It
will not be the last pathogen that breaches the species barrier so there
will be another disease X in the future. I think we all need to be much
better-prepared for that and so they will advise on how we best study
where and when these pathogens emerge or re-emerge for the known
pathogens that are circulating in animals.

00:19:54

The group will also urgently give a rapid assessment of where we stand
with our understanding of the SARS-CoV-2 origins. Since the mission
team came back in January/February 2021 and that mission report where they outlined their findings there have been a number of studies that have been published since then looking at studies of animal susceptibility, looking at studies of circulation of SARS-CoV-like viruses in bats for example in China and in the Mekong Delta region, studies of clinical samples from 2019 that had some positive SARS-CoV-2 results and a number of other studies that are ongoing.

What we need this group to do is to urgently assess, where are we in what we know and what we don’t know and what urgently needs to be done. Following the last mission to China there were more than three dozen recommended studies that needed to be carried out. We hope to get an update on those studies as well so that we can say, okay, here’s what’s next.

So this advisory group will provide advice to WHO on those urgent next steps and then WHO will work with any member state including China to carry out what needs to be done. But really I think there’s no time to waste in this and we really look forward to working with the outstanding scientists that have been proposed for the SAGO.

You’ve seen the list that is online. They represent a diverse group of technical disciplines. They represent people from all over the world with experience not only from their home country but in other countries as well.

From more than 700 applications from more than 100 countries we had a very difficult task to narrow this down to the 26 that you see on that list. We very much look forward to working with them and we hope all of you will support the SAGO in the critical mission that they have going forward.

Thank you very much, Dr Van Kerkhove. We now have Sophie from South African Broadcasting Corporation. Sophie, please unmute yourself and ask your question.

Thank you. I just want to find out on the issue of building capacity ahead of the G20 meeting, you had a meeting with pharmaceutical companies. Last week the Director-General and the Secretary-General issued a statement making a request for countries to implement what they promised earlier on in terms of assisting developing countries to access vaccines.

Are you seeing any shift? And also Moderna announcing that it intends to set up a site in Africa. Are you aware of that, is there a movement to assist poorer countries and developing countries?
Thank you. Dr Soumya Swaminathan will answer your question.

Thank you very much for that question. Indeed we continue to call on all parties, countries that have supplies and that have already vaccinated a significant proportion of their population as well as companies, to prioritise COVAX and AVAT so that we can quickly get vaccination coverage rates up in Africa.

I think that's the way to continue to bring down mortality which, as DG said, is still at a very high level of about 50,000 a week so the way to bring that down is expanding vaccination coverage as soon as possible.

On manufacturing we are encouraged by reports and by the announcements of companies. As you know, BioNTech announced some time ago that they were going to have three production facilities in Africa, in Senegal, Rwanda and South Africa, to manufacture their vaccine.

We know that Pfizer has entered into an agreement to do fill-and-finish in South Africa and the most recent announcement was from Moderna. However we have not seen details of that announcement so we don’t know where that facility will be set up, if it’s one or many and what exactly they propose to do there, whether it’s fill-and-finish or whether it’s manufacturing.

But on the whole we would encourage this type of activity because it helps to build the capacity, build the plants in Africa, eventually to train people locally. What we would like to see is something that is sustainable, that leaves behind that capacity and this is where we believe that it would be very productive for these companies to work with us, with the technology transfer hub and with our manufacturing task force that has been set up between WHO, CEPI and GAVI.

Because we're also working with the African Union and Africa CDC so we can help co-ordinate all the different elements that include the regulatory system strengthening as well as the work that's needed on training the workforce to be able to man all of these different manufacturing sites.

So there's a lot that the companies can bring to the table but there's also a lot that WHO can do working with the member states and with other multinationals. So we look forward to many more engagements and more co-ordination rather than fragmented efforts at developing this capacity. Thanks. Bruce?

Thank you, Soumya, and thank you for the question. Around the issue of the engagement with manufacturers that was raised, this is such an important point because there has indeed been much more
engagement with the manufacturers really trying to get clarity and understand how many doses are being produced by month, where are those doses going, how much of it can you guarantee will go through COVAX and AVAT.

On the positive side the vaccine deliveries through COVAX are increasing but they're not increasing fast enough. We don't have a clear enough visibility on what the pipeline looks like and the other problem we have is that most of the additional doses are still coming from donations.

This is the reason we're going back to manufacturers again and our request - and it continues to be - is for visibility. How many doses are you shipping, how many of those doses will come through COVAX by month and through AVAT and other mechanisms so we can get them into low and low-middle-income countries?

00:26:46

We simply do not have the visibility that we need on that yet, to be completely frank. This comes back to the points the Director-General was making in his opening statement today. 56 countries did not meet the 10% target. At least that number are at risk of meeting the 40% by end of year target and this gets so much more complicated if countries cannot see what is coming down the pipeline and that's the problem we have right now.

So it really is in the hands of the major manufacturers right now to make sure the world can see with all transparency what to actually expect from these countries by month because they may not have enough supply, which means then we need to go, as the Director-General has been doing, to the countries with the high coverage, with the high contracts to ask to free up more doses to get them into COVAX.

But we can't do that without more transparency. Quite simply, you cannot have equity in the roll-out of these vaccines without transparency.

00:27:46

So the good news as well is in two weeks the G20 will be meeting and this is right at the top of the agenda, trying to take stock of where we are because this is so important, this global target, to get to open societies again, open economies again and getting the world back on its feet and out of this pandemic.

So the G20 meeting in two weeks will be absolutely crucial. It'll be a stock-take and we really hope by then we have clear sight from manufacturers on how much vaccine is going, exactly as you said, to the countries that need it and through the mechanisms, like COVAX, that are designed to get to equity.
Thank you very much, Drs Aylward and Swaminathan. For the next question we're going to Hong Kong, to Simone McCarthy from South China Morning Post, where it's pretty late at night. Simone, please unmute yourself and ask your question.

Thank you so much. My question is regarding SAGO. It's exciting to see the list of names out. In the Science editorial today WHO leadership said that further research should be urgently undertaken in China. Do you anticipate that SAGO will recommend and plan further missions to China and what is the plan if that access is not forthcoming? Thank you.

00:29:09

Thank you for the question. Yes, I anticipate that the SAGO in its discussions about the urgent next steps for understanding the origins of the current pandemic will recommend further studies in China and potentially elsewhere and we very much hope that there will be further missions to China and other countries.

The SAGO itself will make recommendations or give advice to WHO. Any future missions will be organised by WHO and that member state in question and of course we need the co-operation of that member state to carry out any future missions.

But I want to make it very clear that the SAGO is not the next mission team. There's been some misrepresentation about that going forward. It's an advisory group to WHO. Of course they're going to make recommendations on missions that will be needed and also remember that the SAGO is not just for the current pandemic but for future pandemics or future outbreaks, future emergents as well.

00:30:03

So I would expect that this group would make recommendations for field studies that are necessary to be carried out. But any future mission that will take place - and again I hope there are many - will be organised by WHO with that member state in question.

There will be specific terms of reference for any future mission and there will be specific teams that will be gathered together and organised by WHO.

Just to add, it's exceptionally important that we try to understand the origins of a virus. We've nearly 0.25 billion confirmed cases around the world and that's likely to be a hell of a lot more so it's really, really important that we collectively, while we're dealing with the containment now and the mitigation and vaccinating people, that we're able to go back and try and understand the dynamics of how that virus breached the
animal/human species barrier, to understand how that virus entered the human system given the impact that it’s had.

This has never been an easy process in many countries. We’ve had difficulties in the past in a number of countries because there were real issues, there are sensitivities, there are economic issues, there are national pride issues, there are sovereignty issues and you can’t ignore that they exist.

If you ignore that they exist you will crash and burn on those issues. What we’re trying to do, I think, as a responsible organisation, a member-state organisation, is to take a step back, create a step back, create an environment where we can again look at the scientific issues, the scientific state of the art of knowledge and then request that member states and the scientific institutions in them provide the data that would answer those questions if it exists and work with us to set up the studies that would be needed for that data which doesn’t exist.

That is a human endeavour to understand a virus that has stopped our whole world and I would ask everyone, countries, journalists and everybody else, to create a little space for that discussion to happen because right now this is our best chance and it may be our last chance to understand the origins of this virus in a collegiate, collective and mutually responsible way and I can't overstate that.

This is an opportunity but it is also a challenge because all the scientists during this process understand those external pressures and the scrutiny and the visibility of the process.

So I think we’re at a very important moment and Maria and the team internally will be working to keep everybody updated on the process but we would really appreciate while this requires an oversight and it certainly requires that good journalism follows this process and asks the right questions...

But we also want to be in a position where the scientists can operate without pressure in order to be able to do their jobs.

Thank you very much, Dr Ryan and Dr Van Kerkhove. The next question goes to Jenny Lei Ravelo from Devex. Jenny, please unmute yourself and ask your question.

Hi. Thank you so much for taking my question, a question for Dr Bruce Aylward. There was a Dahlberg report and one of the things it highlighted was meaningful engagement with LMIC representatives and
civil society. I wanted to ask, what's the concrete plan to make sure that takes place beyond just having them be part of meetings?

A second question is on funding. What else is in the works to address access under funding as you work on a new plan for the next phase of ACT-A? You had the fair burden sharing model but ACT-A is still significantly underfunded at the moment. Thank you.

00:34:16

BA Yes, thanks so much, Jenny, and thanks for highlighting the importance of the review that was just done. For those reporters who might not be familiar, it was a rapid strategic review that was done of the ACT Accelerator over the last couple of months by the Dahlberg company. It was just published on the WHO site last Friday if you look to access it.

That lays out 11 major recommendations that are really designed to help make sure we optimise the functioning impact of the ACT Accelerator in the next year. There's a general sense there's been great progress in accelerating the development of the tools that we need and the countermeasures that then feed into the response Mike is running to try and bring this pandemic to an end as rapidly as possible.

00:35:02

But not as successful has been that downstream equitable delivery and one of the important recommendations that come out is exactly the point Jenny just highlighted, the need to more closely now interface, engage with the low-income, lower-middle-income countries that will depend and are depending so crucially on some of the work that the ACT Accelerator has done.

There're going to need to be a couple of approaches to that, Jenny. Part of it is going to be creating some new mechanisms. If you look at the council of the ACT Accelerator there's a concern that it is not balanced across the low-income countries, low and middle-income countries and the higher-income donor countries so that's something that is going to have to be addressed and rebalanced.

We need to go back and look at every single one of the engagement mechanisms that already exist. COVAX has put in place what they call the AMC engagement group that works with every one of the 91 countries that are eligible for that support but if it's not meeting the needs we need to fix that.

The diagnostics pillar has a country engagement round table. If that's not working we need to strengthen or fix that and similarly each piece of the accelerator has something. But one of the most important changes we're going to be bringing in now in the next phase - and the decision's just
been made in the last couple of days - into what we call the health systems and response connector, the incident management machinery of the global response that works directly with regions and countries around the world on a day-to-day basis and that's a lot of the work that Mike and Maria reflect in their conversation.

00:36:40

So all of this is work that's being done to try and address a crucially important recommendation that came out of the review.

On the financing side, going forward the first thing is just going to be awareness about the needs of the ACT Accelerator. We're just finalising now the updated new strategic plan and budget. We hope to get a draft of that out to the council tonight and its finance working group.

That will then look at, okay, what is going to be the resourcing strategy as we go forward to close that gap because it will be substantive. It'll be certainly over $20 billion needed to meet the needs of the Accelerator as we go forward over the next 12 months and get equitable roll-out of these tools.

00:37:22

And exactly as Jenny emphasised, if we go forward next year with the same gaps we had last year the pandemic will be prolonged. The Director-General is going to be speaking this afternoon with Ministers of Finance from the G20. We'll be speaking to the Health and Finance Ministers’ meeting in the coming weeks and then the summit itself will give attention to this issue.

So Jenny, stay tuned as we look at the commitments we’ll see to the new plan as it goes forward and the approach is to try and close this financing gap.

MH Thank you very much, Dr Aylward. We are coming up to the hour and, as Dr Aylward mentioned, the Director-General has a number of very important events so we’ve got time for maybe one or two more questions. The next one goes to Gunilla Von Hall from Svenska... Gunila, please unmute yourself and ask your question.

GU Can you hear me?

MH Very well, Gunila. Go ahead.

GU Thanks for taking my question. It is on China, which has decided to test thousands of Wuhan blood samples in their COVID-19 probe. I'd like to have your reaction to this decision and also how you look on how the results can be seen as credible if there are no independent outside experts in analysing these blood samples. Thank you.
Dr Van Kerkhove will answer the question.

Yes, thank you. We understand that there's some work underway in which samples from 2019 will be tested for SARS-CoV-2 to see if there are antibodies to SARS-CoV-2. These types of studies carried out in China are absolutely critical to really understand these early days and we very much hope that those studies are underway or will be underway soon and we hope those results will be shared including not just the findings but also the methodologies that were used.

We look at any studies of serology, looking at the presence of antibodies in samples from 2019 as really important. They're very difficult to do because it would be the early days of the pandemic but they also provide clues if people were infected or have evidence of infection or not and so it is really important that those studies are underway.

Any studies looking at the earliest cases or suspected cases in 2019 really need to be carried out because this pushes back the timeline and it really helps us understand the early events of the COVID-19 pandemic.

We really owe it to ourselves, to everyone who has been infected with this, to all the people and their families who have died from this terrible virus to really understand so that we do better the next time and so that we are much better prepared for the next time.

But we look forward to learning more about what will be done, we look forward to knowing the timeline of when these studies will be completed and we look forward to those results. I hope very much that we will be able to discuss this with the SAGO, with this advisory group as well as with the wider international community.

So as soon as those results could be available we would appreciate that.

Thank you very much, Dr Van Kerkhove. As I said, we have more than 700 of you online. I know many of you have got questions but we've really only been able to give the questions to the people who've got their hands up first and one of those is Jamey Keaten. Jamey, please unmute yourself and ask your question. Yours will be the last question. Jamey, are you still there?

Hi. Can you hear me now?

Yes, very faintly. Can you come closer to your microphone?

Sorry. I seem to have a problem with my microphone. My question is for Dr Simao. It has to do with the Sputnik vaccine. I'm
wondering if you could give us a bit of a better timetable as to when you expect that that could come up for approval.

We have spoken to some officials at RDIF who are suggesting that it could happen within the next two months or so. What are you still waiting for to be able to go forward with... that the EUL from WHO may be coming forward from the tag [?]? Thank you.

MS Thank you very much, Jamey. Let me bring forth the message, the information that I have given in other pressers. First of all is that the emergency use listing procedures are transparent and public. They're published on WHO's website and they are applied across all manufacturers so all submissions that we have are addressed the same way.

00:42:18

The Sputnik process, which is the Gamalaya Institute, is still on hold. It's pending some legal procedures that we expect will be sorted out quite soon. We are working almost on a daily basis with the Ministry of Health in Russia to address the remaining issues to be fulfilled by the applicant, by the Russian direct investment fund.

So as soon as this letter of agreement is signed WHO will reopen the case, we will reopen the assessment which includes the submission of the data in the dossier - it's still incomplete - and resuming the inspections of the sites in Russia.

The timeline will depend on when we get these legal procedures done and then we will be able to assess with the applicant and the manufacturers what will be the next step and how long it will take. So we don't know yet.

MH Thank you so much, Dr Simao and thank you all, journalists, for a wide range of questions which have allowed our experts to give you some very good answers, I think. Dr Ryan wants to add something more.

00:43:37

MR Just a point of addition. I did mention for the international coordinating group for Ebola vaccine our colleagues in GAVI, in UNICEF and in Medicines Sans Frontieres but I didn’t mention our colleagues in the International Federation of Red Cross and Red Crescent Societies so I would not be able to walk the town safely if I didn’t correct that error.

Linked to that, it is International Disaster Risk Reduction Day and for all those, especially the Red Cross and so many others around the world who work in disaster risk reduction and disaster risk management and save hundreds of thousands of lives in multiple different types of disasters.
I think as we look at epidemic disasters and climate disaster coming together the idea of integrating disaster risk management in a much more comprehensive way is something for us to think about on a day like today.

Our disaster risk management team in-house under Kutzi Yehuda [?]; best wishes to you for the day.

MH Over to Dr Tedros to close the press conference.

TAG Thank you. Thank you, Margaret. I agree with what Mike said. Thank you to the media colleagues who have joined us today and look forward to having you in our upcoming presser. Bye.

00:45:06