COVID-19
Virtual Press conference
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GU Gunila
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KOB Dr Kate O’Brien
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MR Dr Michael Ryan
MS Dr Mariangela Simao
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00:00:09
FC  Good afternoon, everyone. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva and welcoming you to our global COVID-19 press conference today, Thursday 18th February. We have simultaneous interpretation in the six official UN languages plus Portuguese and Hindi. Today we are pleased
to be joined by Dr Keith Rowley, the Prime Minister of the Republic of Trinidad and Tobago.

Let me introduce to you the WHO participants. Present in the room are WHO Director-General, Dr Tedros, Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General, Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator, Dr Kate O’Brien, Director, Immunisation, Vaccines and Biologicals, Dr Peter Ben Embarek, International Team Lead on the WHO-convened global study on the origin of SARS-CoV-2.

Now without further delay I would like to hand over to Dr Tedros for his opening remarks and to introduce our guest. Over to you, Dr Tedros.

TAG  Thank you. Thank you, Fadela. Good morning, good afternoon and good evening. Just over a year ago WHO launched its first strategic preparedness and response plan for the COVID-19 pandemic.

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The SPRP outlined the comprehensive response needed and which many countries have followed successfully to suppress transmission, protect the vulnerable and save lives. With an ask of US$1.7 billion the first SPRP saw an unprecedented response. With the support of member states and donors we raised US$1.58 billion, over 90% of which was allocated to countries and regions, getting vital funding to those at the front line of the pandemic and supporting WHO's core scientific and technical work.

It also enabled WHO and our partners to ship millions of tests and items of personal protective equipment and to support thousands of ICU beds around the world. We deployed 191 emergency medical teams, supported seroepidemiological studies in 58 countries, offered 150 online training events reaching 4.7 million participants and much more.

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Today we're proud to launch the strategic preparedness and response plan for 2021. The new plan builds on last year's SPRP with six objectives; suppress transmission, reduce exposure, counter misinformation and disinformation, protect the vulnerable, reduce death and illness and accelerate equitable
access to new tools including vaccines, diagnostics and therapeutics.

The financial need to meet these objectives is US$1.96 including $1.2 billion for the WHO component of the ACT Accelerator and 643 million will go towards supporting people in need of humanitarian assistance in fragile, conflict and vulnerable settings.

The SPRP also recognised the need to fully integrate the COVID-19 response into planning for health and development programmes. Fully funding the SPRP is not just an investment in responding to COVID-19. It is an investment in the global recovery and in building the architecture to prepare for, prevent and mitigate future health emergencies.

At the beginning of the year I issued a call to action to ensure that vaccination of health workers was underway in all countries within the first 100 days of the year. Tomorrow marks the halfway point and we have made progress but we are not there yet.

With the emergency use listing of two versions of the AstraZeneca vaccine this week COVAX is ready to roll out vaccines and is waiting for several manufacturers to make good on their commitments.

The world is moving closer to delivering the promise of vaccine equity. Vaccine equity will be on the agenda at both the G7 leaders' meeting and the Munich Security Conference tomorrow. Tomorrow WHO will also launch a new declaration focused on vaccine equity and I have been encouraged by the support we have received from hundreds of organisations and thousands of people.

Health worker groups, international agencies, religious groups, youth movements, sporting bodies and others have all signed the declaration. The declaration calls for action from several groups. It calls for political leaders to increase contributions to the COVAX facility and to share doses with COVAX in parallel with their own national vaccine roll-out.

It calls for vaccine manufacturers to share know-how with the COVID-19 technology access pool to scale up vaccine manufacturing and dramatically increase the global supply of
vaccines. It calls for regulatory bodies to accelerate the approval processes in a safe and effective way.

It calls for ministries of health to work with WHO and others to invest in and prepare their primary healthcare systems for distribution of COVID-19 vaccines to health workers and to develop data systems on vaccine supply, distribution and update.

And it calls for all governments to ensure that COVID-19 vaccines are distributed free at the point of care without risk of financial hardship, starting with health workers. Vaccine equity is especially important for fragile and vulnerable groups and for small island states like those in the Pacific and Caribbean with small populations who can miss out on vaccines because they have less bargaining power than bigger countries.

Everywhere needs everywhere; nowhere should be left behind. Today we're privileged to be joined by the Honourable Dr Keith Rowley, the Prime Minister of the Republic of Trinidad and Tobago. Prime Minister, thank you for your leadership and thank you for joining us today. You have the floor.

00:07:48

KR     Dr Tedros, Director-General of the World Health Organization, other members of the WHO team, journalists, a very good morning to all the viewers and listeners who are tuned in to this programme on vaccine equity.

Today as Prime Minister of Trinidad and Tobago I represent our twin-island Caribbean nation as well as the region of CARICOM, being Chairman of that regional body at this time. I'm really honoured to be invited and afforded the opportunity to participate in this public conversation on our world's ongoing challenge of responding to a virus which for more than a year has been ravaging our populations, destroying our economies and killing us indiscriminately across the world.

At the onset I want to thank you, Dr Tedros, and the broad spectrum of staff at the WHO for the leadership, guidance, care, comfort and hope that you have consistently provided all the way from the beginning of a perilous journey through this very dark night.

00:09:10

Your pivotal role underscores the obvious need for this global organisation's existence and sustenance and we trust that you will always be there to hold a candle to us all wherever and
whenever we on this planet are confronted by microbes or any other form of human health challenges.

After a period of disbelief it is with great satisfaction that we welcome the news of the intention of the United States of America to return to this place of science and world leadership in this vital and fundamental business of human care.

Dr Tedros, colleagues, fellow citizens of the many countries, I trust that it is clear to us all by now that, large or small, rich or poor, powerful or feeble, none of us will be free from the devastation and propagation of this virus until all of us are free of its grasp and have overcome the direct and indirect destructive dominance of this microbe.

One year ago when the full nature of the pandemic was realised we were very unsure of its reign but among our fervent hopes even then was that our collective scientific know-how would lead us to a vaccine in the shortest possible time and we prayed for its efficacy.

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Today thankfully we are at that place where we now have tested and proven vaccines. A brightening light is shining on our way towards the most successful response to the still marauding virus. Even as we breathe a sigh of collective relief we acknowledge the logistical difficulties associated with instantly satisfying the needs of all of the people.

But we do have models of sharing and caring which would allow all of us to be beneficiaries of fair and equitable access as WHO go on to hopefully certify more and more of the life-saving vaccine.

Our history as people is littered with instances of destructive behaviour, disrespectful dominance, imbalances and other forms of man's inhumanity to man. But on this rare occasion when we are all yoked to an invisible destroyer it is my hope and plea that when the journal of this experience is written it will deviate from what is mostly the norm and record that on this occasion the rich took care of the poor and the small and impecunious were not trampled with disdain by those who could have done so simply because they had the wherewithal to do it.

00:12:23

Today on behalf of all small island states, of which the Caribbean's CARICOM group is probably the best example of those with fragile economies, small populations with limited
technical and financial resources as well as other vulnerabilities who disproportionately are being ravaged and threatened by COVID-19 and all its variants, we are to remind that we need the systems of fairness, caring and sharing to work according to a plan so that we can all come out of this dreadful experience guided by principles of equity and compassion.

As there is the understandable rush to receive the vaccines and inoculation of our various populations we are more than a little bit concerned that there is or is to be hoarding and price gouging as well as undue preference in some quarters.

This being so, we at CARICOM have recently called upon WHO to immediately convene an international convention of the world's people's representatives to commiserate, explain, assist and commit to a fair sharing of the available vaccine resources for the benefit of all humankind and not just the privileged, well-heeled few.

Today we continue to make that call. We are also wary of the many charlatans who are increasingly emerging as they stalk the vulnerable with offers of opportunities that seem to good to be true only because they really are but are protected by their many disguises.

On this day the work of WHO is far from over. Now more than ever you are required to protect us from the many offshoots of the viral era and encourage the science not only to further understand the biology, physiology and management of the virus but the defeat of its power through equitable distribution of its nemesis, the vaccine.

Mr Director-General, small states such as ours have made and continue to make high and huge sacrifices in an endeavour to protect our populations from the worst ravages of the virus. We anxiously anticipate the promised relief and general benefits that a successful early vaccination programme can bring to each of us.

All we ask as members of the family of nations is that we not be forgotten, ignored or worse taken advantage of in this business of life and death. Director-General, the CARICOM once again acknowledges your good work and dedication and looks forward to receiving you in the healthy Caribbean in the very near future.
We hold out great hope as we thank all healthcare givers at every station and location and to you all we say thank you.

TAG Thank you. Thank you so much, Prime Minister. It's such a great honour to have you and I fully agree, we have models of sharing, we have models of caring and this invisible destroyer, as you have said, a common enemy, cannot be defeated without solidarity. Thank you so much indeed.

I would also like to recognise that Trinidad & Tobago, your country, has done very well in this pandemic and this is because of your leadership. Even without vaccines using simple public health solutions we can see from your own experience that this virus can be controlled.

So thank you so much for your leadership, Your Excellency, and I welcome your solidarity. I am pleased that your first health worker was vaccinated today.

The record-breaking pace of COVID-19 vaccine development shows that where there is a will there is a way. If people everywhere demand vaccine equity it can be done. Let's join His Excellency, the Prime Minister and show that the models of sharing and caring can work. Thank you and, Fadela, back to you.

00:17:16

FC Thank you, Dr Tedros and thank you, Prime Minister. I would like to add that we have been joined in this press conference by Dr Michel Yao. Michel Yao is Director of Strategic Health Operations at WHO. Now I would like to open the floor to questions form members of the media. I remind you that you need to raise your hand using the raise your hand icon in order to get in the queue and please don't forget to unmute yourself.

I would like to invite the first journalist, Gunila Van Hall, Svenska Dagblat, Swedish journalist, to ask the first question. Gunila, you have the floor.

GU Hear me?

FC Yes. Go ahead, Gunila.

00:18:09

GU I'm sorry for that. Thanks for taking my question. It is about the South African variant as it's spreading more and more and is in about 16 European countries now too. How worried should we be about this variant? What do you know about how much more contagious it than the original virus?
Does it create more serious disease and specifically do the vaccines we have today give enough protection against the South African variant? How pressing is it to create second-generation vaccines that include this variant? Thanks.

FC Thank you, Gunila. Dr Van Kerkhove will take the first part of your question.

MK Thanks. I will begin and maybe, Kate, you want to come in specifically around the vaccines. There are a number of virus variants that WHO is tracking with global partners around the world, one of which has been identified in South Africa. I would urge us not to call these the South African variant or the UK variant. Really we need to try to remove any of the stigmatisation against any of the countries that are working hard to recognise any mutations and changes in the virus.

As you know, the virus evolves, it mutates, it changes; this is evolution and this is natural. The variant that was identified in South Africa, the 501YV2 or the B1351, is being studied right now, looking at transmission, looking at severity and looking at any impacts on neutralisation and diagnostics, therapeutics and vaccines.

All mutations and variants of interest and variants of concern will undergo the same type of research so that we better understand what all of these changes mean and WHO with partners is setting up a global risk monitoring framework to make sure that we are tracking the changes in the virus and that we are studying these with a robust process that is done quickly and in a co-ordinated manner around the world.

The variant that was identified in South Africa through great work across the country and the sequencing capacities that they have increased over the last year; there is increased transmissibility that has been identified with this variant, similar to what we've seen with the variant identified in the United Kingdom, suggesting that it's more transmissible.

It does have the same mutations that we've seen in some other variants which increase its ability to bind to cells, to infect cells but it's similar along the same order of magnitude of what we've seen from the variant identified in the UK.

I should say that even with increased transmissibility South African has shown that with the introduction of the public health
and social measures that they have been using since the start that this virus, this virus variant can be controlled and we have seen reduced incidence over time.

We do not see any changes in disease presentation or severity or change in in-hospital mortality with this variant as opposed to the other viruses, the SARS-CoV-2 viruses that have been circulating. There is a suggestion of some reduced neutralisation capacities for the variant B1351 and there have been some studies, as you've heard, that have been looking at differences in vaccines and vaccine efficacy.

I should say that we don't see any changes in diagnostics, in our ability to detect this virus variant as well as other virus variants identified in Brazil, in the United Kingdom and other mutations that have been picked up around the world.

But I do just want to emphasise that it is really critical that we increase our surveillance for mutations and changes in the virus through good epidemiologic surveillance, good case detection with molecular testing and antigen-based testing as well as increasing our sequencing capacity around the world.

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We are looking to leverage and build from existing sequencing capacity systems around the world with our SARS-CoV-2 lab network, our global influenza surveillance and response system, our GISRS system around the world as well as leveraging our HIV labs, our polio labs, etc.

In areas where we don't have that capacity in country we're looking to see where we can support sequencing capacities through private labs or academic labs and through regional collaborations, which are growing. We have good regional labs in Africa, in the Americas, in the EMRO region, across the Pacific.

But again this is part of building back better; it's making sure that we have sustainable systems in place going forward. Kate.

KOB Just to address the question of the vaccines and the variants, I think the first thing to say is that this is a very dynamic, a very evolving area of information. As you know, throughout this pandemic we have a set of information that comes in in real time and we're following it really carefully and this is of course one of the areas that we're looking at extremely carefully.

When it comes to the variants of concern and the vaccines there are really two kinds of pieces of information that are relevant.
The first piece of information that is most relevant is actual measurements of whether or not vaccines in the face of wide circulation of variants are preventing disease as they have been demonstrated to do in the clinical trials when variants were not present.

Some of the clinical trials were conducted in countries, in settings, in time periods when there were variants that were very common in the community and so from those clinical trials we do have some evidence about the performance of vaccines against variants.

In general what we're seeing across a number of the vaccines - that includes the Johnson & Johnson vaccine, the Novovax vaccine and the AstraZeneca vaccine - in the B1351, the variant first identified in South Africa, is that there is a lower efficacy than was demonstrated in other parts of the world where that variant wasn't circulating.

As you can probably appreciate though the certainty about that is relatively low because the number of cases that were identified in one setting, the South Africa setting, was lower than in the aggregate data from around the world and in particular for the AstraZeneca vaccine, the clinical trial that was conducted during the period of circulation of that variant was a small clinical trial that was not designed to address this question.

Furthermore that clinical trial did not include anybody who... There were no events of severe disease that occurred in the people who were enrolled in the clinical trial so we don't have information about whether or not there was efficacy against severe disease, only information that was not conclusive about the reduction in efficacy against mild and moderate disease.

The reason I point that out is that generally speaking for respiratory viral vaccines and the evidence in some of the vaccines for COVID we do see that there is higher efficacy against severe disease than there is against mild and moderate disease so this is an important caveat to the evidence that's out there.

The second piece of evidence that is available and continuing to grow in terms of the number of studies that have been done and the number of vaccines for which these kinds of studies have been done are the lab-based studies. Those are studies where a
laboratory will grow the virus and then test the sera from people who have been immunised so the sera that was collected after immunisation to see whether or not that serum can actually neutralise the virus, can stop it from replicating.

Those studies again in general have shown that for the variants of concern, the B1351 and the B117, the variant first identified in the UK, there have been reductions in the ability of those post-vaccination sera again across a variety of the vaccines, a reduction in the ability of those sera to neutralise the virus or stop the virus from replicating.

What's important about that is that in fact we don't have full clarity that neutralisation of the virus is the component of the immune system that alone is the thing that is stopping people from getting disease.

So we're still in these early days of interpreting the evidence and again the most important thing is to get more information about what's actually happening with respect to disease. In general we see that the vaccines retain efficacy against disease albeit at a lower level than in settings without the variants highly prevalent.

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So our big message is that we should get on with vaccination as quickly as possible and at the same time do everything possible to reduce transmission because the more these viruses transmit the more likely they are to have additional mutations occur and more likely to have issues that could emerge that relate to reduced impact of the vaccines.

So as we're quickly rolling out these vaccines it's ever more reason for transmission to be reduced through every means that we have available including masking, hand washing, physical distancing, ventilation, avoiding crowded... engaging with people outside your household. Thank you.

FC    Thank you, Dr O'Brien. I would like now to call on Jamil Chad, Brazilian journalist, EOL, to ask the next question. Jamil, you have the floor.

JA    Thank you, Fadela. Good morning or good afternoon. This is probably a question to Dr Ryan. We've seen in the last weekly reports by WHO a fall in the number of new cases around the world and a fall as well in deaths.

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However we do see a persistent high number in Brazil both of new infections and deaths. I would like you to comment a bit on this insistence on the numbers being high and whether for example events such as Carnival; although it did not happen in a public way we've seen many parties and beaches very full; how much that contributes. Thank you so much; all the best.

Dr Ryan.

Yes, it's difficult to make a specific comment but it's certainly true that in countries that have had very intense outbreaks and a country as large as Brazil where the disease has penetrated so deeply into the community the virus still has and had a lot of energy.

You're obviously also dealing with an urban/rural situation. In urban settings many people still live in areas that are overcrowded, in multi-generational, multi-family homes. It is very difficult to break the chains of transmission in a complex society so some countries are coming down the hill more quickly than others.

But I think the important trend is that in almost all countries and certainly all regions we're seeing the downward trend and that needs to continue and needs to continue to be supported. Yes, we are coming up increasingly now again with... As spring arrives in the northern hemisphere people will want to celebrate more.

Obviously the celebration in Central and South America, all over the world on Tuesday of Mardi Gras and other things; very important celebrations; very important in terms of people's hope for the world.

But we will have other things like Easter; in my own country we'll have St Patrick's Day; we'll begin to want to celebrate these things again and I would just caution that we have to be very careful and we're certainly not out of the woods yet.

I think as we move into the springtime we need to drive towards higher levels of vaccination, getting equitable distribution of that vaccine, getting rid of the deaths and the hospitalisations and the suffering but continuing to drive the case numbers down.

Kate has said it and I think Maria has said it; the best way for us to avoid the emergence of variants is to drive and suppress transmission now and to use the vaccines that we have.
But in the case of Brazil - and the patterns in Brazil differ by state so it would be difficult to go into a complex discussion. Mariangela is sitting beside me and she may have more detail. I'm always nervous because I have a very accomplished Brazilian scientist sitting beside me when I speak about Brazil.

So I will leave my comments at that and again it is really important; Brazil is a very, very large country in a very important region of this world and what Brazil does matters. Brazil has always led the Americas in the science and in combatting infectious diseases. It has a very proud history in that so therefore what happens in Brazil does matter and as Brazil gets better control over this virus it will be a beacon of hope for the rest of the Americas and for the rest of the world.

MS Just complementing, Jamil, what Mike was saying, also it's important that even though we see the total numbers globally coming down and we must get today's... no, this week. We have already mentioned during the last presser that this is not the time to let our guard down because we have seen the numbers coming down in some countries before just to see a recurrence of the numbers going up again.

So it's still too early for us to say anything and, as Mike has mentioned, Brazil is like a continent so the epidemic is moving differently in the different states and it moves in ups and downs so don't let your guard down yet. It's a moving target. We need to be sure that we keep watch and we keep doing the right things, as WHO recommends.

MK Very briefly to just support that because I think so many countries are in a situation where case numbers are coming down and five weeks in a row we've seen incidence reduce and that is wonderful. It means that what we are doing, what all of us are collectively doing together is driving down transmission.

As Mariangela has just said and as Mike has said and you've heard all of us say many times, now is not the time to let your guard down. We can continue to drive transmission down. Recall where you were a year ago, eight months ago, ten months ago where transmission was going down in many countries around the world.

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We cannot let ourselves get into a situation where the virus can resurge again. Remember where we were, remember what we need to continue do to drive it down, get cases down into single digits.
We do see the situation in Brazil; I'm looking at the weekly numbers and there is a decline that we're seeing here. We just need to stay the course, hold on to what is working consistently, deliberately as we roll out vaccines and make sure that vaccines and vaccinations start in all countries and we all call upon vaccine equity around the world to those who are most in need at this time.

FC Thank you. Now I would like to call on Joshua Collins from the New Humanitarian. I think he has a question to Prime Minister Rowley. Joshua, are you online?

JO Hello. Thank you for taking my question. Yes, I have a question for the Prime Minister. I recently read your comments that the vaccine will be offered to any human being in Trinidad and Tobago regardless of their status. I was curious if you could describe the plans of the Government for addressing the sizeable informal migrant community, particularly among Venezuelans.

FC Thank you. Prime Minister, you have the floor.

KR Thank you very much. We in Trinidad and Tobago have a fairly significant number of migrants within our border and we acknowledge the nature of the problem. We will only be successful in protecting our local population if everybody within our border gets the same kind of treatment because to have a migrant population that is not covered by our concerns and our response is to maintain a population within which the virus will be a permanent feature and from which it can be transmitted continuously to everybody else.

So our effort of contact tracing will identify persons, whether they're migrants or not and if they are persons of interest with respect to our effort we have to treat them so that they do not suffer from the infection and also will not pose a threat to the rest of those who are not persons of interest at the time.

So we do have to look at everybody and we are open [?] to do that fortunately. We have had relatively low levels of spread and we have not had an overbearing number within that particular population so we are not separating and discriminating against persons because that would make a nonsense of our effort.

FC Thank you, Prime Minister. I would like now to invite Helen Branswell from Stat to ask the next question. Helen.
HE Thank you very much, Fadela. I was hoping we could get an update please on the Ebola situations in DRC and in West Africa. Have there been cases found outside of Guinea in West Africa, please?

MR Helen, we have Soce Fall and Michel Yao online. To date we have not found cases outside Guinea in West Africa and again all countries in the area are on super alert at this stage. Our Regional Director for Africa, Dr Tshidi Moeti, has had discussions with the Ministers of Health from the West African Health Organisation and a lot of work is underway to create an integrated strategic preparedness and response plan for the subregion that would include all countries that are potentially threatened and specifically help drive a strong, co-ordinated response in Guinea under the leadership of the Government of Guinea with all partners supporting.

00:38:47 But I will hand over to Michel or Soce. They may be able to... Just to confirm, Helen - I know you had asked this in text - we can confirm that this is Ebola Zaire with further sequencing to be carried out at Institut Pasteur over the coming days. Michel or Soce, if you can give us the latest in terms of numbers and operations.

SF Thank you, Mike. This is Soce. Thank you, Helen, for the important questions. We don't have additional cases in West Africa including Guinea and neighbouring countries but the most important thing is that we consider the risk as very high in other countries and we have already started working with all neighbouring countries for preparedness and readiness, including using our Continental Fund for Emergencies.

We just finished a call with our team from the regional office. There are seven countries and all of us agree that this is a great emergency, the highest level of emergency in WHO so we are going to continue working with countries to make sure that any new case can be detected both in Guinea and neighbouring countries and a rapid response be implemented to contain it.

Thank you.

00:40:03 FC Thank you, Dr Soce Fall. Michel, do you want to add something?

MY Yes, thank you very much. I will just have to add that at least for this outbreak we have some assets. We work in DRC
with different new tools and we have effective vaccine, therapeutics but at least the preliminary lab analysis showed that it could be the same strength so these tools could be effective.

As we are speaking there are vaccines on the way to Guinea so vaccination will start soon with mainly health workers as well as high-risk contacts. In DRC also vaccination has started.

Taking also a lesson learned from COVID we will remain proactive in mobilising different aspects. We still have some work to be done, for example in vaccination to ensure that at least the immunity remains strong when those people vaccinated are exposed again to the virus so some work and research still need to be done.

So all these different components WHO will be supporting. We have already deployed staff on the ground around the epicentres supporting Government and also mobilising different partners in respective areas including community mobilisation with UNICEF and also NGO partners working in this area. Thank you very much.

00:41:48

MR Can I just come back in to recognise the very strong response also from partners and the Global Outbreak Alert and Response Network, our colleagues in MSF, CDC, ALIMA, UNICEF, Red Cross.

Classically in many of these responses the Government is supported in safe and dignified burials very often by the Red Cross movement, in IPC and community engagement by Red Cross, by UNICEF, by other INGOs; MSF; obviously hugely skilled across all aspects of the response.

We're all agreed that what we have done in Congo in supporting the Government-led response and having a single co-ordinated plan with all partners playing their part to support those responses both in terms of inside Guinea but then the preparedness and readiness...

I think the Director-General has said many times that the Ebola response in Congo was not just a response in Congo. It was a preparedness and readiness response in 13 other countries surrounding Congo, especially nine high-risk countries.

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We saw the disease imported twice into Uganda and it did not create a single chain of transmission because the disease was
managed very, very well by the Ugandan Government and the Ugandan authorities, who had prepared exceptionally well for the imminent arrival of the virus.

So this is a time when we have an opportunity to prepare and be ready. The DG has spoken many times about windows of opportunity. We have that window of opportunity in West Africa; we have an early alert. It is sad to think that it has to be the death again of a health worker that triggers the system to respond and it's a sad event for that family and the extended family around that person.

But we do have the opportunity to do better this time and we also, as Michel said, have the vaccines and we have the monoclonal and polyclonal antibodies. It is very, very important that we have a coherent vaccination strategy across the subregion.

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The classic vaccination strategy that has proven effective in Congo and previously in the clinical trials in Guinea was a ring vaccination strategy based on the exhaustive identification of cases and then the identification of contacts and contacts of contacts, in a sense social rings, the rings of transmission around an individual. That has proved to be highly effective in stopping the outbreaks before.

The vaccine we use for that is produced by Merck and we have stockpiles for that en route, as Michel and Soce have said. We also have the opportunity to potentially use the J&J vaccine which is a two-dose vaccine, likely to give longer protection and probably better adapted for vaccinating health workers far away from the epicentre and giving them a protection that may last for even longer.

So we would look and are working with the governments in the area to come up with a coherent vaccination strategy that could utilise both products under an expanded use, expanded access protocol but those activities will require enhanced surveillance and enhanced data gathering so we're working with the governments to ensure that we can implement all of that.

00:45:13

Again remember that these Governments are currently responding to COVID-19 outbreaks in their own countries while having to either respond to Ebola or prepare for the potential arrival of Ebola. So we would ask our donors to look very, very
carefully at providing extra support to those countries, to the NGOs and to the UN agencies supporting those countries in the coming weeks. Your investment will pay off. We saw that in Uganda over the last two years. Thank you.

FC Thank you. I would like now to invite a Japanese journalist from Asahi Shimbun, Kiyoko Jeiji, to ask the next question. Kiyoko, are you with us?

KI Yes, I'm here. Can you hear me?

FC Very well. Go ahead, please.

KI Thank you for taking my question. I would like to ask about the frozen food transmission. In the past press conference Dr Ryan said there was no evidence that food or the food chain is participating in the transmission and we should not fear food or food packaging. I was a bit confused when the China mission team mentioned cold-chain transmission last week. Could you please clarify WHO's view on that? Thank you.

00:45:34

FC Thank you. I would like to invite Dr Peter Ben Embarek to take this question.

PBE Thank you and thank you for your question. Yes, the frozen food issue is a little bit complicated because here we're talking about two very different situations. The first one is the possibility of reintroduction of the virus through the frozen food chain and through imported product back into China where the virus has been more or less eliminated so that's a situation for 2020/2021 where the virus is widely circulating in the world and where we know that there are multiple outbreaks in food factories in countries where the virus is circulating.

So that's one line of interest, particularly for China and other countries in a similar situation. It's a very, very rare event. Even China, through their extensive search for positive, contaminated products through the food chain supply have found only very few positive cases of contaminated products.

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Now for 2019, where we're focusing on the origin of the virus. This is a very different situation. At that time the virus was not widely circulating in the world, there were no large outbreaks in food factories around the world and therefore the hypothesis or the idea of importing the virus to China through that route is not something that we're looking at.
There we are focusing on the Huanan market in Wuhan in December 2019, where a lot of frozen products were traded in that market. There we're focusing on the local trade of frozen, farmed wild animals, being farmed and produced particularly in southern China. So this is a very different possible line of introduction of the virus into the market environment in Huanan and that's a very different focus compared to the discussion about international trade of frozen products. Thank you.

FC Thank you, Dr Ben Embarek. I would like now to invite a journalist from Devex, Vince Chadwick, to ask the next question. Vince.

VI Hello. Thank you. My question is for Dr Tedros. I'd like to get your response to comments from Emanuel Macron in the Financial Times this afternoon, who's calling for Europe and the United States to immediately allocate 5% of their COVID vaccines to Africa. He says he's discussed it with Angela Merkel. I'm wondering if he's discussed it with you, how it will work, if your understanding is that this will be through COVAX and if not, if it doesn't undermine COVAX, the fact that Europe is now starting to be more concerned about geopolitical competition.

00:49:42 Related, I wanted to ask about the EU sharing mechanism which was discussed in Brussels a few weeks ago. I understand some European countries are interested in choosing which countries their doses go to and that there're currently some discussions going on about that. I wanted to understand what your messaging is around that. Thank you.

FC Thank you, Vince. I would like to ask Dr Aylward to answer this question.

BA Thank you very much for the question, a really important one. There've been multiple approaches taken to try and ensure we find solutions to the sharing of scarce resources and especially vaccines as rapidly as possible and throughout the crisis. Remember, this is not novel to vaccines.

00:50:33 At the outset of the crisis we had real challenges around equitable allocation of PPE, of PCR, of oxygen, of ventilators. This has been a recurring problem and that's the reason so much effort went into the establishment of the COVAX facility and then also the allocation mechanism that would underpin it to ensure we got equitable allocation of vaccines as well.
As we started to roll out even in December many countries approached us, thanks to the Director-General who advocated for this, with an interest in sharing vaccines through the COVAX facility so by mid December we had established a dose-sharing set of principles and a process for countries to share doses through the COVAX facility, especially through AMC countries or the low/low-middle-income countries that are part of COVAX.

That was set up at that time. There was a lot of interest from many member states of the European Union, from Canada, from other countries that were interested to look at if they could dose-share so that mechanism was put in place back then.

Those conversations have continued. Unfortunately we've not seen yet the translation of that interest, those commitments to vaccination to COVAX. The reasons for that have been myriad. Some have been related to the outbreaks in countries themselves, the interruptions in vaccine supply to some of the countries interested, the mechanics of doing it so there've been many challenges.

But I think what has been really encouraging was President Macron's message today and last week the Director-General actually had the opportunity to discuss vaccines, the scarcity of vaccines, how to optimise the distribution with President Macron on two occasions to ensure that increasingly the global community could be aligned on this and find solutions.

In terms of the EU's dose-sharing mechanism we've also been in discussion with the Commissioners at the EC about this, the Director-General has and we have and again are working through the process of trying to ensure that products that can be shared through the European Commission or from EU member states or others can be shared as equitably as possible.

For equitable allocation the best mechanism, the only global mechanism set up to do that is the COVAX facility. There are some countries that other countries may have special arrangements with in terms of regulatory arrangements and financing arrangements and others and may seek to do arrangements outside that.

But even now we are encouraging that in the interests of equity the most equitable distribution possible those doses go through the COVAX facility because that we we can co-ordinate across a
massive number of countries and ensure that everyone is getting served and that we get close to, if not achieve the goal the Director-General has set out; that all countries in the world are vaccinating their healthcare workers within 100 days of the start of this year and ideally by World Health Day on 7th April. That's our goal.

So this could be one part of the solution and having leaders like President Macron stand up and make that challenge to the world is a fantastic development.

TAG Yes, thank you so much. I just would like to add a bit. As you may know, from the start President Macron has supported the ACT Accelerator and when the ACT Accelerator started it had two objectives. One is accelerated development of products including vaccines and the second objective was fair distribution.

So what he's calling for is in line with the objectives of the ACT Accelerator and, as Bruce said, we had a call with President Macron last week and he stressed the importance of sharing, which WHO and other partners have been advocating for.

00:55:02

One of the areas we have been focusing on was actually donation and we have asked many high-income countries to donate. As Prime Minister Rowley said, sharing and caring is important but that is actually in the interest of all countries. Countries who are sharing will benefit and countries who are receiving will benefit because we can drive out this virus sooner and also that would help us in faster economic recovery.

So we support his call and not only for the donation, the immediate needs but we discussed also about the long-term distribution of vaccine, especially in terms of increased coverage. One of the bottlenecks is production capacity.

We have discussed with President Macron the bottlenecks or the barriers to increased production and we have agreed that we identify the solutions to the barriers and address them and increase production so there will be more production that can make sharing easier.

00:56:28

So the President is also working on addressing the long-term challenge we're anticipating, especially which is going to be in some months from now. As you know, countries in Europe are now targeting to vaccinate 70% of their populations by summer and the target so far was 20, 27% globally if we can cover that.
So if Europe is targeting this in the rest we should also target increased or higher coverage and for that to happen we have to increase production and we have to address all the barriers in order to increase production so there is enough to share.

Then on the second one, choosing countries, as long as the support goes through COVAX it's actually welcome if some countries prefer to give their donations to certain countries because they are their neighbours or because they have some relationship.

What we can do is if this comes through the COVAX the earmarked donation can go to those countries; then the COVAX stock could go to other countries so we can strike a balance. But one thing we have been asking from the start was that donations should go through the COVAX facility so we know what's going where and we can do a balancing act, we can balance it.

00:58:24

One thing which doesn't help is when countries on their own go and provide directly to other countries because the balancing act will be a bit difficult when it's not going through the COVAX facility that can help in balancing the distribution or sharing. Thank you.

FC Maybe we have a little bit of time to take a last question from Katrin [Unclear], France 24. Katrin, you have the floor.

KA Thank you, Fadela. Good afternoon to all of you. My question is related to Ebola and what Mike was saying before. I'd like to know a bit more about the research and development of vaccines for the other Ebola types because if I know well, there are six types and the one that we have now is the Zaire Ebola virus. I'd like to know what is the research doing now about other vaccines against the other types.

Also why don't you organise a prevention vaccination campaign through the regions that are usually the most affected? Because we notice that it is always the same regions in DRC particularly that are hit by the Ebola virus. Thank you.

01:00:06

If Dr Soce or Dr Michel Yao could answer in French it would be nice so we can use it for French TV. Thank you.

MR [French language].

TR I will leave the floor to Soce. Soce, please.
Thank you very much. Thank you very much for this important question. I think we need to clarify that we have a vaccine just for Ebola Zaire. For the other ones unfortunately we do not have a vaccine in the pipeline so it's important and we need to be able to invest in R&D in order to have vaccines for the different forms of Ebola but also for other viruses that are as dangerous, for example [unclear].

So if we're talking about billions of doses for COVID-19 we're not thinking of Ebola and other viruses, which are neglected viruses and are still dangerous and still there.

In terms of strategy we also need to keep in mind that the two vaccines that are available, Johnson & Johnson and Merck, were approved recently so there are still limited quantities. So we need to be very efficient. In the strategy of belt or ring vaccinations contacts, as was mentioned before, social contacts are vaccinated to prevent transmission.

01:01:39

In the future it will be important to continue to develop more vaccines in order to have more vaccines available to have a preventive approach for people in areas where we know there are reservoirs or people at risk of getting Ebola. That would be the efficient strategy but again for the time being the priority is contacts of contacts. Thank you very much.

May I add? May I just add that for these vaccines we also need to mobilise resources as we've done for COVID. It's important for us to be able to increase capacity for manufacturing and produce enough vaccines.

The second point is within the WHO we are working with all partners on a programme to fight Ebola and this programme will have different routes for vaccination, which will include vaccination through UNICEF. These programmes in the future will also allow countries to be better prepared to have their own health systems able to respond to this epidemic because the virus will continue to circulate in the ecosystem and it's only a question of time to be affected by it and then have emergencies arise in different countries.

01:03:09

So for the long term it is essential to address this in the same way that we've done for yellow fever. Thank you very much.

MR Just to ad, I think this is one of those moments - and those of you who know me will know I don't say this very often but I
would like to recognise the contributions made by the companies, Merck and J&J. The development, the research and production of these vaccines was never made with profits in mind and the company Merck have actually constructed a brand-new plant in Germany to produce this vaccine.

Because of the production challenges for this type of vaccine it's in relatively low volumes so we would like to be able to expand that but I have to recognise that both companies have been very diligent and really are working to try and produce these vaccines that everybody thinks they need every four or five years but then in between everyone loses the will to continue their production and their development.

So there's been a fantastic public/private partnership between the R&D blueprint for epidemics. We do have the target product profiles for all those other vaccines we need for the other Ebola strains. The work continues.

01:04:21

The ultimate endpoint for this - and I'm sure Kate would love this too and Annamaria and so many others - is a multivalent vaccine capable of protecting against multiple Ebola strains that we could certainly use in front-line health workers.

We saw just now in this last outbreak in Guinea the first major case that was detected is a healthcare worker; again the mine canaries of this system but also occupational workers at risk, charcoal workers, people who work in the rainforest. There are many populations at risk who could be protected if we have enough vaccine that's safe and obviously at the appropriate cost.

So this is really the holy grail of Ebola, to have those countermeasures in place and not just be responding to outbreaks but preventing their occurrence by the pre-emptive, proactive use of vaccination, which is always the best way to use vaccines. I'm sure Kate would agree.

01:05:18

FC Thank you, Dr Ryan. Before I give the floor to Dr Tedros I would like to invite Prime Minister Rowley if he has any final comments to make. You have the floor, sir.

KR Thank you very much once again. It really is comforting to know that we're making the kinds of progress that we've made reference to today. We do have some pitfalls to avoid but I think the national populations are hopeful that in the not-too-distant future, maybe by the middle of this year we will have been
receiving a certain level of vaccination that will allow us to believe that we are on a path where hopefully by the end of the year many of our populations will be comfortable in the kinds of progress that we're making.

I'm also very pleased to hear that across the world our numbers are coming down and the curves are coming down because we genuinely believe that if there is failure in one area of the world because of the nature of the virus and the problem that we are facing, if there's this failure in any part of the system that is a failure for all of the system.

So this is a classic case of the chain being as strong as its weakest link and we trust that none of our people will be that weak link. So thank you very much for looking out for small countries, looking out for small populations, those that are under-resourced and also for focusing on the science because that is what is going to give us the tool to treat the challenges that we're facing.

**01:07:08**

TAG   Thank you. Thank you so much, Your Excellency. I don't want to add anything to what you said. I fully concur and thank you so much for your leadership; thank you for joining us. I know together we will make sure that vaccines roll out all over the world. Thank you so much again for your leadership and thanks to all colleagues and also journalists who joined today. I look forward to seeing you in our upcoming presser; I think that will be on Monday. Thank you so much.

FC   Yes, thank you, Dr Tedros. Just to remind journalists, we will be sending the audio file of this press conference and Dr Tedros' opening remarks as soon as we finish here. The full transcript will be posted on the WHO website tomorrow morning.

I would also like to attract journalists' attention to a press release that was sent to you from WHO about the Ebola outbreaks in Guinea and DRC as this is of interest to all of you. Thank you all and have a nice evening.