CL Hello. Good day to... wherever you are listening to us.
Today is Friday 26th March 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference. Simultaneous interpretation is provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, as well as Portuguese and Hindi.

The participants today are, present in the room, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan,
Executive Director of WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator.

Let me hand over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. At the beginning of the year I issued a call for countries to work together to ensure vaccination starts in all countries within the first 100 days of the year.

177 countries and economies have started vaccination. In just one month COVAX has distributed more than 32 million vaccines to 61 countries. COVAX works.

00:02:04

There are now just 15 days left before the 100th day of the year and 36 countries that are still waiting for vaccines so they can start vaccinating health workers and older people. Of those 16 are scheduled to receive their first dose from COVAX within the next 15 days. That means 20 countries who're ready to go and waiting for vaccines.

COVAX is ready to deliver but we can't deliver vaccines we don't have. As you know, bilateral deals, export bans, vaccine nationalism and vaccine diplomacy have caused distortions in the market with gross inequities in supply and demand.

Increased demand for vaccines has led to delays in securing tens of millions of doses that COVAX was counting on. But getting all countries started by day 100 is a solvable problem. COVAX needs ten million doses immediately as an urgent stopgap measure so these 20 countries can start vaccinating their healthcare workers and older people within the next two weeks.

00:03:35

So today I'm asking countries with doses of vaccines that have WHO emergency use listing to donate as many doses as they can to help us meet that target. And I'm asking manufacturers to help ensure these countries can rapidly donate those doses.

There are plenty of countries who can afford to donate doses with little disruption to their own vaccination plans. The more
countries that donate as soon as possible the more doses we will have to share with countries who need them desperately.

Sharing doses is a tough political choice and governments need the support of their people. I am encouraged by surveys in high-income countries showing widespread support for vaccine equity. Ten million doses is not much and it's not nearly enough but it is a start.

We will need hundreds of millions more doses in the coming months. There are many countries who invested in COVAX in good faith but have been left frustrated because of the bilateral deals that have left COVAX short.

WHO and our partners are continuing to work around the clock to find ways to increase production and secure doses. There are four more vaccines at different stages in the process of being assessed for WHO emergency use listing and we hope to approve at least one of them by the end of April.

00:05:40

WHO is also concerned about the potential for criminal groups to exploit the huge global unmet demand for vaccines. A number of Ministries of Health, national regulatory authorities and public procurement organisations have received suspicious offers to supply COVID-19 vaccines.

We're also aware of vaccines being diverted and reintroduced into the supply chain with no guarantee that cold chain has been maintained. Some falsified products are also being sold as vaccines on the internet, especially on the dark web and we're aware of other reports of corruption and reuse of empty vaccine vials.

We urge the secure disposal or destruction of used and empty vaccine vials to prevent them from being reused by criminal groups and we urge all people not to buy vaccines outside government-run vaccination programmes. Any vaccine bought outside these programme may be substandard or falsified with the potential to cause serious harm.

00:07:15

It's important to remember that any harm caused by a falsified product does not reflect a safety failure of the genuine vaccine. WHO regularly issues global medical product alerts on substandard and falsified products and we will do so when and if necessary for COVID-19 vaccines and therapeutics.
We urge all countries and individuals to pay careful attention to this issue. Any suspicious sale of vaccines should be reported to national authorities, who will report it to WHO. Information flow is essential to map global threats and protect confidence in vaccines.

Finally I would like to wish Chag Pesach Sameach to everyone celebrating the first night of the Passover holiday tomorrow. Christian, back to you.

CL Thank you very much, Director-General. With this we open the round of questions. To get into the queue to ask questions you need to raise your hand using the raise your hand icon and do not forget to unmute yourself when it's time. We'll start with Antonio Broto from EFE. Antonio, please unmute yourself.

00:08:54

AN Thank you, Christian. I want to ask about the situation in Chile. Chile is one of the countries with a higher percentage of the population vaccinated but at the same time is one of the countries with a higher rise of new infections in the region, in Latin America.

So why do you think this is happening and is this a worrying trend for WHO? Thank you very much.

CL Thank you very much, Antonio. I'll hand over to Maria Van Kerkhove, please.

MK Thank you for the question. The question is specific to Chile and indeed Chile has seen an increase in cases in the last several weeks. It's a similar trend that we've seen across the Americas and particularly in Brazil and also in the southern cone.

But that is actually reflected in a number of countries across the world and if we look back at the last seven days alone across the world we've seen a 15% increase in cases and we now see an increase in cases in the last week in all six WHO regions.

00:10:02

So this is a worrying trend that we're seeing across a number of countries. There's a number of factors that could be associated with this. I don't have the specifics for Chile in front of me but across the world we are seeing that there are some changes that are happening that increase transmission.

A lot of this has to do with the roll-out of vaccines and vaccinations which is uneven and inequitable, as you've heard us say many, many times. There are some individuals that are not
adhering to the measures that are in place, the physical distancing, the hand hygiene, the cleaning of your hands, the respiratory etiquette, avoiding crowded spaces, opening the windows.

All of that needs to take place in addition to the vaccines being rolled out because vaccination takes time to reach those who are most in need and it will take time to reach enough of the population to have an impact not only on reducing severe disease and death but also reducing transmission.

So there are a number of factors, I think, that are associated with increases in transmission even though we're seeing vaccination rolled out. That doesn't really make sense intuitively. You would expect that as vaccination is underway transmission is going down but in fact vaccination is one tool that we have to reduce the spread.

00:11:21

We cannot rely on vaccination alone. We have to ensure that everybody adheres to the measures that are in place that keep themselves safe and keep their loved ones safe.

So please continue to do it all across the board and we need governments to support individuals to be able to stay at home if they're unwell, to be in isolation, to be in supported quarantine. This needs to still be part of our control measures for reducing transmission around the world.

MR If I could supplement, I believe the Health Ministry made this decision based on the epidemiology in the first few weeks of March and have increased the measures as a means of protecting the health system.

There are just over 3,000 critical care beds in Chile and only 188 of those were available on 18th March so the rise in infections was really threatening to overwhelm the capacity to provide clinical care. Chile surpassed 7,000 daily cases on 21st March, representing a sharp increase.

00:12:33

I think the last time cases were this high in Chile was May and June of last year so I think the Ministry have recognised that epidemiologically the situation is difficult, the health system is coming under pressure and I believe they've taken rational measures to try and reduce transmission.
As Maria said, the benefit of vaccines has not probably kicked in yet in terms of having enough people vaccinated to protect the maximum number of people from severe disease and hospitalisation. I think again it emphasises the fact that without all vulnerable people being vaccinated in all countries many countries will face a similar problem as they get inevitable rises in cases.

That rise in cases will be paid for in severe cases and deaths and speaks exactly to what the Director-General has been speaking about, making sure that those most vulnerable and most likely to suffer and those most likely to die in every country in the world have adequate protection from vaccination.

But the Chilean Government, I think, have taken appropriate measures. They've also taken measures with regard to travel into the country. They have detected variants of concern within the country as well so they're also trying to ensure that those variants don't take over the epidemiology within Chile.

00:13:47

But, I think, a rational response on behalf of the Chilean Government in the face of rising numbers and increased strain on the health system.

CL    Thank you very much, Dr Ryan. Dr Aylward, please.

BA    Thanks, Christian. Antonio, thanks for the question because it's so important. Any increase in cases is a worrying trend; let's be super-clear; there's no such this as an unworrying increase in cases with this serious disease.

I think it highlights again as you said that many countries are rolling out vaccines now. The obvious thing, as Mike and Maria emphasised, is these vaccines are great vaccines, they work really well but we do not have sufficient vaccines and at scale to be able to change the course of the epidemic right now.

We've got so many other measures we have to be using at the same time and we have to be using our vaccines smart. We've got to be using them to protect those healthcare workers who've got to deal with this oscillating disease and surges of cases and to protect the older people so that they don't suffer the severe disease and possibly death as a result.

00:14:56

It highlights the appeal that the Director-General made at the beginning of this press conference that not all countries can do
what Chile can do and try and roll out the vaccines to protect people in the face of surging disease because they don't have access to the doses.

What we need to do is get more doses of vaccine into the COVAX facility so that we can ensure all countries can protect their healthcare workers because this disease will continue to surge as we're seeing in places like Chile even though we are rolling out the vaccines right now.

At the same time we've got to do everything. It's difficult; I won't repeat what Mike and Maria said but we've go to maintain the other measures until we get really high vaccine coverage and we're some ways away from that yet.

CL Thank you, Dr Aylward. I believe Dr O'Brien is also in the room and will add.

00:15:49

KOB I just want to add a couple of points to what's already been mentioned. I think, as everybody knows, the evidence on the vaccines is really clear about the prevention of disease, certainly the prevention of severe disease and death for these vaccines.

But the part of the evidence that is still rolling in is the degree to which they also protect against getting infected and clearly to get disease you have to get infected but just because you get infected doesn't mean that you get disease but it certainly can mean that you can transmit to somebody else.

So I think the other point that we're emphasising especially as vaccines are rolling out - and there are many people in the community who are not vaccinated and not protected against disease - that continuation of the measures to avoid transmission, even if you're not symptomatic, is so incredibly important as we're rolling out vaccines and that increase in immunity in the population is continuing.

We also have variants of concern and we don't have information that is firm and clear about the degree to which each of these vaccines against each of the variants of concern may have some reduction or change in the ability that they have to protect against infection and to protect against disease.

00:17:07

So we're in just a really dynamic environment right now as these incredible tools that are the vaccines are rolling out and so this is
the time when we should really do everything possible to keep transmission low because it is that low transmission that will also impede and avoid the emergence of other variants. Thank you.

CL    Thank you all for the answers. Now we move to the next on my list and we have a long list already, Catherine [Unclear] from France 24. Catherine, please unmute yourself.

CA    Thank you, Christian. Good afternoon to all of you. My question is related to vaccination. As we know, vaccination is one of the tools that we have that we can rely on and certain countries have decided to inoculate only one dose to persons who have already got COVID-19.

So my question is, number one, is it safe, is it efficient against the new variants and what is the safest way to identify asymptomatic people? Because certain people don't know if they already got COVID or not. Thank you.

00:18:24

CL    Thank you very much. Dr O'Brien, please.

KOB    Thanks for the question. Again, the strategic advisory group of experts, the expert committee that provides recommendations to WHO for our policies on vaccines; we've looked at a number of the vaccines for specific recommendations.

There's one that is specifically tested and designed as a one-dose regimen and that's the Jansen product. The other products are two-dose regimens and we are fully aware that there is evidence around the magnitude of the immune response after a single dose of those two-dose regimens and there is some evidence around the amount of protection against disease after receiving a single dose.

But what we certainly don't have is evidence of not giving the second dose for those two-dose regimens. We would not know how long the protection from a single dose lasts, nor is it likely to be the maximum benefit that the vaccines can offer.

00:19:34

So we recommend that for the vaccines that have a two-dose regimen they are given in a two-dose regimen. For those people who've had disease before, again we are aware of the evidence that there is a strong immune response after a single dose but we're just in an environment right now where we don't have sufficient evidence to change the recommendation.
That being said, we certainly are not recommending that people test individuals before giving vaccine to determine whether or not they have had COVID before. If somebody has known that they’ve had COVID disease they could make an individual decision to delay the receipt of their vaccine if it’s in short supply in their community so that somebody else could go first.

But we really just don't have enough information on the variants to understand whether that's an optimum strategy or not. We do recognise that countries are making the best decisions they can in their own policies about the optimum way to use the vaccines that are available to them and there is a range of decisions that could be made about this even while the evidence is rolling out.

So we're very much encouraging that for any adjustments to the schedule that countries are recommending they study those so that we actually have evidence that could help additional countries make decisions about the optimum use of the vaccines.

The most important thing at this point is to get as much vaccine as we can available to the highest-risk people so that they can be protected against disease and eventually a significant immunity in the population that we hope and expect will really reduce transmission from that broad-based immunity but we're pretty far distanced from that.

Dr Swaminathan to add, please.

Just to add to what Kate was saying, I think there is a specific vaccine which is the AstraZeneca vaccine for which there is data for the gap between the two doses being four weeks or 12 weeks and beyond.

There was data from the clinical trials which suggested that the longer the interval, at least up to 12 weeks, the better the immune response and the better the efficacy of the vaccine. So there's also modelling done to show that if you have a limited number of vaccine doses and you want to protect the population, particularly the high-risk groups, the older groups and so on...

So countries like the UK for example have taken the approach of vaccinating more people with available vaccine and then begin the second dose at a time around 12 weeks later. The SAGE that Dr O'Brien mentioned, the advisory group that advises WHO recommended a gap of eight to 12 weeks between the first and the second dose for the AstraZeneca vaccine.
This was based on an analysis of the data, both the immunogeneicity data in the lab as well as the efficacy data and we're getting more data now from the actual roll-out of vaccines in countries which have opted to use this delayed approach, showing that the first dose is providing significant protection against hospitalisation and severe disease.

So it seems to be a good strategy to protect more people more quickly but of course the second dose must be given and we're also now encouraged that there are trials going on looking at a combination of vaccines so a first dose with one and a second dose with another one to see if that in fact provides better protection.

We'll also have more studies hopefully coming through with more single-dose vaccines as well as with vaccines that can be given for example by nasal spray, which actually might create more immunity in the respiratory tract.

00:23:49

So it's really wonderful to see so much research going on on existing vaccines as well as new vaccines and we look forward to more data.

The other question you asked was about asymptomatic infection and as you know, it's very difficult on a routine basis but what the clinical trials did was one of two things; either they used a nasal swab in the participants every week to see if they were getting infected even without symptoms or the used the antibody test so they took blood at regular intervals to measure the antibodies.

So at the end of the trial we will be able to see how well these vaccines protected against the asymptomatic infection as well. Thank you.

CL Thank you so much for these explanations. We'll move on to Simon Ateba from Today News Africa. Simon, please unmute yourself.

SI Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. President Biden said days ago the US has millions of doses of AstraZeneca vaccine that have not been used. Is the WHO in talks with President Biden to send those vaccines to COVAX?

00:25:00
Talking about COVAX, the WHO said recently the COVAX facility was still in need of over $20 billion to provide enough vaccination to most people in the world and begin to crush the coronavirus. How much money is still needed now?

I know President Biden has already pledged $4 billion to WHO and COVAX but clearly the money is not enough and the US has more than enough money to provide the $20 billion left if the WHO [unclear] President Biden for additional financial contribution.

Has the WHO received the first pledge from President Biden and how significant has that contribution been so far? Thank you.

Simon, thank you very much. We have a rule of one question only. These were about ten; I lost count but let me hand over to Dr Aylward, please.

Thank you, Christian. Thank you very much, Simon. They were all good questions though. First and foremost, on the issue of donations and what we refer to as dose-sharing, indeed we’re in discussions with all countries that have access to substantial doses of WHO emergency-use-listed vaccines for sharing of doses and donations of doses to the COVAX facility so that we can ensure all countries can get started and all countries can sustain vaccination, especially of healthcare workers and of their older populations.

We have been in discussions since December; if you go back and have a look you’ll see that in December we established the dose-sharing principles for working with COVAX to ensure that high-quality doses of vaccines can get out to all countries equitably through the COVAX facility.

Since that time we've been in discussion with many countries - the US, the EC, Canada, the UK and others; Australia, New Zealand - about sharing of doses through the COVAX facility. A lot of positive interest across countries to do that, balancing of course also their own domestic needs.

But as you heard from the Director-General in his opening comments, we are at a particularly crucial point right now in the roll-out of doses globally and are encouraging any country that can help to do so.
We're encouraging though - and I want to highlight this - not just the countries that have access to doses today or have contracts with the suppliers but we're also calling on the suppliers to help as well because, as many of you will understand, there're contracts established with countries for their doses but those countries may say, okay, we want to donate those doses to COVAX.

But we need the help of the suppliers as well to take those contracts, adapt those contracts with GAVI and with COVAX and with the countries involved very, very rapidly, not over weeks and months but over days and hours, to be able to ensure doses can be redirected to help in places that really need them and need them urgently to begin the equitable roll-out.

So it's not just countries, Simon; we're also calling on the companies as well to work with us on this as rapidly as possible.

In terms of the financing we do need over $20 billion, $22 billion but that's for the entire ACT-A agenda or the ACT Accelerator agenda to ensure the equitable distribution of vaccines, oxygen, dexamethasone, PPE and diagnostics.

00:28:45

As the Director-General, Mike and Maria reaffirm all the time, countries need that whole package to control the disease, protect their health systems, health workers and populations and get their economies going again so that's for that whole package.

Within the ACT Accelerator one of the best-financed aspects is the COVAX facility but we still have an urgent $2.3 billion gap in the need to be able to procure, close some of the deals that we have to be able to secure as much vaccine as is available this year for low and low/middle-income countries in particular.

CL Thank you very much, Dr Aylward. With this we'll move to the next on my list and that's Christiana Ehrlich from DPR. Christiana, please unmute yourself.

CH Thank you for taking my question. Dr Tedros, we heard yesterday that the COVAX crisis is in large part due to Indian export restrictions. 90 out of the 237 million doses that were to be delivered will not come in time in March and April so the picture is a bit different; it's not the rich countries that have secured millions of doses that are holding them back. It seems to be a developing country that is the main problem.

00:30:19
Are you talking to the Prime Minister of India to change his attitude or do you think that India as developing country should also look after their own population first? Thank you.

TAG Yes, thank you very much. First of all I would actually like to thank India for its generosity. As you know, India has shared lots of vaccines globally. If you would just call out one country who has contributed more than any country on Earth in terms of sharing vaccines it would be India so I'd like to thank the Prime Minister and his Government for this support.

What's happening now is not an export ban from India, as far as we know but as you may know, the number of cases in India is on the increase so they need more vaccines also to use locally in order to fight the increasing number of cases so that's understandable.

But at the same time we're already in discussions to keep a balance so that they can use locally but at the same time continue to provide other countries vaccines from the Serum Institute of India.

So we hope that the two could be addressed and we have a balanced solution but I would like to use this opportunity actually to thank India and I know they will continue to collaborate with COVAX and with WHO. Thank you.

00:32:37

CL Thank you very much, Director-General. Dr Aylward, please.

BA The Director-General spoke on it perfectly [?].

CL Thank you. With this we'll move to the next question and that's Nina Larson from AFP. Nina, please unmute yourself.

NI Thank you for taking my question. I was going to ask, US President Biden said yesterday that he now aims to ensure that 200 million doses of vaccine will be given to Americans within his first 100 days in office. How concerned are you that this might send the wrong message as it seems to run counter to your call for vaccine solidarity among countries?

If I could just ask one housekeeping question, if you have any update on when the Wuhan mission report will be published that would be helpful. Thank you very much.

00:33:35
CL    Thank you very much, Nina. Let me look around on the first question about the vaccines. Dr Aylward, please.

BA    Thanks so much, Nina, for the question. Every country and every political leader is trying to do what it thinks is the best possible thing for its people and we know that, we recognise that. But of course we are concerned that not all countries have access to vaccines yet and we call on all countries to try and help solve that problem by ensuring that we've got access to vaccines through the COVAX facility and that all countries continue to prioritise their healthcare workers as the first line, to protect our vital infrastructure, the people who have got such a high risk of exposure to this disease as they try and help people and save lives.

And then of course the older people, people with comorbidities and depending on the country of course those can be substantial populations. But what we're calling for is to ensure that all countries roll the vaccines out in that order and fortunately what we're seeing in most places is exactly that; attention being given to their healthcare workers first, then their older populations and people with co-morbid conditions, as we've talked about before.

00:35:01

We are concerned that some countries don't have access to vaccines yet to be able to do that but we are encouraged that every country is saying the right thing, they're trying to do the right thing and they're trying to help ensure that we have the doses we need to be able to do it.

So we continue to look for, as the Director-General said in his opening comments, support in the near term, in the short term to help through this urgent period that we have over the next couple of weeks, to try and get all countries started and then coming in behind that with the doses to be able to get coverage up.

There're lots of countries, as everyone knows - and you've asked us about it many times - that have contracted or secured or optioned a large number of doses that go beyond the needs of their own countries. What we're hoping, as countries now get comfortable with the roll-out of their products, is that they'll be able to start discussing sharing larger numbers of doses through COVAX to be able to vaccinate populations everywhere.

00:36:04
Thank you very much, Dr Aylward. I believe for the second part we have Dr Peter Embarek online. He's WHO Expert on Food Safety and Zoonosis and the International Lead of the WHO-convened global study of the origins of SARS-CoV-2. Peter, please.

Thank you, Christian, and thank you for the question. You've probably heard me say in the past that we were very close to finalising the report and I'm the first one to regret that it's not yet out.

But the process is now finalised, we have a joint report. We're now at the point where we are doing a [unclear] of the document just to make sure that we don't have small errors in [unclear] and that all the experts are okay with the content as it is.

That's happening in both languages, Chinese and English and we are, as I said earlier, I think, working over six different time zones and with two different languages so it's a very slow and complicated process to get it there.

You can imagine that in the report [unclear] stages we have hundreds and hundreds of names, of locations, of dates; small details that need to be carefully translated, etc. In a way it's a painful process to get to the finishing line but the content is now complete and frankly speaking, I expect that in the next few days that whole process will be completed and we'll be able to release it publicly. Thank you.

Thank you very much, Dr Peter Ben Embarek. Dr Mike Ryan, please.

Just a reminder that we had a number of missions to work in China but these specific set of activities have been activities requested under the resolution of the World Health Assembly last May and the Director-General was asked to set up a series of collaborative and scientific missions to understand better the origins of the virus.

This mission has been one very important piece of that process but with respect to our member states the report will be shared as a mission report to the member states for their consideration and discussion and the report will obviously then be released publicly subsequently or during that process.

But we want to show due respect for our member states and share the report with them first as they've been the ones who
have worked very closely with the Director-General to ensure that this work has been completed.

00:39:13

CL Thank you very much for these clarifications. Looking at the long list of questions, may I ask those who wanted to ask a similar question to lower their hands so that we can see what other topics are on offer today. With this I move to Laurent Siero from the Swiss news agency. Laurent, please unmute yourself.

LA Thank you, Christian, for taking my question. The former Brazilian President Lula this morning said that the current President's behaviour was the biggest genocide in the country's history. Then yesterday the French President Macron said that there was a new kind of world war around vaccine with Russia and China and there have also been increasing tensions between the UK and the EU around vaccines.

So it seems that we reached a new stage in that rhetoric this week. What kind of effects do you see for the way the pandemic should be handled in the next weeks and months and would you go as far as former President Lula and say that some leaders have deliberately chosen not to assist their people? Thank you.

CL Thank you very much, Laurent. Let me look around. Mike Ryan maybe.

00:40:42

MR I think all countries have faced major challenges in this and certainly Bruce and others can speak to the issues around vaccine nationalism and that but we have to also see that political leaders are in difficult positions regarding the demands of populations.

It's very difficult but you also have to take that global perspective and from WHO's perspective we look at all of the states in the world and all of the peoples of the world and if WHO came up with a policy where we vaccinate in one country and finish there before we vaccinate in others it'd be very similar if a country decided to vaccinate in one state and finish there before starting in another sub-unit of the nation.

We see the world in a global perspective, we see all humanity as equal, all human beings born as having equal right to health and to the preservation of their health. So some of this tension comes really from the perspectives and where people sit, where they sit in the argument and where they're having the argument from and who is influencing and shouting at them.
So it's a very complex environment and I think it can be oversimplified and made too simplistic. There are so many complex factors driving this and Bruce may speak to that but I don't believe it's true that...

In the vast, overwhelming majority of cases, regardless of ideologic perspective, most leaders are trying to do their best for their people. No more than ourselves, they don't always do it perfectly. That's part of the process of the imperfections that we see in every aspect of human endeavour but I think it goes way too far to say that leaders in general are behaving in a way that is designed against their own people. That doesn't mean that leaders at all levels do not make mistakes. Bruce.

Thanks, Mike, and thanks for the question, Laurent. It's an important one because frankly we are in a war and leaders are right; we are in a war and it's a war against a virus, not against each other.

One of the things that's been extraordinary in this crisis is just how many world leaders you have an opportunity to interact with through the Director-General and others. They have common purpose in this and that common purpose is to beat this virus. There's absolutely no question about that.

Yes, there are a lot of tensions, there are a lot of emotions. There's a bit of friendly fire perhaps now and again but that's the nature of a battle like this that's been going on for over a year. People are tired, people are exhausted and there's incredible demand on everybody including political leaders everywhere as they try to navigate the way out of this.

But we have a common purpose, a common destiny in this. It's very, very clear as well and every leader that we deal with; they recognise and they reiterate again and again that we can only get out of this together. It's the right thing to do to make sure everyone has access to these rare or scarce - for the moment - resources, vaccines in particular.

We also have an economic reason, to get the world economy going and we also have a health security reason because of variants. Everyone is acutely aware of that and everybody is working to find a common way forward.

So it is going to be a tough... It's been a tough couple of weeks and it will be a tough few months as we go forward. There're
incredible demands on everyone but everyone is working to common purpose and recognises that.

00:44:28

I think one of the most encouraging things - Mike, we've been at this for 30 years, these kind of diseases - people are committed to work together on these things. Importantly - and it goes back to some of the questions that were asked earlier - what we're trying to ensure is that as countries now reach more and more of their populations they look at the vaccines that they have access to, they look at the contracts that they have and they say, you know what, we can share some of this now at this point, before we go into our younger populations, etc, with vaccines we can share them.

Again it's in everyone's common interest to do that and certainly all the leaders we've talked to feel that that's the right thing to do. The challenge of course is realising that as soon as we can.

CL  Dr Mariangela Simao, please.

MS  A very quick complementary comment because I think we've learned a lot in this one year - one year and two months - because we know now what works, which we didn't know in March last year. So the fact that we need to think about public policies being based on evidence; it's a different scenario from one year ago.

00:45:45

Now the world's better-equipped to deal with the resurgence of cases in many places. We learned which medicines will help and which won't; we learned what are the guidelines that should be in place to help and save lives in the case of management of severe cases.

So I think that's another thing that we need to think when we're looking in retrospect. It's very easy to point fingers and say what went wrong. We need to look ahead and look at what the science has given us and make sure that the policies that are put in place at country level are evidence-based. I think that's quite [inaudible].

CL  Thank you very much, Dr Simao. With this we move to the next question; that's Sophie Mkwena from SABC, South Africa. Sophie, please unmute yourself.

SO  Thank you, sir. I just want to ask a question around the coming holidays. We've heard reports that some countries are
already indicating that they are seeing the signs of a third wave. Has the WHO perhaps observed that or have they picked up the signs of a third wave and what must countries do during this time?

00:47:15

MK Thanks, Sophie. I think you were asking if we were seeing signs of a third wave. We are seeing signs of increasing transmission around the world and there're a number of factors that are associated with this.

We are not out of this pandemic. The pandemic is not over. I know we are over it but it is not over us. We are still in the acute phase of this pandemic where in many parts of the world the virus is still in control of our lives. We are not in control of the virus.

That is not true all over the world. Some countries have actually shown that we can control COVID with the tools at hand, with the addition of vaccination but in fact some countries have actually controlled COVID without vaccination yet.

I think it's important to remind everyone that we know a lot about this virus, we know about how it spreads and it really is a factor of our mixing patterns. When we see people mixing and increasing the number of contacts that they have, if people are spending a long amount of time together, if they're mixing with more individuals, more families the virus will take an opportunity to spread.

00:48:24

So we have seen with some holidays - we certainly saw this over the December/January holidays where people had increased the amount of mixing that they had with other families; we saw transmission increase dramatically in a number of countries.

We now have virus variants, at least three variants of concern that WHO is tracking; the B117 that was first identified in the United Kingdom, the B1351 that was first identified in South Africa and the P1 that was circulating in Brazil that was first identified in a traveller in Japan.

There are more variants of interest that are also being tracked. The variants of concern are more transmissible and if you have a more transmissible virus it means it can spread more easily. If we increase our mixing patterns, if we have virus variants transmission will increase.
We're now into the fifth week where globally we have seen an increase in transmission around the world. I mentioned in my earlier answer, now all WHO regions are seeing an increase in transmission compared to last week.

This is important because 15 months in people want this to be over but we still have to put in the work. All of us have a role to play here in reducing transmission and this includes during holidays. All of us want to spend time with our families and travel around and there are safe ways to be able to start to do this but we need to think about what each of us are doing every day, what we need to be doing versus what we really want to do.

We will get there, we will get to a point where this pandemic will be over, I promise we will get here but we need to put in the work now to drive transmission down, especially as we are rolling out vaccines and vaccinations around the world.

So think about what you are able to do during this holiday period. There are many holidays that are coming up. You can celebrate a lot of these virtually and in some situations you can meet in the outdoors instead of indoors and if you do need to meet with others limit the time that you are together, do this outdoors as opposed to indoors, make sure you keep your physical distancing, you wear your masks.

All of these measures still hold true. This is true if you're celebrating Passover or Easter or your child's birthday party. Each of these events has the potential to either facilitate transmission or not so all of us have this role to play in the decisions that we make to make sure that we don't spread the virus, that we don't get infected at first but if we get infected that we isolate, we get ahold of our contacts so they can be quarantined and we stop transmission, we break the chains of transmission.

We can do this. We need to continue to do this, especially through these holidays in the next few months.

Thank you very much, Dr Van Kerkhove. We move on to Kai Kupferschmidt from Science. Kai, please unmute yourself.

Thanks, Christian. I wanted to ask a complicated question but it's about the possible side-effects that we have been seeing in Europe with the AstraZeneca vaccine. It is becoming clearer
that there are quite a few cases of this rare constellation of thrombocytopenia together with thrombosis in unusual places.

00:51:40

Some of the societies for thrombosis and haematology are starting to tell people to look out for certain symptoms. There's an idea that the mechanism might be related to HIT. I wanted to know, since this vaccine is so crucial for COVAX and we're talking about many young populations as well in countries that might not have the best surveillance system in place or treatment options for something like this, what's the current status of WHO on these concerns? Are you sharing anything with the countries in terms of what to look out for?

CL Thank you very much, Kai. Let me start with Dr Mariangela Simao.

MS Let me start and then colleagues can complement. Thank you, Kai. Actually last week this was very hot on the news and there were a lot of follow-ups on this issue. You know that WHO has a global advisory committee on vaccine safety that meets regularly and that has reviewed the documentation available from all regions in the world because the AstraZeneca vaccines are not only being used in Europe, they're being used in different regions.

00:52:57

Also we, WHO worked together with the European Medicines Agency and participated in discussions where the data from Europe were assessed in a lot of data. So the position stands that the benefits outweigh the risks, that we have not received any communications so far. We are following very closely with all WHO regions. There is a network on safety-monitoring for post-market introduction with different regulatory authorities from the different regions of the world.

We did not observe an increased number of the blood clot disorders in the general population; the rates were below the background rates. The very rare potential - it's being investigated; a potential link to very rare side events which we're calling very rare, which would happen one in a million is still being investigated by WHO and also by the European Medicines Agency and other regulatory agencies in different countries.

That would include the intravascular coagulation disorder and cerebrovenous thrombosis but so far this is under investigation but still, as we're saying, this is a very important vaccine and
Kate can speak a little bit about this because our advisory group on vaccines also has assessed the safety data.

00:54:53

So far there's no news on this. People should continue to vaccinate because the potential risk of not vaccinating people at higher risk of death is much, much greater than any potential side-effect that may come up.

But we are keeping track of all vaccines, not only AstraZeneca vaccines. We keep surveillance on all vaccines that are in the market right now.

Dr Kate O'Brien, please.

KOB Thank you for this. I'd like to just give a couple more framing comments around this. The first is that, as Dr Simao emphasised, the observation of these events is that they're very, very rare events. They've been observed in the context of tens of millions of doses of the AstraZeneca vaccine having been administered and a small number of these cases, as serious and important as they are. We really need to emphasise and keep in context the rare nature of the events.

The second is that, as she described, we always are looking at the ratio of the benefit and the risk and just as an example, if you take the UK as an example of a country that’s had 1,800 COVID deaths for every million people in the UK, 40 traffic deaths per million people and zero COVID-vaccine-related deaths for every million doses that are given...

00:56:50

The information continues to roll out and what is still under assessment is whether any of these rare events are directly related to the vaccine itself and even if they are they are extremely rare events.

We also have vaccines that we know cause other unintended side-effects and I'll just give an example of the rotavirus vaccine, which is associated with again rare events of intussusception but when we look at the benefit of the vaccine to prevent a disease that is very important and a cause of death in young children, that benefit far outweighs the potential extremely low risk of an unintended side-effect.

So it really is this balance of the benefit and the risk that we're seeing and this very scrupulous attention to trying to quantify if there is a rare event what is the nature of the rare event, what is
it related to and how could we be cautious around that and especially identify people who might need medical care should they have this very rare event.

00:58:09

Then the point about the AstraZeneca vaccine and the critical importance of this vaccine for protection of people around the world; again millions of doses that are already being given preventing deaths and serious disease among elderly people, healthcare workers, people of middle age as well as it's rolling out in different countries and the importance of this vaccine to the global supply of these vaccines.

So we do have to always look at that ratio of benefit and risk and then do anything that can be done to minimise the risk if it is recognised and again it's still under an evaluation to determine whether to not it's directly related to the vaccine itself.

CL Thank you very much for this very important clarification again. With this we've reached the end of our briefing. Thank you all very much. We still have a long list of questions pending today but I hope we'll see you again next week. Before I hand over for the final words to Dr Tedros I remind you that we send out Dr Tedros' remarks right after the press conference and the full transcript will be posted on the website tomorrow morning.

For any follow-up questions please send an email to mediaenquiries@who.int. Dr Tedros, please.

TAG Thank you. Thank you so much, Christian. I would like to repeat wishing Chag Pesach Sameach and with that, thank you so much for joining us today and look forward to seeing you next week. Bon week-end.

01:00:10