

COVID-19

Virtual Press Conference 18 June 2021

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KO	Dr Kate O'Brien
MS	Dr Mariângela Simão
SS	Dr Soumya Swaminathan
MR	Dr Michael Ryan
MK	Dr Maria Van Kerkhove
CG	Corinne Gretler
JC	Jamil Chade
JM	John Miller
GS	Gabriela Sotomayor
KC	Kerry Cullinan
CV	Christophe Vogt
GA	Gelgi Alhaji

00:00:27

TJ Hello, everyone. It's June 18. My name is Tarik Jasarevic and I welcome you to this regular COVID-19 press briefing from WHO Headquarters here, in Geneva, Switzerland. We have a number of speakers today that I will introduce shortly. I will also remind you that this press briefing has simultaneous interpretation in six UN languages plus Portuguese and plus Hindi. Journalists who are online will click on the icon to raise their hand and can ask questions in six UN languages and Portuguese today.

We have with us our usual speakers, Dr Tedros, WHO Director-General, Dr Maria Van Kerkhove, our Technical Lead for COVID-19, Dr Mike Ryan, Executive Director of Health Emergencies Program, Dr Soumya Swaminathan, WHO Chief Scientist, Dr Mariângela Simão, our Assistant Director General,

Access to Medicines and Health Products. Online we have with us Dr Bruce Aylward, Senior Advisor to the Director-General and the lead of ACT Accelerator, Dr Kate O'Brien, Director of Immunization, Vaccines and Biologicals. We also have today, with us, Dr Dévora Kestel, who is our Director for Mental Health and Substance Abuse. So, with this, I will give the floor to Dr Tedros for his opening remarks. Dr Tedros.

00:01:55

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Tomorrow, we expect the government of Guinea to announce the end of its Ebola outbreak, and I would like to offer my congratulations to Guinea and the health workers who helped to contain the outbreak at very high personal risk. Thank you also to our partners who provided financial and technical support.

As you know, Guinea was one of three countries that was affected by the devastating West African Ebola outbreak in 2014 and 2015. Thanks to the lessons learned from that outbreak and new tools, including vaccines, Guinea managed to contain the outbreak in just four months and prevent it from spreading beyond its borders.

Nearly 11,000 people were vaccinated against Ebola but our work is far from over. We must continue to support survivors and monitor their health without creating stigma. Our teams are also finalising a 90-day post-epidemic resilience plan to support local health authorities, health workers and communities. This success shows how an outbreak can be brought under control with a combination of community engagement, effective public health measures and the equitable use of vaccines.

COVID-19 is a different disease that spreads more easily than Ebola but the approach is the same and yet, even after 18 months, the ineffective use of public health and social measures, increased social mixing and vaccine inequity continue to give COVID-19 an opportunity to mutate, spread and kill.

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The global failure to share vaccines equitably is fuelling a two-track pandemic that is now taking its toll on some of the world's poorest and most vulnerable people. Every region has countries that are now facing a steep increase in cases. Many countries in Latin America have rapidly increasing epidemics and others have plateaued at a high level.

In Africa, cases have increased by 52%, just in the past week, and deaths have increased by 32%. We're expect things to only get worse. Less than 1% of Africa's population has been vaccinated. Vaccines donated next year will be far too late for those who are dying today or being infected today or at risk today.

Our global targets are to vaccinate at least 10% of the population of every country by September, at least 40% by the end of the year, and 70% by the middle of next year. These are the critical milestones we must reach together to end the pandemic. More than half of all high and upper middle income countries and economies have now administered enough doses to fully

vaccinate at least 20% of their populations. Just three out of 79 low and middle income countries have reached the same level.

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We very much appreciate the vaccine donations announced by the G7 and others and we thank those countries, including the United States, that have committed to sharing doses in June and July. We urge others to follow suit. We need vaccines to be donated now to save lives.

WHO will continue to support countries to apply public health and social measures to keep people safe and we continue to support countries to ready their systems and plans to roll out vaccines once they get them but we do not control the global supply of vaccines. The countries and companies that do must play their part to produce more and share more to achieve WHO's global targets.

We continue to explore every avenue of increasing production of vaccines, especially in Africa, and we will have more to say about that on Monday. Even as we continue to respond to the COVID-19 pandemic, our regular work continues across the spectrum of health issues. This week alone, we opened a new country office in Kuwait, published a new implementation guide on suicide prevention, and yesterday we launched the Global Evidence Review on Health and Migration.

Refugees and migrants are among the most vulnerable people in our world and suffer from a range of physical and mental health problems and yet data on the health of refugees and migrants is scarce and needs to be improved to support the best policy decisions.

WHO's new Global Evidence Review on Health and Migration will set evidence-informed norms and standards to address data gaps and support global guidance and strategies on improving the health of refugees and migrants. It's another way WHO is working to fulfil its mission to promote health, keep the world safe and serve the vulnerable. Tarik, back to you.

00:08:14

TJ Thank you, Dr Tedros, for these opening remarks. I will now open the floor to questions and we will start with Corinne Gretler, from Bloomberg. Corinne, please unmute yourself and go ahead.

CG Hi. Thanks for taking my question. My question is for Bruce. I just wanted to ask, since we're talking about vaccine donations next year would be too late and not many have dedicated donations June and July. So, are you aware of any nations, cities or towns that have been forced to halt vaccination rollouts but also, maybe, setting aside second doses for healthcare workers and others?

TJ Thank you. Thank you, Corinne. Dr Aylward.

BA Thank you very much, Corinne, because this is a crucially important point that you've raised. What I'd like to suggest is that Kate O'Brien, who we have with us for the first part of the call, may be able to join in on this point. We have a huge number of countries, Corinne, that have had to suspend their rollout of their second doses of vaccine.

If I remember correctly, it is over 30 or 40 countries that could have been targeted for second doses of Astra Zeneca vaccines, for example, who will not be able to do that and we are now urgently trying to work with Astra Zeneca, itself, as well as SII, the Government of India, to restart those shipments, so that we can get those doses, those second doses into those populations because we are running to a longer interval than we would have liked in that regard.

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So, it is quite a list of countries, particularly in Sub-Saharan Africa but also part of Latin America, parts of the Middle East, South Asia, as well, that have all been hit hard by this. Some countries that have been particularly hit hard include those that surround India, like Nepal, Sri Lanka, others who suffered a severe wave of disease and were very, very desperately trying to access doses. So, we've had quite a substantial problem in this regard, Corinne.

Hence, the reason the Director-General emphasising the need for access to doses. Donations are great in the short-term. This is a short-term solution we are looking for in the face of a very imperfect market where, in this pandemic, only countries right now that have got the financial resources or producing the products actually have access to vaccines and that's what we're trying to change, particularly in this period June through September.

In that regard, I would just like to recognise, again, the importance of the donations that were announced and dose sharing at the G7, especially of the United States, that has committed at least 80 million doses during the June/July period. That will help and we call again on others for exactly the reason that you have highlighted, Corinne. Tarik, Kate may want to add and she'll be more familiar with some of the real specifics around actual countries and numbers.

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KO Yes, thanks for that, Bruce. You have named a number of countries that all are facing the issues that you've described. I think I really want to emphasise that countries across each of these regions, we're looking really carefully with them at their absorptive uptake of vaccines and many of them are at the very end of the supply that they have and they still have not delivered second doses to their large populations for which they got first doses.

So, we are really facing a situation where they are in halting stage, where they just don't have more doses that are coming at this point to be able to do those second doses and, of course, to then expand to the remainder of the highest risk populations that they are trying to immunise. There are many countries, many of which Bruce has already described and specifically named them. We can certainly take it offline and give you further lists of countries that are facing this. Over.

TJ Many thanks.

BA Tarik, one point.

TJ Yes, Bruce.

BA One point we should highlight, Corinne, that we didn't, is how hard this is for countries. Remember, you've seen in the West, in other countries that have high coverage, how long it took to get to high coverage. It takes a long time to train the additional manpower that you need, a long time to sensitise your populations, a long time to get the logistics, etc, in place to operate at scale.

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So, when countries with weak systems are forced to continually interrupt, reorganise, redirect their programmes, they are going to have real trouble as additional doses arrive, potentially. We are making it doubly, triply difficult, much more difficult than it needs to be for these areas.

Eventually, when we do get large numbers of doses, it will be like having your hands tied behind your back, right, both hands behind your back because we have interrupted and staggered and slowed the rollout which made it very difficult to mobilise populations. We hear this repeatedly from political leaders who are so keen to mobilise their populations but so concerned that they are having to do that prematurely because the doses, the supply isn't following.

KO Let me actually just follow on from Bruce's second point there. We've just been looking at the pace of uptake in high income countries, especially those that have gotten some of the highest coverage rates. It took them about four months to get to a peak vaccination rate, when they're really at peak pace.

Those are countries that had clarity on what their supply was going to be, could mobilise demand, could communicate with their populations and their communities what the order is going to be, where you go for vaccination, we're going to have doses.

One of the worst things that you can do in an immunisation programme is to be communicating out to the community that doses will be available and then you cannot deliver those. That undermines confidence in the programme overall.

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So, these are really critical issues and, as Bruce said, when we're looking at some of the highest performing countries, it is taking about three to four months to even go from the beginning of a programme to getting to that peak performance. It doesn't happen in a short period of time.

Being able to sustain it is another issue. In each of these, where they reached a peak, it was only sustained for about four weeks and then that peak rate starts to go down again.

TJ Thank you, Dr O'Brien and Dr Aylward. Let's move to the next question. Jamil Chade, from O Estado de São Paulo. Jamil.

JC Yes, Tarik. Thank you very much. Dr Tedros, tomorrow Brazil will probably reach 500,000 deaths officially, obviously, and not only that but we've seen in the last couple of weeks the rate going up of infection, as well. What is your message today to Brazil on this such a sad milestone for the country? What is the message that you can give us? Thank you.

TJ Thank you. Let's start with Dr Simão, please.

MS I'm going to use the opportunity to speak in Portuguese. Thank you very much, Jamil, for your question. First of all, the WHO is very saddened to see Brazil to reach those number of deaths and also the number of infected cases in Brazil.

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We know that in the world we have millions of deaths, more specifically 3.8 million deaths and would like to express our sympathy for all people that lost their family members due to COVID-19.

It's also important to highlight that the cases in the Americas, and although we have seen a decrease in the number of cases in Brazil in the last weeks, those are still very important cases. The numbers are very alarming and the WHO has also highlighted that.

On one hand it congratulates Brazil on the local production. Brazil was able to administer more than 80 million doses thanks to the local production of the Butantan and Fiocruz Institutes. However, we see that Brazil needs to reinforce the preventive measures for public health.

I know that recently there has been a polemic in Brazil on the use of masks and the use of masks continues being a recommendation from the WHO when people cannot keep physically distancing. We also recommend people to avoid mass gatherings where they do not have a large vaccination cover.

It is important to remember that the pandemic continues striking. There is pressure in the health systems and all the efforts that have been made to increase vaccination cover should be made jointly with those non-public measures. We have also seen the positive measures taken by the Ministry of Health to diversify the different vaccination strategies. I would like to know if other colleagues would like to add. Thank you.

00:19:05

TJ Thank you, Dr Simão, for this answer. I don't seen anyone who would like to add, so we will then move to the next question. We go to Reuters and we have John Miller with us. John, please unmute yourself.

JM Thank you for taking my question. Obviously, yesterday, we had some preliminary clinical data from CureVac, 47% for its vaccine. I'm wondering if the scientists could try to put that in perspective, given that the WHO has given some percentages that it would like to see for the vaccines and what it would see as acceptable at this point and how CureVac figure might fit into that. Thanks.

TJ Thank you, John. We will start with Dr Swaminathan.

SS Thank you. Thank you for that question, John. Yes, it was disappointing to see the results from CureVac that came with an efficacy of less than 50%, which is the benchmark that we had set. As you mentioned, WHO had developed, through the R&D Blueprint to prevent epidemics, very early on, the target product profiles for an effective and safe vaccine, setting the minimum efficacy of 50% with the lower bound of the confidence interval not going below 30%.

Now, of course it was very encouraging to see so many vaccines with much higher efficacy than the 50% benchmark, and so that's why I think it was even more disappointing to see this because we expected mRNA vaccines to perform well.

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But, I think it's telling us important things, that in vaccine development not every candidate is going to perform as well, that we need to do efficacy trials to actually find out the clinical efficacy of a product and we cannot presume, just from the class of products, just because it is another mRNA vaccine, we cannot presume that all mRNAs are the same because each one has a slightly different technology.

The advantage here was, of course, that the temperature conditions were very suitable. These were to be stored at regular refrigerated rather than a very, ultra-cold storage but it is a different kind of mRNA, unmodified platform. The dose use selected for the trial was much lower than the dose that either Moderna or Pfizer had used.

So, I think we need to go much more in-depth, which I'm sure the scientists at the company are doing to look into the reasons why this could be so because it will inform further vaccine development. This is a normal process, as I said about vaccines. We have been quite lucky to have so many successful ones but it also underlines the fact that we need to keep on with development.

We need to continue to support R&D of more vaccine candidates, particularly those which are more suitable for use at scale, storage conditions, single dose, mode of administration, not being injectable, being either a nasal or an oral vaccine and such other properties, easy to manufacture and scale.

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I think each of these trials is a lesson for us, also, to learn more about the science and there is so much more that we are learning about this virus. One of the key and important issues is the correlative protection which would, of course, help further development and further testing of vaccines or vaccine combinations.

The WHO is leading on the efforts, again, through the networks convened by the R&D Blueprint to come to some kind of consensus on correlates of protection but at the moment we do not have that global consensus, so it is very important that we continue with well-designed and well-conducted randomised trials. I don't know if anyone else wants to add to that.

MR I would just add, from the perspective of the challenge of vaccine development and the area of variants, I believe the company isolated 13 different variants in the study population, which again shows that the bar is being raised by the virus for this next generation of vaccines that we will need. So, again, the message is that we need to use the vaccines we have, distribute them equitably and ensure we continue to suppress transmission.

The fact is that we've seen this in Brazil, we've seen similar issues in Paraguay and other countries recently, that even with the health system doing a great job to scale up its capacity, once you get very intense community

transmission, health systems come under pressure again, regardless of the variant causing the problem.

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Again, I think we're seeing a shifting and changing landscape in which the emergence of variants because of unchecked community transmission is leading to challenges in the health system, it's leading to challenges in vaccine development and demonstrating vaccine efficacy. So, we need to move more quickly than we're moving right now, in terms of both suppressing transmission and in distributing the benefits of vaccines everywhere.

MK Thanks. I also want to come in on this because I do want to highlight two things. One is just the remarkable achievement that we've reached where we actually have so many safe and effective vaccines. I think we now take this for granted that we have these vaccines that are just available and some are fortunate to be able to receive their doses.

That is because of decades worth of collaboration and investment in different platforms through the R&D Blueprint for Epidemics, the work on MERS, the work on SARS really has advanced our ability to create these safe and effective vaccines so quickly, but it does show the vulnerability that we have in this.

But, I have to come in on the public health and social measures. We have an amazing tool in vaccines and vaccinations but we also have amazing tools in terms of individual-level measures, in terms of societal level measures that can be tailored, that can be adjusted, that can be used intelligently.

I'm not talking about lockdown. I'm talking about the use of a mask. I'm talking about physical distancing. I'm talking about improving ventilation. I'm talking about avoiding crowded spaces, making our work places safer, knowing what our risk is every day and taking measures to lower that risk.

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That has to receive the same amount of attention right now as vaccines and vaccination and I will sit up here and be a broken record and continue to do so because we have tools that save lives right now and, unfortunately, we don't yet have the vaccines in the right places to protect people's lives.

These vaccines are against severe disease and death and they are highly effective against severe disease and death. That's what they are intended for and that's what they need to be used for. This is what COVAX and WHO and all of our partners are advocating for, that these vaccines reach those who are most at risk for severe disease and who are most at risk because of their exposure, because they are caring for people who are sick, our frontline workers.

Again, this is about the do-it-all, in the sense that use the tools that we have. Governments need to support people in being able to do so because it is easy to say do it but we need to be supported in carrying out these measures because the decisions that we make today impact ourselves, impact our families and they have consequences, good and bad.

So, let's continue to make good choices that we can, that we're in control of and we need the good leadership to be able to enable us to keep ourselves and our loved ones safe.

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TJ Thank you, all. Next question, Gabriela Sotomayor, Progreso, Mexico. Gabriela.

GS Thank you. Thank you very much, Tarik, for taking my question. Mexico cases and deaths have dropped dramatically in the last five months. Since late December to date, the Government of Mexico City and the Mexican Institute of Social Security have had the strategy that each person who tests positive for the virus is given a kit with ivermectin for the patient and their family.

In Mexico, the most populous city in the country, a study was carried out with 200,000 people and it indicates that the use of ivermectin reduced the need of hospitalisation by 76%. I spoke with some specialists and they say that the drop in cases and deaths cannot be attributed to the vaccine because only 20% of the population has been vaccinated. So, my question is what are your comments on this? Are you analysing what is happening in Mexico in relation with the use of ivermectin?

MK Thanks. I can perhaps start and others may want to come in. Gabriela, thanks very much for your question. It's likely a combination of factors of why you're seeing transmission being reduced across Mexico and it is, indeed, a very good sign that transmission is reducing and the cases are declining and they've been declining over the past several months. I am looking at the epi curve in front of me. It is probably a combination of factors that are associated with that, individual level measures that I just mentioned, as well as others.

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With regards to ivermectin, our recommendation is for the use of ivermectin in clinical trials. Our Clinical Management team, led by Dr Janet Diaz, and collaborators around the world are constantly looking at all of the studies that are evaluating ivermectin. There are meta-analyses that are being conducted, that are adding more studies as those studies' results become available and as they're being updated regularly.

Then, once that meta-analysis is updated, then they will look at the recommendations again and decide if any recommendations need to be changed. That's a process that we have for all of the therapeutics that are being evaluated out there. It's the consolidation of evidence from all of the different small and large trials, putting together a meta-analysis, conducting a robust, transparent, comprehensive review and then looking at the recommendations to see what our Guideline Development Group can and cannot, should and should not recommend. That process is underway and that will be updated soon.

SS I think you raise an important point because when you look at a question about why cases and deaths may have reduced in a particular

environment, as Maria mentioned, it is usually a combination of things. It's never the one intervention.

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So, yes, the vaccines are protecting at first the high risk groups, the elderly and the frontline workers and the health workers, and that certainly has an impact on protecting the group that has been vaccinated in which the deaths are likely to be the highest. We know that the deaths proportionally are higher among the elderly, so if you've got that group covered your deaths are going to come down, though infections may continue.

Then, you've got all the public health measures that one puts in place and we've noticed in country after country that has a peak and that has been able to bring it down, they have done it through a good, comprehensive set of public health interventions, without ivermectin necessarily. We can name a large number of countries where exactly the same has happened.

This is why just an ecological observation early on. Last year, we saw similar associations with BCG vaccination, with hydroxychloroquine, without taking into consideration the other factors. I think it's really important to undertake properly designed studies and we must have an open mind, and the WHO certainly has an open mind, to look at each and every intervention that could be beneficial. So, there are trials going on looking at BCG to see if BCG can reduce deaths or prevent infections due to COVID, due to its non-specific effect on the innate immune system.

We had a number of trials that looked at hydroxychloroquine as well as at other antiviral drugs and there are, unfortunately, not very high quality trials yet conducted on the role of ivermectin, either in prevention or in the treatment of disease and this is what our Guideline Development Group pointed out when they looked at the meta-analyses, that the studies were all of a very poor or low quality and therefore what is needed is more evidence.

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Observational studies sometimes give you hints about something that could be happening, especially when you're at the population level where there are so many interventions going on but what you then need are well-designed studies to prove those hypotheses and so we encourage more research on any of these. So, the jury is still on this.

TJ Many thanks, Dr Swaminathan and Dr Van Kerkhove. Now, we will go to Health Policy Watch Africa, and we have Kerry Cullinan with us. Kerry, please unmute yourself and ask the question.

KC Thank you very much. There have been some alarming reports about the failure of Sinovac to prevent health workers from being hospitalised in Indonesia. It seems like it has very limited efficacy against the Delta variant, in particular. Could WHO comment on this and also what would be your advice to countries that are using Sinovac only? Thank you.

SS I'm not aware of this particular incidence that that you are mentioning but I think you're bringing up an important issue and that was also mentioned by Mike just now. The whole situation is so dynamic because of the variants that are now circulating and, as you said, the Delta variant is well on its way to

becoming the dominant variant globally because of its significantly increased transmissibility.

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We need more data, again from well-designed studies on the efficacy of the different vaccines that in use in different countries against the different variants. What this means is that there has to be, in place, a study that uses a good design. It could be a randomised trial or, if not, it could be during the rollout of a vaccine in a country.

We have designs like a test-negative design, for example, and others that the WHO has actually compiled and provided on its website, different study designs that can be used to see what happens when people have one dose of the vaccine, two doses of the vaccine, how many are getting infected and, of those infected, how many are ending up hospitalised and getting seriously ill.

That kind of documentation will tell us because again, anecdotally, one might see a number of infections happening for whatever reason. If there's a lot of community transmission, there will be more infection among health workers. But, are they getting ill? Are they needing to be hospitalised? And, what's the proportion between the vaccinated, unvaccinated and those with a single dose and complete dose.

This is something that we are watching very carefully and documenting and we now have a special expert group that has been set up to exactly track the performance of vaccines and their effectiveness when used at the population level in relation to the variants.

This also means that countries need to do sequencing. Side by side with documenting vaccine effectiveness, we need to expand sequencing and maybe Maria can say more about how we're supporting countries to do that. When we have both pieces of information then we can start getting some solid and robust evidence on vaccine performance.

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MR Just in general, on Indonesia, there has been quite a steep surge in cases over the last few weeks and again, as Soumya referred to before, in other countries. This is multifactorial. The number of cases has been on the rise after the end of traditional holiday season where millions of people move around in the Indonesian archipelago. There's a lot of travel. People move.

We saw a similar phenomenon in Europe with the social mixing over the holiday periods. We think we saw similar issues in India. People move and mix, the virus goes with them and you can get that build up of infection. That has brought the healthcare system under some strong demand for healthcare services and certainly, in Jakarta, the hospital occupancy rates have increased to 75% and the weekly incidence rate is up by 50%.

Positivity rate is around 12-13%, which is quite high. It's not dramatically high but there's no question that the intensity of community transmission has increased across Indonesia, particularly around Jakarta and also Central Java and Kudus. Within that, the Delta variant is now becoming more prominent or more dominant in certain parts of Jakarta and other parts of Java and that is a

concern given what we've learned about the ability of the Delta variant to transmit in other areas.

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There is no question that Indonesia is facing increased community transmission, increased prominence of the Delta variant and increasing pressure on the health system, though at the moment the hospital system appears to be coping in terms of bed occupancy and strain on the system.

But, we've seen in other countries, how quickly that situation can change. Once peak occupancy is reached, once health systems begin to fail, they tend to fail quite catastrophically and rather quickly.

TJ Dr Aylward, would you like to add something?

BA I just want to reinforce the importance of the point that Soumya made. Kerry, when you asked the question about you said the alarming reports of the failure of Sinovac in Indonesia, I think we want to be very clear that there are reports of people who received Sinovac, actually got the disease, the healthcare workers, but that does not mean failure of the vaccine because, as you know, vaccines are not going to protect everybody who receives them and the Sinovac vaccine, the efficacy estimate is between 50% and 76% or in that range, as you know.

So, it's not unexpected in areas where everyone gets a vaccine, as we get intense transmission there will be some cases of people who are vaccinated. But, very early to say whether or not a vaccine is performing the way it should. In fact, most indications are that rate of hospitalisations among healthcare workers overall has gone down and even though a number of healthcare workers in this particular have the disease very few of them or actually it was only a smaller proportion who were hospitalised.

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But, a super important event, an event that needs to be fully investigated. But, I think we want to be very careful about suggesting there's evidence that a vaccine is failing because there certainly isn't the evidence to suggest that at this point.

TJ Many thanks, Dr Aylward. Let's go to Agence France-Presse, Christophe Vogt. Christophe.

CV Thank you for taking my question. I just wanted to come back on what Dr Tedros said about production and especially production in Africa. You were pointing to some news on Monday but I was wondering if you could maybe tell us a little bit more in advance on that.

We have been waiting for quite a while on the different schemes that you were trying or not just you but also WTO, to put into place to have more production, especially regional production in Africa. So, I was just wondering if you could tell us a little bit more.

TAG Thank you very much. We're working with some countries who are making concrete steps and I would appreciate it if you can have the patience and it will also be probably a surprise for you on Monday. I would prefer to keep it for Monday and then you'll have all the information from an African

country that is taking concrete steps, as I said earlier, and also, hopefully, we will bring a northern partner also. This is a north-south partnership and I hope you will get everything from the horse's mouth from them. Thank you.

00:41:00

TJ Thank you, Dr Tedros. I think the next question is also about Africa. We have with us Gelgi Alhaji [?], from *Première Quotidien*. Gelgi, you have the floor. Hello, Gelgi. Do you hear us.

GA Yes, can you hear me? Okay, then. I'm under the sun of Dakar. I have a question to the Director-General, Dr Tedros. Recently, there has been a resurgence of cases in Africa and today it seems that we are in the middle of a third wave. How can you explain this? The African countries that had been relatively spared up until now, have they relaxed their restriction measures? That's my first question.

The second question also has to do with vaccines. Indeed, many countries are using vaccines right now which they have been receiving but with the issue of Astra Zeneca, for example, is there an issue with trust? Thank you.

MK Thanks very much. I'll start and I'm sure others will want to come in on this. Let me first start with the first part of your questions around the situation in Africa. Africa is a very diverse continent with many countries and many populations, and so we don't want to over-generalise the situation on an entire continent but there certainly are a number of countries across Africa that are seeing alarming increases in cases.

In part of your question you said that Africa was largely spared in the beginning but, indeed, many countries across the continent have had severe outbreaks, have brought outbreaks under control through this combination of factors, this comprehensive strategy.

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Zero prevalence studies across the continent have actually shown us a proportion of the population has been infected. Zero prevalence rates of between 10-20-30%, indicating that there unrecognised cases that have occurred on the continent.

Part of that is due the lack of testing in many countries, and we are working with many ministries and with our regional office, with our country offices, to improve capacity across the continent, in particular the use of PCR tests, the use of antigen-based tests which can be conducted outside of labs and clinical settings by trained individual and into communities to really know where the virus is and to carry out appropriate public health measures.

But, there are number of increases in countries right now seeing a third peak or a third wave, as you put it, and a number of countries are reaching or passing their capacities for ICU. They are reaching or passing their capacities for O2 that they have right now and the supplies to be able to use medical oxygen for patients who so critically need it.

In a number of countries we're seeing the test positivity rate exceeding 10-20-30% and so we know that there are situations where cases are increasing. We also have variants of concern that are circulating in many parts of Africa. Our

ability to know where these variants of concern are circulating is limited by our ability to conduct genetic sequencing.

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We're working with our African regional office and the Africa CDC to boost sequencing capacity across the entire region so that we know where these variants are circulating but, indeed, it is a worrying situation.

Remember, in parts of Africa, we're in our winter months and colleagues from our regional office, they were reminding us that in some countries there is snow on the ground and so people are spending more time indoors, as opposed to outdoors.

We need to ensure, when that happens, we have good ventilation indoors, that masks are worn, that masks are provided, that they are worn appropriately over the nose and the mouth, they have the right filtration, that our hands are clean, so that when we put on and we take off that mask, that we're not inadvertently infecting ourselves, that we clean our hands, we use all of those measures.

But, 18 months into a pandemic, it's incredibly difficult to sustain these measures and this is why vaccination and vaccines reaching those most at risk, particularly across the continent, is critical and it is now that we need these because people are dying now.

We are working through our regional offices and our country offices to provide the best support that we can in providing the supplies, ensuring that health workers are protected, are cared for, are operating in safe working environments, that medical oxygen and the related supplies are reaching those most in need, that the dexamethasone is reaching those who are most in need, used for the right patients who are severe/critical at the right doses and for the right amount of time.

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So, it's a combination of factors that are necessary to be able to support countries that are, indeed, seeing some quite worrying signs of increasing transmission.

MR May I just add, when you look and any of you can look on our website and see the numbers, when you see the absolute numbers, it doesn't appear that our African region is in necessarily bad shape. It only, in the last week, represents just over 5% of global cases and over 2.2% of global deaths. But, given what Maria said about underdiagnosis on the continent, it's the trajectory that is very, very concerning.

In the last week, we've seen over 100% increases in Namibia, in Sierra Leone, in Liberia, in Rwanda, in Zambia, in Zimbabwe, in Malawi, in Lesotho, in Congo, in South Sudan. We've seen between 50-100% increase in cases in place like Mozambique, in Côte d'Ivoire, in South Africa, and in Uganda, and in many of these countries.

So, this is a phenomenon occurring across the continent. As Maria said, the factors driving it may be seasonal in Southern Africa. There may be other factors driving it elsewhere. But, the brutal reality is that in an era of multiple

variants with increased transmissibility, potentially increased impact, we have left vast swathes of the population and the vulnerable population in Africa unprotected by vaccines in a context where health systems are already weak.

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That's the reality and this is the consequence of the current unfair distribution of vaccines. If we had been distributing vaccines fairly and equitably, we may by now have protected those people most vulnerable on the African continent, and we simply have not done that. Whatever the factors that are driving this, be it exhaustion in the system, be it the fact that people have to go back to work, be it seasonal, the reality is that the population that needs to be protected is not and we have the same concerns in African countries in refugee situations at the moment.

We've seen before the presumption that the next wave will be the same as the previous wave. I think every country has learned that every wave is unique because it depends on the season, it depends on the health system, it depends on the variant, it depends on the intensity of transmission.

How the virus epidemic manifests itself on each wave has been different in every country, so to assume that the next wave in Africa is just going to be a small passing shower and will not be a storm I think is very, very premature and I think we have to really take what's happening on the African continent very, very seriously.

Our African Regional Office, led by Tshidi Moeti, Dr Tedros and others, have constantly spoken about this inequity and we are going to pay a heavy price for that inequity in the coming weeks and months. We hope not. I dearly hope that is not the case but trajectory and the direction of travel and the point of impact of this pandemic is switching around the world.

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I've said that before, and it is very clear that there are strong signals coming from African and from the African region of WHO, that the disease is on the rise, the impact is rising and we need to move quickly to support those systems and get the most vulnerable people vaccinated in Africa.

TJ Thank you very much. I see that Dr Aylward would like to add something to this question. Dr Aylward.

BA Thank you very much, Tarik. It was on the specific question that was asked about one specific vaccine you asked about in the Africa context. Of course, there's often questions and hesitancy about vaccines, in general, or classes or vaccines and sometimes specific vaccines, and that's the reason that there's two of three key things that are being done to try and address that with the rollout of the vaccines.

Because all of the vaccines that we recommend, that WHO has given Emergency Use Listing to, we've looked and very carefully and can speak to their safety, efficacy, quality assurance, and the programmatic utility. The key things we are trying to do is get the accurate information out there, so that people are making evidence and accurate-based personal decisions, as well as population-level decisions.

The second thing that we are working towards is to ensure that they are getting the information from the right channels, through leaders, local leaders, other leaders, religious leaders that they know and they are respect and they trust to provide that information. And, of course, this comes back to the role of the press, which is just so important in helping ensure there is accurate information about these vaccines.

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Because all of these products, the benefits far exceed the risks, given the gravity of this disease and the waves of disease that we're seeing and we're going to need a concentrated approach to help ensure people understand those realities and get themselves protected as rapidly and quickly as possible.

But, to the point Mike makes, and that Dr Tedros has spoken to again and again, the big problem now is not hesitancy anywhere in Africa and many of the places we serve through COVAX, it's lack of vaccine. You can't hesitate to take something that's not available. Let's get the vaccines out there, get them available to people to help get the coverage rates. That's the crucial thing at this point.

TJ Thank you very much, Dr Aylward, and with this we will conclude with press briefing. As always, we will send the audio file later in the evening and the transcript will be posted at our website tomorrow. With this, I wish you a nice weekend and I give the floor to Dr Tedros for his closing remarks.

TAG Thank you, Tarik, and thank you to all who have joined today and see you in upcoming presser. Thank you. Bye-bye.

00:53:13