

# COVID-19

## Virtual Press conference

### 12 July 2021

#### Speaker key:

TJ	Tarik Jasarevic
TAG	Dr Tedros Adhanom Ghebreyesus
LA	Laura
MS	Dr Mariangela Simao
SS	Dr Soumya Swaminathan
JM	Dr Jaouad Mahjour
MR	Dr Michael Ryan
OL	Oliver
MK	Dr Maria Van Kerkhove
BE	Belisa
HE	Helen
AL	Dr Ann Lindstrand
TR	Translator
YO	Youni
CA	Carmen
CT	Catherine

#### 00:00:18

TJ Hello to everyone. Welcome to the WHO COVID-19 press conference. Sorry for the delay we had today. We will start with opening remarks from Dr Tedros. With us today in the room besides Dr Tedros are Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mike Ryan, Executive Director of the WHO Programme for Emergencies, Dr Mariangela Simao, Assistant Director-General, Access to Medicines and Health Products, Dr Soumya Swaminathan, our Chief Scientist.

With us also today is Dr Jaouad Mahjour, who is our Assistant Director-General, Emergency Preparedness and International Health Regulations. We also have online Dr Ann Lindstrand, Unit Head for the Essential Programme of Immunisation. Simultaneous translation is provided in the six UN languages, Portuguese and Hindi and journalists may ask a question in those languages. With this I'll give the floor immediately to Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Last week marked the fourth consecutive week of increasing cases of COVID-19 globally with increases recorded in all but one of WHO's six regions. After ten weeks of declines deaths are increasing again.

We continue to hear reports from all regions of the world about hospitals reaching capacity. The Delta variant is ripping around the world at a scorching pace, driving a new spike in cases and death.

**00:02:04**

Not everywhere is taking the same hit though. We're in the midst of a growing two-track pandemic where the haves and have-nots within and between countries are increasingly divergent. In places with high vaccination coverage delta is spreading quickly, especially infecting unprotected and vulnerable people and steadily putting pressure back on health systems.

For health workers that have been in a titanic battle for more than a year and have record waiting lists to attend to increased hospitalisations at any level are a challenge to them and their patients and to the overall capacity of the health system.

As countries lift public health and social measures they must consider the impact on health workers and health systems. In countries with low vaccine coverage the situation is particularly bad. Delta and other highly transmissible variants are driving catastrophic waves of cases which are translating into high numbers of hospitalisations and deaths.

**00:03:24**

Even countries that successfully managed to ward off the early waves of the virus through public health measures alone are now in the midst of devastating outbreaks. Particularly in low-income countries exhausted health workers are battling to save lives in the midst of shortages of personal protective equipment, oxygen and treatments.

Vaccines have never been the way out of this crisis on their own but this current wave is demonstrating again just what a powerful tool they are to battle back against this virus. Delta is now in more than 104 countries and we expect it to soon be the dominant COVID-19 strain circulating worldwide.

The world is watching in real time as the COVID-19 virus continues to change and become more transmissible. My message today is that we're experiencing a worsening public health emergency that further threatens lives, livelihoods and a sound global economic recovery.

It is definitely worse in places that have very few vaccines but the pandemic is not over anywhere. The current collective strategy reminds me of a firefighting team taking on a forest blaze. Hosing down part of it might reduce the flames in one area but while it's smouldering anywhere sparks will eventually travel and grow again into a roaring furnace.

**00:05:08**

The world should battle together to put out this pandemic inferno everywhere. The global gap in vaccine supply is hugely uneven and inequitable. Some countries and regions are actually ordering millions of booster doses before other countries have had supplies to vaccinate their health workers and most vulnerable.

I ask you, who would put firefighters on the front line without protection? Who are the most vulnerable to the flames of this pandemic? The health workers on the front lines, older persons and the vulnerable. We're making conscious choices right now not to protect those most in need, our own firefighters.

Currently data shows us that vaccination offers long-lasting immunity against severe and deadly COVID-19. The priority now must be to vaccinate those who have received no doses and protection.

**00:06:25**

Instead of Moderna and Pfizer prioritising the supply of vaccines as boosters to countries whose populations have relatively high coverage we need them to go all-out to channel supply to COVAX, the Africa Vaccine Acquisition Task Team and low and middle-income countries which have very low vaccine coverage.

Over the weekend the G20 Finance Ministers recognised the importance of funding the ACT Accelerator so that the world can ensure tests, treatments and vaccines are distributed equitably

and I hope this translates quickly to filling the US\$16 billion funding gap.

Tens of millions of vaccine dose donations are starting to come through but we need more and we need them faster. We need an all-out, no-regrets accelerated building-up of new vaccine manufacturing hubs.

For that to happen quicker pharmaceutical companies must share their licences, know-how and technology. AstraZeneca has led on licensing their vaccines around the world to increase vaccine capacity quickly.

As well as Europe, India and South Korea I'm pleased to announce two more manufacturing sites in Japan and Australia which have now received a WHO emergency use listing, bringing AstraZeneca's EULs to five.

**00:08:06**

This gives the green light for COVAX to buy vaccines from these additional facilities and enables countries to expedite their own regulatory approval to import and roll out vaccines. We need other manufacturers to follow this example. Thousands of people are still dying every day and that deserves urgent action.

I will discuss the worsening situation on Wednesday at the IHR emergency committee meeting and next week the World Health Organization and World Trade Organization will bring together leaders of the public and private sectors to address the shortage and the inequity of vaccines and other health tools.

No more talk about vaccinating low-income countries in 2023/2024. This is no time for a lull. We want to see progress being built on and a surge of action to scale up the supply and sharing of life-saving health tools. Tarik, back to you.

TJ Many thanks, Dr Tedros. We will start with questions. We have first Laura Spinney, Guardian/Observer. Laura.

**00:09:35**

LA Hello. There are reports of people being unable to get vaccine passports in various countries for various different reasons even though they have received approved vaccines. I wondered if you were aware of this, whether you had some information to shed [sic] on the scale of the problem and whether you were thinking about solutions such as for example an overall certificate that works everywhere in the mould of the certificate for yellow fever. Thank you.

MS Let me start, Laura, and then colleagues can complement. I'm going to start by talking about the one that we're hearing most about in the media which is the new digital certificate which is a certificate designed to allow the transit of people across European Union countries and where it states that it's focusing on the vaccines that were approved by the European Medicines Agency.

We understand that the recommendation from the European Parliament is that countries consider the vaccines that are emergency use listed by WHO for entry into the Schengen space so this is the one case that we are aware of. We're working with European authorities in terms of reinforcing the processes that are taken for the listing of vaccines by WHO and ensuring that the recommendations from the European Parliament that countries should consider - a strong recommendation that countries should accept the vaccines that were emergency use listed by WHO.

**00:11:37**

But there are issues that you're asking which are on the broader certificate so I don't know which of the colleagues will come in.

SS Maybe just to add, WHO did commit to and is in the process of coming out with the standards, the guidelines for the digital certification of vaccination. That is something that is good, to have a digital certification and we want to make sure that these certificates are interoperable between countries across national borders.

It's in the final stages, it's almost ready now and I think in the next week to ten days we will be able to publish these guidelines so that countries can adopt these standards when they develop their own certification of vaccination.

But having said that, WHO does not promote the use of vaccine passports. Vaccine cannot be a precondition or should not be a precondition for travel or entry because it's essentially then a very inequitable situation. We've just heard the DG talk about the fact that we have so little access to vaccines in so many parts of the world and so it should not be made a precondition.

**00:12:49**

But I think there are also guidelines on how countries can adapt their quarantine procedures and other procedures if people are vaccinated versus those who have an RTPCR negative certification and so on.

So the bottom line is, yes, we will have the guidelines or the standards very soon for the digital certification and we encourage all countries to adopt those because it's good to have an interoperable certificate and indeed the yellow fever vaccination card that was mentioned is something that all countries around the world have used for many years. Thank you.

JM Thank you for this very important question. Just to add to what Soumya said, of course the WHO doesn't recommend to use vaccine now for travel. We asked this question of the IHR emergency committee last time and the same question will be asked in today's meeting of the emergency committee.

**00:13:47**

The emergency committee think that using vaccine at that time will limit travel because of the availability of the vaccine.

Compared to the yellow fever vaccine I think we are in two different situations. The yellow fever concerned a few countries and the vaccine is available and can be administered to all people who travel to these countries.

Now we are speaking about a situation where all countries of the world are concerned and the vaccine is not available for travel. Again the emergency committee, as I said, will discuss this issue and come up with advice on this specific question.

MR Can I just add that we have encouraged countries that want to that they may use the international certificate for vaccination and prophylaxis, which is the yellow book that you referred to, to record vaccination. Again that requires other countries to recognise that certificate of vaccination and that is the other problem that you've raised.

Countries are not necessarily going to recognise a certificate of vaccination from another country without specific validation and secondly may differentially recognise different vaccinations, which is another policy issue entirely and one that is very, very difficult to deal with.

**00:15:12**

So there are many, many layers inside the question that you ask but from the perspective of WHO we are working to increase the distribution of the paper versions of our international certification of vaccination prophylaxis and also developing a digital wallet that could be used for the same purpose and, as Soumya has

said, issuing much more detailed data standards for countries to generate their own digital vaccination certificate.

But that does not get around the policy issues around which vaccines are recognised within that system. That is essentially an international policy issue between countries.

TJ Thank you all. Next question; Financial Times, Oliver Barnes. Oliver.

OL Hello. Thank you very much for taking my question. Dr Van Kerkhove tweeted during the Euros final yesterday that took place at Wembley that the scenes were - quote - devastating. I wonder if Dr Van Kerkhove, Dr Tedros and anyone else would be interested in answering the question, what we will think about the Euros final and the way that we approached it in the months to come. Will it be remembered as a mistake perhaps that it was held in that manner?

**00:16:34**

MK Thanks very much for the question. I'll start and I'm sure others will want to come in on this. Look, we're in a situation right now that the DG has outlined as increasing transmission across the world. We have increasing transmission in five of six of the WHO regions. If you look at the national level and the subnational level we are seeing increases in far too many countries which is driven by four factors which many of us up here have been talking about for many months.

First are these virus variants, these variants that have increased transmissibility. The delta variant has even more increased transmissibility than the alpha variant which was first detected around December/January 2020/2021. With increased transmissibility you will put more burden on the healthcare system.

In the context of a highly susceptible global population because of low vaccination coverage, because of the uneven use of vaccines, the inequitable distribution of vaccines worldwide and the low levels of seroprevalence based on natural infection around the world, largely in many countries who put in very strong measures to keep their populations protected.

**00:17:46**

We also see this in the context of increased social mixing. What I was referring to was the increased social mixing in the context of the relaxation of public health and social measures. It wasn't necessarily related to the event itself. We know many gatherings

can be held very safely. WHO has outlined a risk-based approach for small gatherings as well as large mass gatherings which take into account a risk assessment looking at risk mitigation measures, looking at risk communication, having plans in place.

In many situations these events can take place safely. The side events, the fan zones, the coming together in populations that are not well-vaccinated without interventions in place, with the delta variant can fuel spread.

So in that context this is the concern that I have, that we have in looking at this. Again many gatherings can take place very safely and have taken place very safely with these risk mitigation measures in place. We're asking everybody to make good choices, to take a risk-based approach in what you do every single day because you need to reduce your possibility of exposure.

**00:19:00**

These are individual-level measures, these are avoiding crowded spaces, these are getting the vaccine when it's offered to you. I will just lastly say, I completely understand wanting to get back to normal, completely understand that need to socialise but we need to be cautious and we need to make sure everywhere, not just in Europe but everywhere around the world, our decisions and our choices matter.

So we want to make sure that we put interventions in place that keep us safe and really take us toward that step of ending this pandemic and not allowing it to spread even further.

MR Just to add, Maria said that it really is about ensuring that risk management in relation to any gathering; it doesn't matter if the gathering is a wedding or all the way through to something as large as the Hajj or international events like that.

**00:19:59**

It's really about looking as to whether a given event can be managed in a safe fashion and that really depends on the background epidemiology, that depends on the background level of vaccination of the people attending the event, that depends on the testing regimes used in order to get into an event, it depends on the level of spacing at the event, it depends on whether or not there were events associated with the event.

There are so many different factors so it's very difficult to make a judgment on one event over the other. I don't know Maria's mind but certainly when we look and observe literally hundreds of



thousands of people engaged in what is a very joyous although in the end disappointing for half of the fans...

It's great to be able to celebrate with people who are having a good time but it's also important that we recognise that where the virus is present those kinds of activities can spread the virus unless all of the people in those environments are vaccinated, they're all pre-tested; in other words unless they're a very low-risk population those sorts of activities can actually spread disease.

So again it is driven by the context, it's driven by the background level of infection, it's driven by what that population represents; a vaccinated population, a tested population. But there's no question globally if you put hundreds of thousands of younger people together who are not protected by vaccination, who are not tested and are in a situation of increasing community transmission such processes will drive transmission.

**00:21:38**

We've seen it. That's not a prediction; that's just a statement of fact and in that situation we trust that the risk management measures that were put in place by the Euros throughout the course or be it at Wimbledon or in any other situation, that the people organising such events are aware of the risks, are aware of how to manage those risks and implement public health, social measures, risk management measures that result in the lowest possible risk of mass-gathering events resulting in super-spreading events.

I think we all want to see that and at the same time we all want to see people having fun, we all want to see normal life return. The last thing I will say is, if we celebrate in one sense with people in the UK, in Europe in a sense of having that ability at least to think they can come together based on some level of vaccination that underpins this, look at what the rest of the world is looking at.

**00:22:42**

Hundreds of millions of people in the southern hemisphere, hundreds of millions of people in developing countries are looking on as their health systems collapse and they're going, wow, they're having a lot of fun in Europe, life is normal there.

It's more difficult for governments in those situations, in those countries to continue to implement public health and social

measures because their populations are looking at this and saying, hey, it's all over in Europe, maybe it's all over here.

So there are also issues around the imagery we create around mass gathering events and a sense that in some senses it's over in Europe, it's all done here, we've got everybody vaccinated, it's back to normal life.

But the reality is for most of the world it's not back to normal life. For most of the world we're right in the throes of this pandemic and it's really important that we show that solidarity so I think there are many reasons why Maria may say or tweet the things that she tweets but they come from the heart and they are based on science and they are based on the factual outcomes of any activities especially if those activities are poorly planned or poorly managed.

**00:23:52**

TJ Thank you, Dr Ryan. Next question, Belisa Godinho from Portugal, W magazine. Belisa.

BE Hello. You have probably seen [inaudible] in Portugal. How does WHO see national vaccine production in the fight against the pandemic? Will it be an effective alternative to stop the disease and its spread around the world? Thank you.

TJ Belisa, the line is not very good. I'm not sure we understood this question. Can you speak a little bit louder and we'll try one more time?

BE Okay, thank you very much. A new COVID vaccine is being developed in Portugal. How does WHO see national vaccine production in the fight against the pandemic and will it be an effective alternative to stop the disease and its spread around the world? Thank you.

SS Thanks for that question, Belisa. We are very happy and encouraged to see so many vaccine development efforts across the world including the one in Portugal that you mentioned. We have something like 105 candidates still in the clinical development phase and I think about two dozen of those are in phase three studies.

**00:25:27**

So this is actually very good news for a number of reasons. One is that we should explore all options to find even better vaccines than what we have now. They may be better in terms of storage conditions, they may be better in terms of a single dose, they

may be better in terms of how you administer them, through the nasal or oral route which makes it much easier than an injectable.

They may give you longer-lasting immunity so we should continue the R&D and it's good that countries and companies are still very much in that mode of developing new vaccines and we must encourage the clinical trials to be completed.

But the question that you ask can only be answered when we have seen data from the clinical trials because we cannot guess as to which vaccines are going to be safe and effective. They must complete the clinical trials and as of now we still need clinical efficacy data and safety data on the new vaccines that are being developed.

**00:26:30**

The other reason to have more vaccines is that we need more supplies globally to cover the world's population as quickly as possible. This is what we've been constantly underlining, the fact that we do not have enough vaccines going into the regions of the world where people are still waiting, the front-line workers are waiting to be vaccinated.

So for those reasons it's good, we encourage this and we're tracking it. We have a vaccine landscape tracker on the website, in the R&D section of our website that tracks it and you can go there any time and see what's going on. We await the results of these clinical trials. Thank you.

TJ Thank you, Dr Swaminathan. Helen Branswell from Stat; Helen.

HE Thank you very much for taking my question. I wanted to pick up on something that the Director-General said in his opening remarks about some of the vaccine manufacturers trying to sell boosters while many countries have no access whatsoever to vaccine.

**00:27:41**

Has the WHO seen any data from Pfizer or any of the other manufacturers that would suggest to WHO that there is a serious decline in efficacy at six months that would require a booster shot?

What would trigger the need for a booster shot? Would simply an increase in mild cases be enough or would you need to see an increase in severe cases? Thank you.

TJ Thank you, Helen. Maybe we can call on Ann Lindstrand, who is on the line, to address this question. Ann.

AL Yes, thank you for your question. The booster doses; we have not any systematic... and enough evidence that can point us to the need for booster doses. There is a decline, as there is with many different vaccines but if you have, as we propose in all of our specific policies on the vaccines from SAGE, a full course of vaccination of any of the WHO EUL vaccines you do have good protection.

If you look at it on the global public health impact at this moment in time we're confident that given a full course of the vaccines in place, at this point in time it's then more important to be able to vaccinate a larger global population with the vaccines we have rather than expanding to use the limited supply of doses we have in giving them to already-vaccinated populations.

**00:29:40**

So it's very, very important now to rethink in those countries who have either started or are thinking about starting to use booster doses, that they do reconsider and think of it from a global perspective and maybe hold off thinking about this policy change.

SAGE, our strategic advisory group of experts, are definitely looking at any evidence coming through on the need for and use of booster doses but at this point in time there's not enough data for us to point up the importance of booster doses and particularly with the limited global supply it is important to rethink if any country is pondering increasing and using booster doses and instead think of giving that supply or sharing that supply with countries that have not even reached their healthcare workers.

SS Just to add to what Ann said, I really want to caution folks because there is a tendency now for people in countries with enough availability of vaccines to voluntarily start thinking about an additional dose. There are people who are thinking about mixing and matching.

**00:31:08**

We receive a lot of queries from people who say they've taken one and they're planning to take another one so it's a little bit of a dangerous trend here where people are in a data-free, evidence-free zone as far as mix-and-match. There's limited data on mix-and-match.

There are studies going on; we need to wait for that and maybe it will be a very good approach but at the moment we only have data on the Oxford AstraZeneca vaccine followed by Pfizer. So it will be a chaotic situation in countries if citizens start deciding when and who should be taking a second, third or fourth dose.

The other thing to add again is we are tracking the policies in countries. We have four countries that have announced a booster programme and a few more that are thinking about it. If 11 high and upper-middle-income countries decide - some of them are large countries - that they will go for a booster for their populations or even subgroups this will require an additional 800 million doses of vaccine.

The DG was just talking about why we need to prioritise doses through COVAX to go to countries where the front-line and healthcare workers have not been vaccinated and the elderly and the vulnerable.

**00:32:22**

So at this point when there is no scientific evidence to suggest that boosters are definitely needed, we have seen in some countries an increase in infections but no significant increase in hospitalisation or deaths and it may well be that you need boosters after a year or two years.

But at this point after six months of the primary dose there doesn't seem to be any indication and we'll continue to work with public health agencies around the world who are tracking this data. SAGE is following the evidence very carefully and we will make recommendations on boosters when we think they are needed.

It has to be based on the science and the data, not on individual companies declaring that their vaccines should now be administered as a booster dose. Thanks.

**00:33:16**

MR Just to add, I think I said at a previous press conference this bit about some people wanting to have their cake and eat it. This goes a bit further. This is people who want to have their cake and eat it, then they make some more cake and they want to eat that as well.

I think the DG is clear; he's not saying that companies should hold off on making a decision whether they do booster doses or go all-out for vaccinating the most vulnerable. The data is clear;

the people who are most vulnerable are dying, the health workers on the front line are unprotected.

He's very clearly calling for an all-out, no-regrets push to get all of our front-line workers in the world and all of the most vulnerable and our older populations vaccinated so we can take the awful tragedy of this pandemic which is overrun health facilities and people fighting over oxygen bottles and all of the things we see on our TVs every day, the funeral pyres and everything else and that is possible right now.

He's clearly asking for everyone to take a step back and now recommit themselves to an objective of protecting the most vulnerable, protecting those most likely to die, protecting our front-line health workers.

**00:34:34**

That is not to say that boosters will not come into it later on; it is not to say that it's not good to discuss that science and do that research; of course, it is but we need to decide what our priority is.

What part of, this is a global crisis, are we not getting? This is still a global crisis and it is a time to protect those who are most vulnerable in our society. If we don't do that and if we move on to other matters then I think we will be judged...

A journalist asked before about the mass gathering events; will we look back in anger? I think we will look back in anger and we will look back in shame if we don't now move to use the increasing production capacity that's coming online, transferring that technology for even more capacity, using that to protect the most vulnerable, protect our front-line health workers everywhere in the world, take the death and the hospitalisations and the ventilators out of this pandemic so we can then have more choices for broader coverage, for broader disease control and for boosters and everything else that comes with it.

**00:35:39**

It's not to say one or the other. It's putting things in a crisis in order. We all do this. In a crisis you do things in the order that is most beneficial, most life-saving. That's what an emergency is. You can't do everything at one time. You must make choices and the choice we need to make right now is to go all-out with no regrets for a policy that will cover the most vulnerable. That is all the Director-General is asking for.

TJ Thank you, Dr Ryan. The next question comes from Alejandro Riano, visconsin.com [?]. The question will be in Spanish. Alejandro, please. You need to unmute yourself.

TR Thank you very much. In the last few days we have seen in the United States there has been an increase in the delta variant. It is clear that in the United States there are a lot of checks but there is an increasing number of people who are getting infected.

There are people who have been vaccinated but who are now being reinfected with the delta variant. Is that the case?

TJ Thank you, Alejandro. The question is about reinfection with delta variants in vaccinated...

SS I'll start with the question on reinfection after vaccination and yes, there are reports coming in of vaccinated populations who have cases of infection particularly with the delta variant.

**00:37:39**

But the majority of these are mild or asymptomatic infections and when studies are looking at populations that have been vaccinated and unvaccinated and looking at hospitalisations or deaths clearly the majority of people who are ending up in hospital are unvaccinated people, including in the United States. It's the states where there's less vaccine coverage which are now seeing increasing hospitalisations and with variants like the delta variant which are highly transmissible. this is likely to happen.

We know that vaccines are not going to protect 100% against infection. They do confer some protection, different vaccines in the range of 60%, 70% but you can definitely get infected and pass it on to others and that's why we talk about continuing to wear the masks and do the distancing and take all the precautions even after vaccination.

But certainly it reduces your chances of severe hospitalisation and death significantly for all the vaccines that WHO has listed under emergency use and we will continue to track that but at this point, yes, we're noting infections but not noting an increase in hospitalisation or deaths among those who have received the full course of vaccination.

**00:38:58**

It is true that you need two doses of any of the two-dose vaccines to be fully protected against the delta variant because you need that high level of antibodies in that.

MK I just want to come in and reinforce what Soumya was saying there. First of all on the transmissibility of the delta variant, the delta variant has been reported in more than 104 countries right now and we know this has increased transmissibility above even the other variants of concern and certainly of the ancestral strain.

It is circulating; when it has an opportunity to take hold it will take off if the situation is correct and we expect this to be the dominant variant circulating globally if it isn't already. The vaccines, as Soumya has just said and you've heard us say, are incredibly effective against severe disease and death so when it is your turn get vaccinated and if your dose requires two doses please get those two doses.

**00:39:49**

I think that's really important and also to reinforce what Soumya said, people who are vaccinated can get infected but there is some good data that's coming out to show that some of the vaccines actually have an impact on infection, asymptomatic infection and transmission.

But the main purpose of these vaccines, which are incredibly effective including against the delta variant, is to protect against hospitalisation and to protect against developing severe disease and death and we are seeing impacts of the vaccine in populations that have been vaccinated that have received both doses of those vaccines in terms of a reduction in hospitalisation and in death and so this is really important.

It is contextual but we do want to make sure that we keep these other measures in place because we don't have all of the information yet on the impact of vaccination and infection and on transmission so that's why we recommend a comprehensive approach; continue to adhere to the individual-level measures and take this risk-based approach, play it safe, play it smart, reduce your opportunities for exposure because the virus continues to circulate and until we get control over this virus we are really going to have to do everything that we can to not only reduce the morbidity and mortality but to prevent transmission as well.

**00:41:13**

TJ Thank you very much. The next question comes from Indonesia. We have Youni Salim from Voice of America, Indonesia. Youni.



YO      Okay, can you hear me now? Thank you. My question is about the Indonesian policy on vaccination. The Indonesian Government has established a programme that required some Indonesians to pay for a new round of vaccinations despite some of them being free gifts from other countries. What is the WHO's position on this?

TJ      Thank you, Youni. We will go maybe to Ann Lindstrand first; a question on vaccination and the policy of paying for vaccines. Ann, are you with us?

AL      Yes. Sorry. I actually need you to repeat the question. I'm so sorry.

TJ      The question was that there is a policy in Indonesia that some Indonesians have to pay for the vaccines so what is the WHO's comment on such policies?

**00:42:39**

AL      Of course to have the most possible impact it's important that every citizen has the equal possibility to get access and any payment could pose an ethical and access issue and particularly during a pandemic when we need the coverage and the vaccines to reach all of the most vulnerable.

Apart from that there are COVAX doses that are delivered through the collaboration with the UNICEF body, WHO, etc, and of course they have access to vaccines that are for free, up to 20% of the population funded by the funders of the COVAX collaboration, which makes it absolutely not possible for taking payment in its course.

Of course there is other delivery funding that is costing also in the delivery; this is the per diem, the transport, the logistics, the cold chain equipment, etc, but there is available funding for all AMC countries through the multilateral development banks, the world banks and now also Open Window with fast, accessible funding from the GAVI COVAX delivery support.

**00:44:17**

So there should not be so much funding. The important thing here is that everyone has the right and should have the right of access to these vaccines independent of financial issues. Thank you.

MR      Just to add, Indonesia is going through a very intense phase of increased transmission over the last number of weeks. In fact in south-east Asia it has nearly exceeded the daily death

count that India has and will probably soon exceed its daily incidence so we've seen a 44% increase in cases over the last week and a 71% increase in death.

So there is no question that Indonesia's facing a very difficult situation and I know the Director-General, Dr Tedros, had meetings with senior officials from Indonesia last week to discuss the situation and see what more could be done to support Indonesia in this regard.

But again clearly those increases in cases driven by variants are now resulting in large numbers of daily deaths. Many of those deaths again are occurring in vulnerable people, in people who are older, in people with underlying conditions and again you're talking now 6,000 deaths a day in Indonesia.

**00:45:37**

We should be much further ahead with vaccination and Indonesia should have had much more access to vaccines through initiatives like COVAX so again I think it makes the point that free vaccination at point of access in mass vaccination campaigns to vaccinate the most vulnerable, to vaccinate front-line health workers was the plan.

Unfortunately that is not how this is working out and again we're seeing hundreds, thousands of people being infected and more importantly people being hospitalised and dying who could and should have been protected thus far in this pandemic.

TJ Thank you, Dr Lindstrand and Dr Ryan. Let's go to Carmen from Politico.

CA Hi. Thank you so much for giving me the floor. It's following the questions on boosters. Today GAVI announced the two advance purchase agreements for Sinopharm and Sinovac vaccines. At the same time we've seen countries that use them, Thailand and Indonesia included, announcing booster shots of other vaccines amid concerns that the two vaccines maybe don't perform so well against the delta variant.

**00:46:59**

I was wondering if the WHO is in any way concerned about people potentially being hesitant to take these vaccines amid news that they might need boosters of other vaccines down the road. Thank you.

SS Thank you for that question. I can start and Ann might want to supplement. It's very important that we should look at

the data and not go by perceptions. We're happy that the COVAX facility now has access to two more vaccines, the Sinopharm and the Sinovac that was announced today and also the fact that they're going to see these doses flowing into the COVAX facility starting from July and I think we have something like 100 million doses coming or just over 100 million committed between July, August and September and these doses are very much needed now for many countries that are waiting for vaccines.

I think the largest study to date of the vaccine effectiveness of the Sinovac or what's called Coronavac is in Chile and this paper was published a few days ago in the New England Journal where they followed a cohort of just over ten million people so it's a large number of people and showed a well-done study - of course it was an observational study design but very thoroughly done with a very good statistical design and data - that showed that the Sinovac was about 87% effective against hospitalisation, 90% against severe disease and 86.3% against deaths so it shows very high efficacy especially against the severe forms of the disease and was about 66% effective against symptomatic infection so again in the range of what we've been expecting.

**00:48:54**

We are also tracking the data from Sinopharm. We're in touch with the Chinese authorities as well to provide any additional data that they've also committed to providing, the companies have committed. Any company that receives an emergency use listing is expected to provide additional data as time goes on and at any point if we have concerns with the efficacy of these vaccines we would definitely make that known.

So at this point I think we're confident and again going by anecdotal reports when we look at some of these countries they vaccinated hundreds of thousands of people and then they're reporting a few hundred infections so we have to look at the denominator, the numerator and then come to these conclusions.

**00:49:40**

But we are tracking all vaccine both through their efficacy trials and the follow-up effectiveness studies. Ann, do you want to add anything to this?

AN No. Just wanting to say that for both Sinopharm and Sinovac the strategy advisory group of experts have looked at all the possible evidence as well as WHO EUL have approved and now it's part of the COVAX portfolio, which is very good.

You must be mindful also about the way the study has been done. Studies on breakthrough infections need to be defined as any infection coming at least two weeks after the second dose and, as Dr Soumya was saying, some of this information is spreading that you get infected after the first dose or not a long time enough after the immunity has been able to build up.

We should note that the well-done studies and the evidence that we have - and no vaccines are 100% effective. There will be cases in vaccinated populations in any vaccine that is being used. There are no 100% effective vaccines so this is also expected.

We need to have more big-cohort studies such as the one in Chile to follow up and we have produced guidance on how to do effectiveness studies and impact studies in a good, qualitative way and that can be accessed and we're encouraging all countries to use that guidance because we do need to follow the post-implementation studies very thoroughly to be able to follow and know the data.

**00:51:39**

Again I just want to reiterate that the need for booster doses is not so far anything that the evidence collectively is telling us that we need, not for these vaccines. and not for anyone else. As Mike Ryan was saying, be mindful of not increasing the use or starting the use of booster doses when the supply is in such shortage. That is not at the moment what the evidence is telling us. Thank you.

TJ        Many thanks. We are coming close to the hour so we'll take one last question from our colleague here in Geneva, Catherine Fiancan Bokonga. Catherine.

CT        Thank you so much for giving me the floor. I would like to come back on the eventual frustration of all you experts there about the risk management. How do you think it is possible to increase a strong global political will? Because the decisions are taken by the political leaders in the countries. So what do you think could be done to make them show more solidarity and follow the results and science results?

**00:53:15**

MR        That's a really broad question but certainly in relation to vaccine equity if we take that as a prime example people are talking the right talk. If you listen there've been some very laudable statements made by the G7, by the G20, by the EU, by

everyone. Everyone's talking the right talk, everyone's saying, isn't it terrible and we need to do more.

That's fine but there's a massive gap between that rhetoric and the actual reality of vaccine sharing and vaccine distribution and we've got to close the gap between the rhetoric and the reality. The DG will be speaking to the emergency committee of WHO on Wednesday and then will, as he said, subsequently be speaking to public and private sectors again with the head of the World Trade Organization, I think, early next week.

WHO and Dr Tedros can only continue to reach out to engage, to convene, to convince, to persuade. We're not a bank, we don't have the money but we have a voice and we have a mandate and this organisation has been using its voice again and again every single day where it can; bringing together, attending, convening, asking, begging, cajoling, demanding.

**00:54:30**

But I think you'll hear our voice is getting more and more strident because now we really are entering this two-phase pandemic, this two-tier pandemic and that difference will become counted in unfortunate and avoidable deaths. That's something that should concern us all. We need an all-our, no-regrets policy.

With regard to the broader measures it is hard for everyone to sustain individual measures without government support. Making it just my responsibility to protect myself is fine; I do need to protect myself and I have a responsibility to myself, I have a responsibility to my family and my co-workers to do what I can not to become a source of infection and to protect others.

But governments must continue to support people in doing that and that may mean facilitating that through basic rules around social mixing, gatherings, provision of masks and just the organisation of everything from public transport... to make it easy for people to comply with those measures.

**00:55:38**

We don't want to end up, I think, in a situation where governments just pass all of the responsibility for reducing transmission to individuals and say, all right, it's your problem now, you become responsible singularly for preventing transmission.

People do need to take responsibility, all of us as individuals but it is a social contract and a sacred contract between

governments and communities to work together to collectively reduce the chance that the disease will transmit.

Nobody wants to go back into swingeing lock-downs. In fact WHO has never been one to advise or to drive the idea of lock-downs. We've always talked about social mixing, social distance, we've talked about the contexts in which transmission can occur, we've talked about crowds indoors, we've talked about ventilation, we've talked about distancing, we've talked about masks, we've talked about hand-washing, we've talked about those measures that can reduce the risk of transmission.

They don't necessarily stop it but what they do is they reduce the risk of transmission especially in the context of these variants which are more highly transmissible.

**00:56:45**

What we've seen is vaccines are not perfectly effective in preventing transmission. They're highly effective at preventing hospitalisation and death and it is our view that the two measures together, public health and social measures, individual measures and vaccination working together can keep this disease at some level of control without having to revert to these restrictive and destructive lock-downs.

But our fear in this is if we rely purely on a vaccination policy when there are no vaccines for many countries then we could easily end up back in a situation where countries have no alternative but to lock down because - you've seen it again and again - once hospitals fill to the critical level, once we see those images governments are left with no option but to shut society down to take the pressure off the health system.

How many times have you seen it yourselves in your own countries or in other countries? It's almost like a switch; once the health system collapses society has to shut down to take the pressure off the health system.

**00:57:46**

We're heading back towards health system collapse in a number of countries and those countries who already have reasonable levels of vaccination please don't have a false sense of security. You can end up right back in that same situation because given the transmissibility particularly of the delta strain it is going to seek out those unvaccinated, unprotected, vulnerable people and it may put them back in hospital or may put them in need of intensive care.

So what we need is to refocus on keeping control of this disease. We may not be able to eradicate it or eliminate it but keep it in control until we raise vaccination levels all over the world and then we may need boosters, we may need second or third-generation vaccines; Soumya may speak to that.

We may not have the perfect vaccines in this generation of vaccines but what we need to do is give every country and everybody a fighting chance to get through this pandemic and right now we're condemning hundreds of millions of people to having no protection and that's something that WHO really cannot stand over.

**00:58:52**

MK I just want to comment on that as well because I think in addition to what Mike said, which I wholeheartedly agree with, there's a sense of this solidarity that we don't see; the DG's talked about it since day one, even before that; if you look at any videos where he's talked about the possibility of an epidemic or a pandemic solidarity was in his speeches there and in every essence of how he speaks.

I don't know if we're actually all in this together. I think for the most part everyone feels that way but what we're seeing with this two-track of the haves and the have-nots is that many are going back to normal, going back to the way that it was and in some respects given the uncertainty of the situation that we're in globally, given the global circulation and the interconnected world that we live in we don't have exact certainty of how this virus is going to behave.

It is continuing to evolve and it will continue to evolve the more that it circulates so that sense of security that some may have may be a false sense of security until we are actually all out of this together.

**00:59:59**

As Mike has said and as you've heard us say, until we can get vaccine coverage high enough in all countries, prioritising those who are most at risk first, driving transmission down with the other tools that we have you will hear the frustration in our voice.

I think the frustration that comes from me is we have the tools, we have the plan, why aren't we doing it? That's the real question. It isn't a simple question because there are real, fundamental reasons why and I think that's where we need a lot



more research and to understand what are the barriers to actually carrying out these activities.

None of us want lock-downs, all of us want to see our families and go on holiday and do all of that but until we can get control over this virus we're going to be challenged to be able to do so and there will be a risk in all of us carrying out these different activities.

So we do need a global commitment. We see it from so many and we are so grateful and I do want to shout out to our scientists around the world who are working day in and day out.

**01:00:59**

Part of my frustration in my tweet was that so many people are working so hard to really better understand this virus and to learn, how can we adapt going forward with these public health and social measures, with the vaccine coverage that we have, with production levels as they are and will change; how do we use that to adapt the global strategy going forward to drive that transmission down and to save people from unnecessarily dying?

So I think you will hear some frustration in our voices but our frustration has turned into action and we're grateful to so many of our partners, our member states, our regional offices, our country offices who are working day in and day out to end this pandemic.

TJ Thank you very much. We will conclude this press briefing on this note. We will send an audio file a little bit later and a transcript will be posted tomorrow morning. The last word to Dr Tedros.

TAG Thank you, Tarik. Mike and Maria have said it beautifully but I just wanted to add about solidarity and thank you, Catherine, for asking that question. We have been saying it and we will continue stressing the importance of solidarity.

**01:02:19**

As you know, self-interest is natural and, as Mike said, nobody can be blamed for taking care of himself or herself but in addition to self-interest there is what we call enlightened self-interest. What WHO is asking is for enlightened self-interest because when we share the vaccines the one who is sharing is actually helping himself or herself because through sharing or through having vaccines throughout the world the advantage is the pandemic will stop.



Meaning the whole world is sick and tired and everybody wants the world to really open up so ending the pandemic is really key and with that comes opening up the economy, meaning the recovery could also be faster.

Because when we end the pandemic everywhere we will not have viruses that will continue to circulate. Of course it could be to a manageable level; I'm not saying it will be zero, I'm not talking about elimination but at least deaths will significantly decline, hospitalisations will significantly decline, health systems can manage whatever cases we may have so we can bring it to an end; the lock-downs, the other related problems we are facing.

### **01:04:22**

So those who have better access to vaccines, when they share it with others who don't have access to vaccines, are doing it for themselves. That's one thing that for many of us in WHO is a puzzle; why is the world not doing something which is actually in its own interest? That's the problem.

Then when you see the extremes that actually is very, very disappointing. When I say the extremes, while many countries haven't even started vaccinating and another country has already vaccinated the majority of its population with the two doses and is now moving to a third dose which is the booster, it's really not only disappointing, it's seriously disappointing. It doesn't even make any sense, it makes no sense.

Then the other part is when we say share, it's not like giving it for free. I can bring you a long list of countries who are saying, we have money, where can we buy the vaccines, just give us the vaccine, we can pay for it. Many countries do that because they're sick and tired of all the lock-downs their populations are going through.

### **01:06:12**

So when we say share maybe one thing we haven't clarified is the majority of countries, a big proportion actually can pay but they don't have the vaccine. So to address this problem, okay, if it's a vaccine volume issue, a production issue we believe that the world has the means to increase production quickly.

What we lack is - and we have said it many times from WHO - the global leadership. Countries are giving some donations, maybe one country this much, the other country this much but the G20 who have most of the manufacturing capacity are not leading as

one and may not focus on G20 only; the G20 countries can also invite others and it could be G20+.

But those who own most of the manufacturing capacity can work together to increase production, increase the pie and then there will be enough for others to share. Even to the manufacturing industry what we're proposing is to do as AstraZeneca is doing. AstraZeneca started in Europe, has production in India and also in Korea; now new additions are Australia and Japan.

That is expanding to other countries also in Africa and if all the vaccines could do that the volume could increase. So if AstraZeneca does it why can't others? If there is a need for global leadership and the G20 is the best arrangement to do this why can't the G20 take the responsibility to lead? We can remind, we can advise but everybody knows where the capabilities are. It's in countries who have the means, who have the production capacity, who have the economic power.

**01:08:46**

Finally one thing that's worrying us now is even the worst; it's becoming a two-tier system and high-income countries who are vaccinating their populations significantly are starting to see the COVID-19 pandemic as if it's not their problem. That is dangerous.

You have seen it and everybody is seeing it now. High-income countries are starting to say, we have managed to control it, it's not our problem. There will be two problems on this. One, I'm not sure if they're out of the woods and I don't think they're in control because of the delta strain and others that may evolve. I don't think so.

But the other problem is when they say that the problem is not affecting us any more, meaning the rest of the world will be ignored because if you don't assume that it's your problem then you will not be motivated to do your best to address it.

**01:10:07**

So the two-tier system is worrying us now, the two-tier pandemic is worrying us because of these two things. One, it's risky to those people who think that they're okay and second, they will ignore the rest of the world and will give a chance for this virus to continue to circulate, then meaning prolonging the agony of this world and prolonging the hostage drama by the virus which has taken hostage the whole world; it's prolonging it.

I'm sorry to say it but if solidarity is not working, if there is one word that can explain it, I'm sorry to say this but I think anybody can see that it's greed. Let's give it its name and we're saying it again and again and we need a listening ear.

This is for our own sake and nobody is out of the woods yet. Please, please, especially those who have the means, it can be done. If we do it as aggressively as possible vaccines can be produced enough and the world can be opened up. In a few months it can open up.

People ask me just one question; when is this pandemic going to end? I say to them, it's in our hands, we can end it very soon because we have the tools now. Thank you, Tarik.

TJ Thank you, Dr Tedros, and a very nice evening to everyone listening to us.

**01:12:14**