

COVID-19

Virtual Press conference

7 May 2021

Speaker key:

CL	Christian Lindmeier
TAG	Dr Tedros Adhanom Ghebreyesus
MM	Professor Mariana Mazzucato
EM	Emma
MK	Dr Maria Van Kerkhove
MR	Dr Michael Ryan
DO	Donato
AC	Dr Alejandro Cravioto
AD	Professor Arnaud Didierlaurent
AG	Agnes
KOB	Dr Kate O'Brien
IS	Isabel
AN	Anna
CR	Christiana
MS	Dr Mariângela Simão
SO	Sophie
BA	Dr Bruce Aylward
BE	Belisa
JE	Jeremy

00:00:30

CL Hello and good day to wherever you are listening to us today. It is Friday 7th May 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference with a focus on the new WHO Council on the Economics of Health For All. For this we have a very special guest today. I'm happy to welcome Professor Mariana Mazzucato, the Chair of the WHO Council for the Economics of Health For All and Professor in the

economics of innovation and public value at University College in London and founding director of the UCL. Welcome.

We have also a very special situation today because many of you have been waiting for the outcome of the tag EUL and the SAGE deliberations so we have guests for this too. We have the Chair of the TAG, Professor Arnaud Didierlaurent with us, and Professor Alejandro Cravioto, the Chair of the SAGE, for any further discussions later.

But first of course here in the room we have Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director of WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Soumya Swaminathan, Chief Scientist, Dr Mariângela Simão, Assistant Director-General for Access to Medicines and Health Products, and Dr Bruce Aylward, Special Advisor to the Director-General and the Lead in the ACT Accelerator. Now let me hand over to the Director-General for the opening remarks. Dr Tedros, the floor is yours.

00:02:18

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. Wednesday's announcement by the United States of America that it will support a temporary waiver of intellectual property protection for COVID-19 vaccines is a significant statement of solidarity and support for vaccine equity.

I know that this is not a politically easy thing to do so I very much appreciate the leadership of the United States and we urge other countries to follow their example. I also want to emphasise that WHO values the incredible contribution of the private sector to the pandemic and to health in general.

We would not have the vaccines, medicines, diagnostics and devices that save lives and improve well-being around the world if it were not for the innovation of the private sector. WHO supports companies making a fair return on their investment in research and development for investment in further innovation.

00:03:36

We are in an unprecedented crisis that requires unprecedented action. Cases are at a record high, almost 100,000 people are dying globally each week and we have a chronic vaccine crisis. The World Trade Organization provisions for IP waivers were designed precisely for a situation like this. If we don't use them now then when?

It's also important to remember that intellectual property waivers will need to be accompanied by transfer of technology and know-how for these difficult-to-make vaccines. We continue to encourage all member states to support technology transfer through CTAP, the COVID-19 Technology Access Pool.

We encourage governments to offer incentives to manufacturers to share technology and know-how and we encourage countries with the most vaccine to donate doses through COVAX, which is the fastest and most equitable way to increase the distribution of vaccines globally.

Just as it takes a comprehensive approach of public health measures to defeat COVID-19 so solving the vaccine crisis requires that we pull out all the stops. WHO is continuing to explore every avenue for increasing access to vaccines globally.

00:05:26

This afternoon WHO gave emergency use listing to Sinopharm Beijing's COVID-19 vaccine, making it the sixth vaccine to receive WHO validation for safety, efficacy and quality. This expands the list of vaccines that COVAX can buy and gives countries confidence to expedite their own regulatory approval and to import and administer a vaccine.

The strategic advisory group of experts on immunisation or SAGE has also reviewed the available data and recommends the vaccine for adults 18 years and older with a two-dose schedule. Vaccines remain a vital tool but right now the volume and distribution of vaccines is insufficient to end the pandemic without the sustained and tailored application of public health measures that we know work.

The COVID-19 pandemic is a vivid demonstration that health crisis is not just health crisis. It can have dramatic consequences for livelihoods, businesses and economies. The pandemic has shown that when health is at risk everything is at risk but when health is protected and promoted individuals, families, communities, economies and nations can thrive.

00:07:24

That's why universal health coverage is WHO's top priority. All roads should lead to universal health coverage. I repeat, all roads should lead to universal health coverage. But globally we're going in the wrong direction. Around the world more households are spending an increasing proportion of their income on health and more people are being exposed to poverty as a result of out-of-pocket health spending.

It's clear that making progress towards universal health coverage cannot just be a matter for ministries of health but takes an all-of-government approach with leadership from the highest political levels and close engagement with ministries of finance.

As we recover and rebuild we have a unique moment to mobilise investments for healthier, more resilient, more productive and more sustainable societies. We need a new narrative that makes health for all the central goal of public policies on innovation, industry, employment, environment and more.

That's why we have established a new WHO Council on the Economics of Health For All to identify new ways to shape the global economy and to build societies that are healthy, inclusive, equitable and sustainable. The Council comprises 11 distinguished experts in economics, health, government, finance and development from around the world and is chaired by Professor Mariana Mazzucato, the Professor of the economics of innovation and public value and founding director of the Institute for Innovation and Public Purpose at University College, London.

00:09:52

Professor Mazzucato, thank you for your leadership of this new council and thank you for joining us today and you have the floor.

MM Thank you, Dr Tedros. I cannot tell you what an honour it's been also talking to you in the last months about this council and it was so wonderful yesterday when we met for the first time with the 11 women. As you and I have said, when people ask us why only women we will say, why not? So I'm already pre-empting one of the questions.

The mission of the Council is to provide a new approach, to shape the economy with the objective of building healthy societies that are just, inclusive, equitable and sustainable. Fundamentally what we want to do is reverse the usual logic. What's the usual logic?

00:10:43

The usual logic says, invest in health because it's good for the economy. We also find relationships between health and economic growth. We want to be much more bold and provocative than that. We want to say, focus on the goal, the goal is health for all, and for all the reasons that Dr Tedros just explained why that's crucial.

Then we back-track and understand how to restructure the economy. What does that mean? New financing tools, new types of public/private relationships; the private sector of course is important so crowing in the private sector in fundamental areas that are critical for health for all.

New ways to think about the debt and the deficit so we're not always asking very siloed questions but also new ways to structure our budgets so outcomes-based budgeting, outcomes being health for all.

So we really want to unpick the economy or economic structures in order to deliver on that goal and to do that I think the really important point that Dr Tedros mentioned is the narrative. Where does innovation come from, where do healthy societies come from, do we really need to unpick the notions of value and of wealth and innovation, which again have often been very siloed?

00:11:56

There're going to be four major areas of work and maybe I'll just touch on them very quickly. One is on measurement; how do we actually value and measure health for all? That means both within organisations but also of course with GDP metrics, which we all know are limited but unfortunately we have not succeeded in really replacing the static notions of, say, cost/benefit analysis and net present value, as again static ways to measure the value that for example ambitious policies can deliver.

We want to focus on capacity, capacity on the ground which of course we've seen with COVID-19 has really been missing in so many different countries so what is the capacity within the public sector that's required in order to also collaborate with the private sector on all sorts of different areas.

Unfortunately as we have been under-financing, under-resourcing but also under-imagining the role that the public sector can play we want to really focus a lot on that.

Third, finance so the actual investment that's required in health for all and that has two sides, both the financing, literally new financing tools including how to redesign particular institutions like development banks to really also focus on health for all, but also the macroeconomic finance, again coming back to these issues of deficits, debts and outcomes-based budgeting.

00:13:19

Finally innovation, which is so central to the topic this week and last week around the big news from the Biden administration in terms of how do we actually govern innovation including not only intellectual property rights towards areas that we're sure will actually benefit people so innovation for the common interest.

Of course we need to be incentivising innovation and think of all sorts of issues that are critical for the private sector but really this is about nurturing collective intelligence. The private sector's very important but so is the public sector in innovation.

In the US where Biden is leading the country the public sector puts \$40 billion a year in health innovation so they're also creating value, co-creating value. So how can we govern that collective creation of innovation in such a way that people actually benefit?

These are the four areas and I think I've spoken enough so I'm happy to pass back to Dr Tedros and happy to also answer any questions later.

00:14:21

TAG Thank you. Thank you so much, Mariana. Thank you, Professor Mazzucato. I very much look forward to the Council's work in the months and years ahead and look forward to working with you very closely and thank you so much for your leadership.

MM Thank you.

TAG Finally Wednesday marked the International Day of the Midwife. To mark the day WHO, the UN Population Fund, the International Confederation of Midwives and other partners published the 2021 State of the World's Midwifery Report, which shows that the world currently faces a shortage of 900,000 midwives.

Fully investing in midwives by 2035 would avert roughly two-thirds of maternal and newborn deaths and stillbirths, saving 4.3 million lives per year. Midwives are not a cost. They're an investment in a healthier, safer, fairer future for all of us. Christian, back to you.

CL Thank you so much, Dr Tedros. With this we're opening the floor for questions and again let me remind you that we have as other special guests also, Professor Arnaud Didierlaurent, the Chair of the Technical Advisory Group, and Professor Alejandro Cravioto, the Chair of the SAGE. In order to get into the queue please raise your hand. We'll start with Emma Farge from Reuters. Emma, please unmute yourself.

00:16:13

EM Good afternoon. Thanks for taking my question. I was wondering, two months way from the Olympics, is there any safe way for it to happen? Thank you.

CL Thank you very much. We'll start with Dr Van Kerkhove.

MK Yes, I'll start and others may want to come in. You ask a very specific question and I'm going to give you a very vague answer. There are a lot of things that are happening right now globally where we're seeing an increase in cases around the world.

We have reached the highest level of case incidence; the number of deaths that are being reported around the world is really shocking this late into a pandemic when we have the tools at hand that can prevent infections, that can prevent those who are infected from spreading it to others and prevent people from dying.

00:17:09

One of the biggest ways which we know can limit the spread is around physical distancing and reducing the number of contacts that we have. Having said that, what we advise in every situation is taking a risk-based approach because the situation globally is very different. The intensity of transmission is very different and so at an individual level we're asking everyone to know what your risk is through that activity and take measures to lower your risk; practising physical distancing, wearing a mask, avoiding crowded spaces, making sure you have good ventilation if you're indoors; it's as simple as

opening the windows if it's safe to do so; practise respiratory etiquette; get a vaccine when it's your turn; avoid mass gatherings.

When there are events that are taking place we support countries in using this risk-based approach to take the decision about if an event can happen. This is for the Olympics as well as for having a barbecue in your home. Don't forget that even though there's a lot of attention on big gatherings like the Olympics, like religious festivals, like political rallies, there's also a risk at even some of these small gatherings at your home.

00:18:24

It depends on where you live, it depends on how much virus is circulating, it depends if there are appropriate measures that could be put in place to have a plan for case detection, for early recognition, for caring of those individuals, for contact tracing, a good communication plan.

It also matters about the vaccine allocation and vaccine roll-out in individual countries. So my answer is vague because it matters for every single event, every single gathering that is happening worldwide right now. What we really need is everyone around the world to take measures to keep yourself safe, to minimise exposure to this virus and the virus variants and make sure that you don't allow the virus to spread. Mike.

MR Thank you, Maria. With specific reference - I think you were speaking specifically about the Olympics - the issues regarding the Olympics are multidimensional. There is the issue with regard to the safety of athletes and their teams within the environment of the Olympic Village and the Olympics themselves.

Then there's the issue of the venues and whether spectators attend or don't attend. Then there's the issue of social mixing around those venues and then there's the issue of whether spectators or attendees will come from outside the country and all of those have to be considered separately.

00:19:54

It's not whether we will have an Olympics or not. It's how those individual risks within that framework are being managed. There's been a tremendous amount of work done on the playbooks for the delegations and the teams that are coming, a lot of preparation amongst those teams regarding testing and quarantines and arrival and measures that have been taken in the Olympic villages, in the training facilities and around the venues themselves.

Then there is the matter of attendance within the facilities themselves and I believe the Japanese authorities and the IOC still have not made final decisions regarding the level of attendance at those venues because of the variations in the incidence situation in Japan itself.

Positivity rates in Japan are around 7%. Japan has experienced an increase, like everybody else, over the last period of weeks and months. That has levelled off. It is not continuing to increase and it is our hope, as it is our hope for every country, that that continues on a downward trend.

00:20:55

We will leave it to the authorities in Japan, who are highly competent, to decide what level of attendance could occur in the Olympics. I think the authorities have already decided that spectators and others will not be allowed to come to the Olympics from abroad so that's not something that's on the table at the moment.

Then the issue will be the extent to which social mixing and socialising is allowed around the Olympic venues themselves. Again I believe the measures are being put in place for that and decisions around that level of mixing will be made by the Japanese authorities in due course.

I've said the word mixing a number of times and we've said this again and again with this virus; this virus transmits in places where people mix in high density for prolonged periods of time. The aim of the protection around the athletes is to prevent that kind of contact and mixing and close proximity, to create an environment of safety for the athletes, to create and maintain a environment of safety for everyone who attends, whatever that proportion is, and to create an environment of safety around the venues themselves.

00:22:01

Some of those decisions cannot be made until closer to the event because it will depend on the epidemiologic situation at that time so it is not a failing at all on behalf of the organisers that they haven't made certain decisions because those decision can only be made on the basis of the epidemiologic parameters that pertain at that time.

It is our hope that the Olympics can occur. Many other events - and we've seen sporting events and leagues run very, very safely over the last six months without spectators, with special bubbles and arrangements for athletes and for others, footballers and and many, many others.

It is a complex event; there are so many different events, there are so many delegations. It is a test of logistics, it is a test of risk management and we have confidence that the International Olympic Committee and the host city, Tokyo, and the Government of Japan will make the right decisions regarding how best to manage the risks and are working extremely hard right now to ensure that those risks are well-managed.

00:23:02

We will leave any decisions regarding the extent to which the Olympics have attendance at venues and other decisions to them as we believe they're

applying a very, very systematic risk management approach to protect public health at this moment and as needed they will make the decisions that are needed based on the epidemiologic situation as we approach the July date.

CL Thank you very much, both, for this comprehensive view. Next question goes to Donato Mancini from the Financial Times. Donato, please unmute yourself. Donato, can you hear us?

DO Hi. Yes, I can. Can you?

CL Yes, now it's okay.

DO Sorry. Sorry about that. Thanks for taking my question. On Sinopharm, could you give us a bit more detail on data for older patients on efficacy? Have you received reassurances from the company on what they will do to ensure that there is enough data or that they will generate enough data for older patients? Thank you so much.

00:24:13

CL Thank you very much, Donato. I'll look at Professor Alejandro Cravioto, the Chair of the SAGE. Professor.

AC Thank you very much. I hope you can hear me well.

CL Very well.

AC The working group that SAGE has to COVID vaccines made a sort of assessment of all the information regarding the Sinopharm vaccine and came to the conclusion that there is enough evidence of safety and the capacity of the vaccine to prevent severe disease for symptomatic and hospitalised cases up to 79%.

We have information that the vaccine is useful for people above 18 years of age and, as the person asking the question said, the information we have for people over 60 is still very scarce. There is not reason to think that the vaccine will behave differently in this older age group and in fact in many countries in the world where the vaccine is already being used this group has already been vaccinated.

00:25:18

So in that sense what we're encouraging is for the company ors the people who are now in charge of the country programmes to make sure that they have strong follow-up programmes of safety and effectiveness of the use of these vaccines, especially in three groups of people; the over-60-year-olds, for which we have little information, people with comorbidities which are essential as one of the main components for mortality, and of course the issue of pregnancy, for which there's no information for this vaccine.

Once we have this information then, as with any other vaccine that SAGE has reviewed, we will look at the new evidence and make changes in our interim

recommendations for this vaccine. But for now after getting an EUL approval we see no reason why this vaccine should not be recommended fully for the use of people 18 years and above in a dosage of two doses from two to three weeks apart. Thank you very much.

CL Thank you very much, Professor Cravioto. I now look at Professor Alain Didierlaurent, the chair of the TAG for Safety, Efficacy and Quality.

AD Thank you. Maybe I'll take the opportunity to explain a little bit what the TAG is doing because I think it's the first time I've had the opportunity to do this.

00:26:39

We are a group of independent experts I'm honoured to chair and we are from different countries, different expertise in the world. Our role is to perform a benefit/risk assessment of COVID-19 candidate vaccines and this is based on a report that is provided by the product evolution team at WHO so they're composed of regulatory experts at the WHO but also regulatory experts from different countries.

It is really a global effort and in our assessment we're particularly focusing on the specific needs of the low and middle-income countries including the way vaccines can be implemented. In the context of these vaccines we're talking about, developed by the BIBP Sinopharm, we have review data on quality of the vaccines so that includes the outcome of an inspection of the manufacturing facilities.

We also reviewed available data on efficacy and safety of the product including the risk management plan, which is an important document because it includes how we're going to monitor the performance of the vaccines after listing.

00:27:59

Overall based on this robust assessment of this data and actually further clarification from the company we concluded the benefit/risk assessment was favourable for this inactivated COVID-19 BIBP vaccine and therefore we recommended this morning the listing of the vaccine for emergency use.

To the question how this is going to be followed up and actually like other vaccines we have been listing as part of our group work, the TAG together with the WHO product evaluation group requested additional studies. They include clinical and real-world evidence from the company that committed to perform these studies.

So in fact we're confident that we'll be able to generate data, as the chairman of the SAGE mentioned, in the future as soon as possible to allow a continuous evaluation of the vaccines because in fact the world doesn't stop

after the listing because we continue reviewing data as they are provided by the manufacturers.

Also I'd like to take the opportunity on behalf of the TAG members; first thanks to my colleagues in the TAG because we've been quite busy looking at this data but also more importantly the work from the WHO experts and regulatory experts for the decision today so thanks a lot.

00:29:38

CL Thank you very much, Professors Cravioto and Didierlaurent. Next question goes to Agnes Perero from the AFP. Agnes, please unmute yourself.

AG Hi, everybody. Thank you for taking my question. My question concerns children. There are some pharma companies that are seeking now national approval for vaccinating children. In this situation do you recommend vaccination for children and do you think all the children should be vaccinated or only those who have certain medical conditions or comorbidities? Thank you.

CL Thank you very much, Agnes. Again I would look at Professor Alejandro Cravioto, the Chair of SAGE.

AC So far we have no vaccines that have been authorised for use either through the EUA, the FDA or the EMA or through the EUL listing that the WHO receives.

00:30:49

We know that there is a dose here that is being reviewed concerning the two mRNA vaccines in use, one by Pfizer and one by Moderna, to lower the age group from 16-year-olds to 12-year-olds but this is still pending.

For the time being we don't think that there is the vaccine or the actual need to start thinking of this age group as a priority group within the framework that SAGE has designed to see who should be vaccinated and in which sequence.

We feel that in the case of countries that have enough supply of vaccine to cover the global population that they have, these type of decisions will have to be made by the local regulatory authorities and the local technical advisory groups.

In the case of countries that do not have an ample supply of vaccine then we suggest that they continue to follow the SAGE framework map that lists how the vaccines should be used in different age groups, looking at how we decrease the mortality and the severity of disease, which are the main outcomes that we're looking for at this time.

I don't know if Dr O'Brien would like to add something to this comment. Thank you.

00:32:13

CL Thank you, Professor Cravioto. Yes, indeed we'll look at Kate O'Brien, Director of Immunisation, Vaccines and Biologicals, to add on.

KOB Yes, let me just add a couple of things to that. We are aware that Canada did authorise the use of the Pfizer vaccine for 12 to 15-year-olds on Wednesday, the first country to provide such an authorisation and we do expect additional authorisations to come through for younger age groups below the age of 16 years of age, for which the Pfizer vaccine is already authorised, and we do expect those...

We know that there are clinical trials that are ongoing for a number of products and we expect from a regulatory perspective that there will be authorised patients coming forward for those younger age groups.

I do want to emphasise a couple of things. First of all those authorisations do then provide a clearer pathway for children who have underlying medical conditions that put them at high risk of COVID outcomes.

00:33:18

But I think the emphasis really needs to be on the prioritisation of the highest-priority age groups and those that are highest-priority because of their exposures and because of their underlying medical conditions.

Advancing to the use of vaccine, especially in younger children and where the evidence about their role in transmission and certainly even younger children with even less transmission role really before we've concluded the immunisation of age groups and highest-priority groups in every country around the world is laid out in the SAGE prioritisation roadmap.

We would really like to re-emphasise that the priority really needs to be getting vaccine to all countries in the world for the highest-priority groups before we start advancing to groups that have much lower risk of disease.

When we have a supply that is adequately distributed in an equitable way so that every country has secured the implementation of vaccine for those higher-priority groups we very much welcome the use of vaccine, especially if it has a substantial impact on transmission.

00:34:50

CL Thank you very much, Dr O'Brien. Next question goes to Isabel Sacco from EFE. Isabel, please unmute yourself.

IS Good afternoon, everyone. I would like to know what is the most recent WHO assessment on the variant identified in India and that is responsible for the crisis the country is living through now. Do you know now if this variant is responsible for the current situation? Do you think that it should be considered as a variant of concern? I would like to know if you consider that this variant is a risk or there is a risk of it spreading to countries that have managed the pandemic lately? Thank you.

CL Thank you very much, Isabel. Dr Maria Van Kerkhove, please.

MK Thank you. Thank you very much for the question and thank you for identifying this as the variant that was identified in India. This is the B1617, I believe, that you're referring to, which is indeed a virus variant, which is classified by WHO as a variant of interest at the global level.

00:36:12

This is a variant that has several mutations that are of interest in terms of its ability to potentially cause increased transmissibility as well as reduced neutralisation. In fact right now the teams are meeting as we are here at this press conference to look at more detailed information from India as well as from other countries where this variant is also circulating.

So part of your question was, is this variant being identified in other countries, and the answer is yes. Our ability to determine how much of this virus variant, the B1617, is circulating is largely dependent on the amount of genetic sequencing that is being done around the world.

That is increasing and we're seeing much more and better and more targeted use of sequencing but it is still spotty around the world. The variant of interest, this B1617, is one virus variant that is circulating in India. There is also the B117, which is the virus variant that was identified first in the United Kingdom. This is classified as a variant of concern because it has demonstrated increased transmissibility and this virus variant of concern has actually replaced other circulating strains in many countries around the world.

00:37:27

So there's a combination of factors that are happening in India. We have the introduction of the B117, which has demonstrated increased transmissibility, this B1617, which does have some characteristics that suggest increased transmissibility.

I say suggest right now because we're trying to pull together all of the information that we have so that we can make a proper assessment and the teams are doing that right now. We will also be discussing the B617 again with our virus evolution working group over the weekend.

The other combination of factors associated with increased transmission in India has to do with social mixing and the number of contacts, the amount of mixing of individuals coming together, relaxation of some public health and social measures; it's a combination of factors. It isn't just one factor that is associated with increased transmission.

The variants don't help. There are other virus variants that are circulating around the world that of course we're also looking at so it's a combination of factors but indeed the 617 is one that we are looking at very, very carefully, looking at data that is coming directly from our colleagues in India who are

studying this virus variant, as well as studies that are ongoing in other countries that have detected 617 in their populations.

00:38:44

So we will have more information on that over the weekend and at the latest on Monday but we summarise everything we know about the virus variants in our weekly epidemiologic record including the 617.

So what we published on Tuesday on our website - I wish I had it; I would also hold it up in front of me but if you don't look at those weekly epidemiologic updates, there's a wealth of information that's in there and every week we will describe what we know about the three variants of concern; the B117, the B1351 and the P1, as well as seven variants of interest that we're tracking around the world.

So it's a dynamic situation; the information is coming in fast and furious. We're working with scientists and partners around the world to consolidate our knowledge, the evidence that is coming online, even through pre-prints and through reports coming from countries so that we can make a robust and a proper assessment about what we know and then we can inform you accordingly.

00:39:44

MR Just maybe to add for emphasis there that we're always concerned with variants because variants are different, they have a slightly different structure so they can have slightly different properties and those properties can affect transmission, they can affect the virulence or the way in which they cause disease and the severity of the disease that they cause.

That's why we're all concerned globally to track and monitor those variants so first of all that tracking and monitoring is in place but it's patchy and we don't have that monitoring in some places and again there's an equity issue in this as well.

We don't have equitable distribution of the capabilities or the technologies to track these viruses at the genomic level and we're working very, very hard within WHO and with our partners to do that. We're working very hard with our partners in the ACT Accelerator and the diagnostics pillar and others to try and shift that balance. The Wellcome Trust and many others are involved.

Beyond that - and Maria's absolutely correct when she says that these viruses change over time but what we've seen in South Africa with the B1351; without vaccine South Africa brought that variant pretty much under control by applying public health and social measures, by building a partnership with communities, by decreasing mixing and crowding, by investing in diagnostics and testing, identifying clusters and bringing the disease under control.

00:41:08

I'm not saying that you can stop the variants or even to stop completely the wild strain by just using those measures. My concern right now is that this virus has huge kinetic energy in some countries. It's got a massive force of infection and we have got to slow that down because it is being driven by both human behaviour, by the emergence of variants and many other factors.

In some senses we're pushing three different accelerators at the same time and we expect to slow down. We're expecting the virus to slow down and we're pushing the accelerators. We have got to stop pushing the accelerators on this virus. We need to vaccinate more people and protect the vulnerable, we need to reduce the risk of emergence of variants and we need to...

I hate to say this because everyone has the hope in vaccines and I have exactly the same hope; that we will eventually get to a vaccination coverage rate that will protect everybody but we're not there yet. We are simply not there yet and what is driving these huge spikes in infection - it may be contributed to by variants but what is driving it is proximity between people, it is crowding and mixing of people without protection, without hand-washing, in poorly-ventilated spaces, without wearing masks.

00:42:26

I know how hard that is in the context of some countries but that is the brutal reality and some countries now are at such a rate of infection that their health systems are back under severe pressure. We've seen the tragedy in India. We need to avoid that same tragedy occurring in other countries and some other countries are heading in that direction.

We need to take action, we need to take the heat out of... This pandemic is global but this pandemic is acting very differently in different countries. Each country is having a unique experience and I would advise every country to look at the data now and see where you are; look at where you are in this fight.

Some of you are not in a good place and you need to protect your health system, you need to get your oxygen supply sorted out, you need to sort out your clinical triage, you need to make arrangements for home care because some of you are not in a good position right now and vaccines are not a solution right now.

00:43:19

It's an awful thing to say and it's a tragedy to say that in the context of what we see in vaccine equity and what Dr Tedros is trying to do with Soumya, Mariângela, Bruce and so many other partners to try and fix that.

But we're not there yet and we are going to have to stick to what we know works, shore up our health systems, drive down and suppress infection and then accelerate the arrival of vaccines. I'm sorry to drive this home because I think it triggers a question in me because we keep coming back to why is this... is it the variant, is it this, is it that?

It's everything and the question is, is that happening? Yes. Is it a natural phenomenon? Yes. The real question is, what are we going to do about it? Some countries really need to take a look in the mirror in terms of what they're doing to drive infection rates down otherwise our health systems in many countries will face real issues in the coming weeks and months.

CL Thank you very much for this. Next question goes to Anna Pinto, Folha de Sao Paulo. Anna, please unmute yourself.

00:44:25

AN Hi, good afternoon. I have a question about the Chinese vaccines listed for emergency use. I guess Mariângela Simão told us on Monday that along with the Sinopharm the Sinovac vaccine was also expected to be listed towards the end of this week. So I'd like to know if there's any news about the Sinovac vaccine. Thank you very much.

CL Thank you very much, Anna. Let me give this to Professor Arnaud Didierlaurent, the chair of the TAG.

AD Yes, thanks for the question. We have started to review the report from Sinovac. We actually requested additional information from the manufacturer through a letter so we're waiting for that answer. Again it's part of our role to assess the data and then we had reason to ask for additional information which we hope to receive very soon to make a recommendation about this specific vaccine. Thank you.

CL Thank you very much. Next question goes to Christiana Erlich from DPA. Christiana, please unmute yourself.

00:45:45

CR Thank you. I have a question on the Sputnik vaccine. How worried is WHO about the persistent concerns that there's a live version of the virus, of the adenovirus vector in this vaccine, is that one of the problems that you are looking at?

I'll just try my luck with a second one; can WHO not buy patents from vaccine makers to make everyone happy? This is to the American suggestion to waive patents but could that be an alternative option? Thank you.

CL Two very interesting questions. Let me start with Dr Mariângela Simão, the Assistant Director-General for Access to Medicines and Health Products.

MS Thank you, Christiana, for the questions on Sputnik, the vaccine that's produced by the Institute Gamaleya in Russia. It's still under assessment by WHO. We know of the concerns that were raised by one of the national regulatory authorities but we're still with the process ongoing in WHO.

We did have a team doing inspections in Russia during April for good clinical practices, together with the European Medicines Agency and on 10th May we have a team in Russia again inspecting good manufacturing practices for four manufacturers.

00:47:17

So at this current stage we're still analysing the data, receiving additional information on the dossier and doing the inspections on site. That's what's happening now with Sputnik. We expect that the inspections will end the first week of June and if we have the full dossier and all the information that's needed we will be able to convene the TAG, the technical advisory group for which Dr Arnaud is the chair. but it depends on the inspections being made and the dossier being completed.

On the question of whether WHO could buy patents, I don't think anyone can buy patents because it's a system that allows either for the use of the TRIPS flexibilities in terms of a compulsory licence, a voluntary licence, another... or, as is being discussed in the WHO at the moment, a waiver which means a temporary suspension on intellectual property rights for COVID products. Thank you.

CL Thank you very much, Dr Simao. Next question goes to Sophia Mkwena from SABC South Africa.

00:48:32

SO Thank you so much. I just want to check on the issue of building back better. There's a revival of the global economy. We know that the G7 countries will be meeting in June. Is there a specific message from the WHO that you would perhaps present to the G7, these industrialised nations, in terms of what needs to be done or to be taken into consideration as the world tries to rebuild the economy?

Because without rebuilding of the economy a country isn't even defeating this pandemic because poverty can sometimes lead to a situation where the behaviour of change is very, very difficult because of COVID.

CL Thank you very much, Sophie. I look at Professor Mariana Mazzucato, the Chair of the WHO Council on the Economics of Health For All.

MM It's such an urgent question you're asking, Sophie, because this is not the first time that the globe has had a huge emergency to react to together. You'll remember that with the financial crisis there was lot of liquidity poured into the system, basically in order to save capitalism. Most of that finance went back into the financial sector.

00:50:10

This time what we have to make sure is that every country's recovery plan is not only strong but is built in such a way that the funds actually land on the

structures on the ground and in the first instance of course on the health system, which has been revealed to be very weak, but also on new forms of public-private partnerships.

I think what this whole debate over the vaccine should hopefully reveal to us is that it's not about the state or the private sector; it's actually about how to work together in better ways and here I think we should really look at some countries where for example there're conditionalities attached to bail-outs for particular sectors.

I know that this goes beyond health but I think you need to be learning what works, what doesn't also with other sectors. In France for example the recovery funds that went to the airlines and to the automotive were conditional on lowering their carbon emissions and we know that there's a very strong relationship of course with climate change and the health crisis and we can't just keep going from one crisis to another.

00:51:10

So embedding within our public-private partnerships a true build back better design is fundamental and for that I think we need to look at how procurement works, government as purchaser, how we look at grants, how we look at loans but also how we literally look at the collaborations for innovation.

The build back better slogan will just be a slogan unless we bring those ideas on the ground and there's no better place to start than the vaccine - as Dr Tedros said, if we don't do it with the vaccine where are we going to do it? - but also really fortifying a global welfare state but also re-imagining it, making it a modern, 21st-century welfare state so also our health systems are innovative.

Instead of having this dichotomy of innovation here and welfare state here how can we really innovate through the health system itself and allow the industrial strategy, the innovation policy to be at the centre of how we think about health for all. Thank you.

CL Thank you very much, Professor Mazzucuto and...

MR Just to follow up on the Professor's point, I think - and it's not a message to the G7; it's a gathering of heads of state from some of the largest, most powerful countries of the world. The message from WHO and from partners is very much too focused [?].

00:52:33

I think at this point many of us may have expected we'd be coming out of this pandemic and we'd be thinking about the future. We're not. We're still in the heart of this thing so therefore the G7 has a twofold challenge; the G7, the EU, the African Union; everybody has. How do we stop this one and how do we prevent the next one?

It's very simple and there are political, there are innovation, there are operational, there are surveillance and there are equity solutions to that. There are solutions needed across everything from science and innovation to access to the systems we use to prevent and detect and respond to these events.

I would say, just following up to my previous comments, we do and the G7 can show leadership in this. As I've said, we've got to get our foot off the virus accelerators and get our foot on the solutions accelerators and we have not had our foot on the accelerator for solutions and we're suffering from not having done that. Bruce may follow up on that point.

00:53:39

CL Dr Aylward, please.

BA Thank you very much, Mike, and thanks, Sophie, for the question. I think from the perspective of the ACT Accelerator we'd have a very clear message. We now have countermeasures that can fundamentally change the shape of this pandemic over the coming months if they're equitably distributed.

We cannot get there unless we close the financing gap for the ACT Accelerator and the power of the G7 is essential for that; it's a \$19 billion financing gap. As our guest speaker would have highlighted, that pales next to the cost that we're incurring every single day for this crisis and the inability to get countermeasures to people who need them so we need the finance behind it.

The second thing we need is the sharing of scarce resources. The G7 have contracted much of the crucial countermeasures, the vaccines we've been talking about and we need to be able to share not just the doses but the production capacity.

Going back to one of the questions that were asked earlier today, the numbers are just getting more staggering. Nearly 1.25 billion doses of vaccines have been administered now; 1.25 billion doses of COVID-19 vaccines around the world.

00:55:02

About five million of those - that's the number - have been in the lowest-income countries so the differences are staggering and we need the help of the G7 to change that equation and raise the proportion of the populations that are vaccinated. Huge numbers of healthcare workers, huge numbers of older people have not seen a dose of vaccine.

So for us it's not an issue of who could you vaccinate so much as who should you vaccinate and the G7; we've had some fantastic commitments to try and help on that and hopefully that can be realised.

The last part of course is, it's a problem because we simply don't have enough of the countermeasure. We need to scale up production of these countermeasures; the vaccines, the diagnostics, the oxygen, the PPE; we need the whole package, as Mike always emphasises.

Again the industrial, financial, other weight of the G7 in supporting that is going to be absolutely crucial so we could be in a different position much faster globally than we will be unless we get that support through the financing, the sharing and also the scaling-up of these products.

00:56:13

CL Thank you very much, all, for these points. Next question goes to Belisa Gorinho from the Magazine in Portugal. Belisa, do you hear us? Please unmute yourself.

BE Hi. Thank you for taking my question. Globally is there a target date for the end of the pandemic? Thank you.

MR Tomorrow, I hope, but it's very difficult to answer your question. I understand the spirit in which it's asked, in the spirit of hoping this ends, as we all do but unfortunately we cannot predict that date. But, as Bruce said, if we had a whole lot more vaccine in a whole lot more arms we'd be a hell of a lot closer.

But we cannot give a date for that; it would be inappropriate and it would be incorrect.

MK I was going to give the same answer but I do think it's a question that should be asked, it's the question that we should all be asking; when is this all going to be over? But that's not the only question that we need to ask. The question is, what are we going to do to get us there and how are we going to actually come together to do that at an individual level through our communities, through our faith-based organisations, through our businesses at different levels of leadership?

00:57:42

We're not seeing that collective, cohesive, coherent, consistent response globally and the question that you ask is absolutely the right one. We want to say tomorrow but we can't because we aren't collectively taking those steps to end this pandemic everywhere.

So everyone right now needs to ask that question; what can I do to help end this pandemic, how can my government help me end this pandemic? Every single infection that is prevented gets us one step closer to ending this pandemic so what is it that you can do at the individual level through wearing a mask, through physical distancing, through working from home if you are able to do so, through helping someone out, through supporting our health

workers, to making a donation to support COVAX if you can, to making sure that you get vaccinated when it is your turn.

00:58:39

What can leaders be doing to ensure that there are consistent messages about what needs to be done? It's vaccines and, not vaccines only. It's all of these measures that are in place and it's consistency across governments, across regions because we live in an interconnected world.

So bravo for asking the question; every single one of us should be asking that question every single day and if we're not doing enough ask yourself what it is that you can actually do to end this pandemic.

CL Thank you so much. Next question goes to Jeremy Launch from RFE. Jeremy, please unmute yourself.

JE Thank you, Christian. I'd like to come back to Sinopharm. What do you know about the production capacity of Sinopharm and could Sinopharm be the first provider for COVAX in the absence of doses from the AstraZeneca Serum Institute of India? Thank you so much.

CL Thank you very much. I'm looking around for any volunteers. Dr Bruce Aylward, please.

BA I'm not sure I volunteered. I think I was volunteered. Thank you. We've been in discussion with Sinopharm and all the major manufacturers about their potential production capacities and I think, as you've seen, there's been a real challenge in realising the production aspirations, let's say, of each manufacturer.

01:00:11

But what we're interested in particularly with Sinopharm is what they may be able to do beyond China to help with the global response and there's been a lot of work by the company over the last months to move from what was originally potentially low double-digit numbers higher into the three-digit numbers to be able to try and help with the global response.

As you can imagine, I think you need to hear from the company itself what their actual numbers will be but they are looking at trying to provide substantial support and make substantial doses available while at the same time of course having to help serve China's population, which of course is huge and will make a substantial demand on that.

But right from the very beginning in all of our conversations with this company it has been very interesting; we're looking at playing a role to help with the global response, which is encouraging.

01:01:09

While I have the floor, I would like to just add one comment we should have earlier perhaps as we were talking about what could be done to help. That is just to recognise an announcement from earlier this week that we didn't get a chance to speak to and that was the announcement by Sweden of their donation of vaccines to the COVAX facility.

We had a very generous donation of a million doses of vaccines by Sweden and what's so important about that is when you look at the size of Sweden, ten million people. It has about three million doses of vaccines that it's contributed and it's already looking at donating nearly a million doses which is about 20% of what they would have used during the time period that they'll try and donate that I think as we spoke to the Minister about this it was just a recognition of the need to tackle this on a global level.

Further to the point that Maria was making earlier part of the reason was the support and of course it's always a tough political choice to do these things but there is support from the population. I think as we look at what people can do it's make sure political leaders know that if you support the sharing of these scarce products so that we can protect healthcare workers and the older populations globally that that's an important part of the equation.

01:02:31

CL Thank you very much, Dr Aylward. Dr O'Brien to add.

KOB Just to complement the important points that Bruce just made, especially around the donations, I want to also emphasise... Bruce had mentioned previously the \$19 billion financing gap for the ACT Accelerator and embedded within that of course is a financing gap for the COVAX facility.

So what is really essential... As Mike has said, all of these things are needed but I do want to emphasise that fully financing the COVAX facility is critically important for assuring that the doses that have been committed and can still be committed through additional contracts with manufacturers - a number of them have been mentioned already - can actually be secured.

Without that financing or without those donations there simply aren't the doses that are there to assure that countries that are really getting their doses through the COVAX facility can deliver to achieve the impact eventually that vaccines will have.

01:03:44

CL Thank you very much, Dr O'Brien. With this we have reached the end of our questions. I understand there were a few sound issues in between for some people; apologies for that and also apologies if we didn't get to all questions but thank you for your participation.

I'll look at Professor Mariana Mazzucato for any final words, please.

MM Sure. Perhaps I can just say one thing which I didn't say; at least for me it's so important that the Council not just be another talk-shop. Many of us are on wonderful panels, committees and councils that do a lot of great thinking. We want to be very, very outcomes-oriented; we want to make sure that big thinking around those four themes that I talked about is actually tested.

We need to experiment on new structures on the ground and bring also that experience, that experimentation back to the framing, back to the theory - the practice-based theorising, as we say in my institute - but this has to be with the goal of structuring again our economic tools, our public-private partnerships in a fundamentally radically new way because the current status quo is again just leading us from one crisis to another.

01:04:54

This health pandemic is just one of different types of crises that we're undergoing and they're all actually interconnected; the financial crisis, the climate crisis, the health crisis and so really focusing on the health for all objective, the mission, the target, the outcome and back-tracking on how to really build a much stronger economy that is goal-focused but very much collectively through all the different actors.

It's not about private versus state; it is about fostering collective intelligence for a more resilient, sustainable and inclusive economy. So thank you; it's been an honour also to hear all your brilliant questions and the urgency of the responses so thank you very much.

CL Thank you very much, Professor Mazzucuto. I thank all again and we will be sending the audio files and Dr Tedros' remarks right after the press conference. The full transcript will be posted on the WHO website tomorrow morning. I also see the press release which was announcing the EUL listing was sent about 40 minutes ago so that is also available and we'll send it out again with the post-press-briefing notes.

01:06:01

With this, Dr Tedros, final words.

TAG Yes, thank you. Thank you, Christian. I would like to thank our guests today, Professor Mariana Mazzucato, our Chair of the Council, and also Professor Alejandro Cravioto, the Chair of SAGE and Professor Arnaud Didierlaurent - I hope I have said it very well; merci beaucoup - the Chair of TAG. Thank you so much indeed for your support and dedication.

Then the Council; I think Mariana had said everything. This pandemic, I think, has shown the world clearly the centrality of health so I hope the world will choose to invest in health because it's central. That's why we have also the council that will help countries, support countries to realise the health for all dream or vision.

Then on a message to the G7, I was hoping that I would say something at the closing because I wanted to give my colleagues a chance to speak on that. But what I will say is what has been said; just to stress; for the G7 now the most important and the immediate support we need is vaccines; vaccine equity.

01:07:54

I think everybody knows what we should do to increase the production capacity and then increase vaccination coverage in all countries. As you know, more than a billion vaccine doses have already been distributed in many countries but as you also know, more than 80% of it is in high-income countries while the low-income countries received 0.3%.

This is unacceptable. This kind of divide is unacceptable and as we have said many times, it's unacceptable not because of just a moral issue but it's unacceptable because we will not defeat the virus in a divided world. That's why it's unacceptable.

So there are two reasons; one, morally it's unacceptable and two, the virus will not be defeated so that's why we're saying it's unacceptable. It's in every country's interests in this world to share vaccines and to help in any way possible to ensure vaccine equity.

We repeat like a broken record many times; vaccine equity is not charity. Vaccine equity is actually in the interests of everybody and it's the most important element in defeating this virus. Of course, as Mike stressed, in addition to vaccines and until we have enough vaccines especially the coverage, a significant increase in vaccination coverage the tools we have at hand now are very important; the public health solutions, we have said many times, should be implemented properly.

01:10:14

We have discussed with many countries and the message we have again and again is, each and every country must follow a comprehensive approach. While pushing for vaccines we should do all we can to implement the public health measures that we have at hand.

As we know, many countries suppress transmission and they are in a very good condition without even starting any vaccination so we shouldn't lower our guard, we should use the available tools we have while pushing for vaccines but we also believe that the vaccine equity issue should be addressed and there should be a solution as soon as possible.

That's why we really appreciated the US for taking the lead on an IP waiver and also appreciated those who have donated vaccines; Sweden, France, New Zealand, Norway and others. But at the same time we need to do everything to implement the public health measures or tools that we have at hand.

01:11:35

The number of cases, the number of deaths globally is on the increase and we repeat again, we're deeply concerned that many more countries will continue to be affected. We will see serious situations as we see now in India, in Brazil, in Nepal and other countries unless we implement a comprehensive approach focused on public health.

That's the message from WHO and I hope countries take the comprehensive approach seriously and continue to fight this virus and end it together. Thank you so much to our media who have joined today and again to our guests and see you in our upcoming presser. Thank you.

01:12:48