COVID-19

Virtual Press conference

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00:02:52

FC Hello, all. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva and welcoming you to our global COVID-19 press conference today, Friday 29th January. We will be joined by guests whom I will let Dr Tedros introduce in a moment. We have simultaneous interpretation in the six official UN languages plus Portuguese and Hindi.

Let me tell you who is in the room here. We have the WHO Director-General, Dr Tedros, Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead on COVID-19 and Dr Bruce Aylward, Special Advisor to the Director-General and lead on the ACT Accelerator.

Joining remotely are Dr Kate O'Brien, Director, Immunisation, Vaccines and Biologicals and Dr Soumya Swaminathan, Chief Scientist. We have also in the room Dr Jim Campbell, Director, Health Workforce and Elizabeth Iro, our Chief Nursing Officer. Welcome, all. Now without further ado I will hand over to Dr Tedros for his opening remarks and to introduce our guests. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Fadela. Good morning, good afternoon and good evening. Tomorrow marks one year since I declared a public health emergency of international concern over the outbreak of novel coronavirus, the highest level of alarm under international law.

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At the time there were fewer than 100 cases of the disease we now call COVID-19 and no deaths outside China. This week we reached 100 million reported cases. More cases have been reported in the past two weeks than during the first six months of the pandemic.

A year ago I said the world had a window of opportunity to prevent widespread transmission of this new virus. Some countries heeded that call; some did not. Now vaccines are giving us another window of opportunity to bring the pandemic under control. We must not squander it.

The pandemic has exposed and exploited the inequalities of our world. There is now real danger that the very tools that could help to end the pandemic, vaccines, may exacerbate those same inequalities.

Vaccine nationalism might serve short-term political goals but it's ultimately short-sighted and self-defeating. We will not end the pandemic anywhere until we end it everywhere. The world has come to a critical turning point in the pandemic but it's also a turning point in history. Faced with a common crisis can nations come together in a common approach?

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When a village is on fire it makes no sense for a small group of people to hoard all the extinguishers to defend their own houses.

The fire will be put out faster if everyone has an extinguisher and works together in unison. More vaccines are being developed, approved and produced. There will be enough for everyone but for now vaccines are a limited resource. We must use them as effectively and as fairly as we can. If we do that lives will be saved.

That's why I have challenged government and industry leaders to work together to ensure that in the first 100 days of 2021 vaccination of health workers and older people is underway in all countries.

My message to governments is to vaccinate your health workers and older people and share excess doses with COVAX so other countries can do the same. My message to people in countries that are now rolling out vaccines is use your voice to advocate for your government to share doses. If you're someone at lower risk please wait your turn.

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Health and care workers have been on the front lines of the pandemic but are often under-protected and overexposed. They need vaccines now. They and their families have already paid an extremely high price in this pandemic. Protecting the people who protect us is the right and smart thing to do.

In the early days of the pandemic, as you remember, people showed their love and appreciation for health workers by applauding on their balconies. Now it's time to show our love and appreciation for health workers by making sure all health workers are vaccinated.

Today I'm honoured to be joined by two health workers who have been delivering health services throughout the pandemic. Harriet Nayiga is a a midwife from Uganda. Harriet, thank you so much for joining us today. Please tell us about your experience working through the pandemic. You have the floor, Harriet.

00:09:05

HN Thank you very much, Dr Tedros, for this great opportunity. My name is Nayiga Harriet from Uganda. I'm a midwife. I'm a Director of MLCoT. MLCoT is Midwife-Led Community Transformation, which is a community-based organisation which is aimed at bridging that gap which is existing between the midwife and the local community through provision of sexual reproductive health and rights to marginalised adults

and [unclear] adults. So I'm very practical in the community through preventive initiatives.

My work is going down to the grass roots to engage with the community adolescents and young adults. However when the pandemic came in things changed and I could not access these groups. We could only access them via phone calls and then when the lock-down was opened, we do not have enough SOPs in the marginalised communities and that means I was a mid-wife, together with my team I lead, are very, very vulnerable to the disease.

Because the communities that we engage with do not have enough to prioritise having SOPs in place so that means we need to be prioritised when the Government gets the vaccines in the country, as well as my fellow nurses and midwives whom I engage with, who are in the health facilities because we do also engage with them as we provide them with resilience, with the knowledge and skills towards the provision of youth-friendly, healthy services.

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But they also say that they would love to have the vaccines as early as possible because they engage with large numbers of patients and as nurses and midwives being on the front line we engage with the patients for more hours than any other health worker.

So we need to be prioritised and we really thank WHO for the move that you have taken on producing the vaccine that will be very great for us, the nurses and midwives if it comes. I appeal to the Government, because of the efforts that it is putting in to have the vaccine in place, we also ask the Government that when it comes nurses and midwives are prioritised to be vaccinated first. Thank you very much.

TAG [Inaudible] and I hear your call that you would like to be vaccinated so that you know you're safe to protect the mothers and children you work with. Thank you so much again. Asante sana, my sister.

00:12:20

Now to our second guest. Sana Baloch is a nurse from Pakistan who started her career during the pandemic. Sana, thank you so much for joining us today and we look forward to hearing about your experience working on the pandemic and your hopes for the year ahead. Sana, you have the floor.

SB Thank you so much, Dr Tedros. Thank you for inviting me here. My name is Sana Baloch and I'm a recent graduate of science and nursing from [Unclear] University, Pakistan. I actually started my career as a nurse during the pandemic when I [unclear] to a profession that is itself usually a challenging time when you need the best supervision and the best mentorship to [unclear] your skills on the clinical side.

Unfortunately we were [unclear] in a time when we were the only ones who had a great responsibility to deal with the patients when most of the staff were isolated, they were infected and they were exposed. The burden and the shortage of staff was huge and we had a huge influx of patients.

We were trained within a few weeks to take care of the patients in the COVID ICU when there were new units built up in a couple of weeks. So we as nurses, the doctors and paramedics were in great stress, but yes, we had no escape. It is our moral responsibility and it was our job to take care of those patients.

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We were the only hope of the patients and the families who were isolated and admitted into the COVID wards and where they were not allowed to meet or to see anybody. We cannot deny this, we cannot leave them alone but at the same time we need protection, we need understanding what the policymakers or management and the Government to protect us by providing the complete PPE and of course vaccinations because the PPE is disposable but the actual workers are not disposable.

So we thought that the cycle was continuous during the year. In the pandemic in 2020 we were exposed, we were isolated and we just had to wait until we recovered so we could go back and take care of our patients again in the COVID ward.

There were our colleagues who were really sick, who were not able to breathe but after 20 days of their hospitalisation they were there standing in the wards and taking care of the patients. Around 10,000 of the healthcare staff have been infected in Pakistan and hundreds died. They were not old, they were young; they were my colleagues.

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Because of less resources, less PPE and of course now when we talk about the vaccination it is the responsibility of the world leaders and most of their countries to help humanity and the healthcare providers first, to protect them so that they are able

to deliver the best quality of care and they are safe I provide care because the healthcare providers are the ones who are not going to any gatherings, they are the ones who are following all the SOPs but yet they are the most vulnerable; they have to take care of the patients.

We have to give them a bath, we have to take care of the clothing and everything of COVID patients and people who are on ventilators, unable to breathe. There is no escape and we as healthcare workers, the doctors, young doctors, nurses, midwives and all paramedics look forward to the world that they will decide on the basis of humanity because it is not something at state level; it is something as a human being.

We as a world can only fight with the virus when we think of providing safe services as healthcare providers despite borders so yes, I appeal to the leaders of the world; please distribute the vaccine on equitable categories, if you have enough of the resources vaccinate all your elderly and all your healthcare providers.

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So do consider donating or helping out less developed countries who do not have enough to even vaccinate their healthcare providers or elders before moving towards the less vulnerable population of yours. Thank you, Dr Tedros.

TAG Thank you so much indeed. Thank you, that's very, very clear. Again, thank you, Sana and Harriet, for joining us today. You have my deep respect and admiration for the work you do every day to save lives and deliver health services to those who need them most. We're proud of you and you have my commitment that we'll do everything that we can to ensure you and your colleagues are vaccinated as soon as possible.

The theme for World Health Day this year is health equity. Equity is at the heart of everything WHO does. This week we have released two products to close gaps in care and improve health outcomes globally. The first is the essential diagnostics list, a basket of diagnostics that WHO recommends should be available at point of care and in labs to improve timely and life-saving diagnosis.

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The COVID-19 pandemic has reinforced the value of timely and accurate diagnostics to save lives. Without them you're flying blind. The latest edition of the essential diagnostics list includes

tests for the COVID-19 virus, expands the suite of tests for vaccine-preventable and infectious diseases and non-communicable diseases such as cancer and diabetes, and introduces a section on endocrinology which is important for reproductive and women's health.

The second product is a new ten-year plan for neglected tropical diseases; a set of 20 illnesses that affect more than a billion people, most of them poor. The plan includes ambitious but achievable targets to reduce the number of people who need treatment for a neglected tropical disease by 90%, to achieve the elimination of at least one disease in 100 countries and to eliminate two diseases - guinea worm and yaws - globally by 2030.

Together WHO and our partners are working to ensure neglected tropical diseases are neglected no more. These are just two examples of the many ways WHO works every day to fulfil our mission to promote health, keep the world safe and serve the vulnerable. I thank you. Fadela, back to you.

00:19:44

FC Thank you, Dr Tedros. I will now open the floor to questions from members of the media. I remind you that you need to use the raise your hand icon in order to get in the queue to ask your question and don't forget please to unmute yourself. We welcome also questions from journalists to our wonderful guests, Harriet and Sana so please don't hesitate to ask your questions. They have the experience from the field and it's interesting to hear from them also.

I would like to start the questions and answers with a journalist from Cancun, Mexico, Paulina Alcazar. Can you hear me, Paulina?

TR Hi, Fadela. Yes, we can hear you. Can you hear me, please? Thank you. International travel is still going on but there are new requirements that countries would like to impose but there is a new pressure now imposed on testing. Do you aim to prioritise the international travel sector, staff and travellers as a second priority group for vaccinations? Thank you.

FC Thank you, Paulina. Dr Ryan will take it.

00:21:21

MR I can start. I think the question specifically relates to vaccination of people working in the industry but with specific reference to testing as a measure, testing is being increasingly used in different parts of our society to do different things and

certainly the expansion of rapid diagnostic tests is bringing a new and very useful tool to bear, taking pressure off the existing PCR-based testing systems and fully expanding the use of validated rapid diagnostic tests is a major aim of WHO, our partners in FIND and UNITAID and within the ACT Accelerator. I think Bruce will confirm that.

The specific issue around increased testing requirements; countries right now are in different situations. Those countries with very low incidence are very, very afraid about reimporting cases and may have more stringent testing in place.

Other countries are worried about the arrival of potential variants that will further complicate their situations and they're targeting reducing movement from certain countries in order to be able to avoid that. It's a difficult prospect and what we do need is coherent messaging around travel requirements.

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The process of travel itself has been significantly de-risked and the travel industry and others deserve credit for having put in place a lot of measures to reduce the risk of transmission during the travel process.

Managing the arrivals in terms of quarantine and supported quarantine, testing and other measures is difficult and I know a lot of countries now - and it's something we've been saying for many months when we're talking about dealing with either contacts of cases or people arriving from high-incidence countries. If you're going to require that travellers arriving in the country quarantine for a particular period or have to be tested then governments should be supporting that process.

It is very difficult for a traveller arriving to be able to comply sometimes if they don't get the support to comply so if governments are going to require that people stay in a hotel for a period of time then those facilities that are provided should be adequate and people should be able to do that with a minimum level of comfort and be able to live properly.

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So as you see, governments are continuing to try and increase and ramp up their efforts to break chains of transmission and to manage risks but we also must do that an invest properly in those mechanisms so not only citizens in countries but people who are travelling between countries are treated with respect and with due regard to their comfort and their human rights.

BA Thank you, Fadela, and thank you, Mike. Thank you for the question. On the issue of prioritising the use of vaccines - an extremely important point and thank you for raising it again - we need to be clear - and again the Director-General spoke about the toll of this disease and the disproportionate effect of this disease on highly exposed populations in the course of their work; healthcare workers, as we heard from Sana and Harriet today; and then also of course our older populations.

When faced with a life-threatening disease and what is a ubiquitous risk and threat here of this virus we have to be extremely careful about how we use the scarce resources that we have to reduce that risk.

One of the most precious things we have right now is the vaccines. You have seen in the media reports and elsewhere the struggles, the challenges companies are having just making even what they had planned to make and getting it out there on time, getting it distributed.

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In that situation we have to prioritise the people not who are inconvenienced by COVID-19 but the people who need this to help prevent them from possibly dying of the disease. We know the people at greatest risk are healthcare workers. You've just heard from two heroes of the healthcare profession, right at the front line, who cannot help but be exposed in the nature of the work they do.

Then we have our older populations and then we have populations with no comorbidities, as you've heard about. We need to make sure that the vaccine, this precious, rare, scarce - unfortunately - commodity right now is used to reduce the risk of severe disease in these people.

Then on the issue of testing, as Mike mentioned, you will have seen just over the last couple of weeks some exciting new partnerships that are evolving to try and make sure that we can make accurate testing available on even a bigger scale.

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One of the things two of the ACT A partners announced just last week was that they have now struck a deal to try and make a highly accurate rapid diagnostic test available for low/low-middle-income countries for $2.50. So that's the kind of partnerships we're getting down now to the price ranges where we can really get testing up, as you said, Mike, to the levels it needs to be if

we're going to be able to rapidly detect and isolate people who are infected with the virus to prevent that spread.

FC Thank you both. I would like now to call on Christiane Ulrich from DPA to ask the next question. Christiane, are you online?

CH Thank you, Fadela. My question is on the expert mission in China. Can you update us on what exactly is going to be on their schedule for the weekend, is there a visit to the biovirology institute, for example, or to the market? Thank you.

MR Thanks. I'd be very good if I could tell you what my schedule was for the weekend never mind our team's. I'm sorry. I think you'll understand that the team is in a dynamic situation. There is a very long list of site visits planned and face-to-face meetings continue.

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The visits will include the Wuhan Institute of Virology, other labs, the Hunan market, early responders, hospitals in which the first clusters of cases occurred. It's a very busy schedule and I also wonder; sometimes the media accompaniment of the teams is much larger than the international and Chinese team put together.

It's obviously a very good thing that we have that transparency but it's also important that we let the team get on with the business of the work they're doing. We're here to support them, we continue to support them logistically and diplomatically and we'll continue to do so and again the DG has said that we continue to be hopeful that all of the data and all of the meetings that they need will be had.

Just to reconfirm, all hypotheses are on the table and we're looking forward hopefully to a successful conclusion of the mission but in that I would just like to caution everyone. Success in the case of animal/human interface investigations is not measured necessarily in absolutely finding a source on a first mission.

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This is a complicated business. What we need to do is gather all of the data, all of the information, summarise all of these discussions and come to an assessment as to how much more we know about the origins of the disease and what further studies may be needed to further elucidate that. Maria, any comment?

MK Just very quickly to say that the team is on the ground and we're all watching them, as you are, with the media attention so I would advise to please be careful with the team and as you are taking those pictures because we have seen some harrowing videos of people following them in cars.

But, as Mike has said, the scientists are at work. Just one thing to mention; I myself have been on many missions for WHO. The mission team needs to decide what they do as they learn and so they may show us a schedule - which we haven't seen - but they're working very hard to see all of the different places they want to go. They may change their mind and go to different places. We need to give them that freedom and that liberty to go and evaluate what they need to evaluate and visit where they need to visit.

So we wish them very well and, as Mike said, we look forward to learning more.

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FC Thank you. I would like now to invite Simon Ateba from Africa News Today to ask the next question.

SA Thank you for taking my question. This is Simon Ateba from Today News Africa in Washington DC. Last Thursday WHO Africa warned that Africa was again in danger of being left behind with only 25 people vaccinated in Guinea so far.

Yesterday WHO Africa said the new variants were pushing up deaths and new cases with almost 6,200 people dead on the continent in the past week alone. Can you please give us an update on vaccinations in Africa, on other new variants in the continent? When exactly do we expect serious vaccination to start happening in Africa beyond repeated promises from COVAX?

What does the WHO think about the Russian vaccine that was discussed yesterday with authorities in Algeria? Thank you.

FC Thank you, Simon. I would like maybe to invite Dr Soumya Swaminathan to take part of this question. Soumya, are you online?

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SS Yes. Thank you, Simon. I will start and Kate or Bruce might want to add. I think this is what is topmost of our minds and in terms of getting vaccines to people, especially to those who are at the highest risk - we have two front-line workers who've

spoken to us today so clearly healthcare workers and others who are at high risk of getting the infection and dying from it need to be in the front of the queue to get the vaccines regardless of where they live.

This takes us back to what the DG has called for already; in the first 100 days of this year we should start seeing vaccines rolling out in all countries. How will we do that? We're doing that through COVAX and last week we announced that we had signed a deal with Pfizer, which is a vaccine that has received WHO emergency use listing as well as SAGE policy guidance.

It has challenges of ultra-cold chain but those can be overcome and so we are hoping very soon, in the next couple of weeks to start dispatching the first consignments of this vaccine to countries around the world that are part of the COVAX facility so that they can start vaccinating their health workers and the most high-risk.

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We also expect to start receiving doses of the AstraZeneca vaccine. Currently it is going through the regulatory review at WHO. You must have heard that the European Medicines Agency has just given it a conditional marketing authorisation. We need to review the dossiers independent of that because the manufacturing sites for the vaccines that will come to the COVAX facility are different from the vaccines that will go to Europe.

So we are hopeful that in the next two weeks at the most this should happen, that we should have an emergency use listing provided that everything of course goes according to plan and all the data is there and that we can then start receiving doses of the AZ vaccine from the manufacturing sites in India and South Korea and those should also be going out to the countries.

Meanwhile of course we're working with the countries on getting absolutely ready with everything that's needed and we've gone through that before and what are all the elements of preparedness at the country level so the day the vaccines arrive in the country they can start being deployed.

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There are many, many things that countries need to do to get ready. We've seen even in the high-income countries that it's not just a question of having the vaccine in the refrigerator; it takes a lot from that point to actually getting it into people at the pace at which we want to move.

So February is definitely our goal; the earlier the better and we will try to expand as rapidly as possible through the COVAX facility. Thank you.

FC Thank you. Dr Swaminathan. Now we'd like to ask Dr Simao to address the question about the Russian vaccine. Thank you.

MS Thank you, Fadela, and thank you for the question, Simon. WHO actually has under assessment at this stage four vaccine candidates. Two are AstraZeneca-derived and just bringing back the issue of the EMA approval today, it's a very useful approval because it approves the core data and the core data is useful for all the sites. You know that AstraZeneca has eight different manufacturing sites so WHO is at the final stages of assessing the sites that will provide to the COVAX facility, which are SK Bio in Korea and the Serum Institute in India.

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We are also in an advanced stage of assessment of Sinopharm and Sinovac and at this stage we do have a team in China to do the inspections in the Chinese facilities.

Regarding the Russian vaccine, last Friday we had a new meeting with the manufacturers and WHO is still waiting - there will be subsequent meetings - WHO is still waiting for some core information, some vital information to be presented and this should be happening in the next few weeks. Thank you.

FC Dr O'Brien, you have the floor.

KOB Yes, just to add a couple of things to what Soumya and Mariangela have contributed. On the country readiness I think what I really want to communicate is the full readiness that many countries have to get started and yet there are countries that still have a ways to go to be prepared.

In addition to that there are choices, as has been indicated, about the vaccines that are coming through the COVAX facility and not all countries want to proceed with some of the ultra-cold-chain issues that are at hand and are making decisions about what the optimum mix of vaccines will be in the programme.

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So the COVAX facility, as Soumya said, is ready to deploy vaccines in the coming weeks and countries are in the process of communicating and being communicated with about what those allocations will be.

I want to direct your attention to the COVAX facility website which does have now supply projections over time by region and by product and I think those are useful pieces of information for you to draw on about what the COVAX facility is projecting to deploy.

FC Thank you. I would like now to invite Jeremy Launch from Radio France Internationale to ask the next question. Jeremy, can you hear me?

JE Yes, thank you, Fadela, thank you so much. Apologies if the question has been asked earlier but I was a bit late. I just wanted to have a comment from the WHO about the recent vaccine exportation ban from the European Union. Thank you.

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FC Dr Simao.

MS I'll start. Thank you for the question, Jeremy. Actually it's a very worrying trend. We have seen last year, in the beginning of the year when we had the first lock-downs affecting the big producers of essential medicines, we had export restrictions at the time of active ingredients for essential medicines so this is very much a movement that concerned WHO because we understand that no product nowadays - not that WHO understands; that's the truth - actually is made in only one place.

There are multiple elements; when you get a medicine or a vaccine you are getting products that are coming from many places in the world so it's not helpful to have any country at this stage putting export bans or barriers that will not allow for the free movement of the necessary ingredients that will make vaccines, diagnostics and other medicines available to all the world. I don't know if anyone wants to complement.

BA I think - and this is the kind of thing Mike is really on top of - at the beginning of this crisis, you'll remember, one of the things that made it particularly difficult for countries to manage the challenge as cases escalated in their countries was the increasing nationalisation in some cases of some of the products that were needed to fight this pandemic.

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What we saw as we got out of the challenges around PPE, around ventilator shortages, etc, was really a tremendous commitment to work together and a recognition, as Mariangela said, that the world was going to have to collaborate to get out of this together.

So a huge amount of work was done through the ACT Accelerator, the COVAX mechanism and numerous other approaches to try and ensure we didn't end up in that situation again because the tools that we need to tackle this disease are scarce and they're not available everywhere.

But the people who are at risk, who are threatened by this disease of course are distributed throughout the world so it's absolutely essential that trade barriers or restrictions do not get in the way of trying to beat this disease on a global scale.

Ultimately, as Mariangela outlined, it is such an interconnected world that we are working in today. Parts of vaccines and the raw materials may come from one country; it may be made into the vaccine in another country; it may be filled and finished in yet another country or labelled so this can end up being a self-defeating approach actually as well.

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Of course most people are well aware of that and most people are very, very keen to ensure that these tools can get to the people who need them everywhere in an equitable manner because ultimately that's what we're trying to do; ensure the equitable roll-out of these products everywhere. So anything that gets in the way of equity is a challenge.

FC Thank you. I would like now to invite Lynne Eaton from the BMJ, British Medical Journal, to ask the next question. Lynne, can you hear me?

LY I can and thanks for taking my question. Obviously, being based in London, we're very much aware of the concerns between the UK and the EU over supplies of AstraZeneca's product. Aside from that particular debate I'd really like to set that in the context of what would it mean globally if we get different countries having different vaccines, failing to supply to the level recommended in the original licence and then we've got gaps in provision; what does that mean to the progress of the virus particularly and risk of it mutating further? Thank you.

00:42:19

FC Thank you, Lynne. Dr Aylward will take this question.

BA Thank you, Lynne. I think that's an important point that you make because what we talked about the last time was the challenge in terms of just getting the vaccine out to people everywhere.

But, as Mike has emphasised every time he speaks, unless we keep this disease under control everywhere we are providing it more and more opportunity to mutate, to have new variants which you're already seeing evidence of, have concerning trends in terms of their transmissibility or the disease they may cause.

So anything, once again, that restricts ability to get these products out to as many people in as many countries as possible, the more we are going to have challenges not just in terms of that equitable goal we talked about and that goal of reducing the risk of severe disease or death but also our ability to control the disease and prevent the emergence of new variants. Mike, I don't know if you wanted to speak to that, or Maria.

MK Yes, thank you, Bruce. Just because you brought up the variants I think it's worth mentioning, there's a lot of attention to these virus variant that are being detected in a number of countries and on the one hand we expect the virus to change given we've had more than 100 million cases globally and that's an underestimate.

We're tracking these changes over time and we need to evaluate each one of them to better understand any changes in transmission and severity and impact on diagnostics, therapeutics and vaccines.

Yesterday we held a seminar with more than 2,000 of our partners; partners in our international networks, partners in our R&D blueprint for epidemics working groups related to COVID research, GOARN partners and interested individuals - we've sent this to our networks, to our networks, to our networks - to discuss variants and transmission.

This is really important because we have these tools, we have these interventions that are in place; individual-level measures, population-level measures and we have diagnostics, therapeutics, we have these vaccines that are coming online.

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All of these work and what we are learning from the research that is being undertaken in countries like South Africa, in the United Kingdom, in Denmark, in Brazil is that there may be some increased transmissibility but the interventions still work; the interventions that are in place can break chains of transmission, can protect individuals from infection.

We need to stay focused and use all of the resources that we have. We need to make sure that we prevent as many infections

as we can for the obvious reasons of preventing infections and severe disease and death and putting our health workers at risk, who are risking their lives every day to care for our loved ones.

But also as vaccines roll out we need to keep the pressure on the virus as low as we can to minimise the pressure on the virus to change. So there are many, many reasons we need to stay the course, stay focused on what we can do to save as many lives as we can as vaccines are rolled out.

But this meeting we held yesterday was really important to put on the table everything we know about the studies that are underway and there are many; there are epi studies and phylogenetic studies and hospital-based studies and environmental sampling studies. We are working for partners and grateful for partners sharing with us these results in real time so that we can advise on any changes.

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Our IPC guidelines development group also met today to discuss any of these changes that may be necessary and based on the information that we have at the present time - and, as I say, we are still continuing to learn - we're not making changes to our recommendation.

But we are constantly looking at the evidence to see if anything is different and we will make changes as necessary but we have to stay the course, use all of the interventions that are in place to keep people safe.

BA Just to come back in for a second, the last point that Maria made is so important because we often answer the question we're asked; okay, what about vaccines? But this is not just about vaccines.

Lynne, to your point, any time we back off on any of the measures we're giving the virus more space and we're taking the pressure off the virus, as Maria said. So it's not just a question about vaccines; every time we're asking these questions on vaccines we should be asking about the other things that we're doing; the rapid detection, the isolation, the quarantine, the masking because these are the measures that we're going to rely on this year.

Too often the conversation is just about the vaccines, it's just one part of the armamentarium; we need the whole thing to work and if anything the emergence of variants of concern on three different continents and three different settings should just be a

clarion call to the world that you need to keep the pressure on the viruses.

You're not going to have enough vaccine to do that the way we'd like to this year and we don't even know if the vaccine would be able to do that completely so we've got to be applying the other measures, as Maria's spoken to and Mike always does.

MR Just very briefly on this issue around vaccines and vaccine contracts, we heard nursing colleagues; I think we all need to step into their place, where they are today, fighting in the front line, standing in ICUs. They're right down at the end of the queue right now and they're looking up to the top of the queue and the people at the top of the queue are fighting about where they are in the queue.

00:48:11

That's what it looks like; fighting over the cake when they don't even have access to the crumbs. So I think we need to step back and reflect upon our brave colleagues and where they stand today and what we're going to do about that and we need to reflect on that. We're all desperate, everyone is desperate, governments are desperate to service the needs of their citizens; that's their mandate.

But we all need to say, would I put a vaccine in my arm today if I thought that a health worker in the south would not get a vaccine today? I think we all need to examine our own consciences and then tell our political leaders and others what we want them to do.

FC Thank you. I would like now to call on Christophe Vogt from AFP to ask the next question. Christophe.

CT Can you hear me now?

FC Yes.

00:49:15

CT Thank you for taking my question. I was just wondering about what we talked about and saying that we need to share the vaccines that we have. I was just wondering if there is a way that WHO could be a go-between. I have seen a few tries at enhancing capacity of production with Sanofi and just today Novartis. Is there anything where the WHO could help to find more production capacity in the world and to make all the people work together?

Just a very quick second question; are you worried about how safe the deals are with COVAX?

FC Thank you, Christophe, for your two questions. We try to allow only one. Dr Simao, you have the floor.

MS I'll start with the production capacity because this is quite an important question and because we're looking at two things. First of all we're looking at the vaccines that have proved to be safe and effective and that are also quality-assured; that's one side.

The other side is how fast they can be manufactured around the world and WHO has put together at the request of Costa Rica a proposal for a COVID technology access pool where we have on one side a call for increased sharing of knowledge and technologies including technology transfer and on the other side also a call for increased voluntary licensing through the medicines patent pool.

00:51:06

The World Health Assembly is also discussing it and will be discussing in May a resolution on increased local production capacity in different countries. This is very important right now because what this global crisis has shown us is that we need to diversify the supply chain, we need to make sure that we have increased capacity in different parts of the world.

Right now it's very concentrated in some countries and with some companies so this is a venture that goes beyond COVID but this CTAP provides a platform where voluntary mechanisms can be put in place to help countries and to increase the possibilities of technology transfer between different manufacturers across the world.

I think this is important for vaccines but it's going to be important also for any therapeutics that prove to be safe and effective against COVID. Thank you.

00:52:15

FC The second question; Dr Aylward.

BA Sure, thank you very much. The question was, how safe are the deals with COVAX in terms of the products. I think, as most of you know and we announced, if I remember correctly, last Friday in the DG's presser, the COVAX facility has now got secured and guaranteed deals for over two billion doses of

vaccine for this year and we have options on over a billion doses additional.

So how safe are those deals? The deals are safe. The question is how safe are those volumes. As you've seen a number of companies recently announce, making vaccines is hard and there's unpredictability in some aspects. This is a biological process. The projections that companies made about how doses; they were pushed very, very hard.

They tried to maximise their doses but that depends on many, many factors, whether they'll be successful in doing that. Some companies in some places had had problems with what we call the yields from their products, which ultimately tells you how many doses you can get of the vaccine. They've been lower than expected, meaning that they've had to announce lower amounts.

00:53:36

So the deals are safe; the question always is the volumes; will we get to the volumes that are very, very ambitious? That will be the challenge as we go forward and this is why, to the point that Mariangela was talking about, COVAX and the ACT Accelerator; much of it has been a fantastic success; the ability to repurpose the international health architecture and move so quickly on an end-to-end global solution for something as challenging as this, taking an unknown disease and having a vaccine to reach billions of people in a year is simply extraordinary.

But as you look at that end-to-end solution we had a great research capacity around the world that really kicked in; we've got great procurement capacities through GAVI and then working with UNICEF, PAHO and others and great distribution networks.

But right in the middle of that there's a critical piece of the pie and that's the ability to scale up those products very, very quick to scale and we're paying a bit of a price for the fact that there's been a contraction in global producers of vaccines for years. It's a difficult business to be in and as we go forward part of what we're going to have to look at is take a hard look at how we solve that and make sure that we move more quickly.

00:54:52

Because in the middle of a crisis trying to just, as Mariangela was saying, move the technology to another company or someone who's never made a vaccine is very, very difficult. These are hard products to make so this is going to require a longer-term solution as we go forward.

FC Thank you. Let's go now to Colombia; Andras Jeel from NTN 24. Andras, are you with us?

TR Good afternoon, can you hear me? Thank you. My question is the following; we have had the approval of vaccines through the COVAX facility for Latin America and we were hoping to hear an announcement on this for today. In case this is confirmed, which would be the countries that would be receiving these vaccines and do we have dates or quantities for these vaccines? Thank you.

BA Sorry. I was getting tired of hearing my own voice and hoped somebody else would take a question. Indeed, you're correct; what's happening today; the COVAX facility is working on what they call indicative allocation so they're looking at the products that they have in the pipeline for the next quarter or two quarters. These are primarily AstraZeneca products, products from the Serum Institute of India, etc.

00:56:25

They're looking at the volumes that have been confirmed by the company and then they're working with WHO and the allocation mechanisms that Mariangela runs to do what we call an indicative allocation, to try and give countries a picture of how much of that vaccine they can expect and when they can expect it based on two critical factors though; when the regulatory processes will be complete.

We have promised the people of the world that we will only supply products that we can absolutely assure the efficacy, the safety and the quality of. That takes time; it takes a lot of data, a lot of review to go through that and that's what's happening right now.

So if that part goes properly, which we're anticipating, by early to mid February for these products - and then the second thing is the volumes; are the companies going to have the volumes? As you know, some companies are having challenges so that is going to affect eventually what those volumes actually look like.

00:57:21

So the goal this afternoon - or this evening, pardon me, or in the next days - is to provide what would be called indicative volumes and that will help the countries to really being planning that; all of a sudden it's very, very real; you know the baby's coming and it's time to start planning and getting everything in place, those parts of the readiness that aren't ready so that's to help

countries plan and get their readiness in place with the hope that then these products will start to move in February.

In addition they're also looking at a potential first wave activity that involves the Pfizer product that was announced last week so these are the pieces that we're hoping to communicate as soon as possible to countries.

FC Thank you. I would like now to invite Jamie Keaton to ask the next question. Jamie, Associated Press.

JA Thank you, Fadela, and nice to see you all again. There was an important decision that came from the European Union today about restrictions on the possibility of export of vaccines from the bloc. Dr Tedros talked about vaccine nationalism, about getting to the front of the queue; we're talking about worrying trends.

00:58:41

I would really like you to please try to address that specifically, about how concerned you are. Is that a sign of the vaccine nationalism that you're talking about? How concerned are you about that decision and in particular what is the specific impact that it could have on countries that are waiting for the AstraZeneca vaccine? Thank you so much.

FC Thank you, Jamie. Dr Simao.

MS Hi, Jamie. I think we have already answered a similar question before. Of course there is always a lot of concern when any country or any bloc decides on restrictions or export bans on what we call global public goods.

What was mentioned before today already was that it's particularly concerning because the global supply chain is so diverse now and it's so fragmented, products come from everywhere in the world so you may have active ingredients for vaccines for example coming from China that will come for the production in Europe; the vials will come from somewhere else.

00:59:59

So it's such a globalised chain of products that it's very concerning when any country or bloc starts to put restrictions on the movement of what are actually public health goods. We all need these vaccines to be equitably distributed and for that we need that the flow of the ingredients and the flow of the material that will be used at the end of the line and that we will allow - going even to syringes because it goes from the R&D production

and then the production of the actual vaccine to the vaccine being injected in a real person.

All this has a line of products that comes from everywhere in the world so actually these are measures that don't benefit global health, don't benefit any country specifically and actually can hamper the plight and the global efforts to ensure there is equitable access to these products.

BA Maybe further just to add another point, I think at a time like this we always need to take a step back and make sure that we approach this in a way that is going to ensure everyone gets as much access as possible to these products.

Of course right now there're tremendous frustrations, there're disappointments. There's been a lot of excitement about the vaccines, a lot of promise and companies have been pushed very, very hard to maximise the amount of products that they can make and ultimately some of those promises and ambition are falling a bit short.

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That doesn't mean that things will stop. Of course the vaccines will continue but they're not going to be at quite the levels that they needed to be but if you look at the counterfactual, companies are trying to make as much vaccine as possible and they are trying to honour the obligations that they have in terms of those products.

Then they're further stressed by the fact that we're making demands to go further than these obligations and make sure these get shared everywhere. What concerns us the most in a situation like this is that ultimately it's the most vulnerable countries and often low-income, low middle-income countries that suffer the most in any situation where we end up with trade restrictions or barriers.

01:02:37

Those countries are already incredibly disadvantaged right now, as you're seeing, in the roll-out of these products and we're trying to rectify that and we certainly wouldn't want to see anything further complicate it.

Because ultimately the higher-income countries find ways around, they find solutions to these sorts of problems but the damage that can be done to others along the way is what concerns us the most.

FC Thank you. Let's take a last question from Michael Boziutkiv from CNN Opinion. Michael, can you hear me?

MI I can hear you, Fadela. Can you hear me?

FC Very well. Go ahead, please.

MI Thank you for taking my question. Sorry, it's a bit of a double-barrel. As you know, elected leaders, public officials are key to disseminating public health messaging in a pandemic but over the past few weeks countless elected and appointed officials have been caught out going on vacations or non-essential travel either domestically or beyond our borders, in violation of the same advice or regulations which they themselves have either drawn up or espoused.

01:03:42

I think this is very important to hear from WHO especially because so many people have been adhering to the guidelines but what would your words of advice or peer advice be to these individuals, public officials who have violated the public trust and gone against their own guidance?

Just quickly - forgive me - because the DG spoke of vaccine nationalism, Canada has secured access to more vaccine doses per capita than any other country in the world. They've struck deals for about 414 million doses or about nine doses per person. You've already talked about the shortages and challenges facing COVAX but is there an issue here with fairness in your opinion and should Canada release some options rather than betting on every vaccine production horse, so to speak? Thank you.

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

MK Thanks, Fadela. Thanks for the question. I won't comment on individuals. I think the bottom line is that all of us have a role to play and all of us need to be following the recommendations with the common goal of ending this pandemic.

01:04:51

This pandemic has had a tremendous impact on all of our lives. We are living through probably one of the most challenging situations that most of us will have ever dealt with although if we look to our loved ones of older age they've also been through very difficult times and we need to stay the course.

There are actions that all of us take every day that will have positive consequences or negative consequences and this is

tough. We know that a year plus into this we're tired, we're exhausted, we want this to be over but we also have a role to play.

We are working with populations and people all over the world to listen, to engage, to understand what are the barriers to compliance and some of these are really legitimate concerns. People have to make a living, they have to leave their house to make a living, to feed their families.

Others; there are inconveniences and we need to do what we can to minimise our exposure to this virus especially in areas where it's circulating. We've seen a number of countries that have brought transmission under control which are having sporting events outside and are living their lives because they have brought the virus under control.

01:06:11

We will get there but we have to make the right decisions every single day to minimise our exposure and all of us have a role to play. So going back to barriers for compliance, we listen and engage with many different groups, with different ages, with people all over the world to really understand what are those barriers.

I think we have a lot more to do in this area of work and understanding behaviour and understanding the social determinants of all of this and working through that.

So when we say to stay home people can stay home; governments can support them in doing so but we need everyone's help so do what you can. We have health workers who are online, who have contributed to this press conference today who may want to comment on this because they are out and about every single day putting their lives at risk and we as non-health workers need to do what we can to minimise our exposure to not need healthcare, to not overburden an already overburdened healthcare system and keep them safe.

01:07:18

So thanks for the question but the bottom line is we need to put in the work and we all have a role to play.

FC Thank you. I think that was the last question. Dr Aylward, do you want to...

BA Sure. I think I'm getting the second barrel of your question, Michael, which was about countries that have

contracted doses and the ability of those countries to share those doses.

When we look at the early part of this crisis before we knew which vaccines might work there were many deals set by many, many countries across many different products and while we were trying to consolidate some of those deals - at the end of the day what the many deals did was they really did spur a lot of innovation by a tremendous number of companies.

It resulted not just in innovation but also a lot of expansion of manufacturing capacity and building out capacity for those products.

01:08:26

Of course at that time these were bets that many of the high-income countries were making; not just Canada, it was a wide range of countries. But ultimately they drove what we're now reaping some of the benefits of in terms of many products proving to be successful vaccines.

We heard just yesterday and again today some encouraging news about new products, even a new platform as well so all of that's very, very encouraging. By November or December, if we just walk through the little bit, of last year it became obvious that a number of these products were going to be successful.

So the COVAX facility, working with the EC, with Canada actually, with other countries tried to establish what we now call the principles for dose sharing with the COVAX facility. What we've done is created a mechanism through which countries that do find that they have excess doses contracted, meaning that they have enough products that they know are efficacious that go beyond their needs or even before they go beyond their needs, they're able to share those doses through COVAX because that's the mechanism to make sure of the most equitable distribution of those possible.

01:09:41

So we're at a point today now where many countries are looking at that and despite the challenges now around supply, around uncertainties, around the variants as well they're looking at the map of vaccine distribution around the world and they are trying to now plan when they can begin to share doses.

It's like the Director-General said; his concern, I think last week, he laid out was that as countries now vaccinate their healthcare workers and vaccinate their older populations we need to make

sure that the healthcare workers, as we saw today, Sana and Harriet, are getting vaccinated before we move into the non-risk populations in other countries.

So really the challenge is the one that the Director-General laid out in his speech and we unite and collaborate across all of the contract holders on these products, all of the companies to ensure that every country within 100 days of the beginning of this year is able to be vaccinating at least their healthcare workers and their older populations.

01:10:47

So that's the goal and we're trying to create the mechanism to make sure that's possible. We believe that is the situation today, it is possible to do that but it is going to take still another step up in collaboration internationally to achieve it.

MS One last comment in the sense that because we're seeing two movements; we know about these big bilateral deals last year; we've been discussing these a lot. But we're seeing a movement also of private sector trying to buy directly from the industry and we see also increasing numbers of small bilateral deals from different countries in the past month.

We've been alerting that this is a movement that is actually counterproductive and it's also not necessary because the COVAX facility is about to start the distribution of the vaccines as soon as they become approved by WHO through the emergency use listing.

01:11:51

So I think this is important to highlight because we're seeing that companies are being... some of them have already - we know that some of the private sector has already said no to buyers that are not for public use; for private use.

So these two movements need to stop because we have a global facility that's becoming operational quite soon, countries will be receiving doses of the vaccines that have been assessed by WHO or a stringent regulatory authority so things will be normalising in the next few months. Besides the donations that Bruce has already mentioned I think it's important to think that countries are going to receive vaccines; don't panic.

MR Just very briefly, the DG spoke about a year ago at the announcement of a global public health emergency and he outlined at that time what we were going to need; a

comprehensive strategy applied relentlessly because at that time we didn't have the perfect tools.

We had tools and those tools were built around case detection, contact tracing, public health and social measures like physical distancing, hand hygiene and other things. We've learnt so much about the virus in terms of better and more available diagnostics, better ways of treating and saving lives and we've seen fatality rates drop when health workers have the time and the space and the training and the PPE and the availability of medical oxygen and other things and we can see death rates plummet in that situation.

01:13:50

So we've not been helpless in this and we are not helpless in this so I would hate to think that our fears around vaccines create a helplessness again, that feeling that we can't be the masters of our own destiny.

I think the DG has been absolutely persistent in calling us all to use every single tool in the toolbox, to do it all and I just don't want us to get... The vaccines are an important issue; the controversies around vaccine are important that they're resolved; it's important that we make progress.

But as Bruce said, there's been remarkable scientific progress to get where we are. There're serious teething problems, there are huge equity issues but they have to be resolved but that doesn't mean we're helpless.

So we need to get back to business here together - ourselves, scientists, governments, communities - and we need to apply the knowledge that we've learned systematically and comprehensively and answer the call that the DG has made again and again. We have to redouble our efforts and just not get distracted by the controversies and just solve the problems, one step in front of another.

01:15:00

I think today we do that in honour and in service of those front-line workers who joined us today, to put them in a position to do the best job they can to control transmission in communities and to save lives. I believe we can do that and we are doing that; we just need to bring vaccines online in a more stable and predictable way and that's just what the team here are trying to do and what the partners in the ACT Accelerator and COVAX are trying to do.

FC Thank you. Dr Tedros, final words?

TAG Thank you. Thank you, Fadela, and thank you to all our colleagues who have responded in a very powerful and effective way. Thank you also to those who have joined today, especially to Harriet and Sana; our respect and appreciation and we're her to support you. We hear you very clearly and we will continue to support you.

01:16:00

Then on the vaccines and other products, I think we have to look back into history. If you take HIV/AIDS there were medicines available for several years after the pandemic was raging but then when medicines were available in high-income countries, in rich countries they were not available in developing countries and the medicines actually arrived in developing countries almost a decade later. I don't think that's a good history; it's a bad history.

Then second was during the epidemic of H1N1; there was vaccine; the vaccine was purchased by wealthy countries and vaccines arrived actually in the developing world when the epidemic was over.

So it's a choice; do we want to repeat the same history now? I don't think so. If we hoard vaccines and if we're not sharing there will be three major problems. One - I said it - there will be a catastrophic moral failure. Two, it keeps the pandemic burning. Three, very slow global economic recovery.

So it's morally wrong, in terms of arresting the pandemic it wouldn't help and it also wouldn't bring livelihoods back. Is that what we want? It's our choice and I hope we will choose the right things.

01:18:17

For now what WHO is saying is if countries can vaccinate their health workers and elderly and people with underlying health conditions it's enough so let's have the world, at least all countries have this first and then we can move to the next.

This is a small world now, a village, a global village and we need to help one another. It's only through solidarity and unity that we can defeat this pandemic. It's not through a me-first attitude. I thank you and see you in our next presser. Thank you.

FC Thank you, Dr Tedros, and to our participants including our guests. I would like to remind you that we will be sending you

the audio file plus Dr Tedros' remarks just after this press conference.

01:19:22