

COVID-19

Virtual Press conference

15 March 2021

Speaker key:

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JE	Jeremy
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MR	Dr Michael Ryan
KOB	Dr Kate O'Brien
AH	Ashwin
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00:00:24

CL Hello and good day wherever you are joining us today. It is Monday 15th March 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference with a special focus on the first anniversary of the COVID-19 Solidarity Response Fund.

Simultaneous translation is provided in the six official languages, Arabic, Chinese, French, English, Spanish and Russian, as well as in Portuguese and Hindi. We have two special guests today. First of all with us in the room here today is Anil Soni from the WHO Foundation, the Chief Executive Officer; welcome.

And we have Elizabeth Cousens, Chief Executive Officer of the UN Foundation online. Hello to both of you. Now let me introduce to you the other participants. Present in the room are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director of the WHO Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products.

We have Dr Soumya Swaminathan, Chief Scientist and Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator. Online we have Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals, Dr Soce Fall, Assistant Director-General for Emergency Response, Dr Michel Yao, Director of Strategic Health Operations and last but not least, Dr Peter Ben Embarek, WHO Expert on Food Safety and Zoonosis and the International Lead of the WHO-convened global study of the origins of SARS-CoV-2. With this let me hand over to the Director-General for his opening remarks. Dr Tedros.

00:02:24

TAG Thank you. Vielen dank, Christian. Good morning, good afternoon and good evening. I would like to start by acknowledging that today marks ten years since the start of the crisis in Syria. WHO continues to work on the ground with our partners to deliver services and supplies, to protect public health and to support a network of more than 1,700 health facilities.

The conflict in Syria has brought a once highly effective health system to its knees but tragically it's not an isolated example. Syria is one of many crises around the world from Myanmar to Yemen and Tigray in Ethiopia where millions of people have been denied access to essential health services and where health facilities have been destroyed and health workers have been attacked and intimidated.

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This must stop. Now more than ever health workers, health supplies and health facilities must be supported, functioning and serving all people. Now more than ever parties to all conflicts

must adhere to agreed international norms that protect healthcare.

Since our last press conference on Friday several more countries have suspended the use of AstraZeneca vaccines as a precautionary measure after reports of blood clots in people who had received the vaccine from two batches produced in Europe.

This does not necessarily mean these events are linked to vaccination but it's routine practice to investigate them and it shows that the surveillance system works and that effective controls are in place.

WHO Advisory Committee on Vaccine Safety has been reviewing the available data, is in close contact with the European Medicines Agency and will meet tomorrow. But the greatest threat that most countries face now is lack of access to vaccines. Almost every day I receive calls from senior political leaders around the world asking when their country will receive their vaccines through COVAX.

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Some of them are frustrated and I understand why. They see some of the world's richest countries buying enough vaccines to immunise their populations several times over while their own countries have nothing. We welcome the commitment by the Quad countries to deliver up to one billion doses of vaccine in the Asia Pacific region through COVAX.

We continue to call for all countries to work in solidarity to ensure that vaccination begins in all countries within the first 100 days of this year. We have 26 days left. No country can simply vaccinate its way out of this pandemic alone. We're all in this together.

Today marks the one-year anniversary of the launch of the COVID-19 Solidarity Response Fund, an unprecedented collaboration between WHO, the United Nations Foundation, the Swiss Philanthropy Foundation and many other partners to generate funds for the pandemic response including WHO's strategic preparedness and response plan.

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Thanks to the generosity of individuals and corporations over the past year we have raised US\$242 million from more than 662,000 donors, persons. This is the first time in its history that WHO has received donations from the general public. To every

individual and organisation that contributed I say thank you. Your donations made a significant impact all over the world.

With your support we shipped more than 250 million items of personal protective equipment, provided technical support to hundreds of labs, supplied more than 250 million COVID-19 tests, co-ordinated the deployment of more than 180 teams and missions, delivered oxygen and supported over 12,000 intensive care beds to prevent health systems from being overwhelmed, provided training through openwho.org which has more than five million registrations for courses that are delivered in more than 50 languages from Albanian to Zulu and much more.

But as you know, the pandemic is not over. Three weeks ago we launched the Strategic Preparedness and Response Plan for 2021, which outlines how WHO will support countries in responding to the pandemic and the resources we need to do it.

The plan calls for a total requirement of US\$1.96, close to US\$2 billion, and we thank all countries and organisations who have already committed funds.

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We're now inviting everyone to support the 2021 Strategic Preparedness and Response Plan through the Solidarity Response Plan. The money collected will be used to suppress transmission, save lives, fight the infodemic and accelerate equitable access to vaccines, diagnostics and therapeutics.

When we launched the Solidarity Response Fund one year ago the United Nations Foundation played a vital role in making it happen. Today it's my great honour to welcome Elizabeth Cousens, the President and Chief Executive Officer of the United Nations Foundation. Elizabeth, thank you so much for your support and partnership over the past year and for everything your team and yourself have done. You have the floor.

EC Thank you so much, Dr Tedros. It is wonderful to join you, Anil and your colleagues as we mark a year since the launch of the COVID-19 Solidarity Response Fund and look to its future. When WHO called on the United Nations Foundation just over one year ago you asked us to help create a tool to mobilise global support with the same ferocity as the virus that was beginning to sweep the world.

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You knew that the scale of support would need to exceed anything that any of us had ever done before and that it would

require all of us, every country, every sector, every individual to play their part. You also knew that fast funds and flexible funds were needed most of all. Indeed every emergency, even ordinary ones, teach us that every single time.

We were honoured to answer your call and working with WHO, the Swiss Philanthropy Foundation and fiduciary partners all over the world we created those novel flexible fund in less than a month to enable individual, corporate and organisation donors alike to give unrestricted support to the global pandemic response being led by the World Health Organization.

\$242 million has since been raised from more than 662,000 individuals, corporations and organisations from 190 countries, making the COVID-19 Solidarity Response Fund possibly the most diverse pooled fund in history. The hundreds of thousands of individual donors who answered the call did whatever they could, whether \$3 or 300. Companies rallied to give millions. Private donors from Italy, India, Germany, Kenya, Japan, Brazil; virtually every country, many who didn't have much to give, found in the fund a way to do their part against this unprecedented global threat.

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Online gamers ran livestream marathons generating hundreds of thousands of dollars. Celebrities, fitness gurus, artists, athletes, children, even the Minions joined this worldwide effort to support WHO and its partners in working to prevent, detect and respond to COVID-19.

The fund was fast. In just six weeks we raised more than \$200 million and to date the fund has disbursed more than 226, making it one of the top donors to WHO's COVID-19 response. Every gift large and small was also moved out the door quickly to fill critical gaps and the fund's agility quickly became one of its superpowers, essential to fighting this novel and rapidly unfolding pandemic.

The fund's resources were used to repair the global supply chain for things like personal protective equipment, testing supplies and medical equipment for well over 100 countries. It helped infection prevention and control for migrants, refugees and other vulnerable people, helped train front-line personnel in multiple languages, seed early research into treatments and vaccines and as you noted, helped fight the world fight against the infodemic, the corrosive spread of bad science and misinformation so that

people could get trusted, evidence-based information on which they and their communities needed to rely.

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The fund has also revolved resources where possible to enable those gifts to have even greater impact but for us possibly the most powerful impact of the fund has been its demonstration of solidarity. The COVID-19 pandemic is a global threat that will only be overcome by global action but it isn't the last such threat we will face.

All of the good the fund has done; that's come from people, those 662,000 people in 190 countries, those 100-plus companies and organisations, the thousands of professionals working through WHO as partners and on the front lines of public health around the world, the citizens who mask, distance and protect.

That should all be an incredible source of hope and of confidence; confidence that we can do big, bold, transformative things when we act together, confidence that through global solidarity we'll not only conquer this virus but be able to shape a healthier, fairer and better future.

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At a time of temptations to nationalism and polarisation in too many places the fund shows that collective action works and that we are stronger when we act together. The United Nations Foundation has been honoured to be in this fight with all of you as we work to bring the acute phase of this pandemic to an end and set our sights on recovery and we very much look forward to being your partner in the future. Thank you.

TAG Thank you. Thank you so much, Elizabeth, and thank you once again to you and your team for your support. We look forward to our ongoing partnership.

In May last year I announced the creation for WHO Foundation, a new, independent body to generate resources for WHO from sources we have not accessed before. The creation of the WHO Foundation was part of the WHO transformation underway.

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Its goal is to raise US\$1 billion for global health over the next three years. The WHO Foundation will play a leading role in running the Solidarity Response Fund in this next phase and it's my honour today to welcome Anil Soni, the first Chief Executive

Officer of the WHO Foundation. Anil, welcome and you have the floor.

AS Thank you, Dr Tedros. As Elizabeth made clear, the opportunity to act in solidarity one year ago gave people hope and this report on the impact of that generosity is intended to likewise give hope and inspire continued action.

The arrival of the first generation of safe and effective COVID-19 vaccines has proved that there's a light at the end of the tunnel, that the world will defeat this pandemic. But it also coincides with a new set of challenges including the pace at which current variants are evolving.

Strengthening regional surveillance tools and systems including the capacity of labs will be critical to scaling up the detection of variants and staying one step ahead of the virus. But the longer it takes to roll out vaccines across every country in the world and not just those that can afford them the more of a risk we face that these variants will continue to progress and the more they progress the more strained our health systems will become, resulting in supply shortages and diminished capacity of hospitals for example to provide critical supplies like medical oxygen.

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In parallel there is much to be done to improve understanding and trust within communities on vaccines and to ensure we have the tools and systems to disseminate the latest health guidance and counter the misinformation that threatens to undermine vaccination efforts.

All of that is to say, there's equal urgency today to act together to fight COVID-19 as there was one year ago and today we can better quantify the cost of inaction. With 120 million confirmed cases and 2.65 million deaths this disease has reached into all of our lives. No community has been spared and there is now a dramatic contrast, as Dr Tedros said earlier, between the confidence of some countries who look to life getting back to normal by the end of the year and the desperation of others who do not have access to the same life-saving tools.

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As Dr Tedros says repeatedly, this pandemic will not be over anywhere until it is over everywhere. There is a moral imperative to act in solidarity. There's also a clear economic rationale. The International Chamber of Commerce concluded that even with

high vaccine coverage in wealthy countries restricted coverage elsewhere could cost the economies of those same wealthy countries more than \$2 trillion in 2021 alone.

In other words, there is a compelling return on investment for companies to act to end the pandemic globally. With this moral and economic argument we are appealing now for the private sector to redouble its efforts and to give to the WHO through the Solidarity Response Fund to roll out vaccines, to conduct the necessary surveillance on variants and the pharmacovigilance on vaccines and therapies, to support countries in stopping the spread, to tackle the mental health impacts of COVID-19 and to continue to provide accurate scientific guidance to shape national responses.

We appreciate that many companies, especially small businesses, are struggling to stay afloat but others have seen their profits and market capitalisation increase in the last year. If you are a CEO of a company with resources to share please give, please support the WHO's leadership to fight and end COVID-19, please act in solidarity with everyone in this world.

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Maria, the WHO's Tactical Lead for COVID-19 is sitting by my side and she told me that her 11-year-old niece in North Carolina raised \$1,300 for the Solidarity Response Fund. She gave what she could. We ask you to do the same.

The WHO Foundation was created for this purpose, to mobilise more support for the life-saving work of the WHO. Today we are focused on explaining the impact of private contributions and appealing to companies to give, to power the urgent work of the WHO this year.

We also want to give individuals, anyone anywhere, the power to pitch in and we will be sharing in the coming weeks new platforms to do so including a platform to help meet the immediate needs of countries for medical oxygen, where more than a million cylinders are needed each day in low and middle-income countries, and a campaign for vaccine equity building on the initial focus of the WHO this year on vaccinating healthcare workers.

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Thank you, Dr Tedros, for the life-saving work of the WHO and back to you.

TAG Thank you. Thank you so much, Anil. I look forward to our continued partnership in the weeks, months and years ahead and as the first CEO of WHO Foundation I wish you all the very best. I have already seen that the start is excellent. Thank you so much.

Of course WHO's other work has continued all around the world even during this pandemic and I would like to acknowledge the many donors who continue to support our programme budget for 2020 and 2021.

Earlier today for example I had the pleasure to accept a fully flexible contribution of US\$10 million from the state of Qatar. Shukran jazeelan, Qatar. Flexible financing like this is critical for WHO to deliver on our mission to promote health, keep the world safe and serve the vulnerable. Christian, back to you.

CL Thank you very much, Dr Tedros. With this I open the floor for questions. We already have a good list of queries but if you want to get into the queue please use the raise your hand icon. We'll start with Kai Kupferschmidt from Nature. Kai, please unmute yourself.

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KA Thanks, Christian. It's still Science. I just wanted to ask about the signal from the AstraZeneca vaccine and the decision by countries to suspend their use. A lot of people have said this is purely precautionary. At the same time we know that that decision is going to cost lives because it slows down vaccinations.

Can you just give an idea about what the balancing act is here and whether you have any idea about how serious this really is and whether it is the right decision at this point to incur these very real costs of stopping the vaccine?

CL Thank you. Dr Simao, please.

MS Hi, Kai. Thank you for the question. I think the first thing that you have to notice - and I think we mentioned this on Friday - is that we do have pharmacovigilance systems in place so we are able to detect... With any vaccine and old vaccines we need to follow up any adverse event that follows immunisation and this is not a new thing.

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The health systems know how to do it and we have a very sensitive way of detecting early warning signs, so to speak. We're seeing this as a precautionary measure because we're still

investigating. WHO is working very closely with the EMA. The EMA has an expert committee working with this and we're also working with the national regulatory authorities in Europe and in other regions in assessing not only the more recent news about potential thromboembolic events with the AstraZeneca vaccines but all adverse events from other vaccines as well.

WHO's global advisory committee on vaccine safety is meeting tomorrow. It's an experts' group with high expertise on vaccine safety. They have been assessing the data that's available since last week when the first reports came and it will be meeting tomorrow to do a more thorough investigation.

Meanwhile the EMA is also meeting tomorrow and on Thursday so most likely during this week we will have more news on the more in-depth assessment of the different cases that were reported so far.

What we can say is that so far it doesn't look as if there are more cases than would be expected for the period in the general population because people get sick and people die all the time.

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What we have seen so far from the preliminary data is that there is not an increasing number of cases of thromboembolic events. For example in Europe and the UK only more than 70 million doses of AstraZeneca vaccines were administered so far.

So the recommendation at this point is that the risk/benefit of not vaccinating using AstraZeneca vaccines and other vaccines outweighs the risk of the COVID infection, which we know has a significant impact on people with severe disease, hospitalisation and death. Maybe Dr Soumya wants to complement.

CL No, looks as if we are good and apologies; this was a question from Kai Kupferschmidt from Science. We will move to the next one and that's Agnes Pedreiro from AFP. Agnes, please unmute yourself.

AG Yes, hello, everybody. Good evening. I wanted to follow up on the AstraZeneca vaccine. I wanted to ask you, after on Friday you said that you recommend to continue to vaccinate with the AstraZeneca vaccine, how much are you concerned that the European countries haven't followed your advice?

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For tomorrow, are the experts going to look only at the batches of the vaccine produced in Europe or also the ones produced in India and South Korea? Thank you.

CL That's for Dr Simao again, please.

MS Thank you, Agnes. Let's just make it clear; although we are in touch with the national regulatory authorities from other regions we have yet to see similar reports of thromboembolic events as the AstraZeneca made in Europe.

So far we only have news about specific batches in Europe. Are we concerned about the suspension? We understand these are precautionary measures. Some countries have suspended the use, some countries have suspended some batches but this is very clear and I'd like to say this to countries from other regions that are not Europe; the vaccines so far are from European manufacturing, not the vaccines that are provided to the COVAX facility which are made in Korea - South Korea, Republic of Korea - and India.

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So I think we will need to wait until WHO's expert committee has had a chance to meet and assess all the data that's available in tandem or in conjunction with the information that's also coming up from EMA and the advisory committee of EMA.

CL Thank you very much, Dr Simao. With this we move to Jeremy Launch from RFE. Jeremy, please unmute yourself.

JE Thank you so much. The question is in line with the previous questions, I'm afraid. I was just wondering if you're concerned at what is going on with the AstraZeneca vaccine. It might fuel further vaccine skepticism among the population. We see already that some people are refusing the AstraZeneca vaccines. Are you concerned that it might trigger some more refusals of this vaccine?

CL Thank you, Jeremy. Dr Soumya Swaminathan, please.

SS Thank you. Thank you for that question and this is something obviously that we are tracking and following literally on an hour-by-hour basis and we're working with the EMA, with our network, the Global Advisory Committee on Vaccine Safety, our expert group that has been following right from the beginning since the vaccine started all the adverse event reports that are coming in from different countries.

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If you remember there was an initial scare about excess deaths amongst the elderly that was reported from Norway and then it was clarified that it was not really excess deaths, it was just the normal expected rate of deaths.

So again when you talk about adverse events, these events are things which happen to people. People do get thromboembolic events, pulmonary embolisms and people die every day so the question really is the linkage with the vaccine.

This is why we need to look at all of the data. The experts are looking at the data and so far we do not find an association between these events and the vaccine because the rates at which these events have occurred in the vaccinated group are in fact less than you would expect in the general population at the same time.

Whenever a decision is made on using a vaccine the safety is of utmost importance and one looks at the benefits versus the risks. Nothing, no drug or vaccine could ever be 100% safe. You could have something that happens one in a million but then you need to look at what's the benefit of protecting people against a disease that's killing millions, against the potential risks.

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This is being looked at very carefully and we will be learning about these vaccines. We have to accept the fact that these vaccines have been in use for a few months now even though they're so rapidly scaled up; we have 300 million people already who have received at least one dose.

The DG said something on Friday which we need to remind ourselves about which is that at least 2.6 million people have died of COVID-19 disease and so far of the 300 million doses that have been given to people across the world, of course using different vaccines, there is no documented death that's been linked to a COVID vaccine.

So I think that while we need to continue to be very closely monitoring this we do not want people to panic and we would for the time being recommend that countries continue vaccinating with AstraZeneca but we will have more updates tomorrow or at any time when there is a change in this recommendation. Thank you.

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CL Thank you very much, Dr Swaminathan. With this we move to the next and that's Jamie Keaton from AP. Jamie, please unmute yourself.

JA Hi, everyone. I actually have to tell you that Jeremy asked my question so thank you very much.

CL Thank you very much for pulling your hand back, so to say. Then we move to Bayram Altug from Anadolu News. Bayram, please unmute yourself.

BA Hi. Thank you, Tarik, for taking my question but my question was already taken as well. Thank you for your time.

CL Can I ask you all to look at your hands and whoever has AstraZeneca questions please pull your hands down? That makes it easier for us. Then we'll try with Gunila Van Hal from Svenska Dagbladet. Gunila, please unmute yourself.

GU Yes, thank you. I had a question on AstraZeneca but I have another one too and that is on the so-called COVID passports or digital green passes that the EU will talk about, discuss later this week. I wanted to know the WHO position on these destination passports; how can they be made so that they're not discriminatory? Thanks.

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CL Mike Ryan, please.

MR Okay, I'll begin. Soumya may wish to supplement. Yes, if we can separate here in our minds the concepts digital registration of vaccination, which WHO believes is a very positive thing within national health systems; in fact digitalisation of health information and health records in general is a potential way forward to better primary healthcare and better integration of health services.

So we're working very, very closely through Soumya's leadership of the Digital Health Initiative with Bernardo, Mariana here and many, many partners on advancing that whole agenda. Obviously within that the development of e-certificates for COVID-19 vaccination represents a potentially very useful instrument for governments to use themselves for managing the registration of vaccination in country and that allows better monitoring of vaccination and batches and coverage and many other things.

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To that end Soumya may explain where the objectives of that lie and setting the global standards for that but also being able to advance that whole idea of electronic health records. With regard to what a certification of vaccination can allow you to do, that is at national or international level and the use of a certification of vaccination which allows you to travel or allows you to carry out certain activities like attend a restaurant or go to school or attend university, we have to be exceptionally careful because right now we're dealing with a tremendously inequitable situation in the world where the likelihood of you being offered or getting a vaccine is very much to do with the country you live in, very much to do with the level of wealth, the level of influence that you or your government has on global markets.

Therefore the emergency committee of WHO have made it clear in their recommendations to the Director-General that at the moment the requirement for certification of vaccination as a requirement for international travel is not justified as vaccination is not widely enough available and is inequitably distributed throughout the world.

That is not to say that in a situation where vaccine is more widely available... WHO is working on plans to be able to provide a global registry of public keys which could be used as a way of smoothing information flow between jurisdictions regarding vaccination history, not as a way of collecting data on people but as a way of providing a process of trust between governments regarding key information regarding vaccination status.

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But that must follow the appropriate policies. We need vaccination policies that don't create in themselves inequity and we need to be very, very careful that the process of certifying vaccination does not result in personal freedoms or human rights being impeded in any way that is not justified.

Soumya mentioned before; the risk-benefit issue here also applies. There are potential benefits from having certification of vaccination but there are also potential downsides because we have to understand that at the centre of this there's personal choice, there is the issue that mandating anything in health requires a very, very strong justification for that mandate and then whether or not someone has the right to do certain things after vaccination again requires deep thought.

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There are ethical and human rights issues at the centre of this as well so WHO is working very much now around the policies we're going to need in order to manage this. Each and every government may take a slightly different view on this depending on what proportion of their population is actually vaccinated but I think it does nothing more than actually highlight the deeply inequitable situation that we're in now with the distribution of vaccine. Soumya, you may want to add on the...

CL Please go ahead.

SS Thank you, Mike. I think you've addressed the larger issues of how these certificates are proposed to be used by countries and as long as we have shortage of supplies across the world and inequitable distribution, as Mike said, it would only increase the inequities between people if we started using it in ways that restrict certain activities by people who are not vaccinated.

But let me say what WHO is going to do, which is towards building a digital health infrastructure in countries and particularly in the low or middle-income countries and this is a focus of our global strategy of digital health, to move towards more digital health systems.

That is having proof of vaccination. We have children in countries; every child has a vaccination card that the mother keeps and it's a paper card in most countries. This can often get lost or destroyed or damaged and so having a digital certificate on a mobile phone would be an advantage to having a paper certificate.

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It may take some countries time to move to that but we think that building the system using COVID as an example could actually help national immunisation programmes move into the digital era.

So what we are doing is working with partners; we have 180 people working on this representing member states and other agencies who are working to develop the standards that would facilitate a digital certificate of vaccination that would be interoperable so that if you travel from country A to country B the certificate could still be read by the system there and it would still be valid.

It would also help for an individual to have a record that they could keep with them. As I said, paper can always be lost. Finally

it would provide an opportunity also to build a global system of sharing this kind of data using, as Mike described, a public database of trusted public keys so every country would develop their own.

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They would put forward their agency that would be the agency that's been given that responsibility for the country and then WHO would authorise it and we would of course also look at which vaccines would go into this. It would be vaccines approved by the WHO and so on so it would bring a lot of rigour and standards into this process.

So over the next few weeks and months we'll be working mainly with our member states to discuss how this could be implemented and we will provide technical support to those countries that need some capacity support in order to implement this.

Of course there are many countries that are already advanced in planning this but the idea of having the global standards developed by WHO so that all countries will align on this... and we need to move towards this kind of interoperable systems. We'll start with COVID-19 immunisation, vaccination but it will extend to many other areas. Thank you.

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CL Thank you very much. Dr Kate O'Brien wants to chime in too. Thank you.

KOB Yes, I just wanted to add; one last point on this is that in the consideration of any requirement that might be considered about vaccination for travel either within a country or across borders one of the underlying principles would be that a vaccine would have a very substantial effect on infection status, not just disease but on infection status and transmission to other people.

I think we've commented before that first of all our expectation that these vaccines are going to have the kind of magnitude of impact on transmission that we're seeing as the magnitude on disease is not very likely to be met.

Secondly the amount of information that we have about what their impact is on transmission is still very early and very incomplete. So when we also consider what the intent would be of considering the vaccination as a requirement for travel across an international border there are also some issues around what

the vaccines actually do and whether or not they could deliver on that intent.

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Then finally we don't also have vaccines that have been evaluated for people under 18 years of age or 16 years of age at this point so when you consider the full nature of the potential benefit, the risks that have been laid out really well here of what it would actually imply, I think those are just some other considerations in what that benefit/risk analysis is.

CL Thank you very much all for these answers. Now we move on to Ashwin Balshinger from the Observer Times in India. Ashwin, please unmute yourself.

AH Thank you for consideration of my question. As per Dr Swaminathan's statement we are going to see the emergence of improved vaccines into 2022. Does this imply too a regular booster vaccination against the COVID-19 disease as virus mutations occur periodically? How is the regular booster vaccinations' financing, funding going to be to keep momentum of vaccination against COVID-19 disease? Thank you.

CL Dr Swaminathan, please.

SS Thank you for that question. I can start and maybe Kate might want to come in. We're already thinking ahead, we are planning for all these different possibilities and we've seen in the last few months the emergence of variants.

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It was not entirely unexpected but some of the variants are of concern. As you know, WHO has a nomenclature now of how to define these variants of interest and then variants of concern are based on changes in transmission capacity, changes in the clinical features or changes in the way they respond to drugs or vaccines.

So because of the observation that some of the vaccines seem to have a lower efficacy against particularly the B1351 variant that was described in South Africa, scientists and companies have already started thinking about the next version of the vaccine that might incorporate those mutations.

Luckily some of these platforms that are being used now, the mRNA platform and the viral vector platforms allow very rapid changes in the vaccine composition. So we are working with a number of scientific expert groups around the world as well as

with the regulatory agencies to both study the science as it is changing and evolving...

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And it is important to note that we do not have all the information currently to make those decisions that you were just asking about; whether boosters will be needed and how often and whether the boosters will be new vaccines. Those are still questions that need to be answered.

We need information around the duration of protection of existing vaccines. We still need to see whether the existing vaccines are able to prevent severe disease and death even amongst people infected with the variants and it is possible that that could be the case.

There are many vaccines in clinical development still using a whole host of different platforms. Some of those vaccines may be more effective; the inactivated vaccines which use the whole virus for example, which have all the proteins of the virus potentially; are they more effective against the variants?

These are questions that need to be answered but the COVAX facility and the COVAX partners are already thinking about these future scenarios and preparing for them. So yes, we are now in the process of developing a strategy from 21 going through 2022 to keep in mind the fact that first of all we would need to vaccinate large segments of the population across the world so we do need to plan for those additional doses that are going to be needed.

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As you know, the budget for COVAX to date only accounts for doses up to the end of 2021 and we think it will have to keep going in 2022 plus looking at these new scenarios and planning for those. So this is a work in progress. Certainly we will let you know as things progress but as of now there are different scenarios, options that we need to consider as we plan for the future.

But suffice it to say that WHO is aware of all these options; we are working with a number of different expert groups ranging from what Maria has described on the genomics, on tracking of these variants, looking at the prevalence in different countries.

Also it's important that countries as they roll out vaccines try to collect data to see because it's important to document both the effectiveness and the safety of vaccines. We've spoken a lot

about safety today but effectiveness is also important to document. I don't know if Kate wants to add anything.

CL I think we have Dr Van Kerkhove or Kate. Kate, go on.

KOB Hi, thanks. I wanted to add just a couple of things to that. I also want to emphasise how early the information is and I'll give you an example. People probably wonder what we mean when we say that.

As we get more information the very first observations are often adjusted for new information that comes and the example I'll give now is with the Novovax vaccine, which was tested in part in South Africa at a time when the variant that was initially found there was circulating.

There was also some information from that study that being infected previously with COVID did not confer protection against being infected with the variant. With more data coming in in fact that doesn't seem to be holding up; it looks as if if you were previously infected you do have protection to some large degree against the variant.

So I want to emphasise that as Soumya was providing a reply about whether or not we need boosters, whether the vaccines need to be adjusted, whether we'll go to multi-strain vaccines, these are all decisions that will have to be grounded on more information as it comes in from a number of different places around the world over time, in a number of different age groups.

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That's exactly what vaccines policies and vaccine research should do; it should adapt to the information as it comes in and we'll continue to optimise the vaccine programme and the policies about how we use vaccines that are in the portfolio, how we use the vaccines that are in our quiver of arrows to their greatest impact even while additional research continues to continue to optimise the products themselves.

Then the second thing I just wanted to say is that we don't have any evidence to say that for any variant or any vaccine combined with the variant the vaccines do not work. It's really a question of at what magnitude they're working. There's really no product right now where we would say, this simply does not work at all against a variant.

It's not the way the immune system works, it's not an all-or-none phenomenon and it's really much more about the magnitude of

the effectiveness of these products and that does vary according to age and other factors.

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The most important thing here is that as these vaccines are rolling out this is the time when transmission really needs to be driven down; the lower the transmission is the less likely it is that there will be emergence of variants. That's just a commonsense but a very important thing that we need to keep doing; it's not the time to take our foot off the pedal on any of the other interventions that are in place right now while we're getting as much vaccine out as possible and protecting people.

CL Thank you. This was Dr Kate O'Brien, Director of Immunisation, Vaccines and Biologicals. We have Dr Van Kerkhove to add.

MK Thanks. Just very briefly to cover a little bit on the system that we have in place to monitor these changes in the virus. Soumya's talked about it; you've heard me talk about it a lot. It's really important that everyone out there understands that there is a very robust system globally that is looking, that is tracking this virus, that is looking to not only find where there are cases so that we can take appropriate public action so that we prevent the spread of the virus.

But we're also looking at any detailed changes in the sequence of the virus itself and this is done through genetic sequencing, epidemiologic surveillance in countries to look at trends in incidence going up, going down, if there's anything unusual happening, to make sure that there is robust sequencing that is happening around the world in many countries.

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We know that many countries don't have sequencing capacities so we are working through our regional offices and the regional platforms that have been set up to increase genomic sequencing around the world, leveraging systems like the flu system that exists worldwide, that has labs in 150 countries; to leverage systems like HIV, TB, polio, to make sure that the countries that have labs that can sequence for other pathogens can also sequence for SARS-CoV-2 because we need eyes and ears on the changes in these viruses.

Any of these changes need to be evaluated in a transparent, comprehensive and robust manner and what we are looking at now are variants of interest as well as variants of concern. There

are three variants of concern that WHO is tracking with partners around the world; you've heard us speak about those.

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As Kate has said, the vaccines still work against these virus variants but we're also tracking a number of variants of interest which are being identified in countries. There are a number of studies that are underway to look at transmissibility, to look at severity and we don't yet know if some of those variants of interest will become variants of concern.

I mention this because it's important that there's a process in place to check and we are working with labs, we are working with our R&D blueprint for epidemics, our animal model working groups; we're working with CEPI; we're working with so many different groups around the world that are helping us do the studies in real time so that we can determine if any of these changes mean there may be a change in diagnostics or a change in therapeutics or a change in vaccines and so the proper decisions can be made based on data.

So these systems are in place, they're being strengthened around the world and it depends on collaboration, it depends on the good work of scientists and public health professionals, lab technicians, people who do bioinformatics and phylogenetics, epidemiologists.

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It's a multi-disciplinary approach to assess each of these variants to determine their importance so that is something that is ongoing and it is something that WHO's working hard to co-ordinate around the world to make sure that any change that we see in the virus, if it has a change in the way our countermeasures work including our countermeasures of public health and social measures; we will take decisions to adjust accordingly.

So far of the variants of concern that are circulating around the world the public health and social measures work against reducing transmission; the infection prevention and control measures that are in place work against reducing transmission; vaccines work.

So it's important that we take this do-it-all approach including vaccination. I do want to say that in the last week we have had an 11% increase in transmission across the world. Five of six WHO regions have seen an increase in transmission. It is not the

time to let up. We have to continue to do everything that we can including all of the individual-level measures, the community-level measures, everything that we can to drive transmission down.

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If we allow this virus to spread, if we give it an opportunity it will. Adding vaccines and vaccinations where they can be used is an important tool in addition to the public health and social measures so please continue to follow the local recommendations, please make sure you keep your distance, you wear your mask, you wash your hands, you practise respiratory etiquette, you work from home if you can.

Do everything that you can to limit your exposure to this virus and if you get infected the virus stops with you. So there's a lot that we can continue to do and it's worth mentioning because we're seeing an increase in transmission so we cannot let down our guard.

CL Thank you very much all. With this we move to Carmen Pelham from Politico. Carmen, please unmute yourself.

CA Hi. Thank you so much for giving me the floor. I have two questions if I may because some of my colleagues had similar questions earlier on COVAX. One of the things was related to the healthcare workers. Are there enough healthcare workers in some of the countries where the vaccine is being rolled out to help with the vaccination drive? It seems in countries like the US that they had to bring back retired doctors and nurses to vaccinate so I was wondering what that looks like in some of the countries rolling out vaccines.

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The second one is something that I remember Dr Bruce Aylward speaking to you about before which is countries like Canada and the UK getting supplies from the Serum Institute of India. Have you had any sign so far that that might decrease in the short term the supply of vaccines that COVAX is getting from the Institute? Thank you.

CL Thank you. Let me give this to Dr Aylward.

BA Thanks for the question. On the first part of it Kate may want to come in as she's closer to the delivery and the roll-out in specific countries with respect to some of the challenges that are being found there.

But remember, as we are rolling out and prioritising first the healthcare workers that's a relatively small proportion to the population in most countries so there's been a lot of work in advance of the receipt of the vaccines to make sure that they've identified the healthcare workers necessary to be able to manage the roll-out and the additional personnel.

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So you'll remember in some of the previous press conferences we've been talking about the readiness work that's been done in all countries and if we look at the 92 what we call AMC countries that are part of COVAX they have been working across the nine-point national vaccination plan and that includes of course making sure that they've got the healthcare workforce necessary to roll it out.

To date we have not heard of that as a limiting factor in the ability of countries to take full advantage of the products that they're able to get through COVAX. What we're more concerned about - and I'm sure Kate may speak to this - is as we get into the later part of 2021 when we're dealing with much larger volumes of vaccines or a much larger portion of the population it will be a challenge in terms of the healthcare workforce needed to be able to deliver these products at scale.

On the second issue that was raised, as we've discussed on previous press conferences there're a number of suppliers and sites that are particularly important to the COVAX facility. One of them of course is the Serum Institute of India and this facility is committed to supplying the needs - or part of the needs obviously of the Government of India and then preferentially the COVAX facility as well.

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Due to the challenges in supply globally many, many entities have looked to all producers around the world and whether individual countries, whether companies, whether others have reached out to all suppliers and tried to look for excess vaccines and the Serum Institute of India has been no different.

They've been approached by many countries for bilateral deals; both high-income and upper or lower-middle-income countries as well as other entities so we are aware of that. In terms of actual supplies, no, we don't know.

These are contractual relationships between companies and countries so at this point what we wanted to flag and what we

said previously - I think I might have been misquoted there - was that we are concerned that in the effort to try and ensure every country has got sufficient vaccines or the vaccines to meet their perceived need they're making demands on suppliers that would normally supply COVAX.

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At this point we do know that COVAX and India are being prioritised by the Serum Institute and we're grateful for that and we hope that continues.

CL Thank you. We have Dr O'Brien to come in.

KOB Yes, just a little bit more on the healthcare workforce required to deliver vaccines. We're looking at this very carefully; countries are looking at this very carefully and as Dr Aylward indicated, the short term is really not the issue, the short term where doses are starting to come into countries; there's certainly capacity for the programme as an entity to absorb the scope that's needed to immunise healthcare workers and those at highest risk of severe disease and death.

What is really at question here is what will happen as the volume of doses increases through 2021 and into 2022. It's also in question the efficiency with which programmes can deliver vaccines; how many people can a programme design their programme to move through the process in a day for instance?

01:00:44

We're seeing a very broad range around that efficiency that is actually being experienced by countries but what we also see is countries get really good at this. They figure out in their own local context how best to form a team that can move people through an immunisation centre with great efficiency and that changes over time and it changes as learning occurs in that particular construct.

I also want to bring it back to what we were talking about before in the press conference, the role of electronic records. Even in high-income countries there're still a lot of paper records being used and that is more time-consuming and certainly less efficient for the programme and for people who are coming to be vaccinated.

So all of the innovation that are out there to create efficiencies will help reduce the amount of health workforce that will be required to actually immunise in a programme. Then it also is going to depend on what the programme looks like; will we need

to give booster doses, will there be more vaccines that are single-dose vaccines?

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So a lot of these are in play but certainly over the course of the rest of this year and into 2022 the requirements for additional workforce - not all of whom need to be licensed healthcare workers; a lot of this is information staff flowing people through clinics and things like that - will be needed.

CL Thank you very much, Dr Kate O'Brien, for this. With this we're coming to the end of our press briefing. Thank you all very much. Before I hand over to the Director-General and to our special guests for their last words, let me remind everyone we will send out the audio files of the DG's remarks right after this briefing and tomorrow morning we'll have the full transcript on our website.

Let me ask Elizabeth Cousens from the UN Foundation for any final remarks, please.

EC Thank you so much. Two quick closing thoughts; first for anyone who is interested in more details about the COVID Solidarity Response Fund there is a lot of detail online about how the funds were allocated and the impact that they had.

Second just to echo what so many have said already, there has been so much progress over the last year but we're obviously not done and we won't be done anywhere until we are done everywhere. So to echo Kate and others, this is not the time to take our foot off the pedal.

01:03:20

Our experience over the last year shows what is possible; it shows how much solidarity is out there to overcome such an unprecedented challenge so follow the science, build on the solidarity and we will be able to see this essential work through in these critical months ahead. Thank you very much.

CL Thank you very much, Elizabeth Cousens. Now to Anil Soni from the WHO Foundation.

AS I certainly echo what Elizabeth just said. Sitting through this press conference it's clear that we have a lot of challenges to tackle together globally and I'm also incredibly inspired by the work of my colleagues here at the WHO so it reinforces what Elizabeth and I are trying to do with the COVID-19 Solidarity

Response Fund which is to reach out to everyone in the world and ask that you contribute to this important work. Thank you.

CL Thank you both. Now for the final comments first of all to Dr Ryan before we come to the Director-General.

01:04:15

MR I just want to express a note of personal thanks from the staff of WHO and all of the agencies who benefited from these funds. This time last year was a very, very difficult time; funding was very sparse; everyone was reacting in different ways.

The creation of the fund and the fact that companies and institutions and individuals, people out there just reached into their pocketbooks and put money into this response, provided a vital lifeline for many organisations. It drove the first responses of WFP in setting up the air transport system.

It supported UNICEF in putting their first support into supporting children around the world; it supported UNHCR and UNRWA and protecting refugees, not just WHO and it made a huge difference to the work that we were doing on things like you said, Anil; like oxygen; on specific things that we could do to save lives at country level.

So these funds mattered, your funds mattered and we hope we put them to the best possible use and we will ensure that we continue to do so in collaboration with the UN Foundation and thanks to our colleagues there. We hope that with the advent of the WHO Foundation we will go from strength to strength.

01:05:33

But your funding mattered, it made a difference and we'd like to thank you and thank the Director-General because, Tedros, I can't tell you the number of times in the last year having been around here in various forms for many, many years and back and forth, I've seen many times in this organisation where innovative ideas in the middle of a crisis aren't taken on board; it's too complicated, we don't have time, it won't work.

The number of things we have done in this organisation; created with partners the UN supply chain system which has delivered over a billion items, with many agencies working together; the ACT Accelerator; COVAX; the Solidarity Response Fund; none of this would have happened without leadership that was open to innovation, driving change, willing to look at that crazy idea and actually allow people to make it happen.

I think it's another reflection of the style, the type of leadership we've all experienced in the last year which seeks to reach out, create and leverage partnership around the world, to make WHO a central actor in supporting and facilitating the work of others, not doing everything itself and this has been part of WHO's transformation.

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So it's also an opportunity - because in honesty and in directness sometimes big organisations aren't innovative at their core, they don't like new ideas and in a sense they kill new ideas. The organisation I'm working in now generates a demand for these ideas and wants to innovate.

It's a fundamental shift in the way this organisation has operated and we wouldn't have the Solidarity Response Fund without that style of management so thank you, DG, and thank you to all who made it work.

CL That leads me to give the final words to Dr Tedros.

TAG Thank you. My life is easier now. I endorse what Elizabeth said, Anil and my general Mike. I think it has all been said but it all comes to our staff, who are bringing new ideas, as Mike said, crazy ideas every single day and the changes we have introduced in the last three years; it's amazing.

Looking back I ever get surprised so probably the message is to our colleagues, please continue bringing new ideas, crazy ideas to change our organisation so we can serve humanity better and save lives and of course the immediate thing is ending this pandemic.

Thank you so much again to all who have joined today and see you on Friday. Thank you, Christian.

01:08:36