

# COVID-19

## Virtual Press conference

### 15 February 2021

#### Speaker key:

FC	Fadela Chaib
TAG	Dr Tedros Adhanom Ghebreyesus
IM	Imogen
MR	Dr Michael Ryan
MK	Dr Maria Van Kerkhove
GA	Gabriela
PBE	Dr Peter Ben Embarek
SB	Dr Sylvie Briand
ES	Esmir
MS	Dr Mariangela Simao
KE	Ker
KA	Kate
KOB	Dr Kate O'Brien
CH	Chen
HE	Helen
MY	Dr Michel Yao
KI	Kai
DM	Deusdedit Mubangizi

#### 00:00:31

FC Hello, everyone. This is Fadela Chaib speaking to you from WHO headquarters in Geneva and welcoming you to our global COVID-19 press conference today, Monday 15<sup>th</sup> February. We have simultaneous interpretation in the six official UN languages plus Portuguese and Hindi. Let me introduce to you the participants.

Present in the room are WHO Director-General, Dr Tedros, Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General, Access to Medicines and Health Products. We are also joined today by an expert, Deusdedit Mubangizi; he's the Head of the Pre-qualification Unit at WHO; Dr Michelle Yao, Director, Strategic Health Operations, and Dr Sylvie Briand, Global Infectious Hazard Preparedness.

Joining remotely are Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator, and Dr Kate O'Brien, Director, Immunisation, Vaccines and Biologicals. Welcome, all. Now without further delay I would like to hand over to Dr Tedros for his opening remarks. You have the floor, Dr Tedros.

TAG Thank you. Thank you, Fadela. Good morning, good afternoon and good evening. The number of reported cases of COVID-19 globally has now declined for the fifth consecutive week. Last week saw the lowest number of reported weekly cases since October.

**00:02:28**

So far this year the number of weekly reported cases has fallen by almost half from more than five million cases in the week of January 4<sup>th</sup> to 2.6 cases in the week starting February 8<sup>th</sup>, just five weeks. This shows that simple public health measures work even in the presence of variants.

What matters now is how we respond to this trend. The fire is not out but we have reduced its size. If we stop fighting it on any front it will come roaring back. Every day with fewer infections means lives saved, suffering prevented and the burden on health systems eased just a little bit.

Today we have even more reason to be hopeful of bringing the pandemic under control. Today WHO gave emergency use listing to two versions of the Oxford AstraZeneca vaccine, giving the green light for these vaccines to be rolled out globally through COVAX.

**00:03:48**

One of the vaccines is produced by SKBio in the Republic of Korea and the other is produced by the Serum Institute of India. Although both companies are producing the same vaccine because they are made in different production plants they required separate reviews and approvals.

WHO emergency use listing assesses and assures the quality, safety and efficacy of COVID-19 vaccines and is a prerequisite for vaccines to be distributed by COVAX. This listing was completed in just under four weeks from the time WHO received the full dossiers from the manufacturers.

In addition to the Pfizer BioNTech vaccine these are now the second and third vaccines to receive emergency use listing. We now have all the pieces in place for the rapid distribution of vaccines but we still need to scale up production and we continue to call for vaccine developers to submit their dossiers to WHO for review at the same time as they submit them to regulators in high-income countries.

On Friday I mentioned WHO's new declaration on vaccine equity. Ensuring the rapid and equitable roll-out of vaccines globally is essential for saving lives and stabilising health systems but it's also essential for saving livelihoods and stabilising economies.

**00:05:37**

Fully funding COVAX represents the greatest possible stimulus and is a rounding error compared with the trillions of dollars that has been mobilised in G7 countries to support their economies. I am pleased that the G7 under the United Kingdom's presidency is meeting this Friday to discuss vaccine equity and I encourage all groups to sign WHO's declaration.

We must continue to build the demand for vaccines by ensuring people have the right information. A year ago I said that we were not only fighting a pandemic, we were fighting an infodemic. In the past year we have seen the real harm that can be caused when people are overwhelmed by information, misinformation and disinformation.

The answer is not just to fight misinformation and delete false or misleading statements. It is to listen to the real concerns and questions people have and to answer those questions with good information. That's part of the reason WHO holds these regular media briefings, publishes guidance, communicates on its social media channels and website, holds seminars with different community and professional groups and more.

**00:07:15**

Having the right information is essential in every outbreak situation. As you know, last week an outbreak of Ebola was detected in the Democratic Republic of the Congo. Four cases have now been reported and two people have died. Yesterday

authorities in Guinea declared a separate outbreak of Ebola in the town of Goueke [?] in the south-east of the country. So far three cases have been confirmed among six people who reported Ebola-like symptoms after attending a funeral in late January. Two have since died while the other four are being treated in hospital.

As you remember, Guinea was one of the three countries affected by the West Africa Ebola outbreak of 2014 to 2016, the largest Ebola outbreak on record. The outbreaks in Guinea and DRC are completely unrelated but we face similar challenges in both.

Both outbreaks are occurring in areas that have recent experience with Ebola and are benefiting from that experience in terms of capacity for surveillance, rapid response, contact tracing, community engagement, clinical care and more.

**00:08:45**

But both outbreaks are also in hard-to-reach, insecure areas with some mistrust of outsiders. I'm pleased to say that vaccination started today in DRC and so far 43 people have been vaccinated out of 149 eligible contacts including 20 people who were vaccinated during the previous outbreak in 2019.

WHO is working closely with health authorities in both contribute to engage with the affected communities to enhance trust and acceptance. Ebola and COVID-19 are two very different diseases. Both thrive on misinformation and mistrust but both can be stopped with proven public health measures, engaged communities, accurate information and vaccines. Fadela, back to you. Shukran.

FC Thank you, Dr Tedros. I'd like to inform the media that they may have received by now a press statement on what Dr Tedros just announced in his opening remarks; WHO listing two version of the AstraZeneca Oxford COVID-19 vaccine for emergency use. It's also posted on our website.

I will now open the floor to questions from members of the media. I remind you that you need to raise your hand using the raise your hand function in order to get in the queue. I would like to start by inviting Imogen Foulkes from the BBC to ask the first question. Imogen, you have the floor.

**00:10:34**

IM Hi, Fadela. Thanks for taking my question. This is about travel because traditionally WHO has always somewhat

counselled against travel restrictions. I know we're well down the road in this pandemic but it's getting very confusing for people with different countries introducing different things.

Your own WHO COVID-19 envoy this morning said he could foresee vaccine passports. Is that something the WHO thinks would be a good idea?

FC Dr Ryan, you have the floor.

MR Thanks, Imogen. The emergency committee made temporary recommendations in relation to a number of issues to the Director-General and I think we're quite clear that at this time - at the present time, I think they used specifically - they did not advise for the use of immunity certification as a prerequisite of travel. That is because, number one, vaccine is not widely available and it would actually tend to restrict travel more than permit travel.

**00:11:48**

Secondly we don't have enough data right now to understand to what extent vaccination will interrupt transmission and especially the risk of an individual to continue transmitting disease.

So on that basis no but I think the envoy may have been referring to a future situation in which we have widely available vaccination and where we understand more about the impact of vaccination on transmission dynamics or if we get the second and third-generation vaccines where we may have more impact on transmission, at that point certainly.

We've seen this with yellow fever and other diseases; vaccine can form part of a long-term strategy for disease control and for the prevention of disease potentially moving from one place to another as we've seen with yellow fever vaccination requirements, we have been in place for a large number of decades now.

**00:12:43**

So I would believe that that is a discussion that will be had in future. It will be based on emerging guidance from SAGE, on continuing discussions of the emergency committee and the technical programmes here.

So no, we don't foresee this as an immediate requirement or need but certainly one that will have to be discussed in the coming months.

FC Thank you, Dr Ryan. I would like to invite Simon Ateba from Africa News Today, Washington DC, to ask the next question. Simon, you have the floor.

SI Thank you for taking my question. Can you hear me?

FC Very well. Go ahead, please.

SI Thank you for taking my question. This is Simon Ateba from Today News Africa in Washington DC. I would like you to react to the statement at the weekend by the Biden administration expressing concern over the first report that the WHO issued on the origin of COVID-19 in China. Thank you.

FC Thank you, Simon. I think...

**00:14:08**

MK Thank you. Sorry, we were deciding who would start; apologies. The mission team from China has not actually issued their report yet. They have recently returned from China, arriving in their own countries and they are working on two reports, the first of which is a summary report which is shorter, just highlighting the work that has been done and some initial findings and recommendations.

That will be followed by a longer report. The initial, summary report has not actually been issued yet. They've only done a press conference in Wuhan and they've answered some media questions but the idea would be that they would issue the summary report and then have a full press briefing themselves.

MR Maybe I can also add that obviously there may be some misunderstandings here around the origins and the purpose of this mission. I think this mission was envisaged as a collaborative effort under the World Health Assembly Resolution where obviously working with China, a sovereign state and a member state of the WHO to better understand the origins of the virus so as to learn lessons for the future.

**00:15:26**

It was not as such an investigation of supposed wrongdoing or referring to any non-existent investigatory powers that WHO might have. WHO does not possess the mandate to enter uninvited into any nation state and must show due diplomatic respect to the process of engaging with governments but also the scientific process of working together with our Chinese counterparts to understand and make progress in the understanding of the origins of this disease.

So as such this was and remains a collaborative process of discovery between scientists. Clearly there's a political layer on this that has been difficult for all parties to manage and it would be useful at this point if we could step back from that and really focus on what progress has been made scientifically in the understanding and to clearly identify where further progress will need to be made in the future in terms of future studies.

So I think it is time that we look to the science now and look at that and then do our best collectively to work with all interested parties to identify further studies that will be needed to fundamentally and finally understand the animal origins of this virus.

**00:16:58**

FC Thank you, Dr Ryan. I would like now to call on Gabriela Sotomayor, a Mexican journalist from Proceso. Gabriela, you have the floor.

GA Thank you, Fadela, thank you very much. My question is on treatment. I know vaccines are very important but my questions is on treatment. I would like to know, what is your assessment on the use of Ivermectin in the early stages of the disease?

For example there is a group of specialists in the USA saying that they recommend the use of this very cheap and old drug so I don't know if you observed something on the use of this anti-parasite.

Then a quick clarification; I would like to know if the hypothesis on the origin of the virus, the hypothesis of the laboratory incident is still alive. Thank you.

FC Thank you, Gabriela. Dr Van Kerkhove will take the first question.

MK I can take the first part of that. We also have Peter Ben Embarek online, who can answer the second part of that.

**00:18:11**

Yes, we have been asked the question about Ivermectin before and the clinical team is looking at data right now on different studies that have been evaluating Ivermectin. What they're doing is they're synthesising the data from different studies. Some of those studies had small sample sizes and the idea is to pool those together into a meta-analysis and apply what they call a

grade framework to assess the certainty and the benefit or the risk based on each of those studies.

They're using the same methodology that they've used for all of the living guidance that has been produced throughout this pandemic and they are hoping that they will have guidance in the coming weeks, in four to six weeks or so. They have a steering committee that are following the different results of clinical trials around the world and that is being used to trigger the development of the guidance by the WHO team so that has been triggered and that is currently underway.

FC Thank you. Peter, are you online? Dr Ben Embarek, you have the floor.

PBE Yes, Fadela, I'm online.

**00:19:17**

FC Thank you.

PBE The question was with regard to the hypotheses we were looking at. It was a process to organise our thoughts and our planning of future studies. As you know, this mission was supposed to and did review all the work done under the phase-one studies that were agreed last July and in that process we were also planning to develop a series of hypotheses that we could explore further in the coming weeks and months through a series of new studies that we would recommend and put into motion and that's what we did.

With regard to the four hypotheses we worked on and the hypothesis on the lab accident in particular, that one, based on the data and the discussion we had with our counterparts and colleagues in the different laboratories we visited in Wuhan and the amount of evidence that was presented to us from elsewhere as well, was not seen as a high-priority hypothesis for us, our joint China/WHO international team group, to move forward with.

We decided to prioritise initially new studies on the more likely scenarios that we could easily set in motion since these are studies to enhance our understanding of the potential animal intermediate host, the bat origin issues, the persistence of the virus on frozen products, the entry into the Huanan market of farmed/wild animal products, etc.

**00:21:14**

Therefore the one on a laboratory accident was more seen as a lesser priority for us and therefore was categorised as an



extremely unlikely scenario in our opinion based on what we had at hand.

We also decided and agreed that all the hypotheses would be reviewed on a regular basis based on advance knowledge from our new studies and from evidence that could come up in the coming weeks and months. So that's the context under which this hypothesis and the others were designed and used and of course they're still all under consideration. In particular none of them were considered as impossible hypotheses otherwise we wouldn't even have considered them so they are on the table, we considered them. It's the first time we were able to put all these different hypotheses next to each other on the table and consider them in a rational way.

So that's how we worked over the past months on these hypotheses. Thank you.

**00:22:27**

FC Thank you, Dr Ben Embarek. I would like to invite Dr Sylvie Briand to complement the first question we got from Gabriela about treatment. You have the floor, Dr Briand.

SB Thank you very much, Fadela. Yes, just to complement on the issue of treatment. What is clear is that we may need to have many different treatments for COVID-19. The first studies were done on hospitalised patients, meaning patients with quite severe disease and we found that for instance dexamethasone was very useful for severe patients.

But now there are many studies ongoing to see if we can treat patients that are outpatients, not yet hospitalised, to prevent them from going to severe disease. So this treatment needs to be administered very early on in the disease and this is why those studies were more complicated, especially at the early stage of the pandemic.

**00:23:26**

But now we start to have more information on those treatments so Ivermectin is this type of treatment that is not specific. It's an antiparasitic drug, as you rightly said and this drug has a broad-spectrum activity and this is why it can be used at the early stage of the disease, trying to prevent further severe disease.

So the studies are ongoing and we'll see if this treatment can be useful to prevent severe disease in COVID-19 patients. Thank you.

FC Thank you, Dr Briand. I would like now to invite Esmir Milavich from Bosnian TV to ask the next question. Esmir, can you hear me?

ES Hi, Fadela. I can hear you. Can you hear me?

FC Very well. Go ahead, please, Esmir.

ES My question is for Dr Tedros. In this year or so you spoke so many times about vaccine nationalism and big countries purchasing vaccines on their own and you highlighted the importance of the COVAX system.

But even here in the region of the western Balkans we are seeing that countries are not relying on COVAX but they're purchasing vaccines on their own. How can you convince them to purchase and go through the COVAX system but also what kind of message does this send, that even countries like Bosnia are purchasing vaccines on their own? Thank you.

**00:24:59**

FC Thank you, Esmir. Dr Simao will take this question.

MS Let me start and maybe colleagues will want to complement. I think, Esmir, you're raising a very important concern of many countries regarding access to vaccines and let me say that we have the facility up and running to start distributing vaccines this month, February and March and June and July. We have already secured two billion doses through the facility and the good thing about the COVAX facility is that actually countries don't need to go bilaterally. When we say bilaterally, countries don't need to go one-by-one to different companies trying to get the best price.

With the announcement today of the emergency use listing of the two vaccines that are AstraZeneca vaccines that will be provided through the facility it also triggers a lot of the purchase orders and countries will be able to access, either through UNICEF or through the PAHO revolving fund, the early doses for the AstraZeneca.

**00:26:18**

Also countries already have been informed about indicative allocation from February to June this year so they can do the preparedness as soon as possible. There are several things that need to be ready at country level and these are two vaccines that have been approved today for emergency use listing.

They are vaccines that are very easy to manage from a logistic perspective because they're vaccines that use what we call the cold chain, can use the usual refrigeration, two to eight degrees, in any health centre.

So these are easy-to-use vaccines so the vaccines through the COVAX facility start to be rolled out from the end of February and there is the agreed number of doses that will be shipped to the different countries until June this year. So I think there's no need to panic and no need for countries to go buying in the market because they're going to pay more and they will have all the difficulties of ensuring the different contracts and that these vaccines will reach them in whatever time.

But the facility is up and running as we speak. Thank you.

**00:27:36**

FC Thank you, Dr Simao. I would like now to invite the next journalist, Ker Simons from NBC. Ker, can you hear me?

KE Yes, I can hear you. Can you hear me?

FC Very well, Ker. You can go ahead.

KE A question for the panel but also for Peter Ben Embarek. A couple of questions; there appear to be some slight disagreements between the team. Can you help me understand how you will reach a conclusive report or a report that everybody agrees on? What will the process be and how much will the Chinese side of the team have a say in what the final report says?

Then a detailed question if I may; some confusion about the reporting referring to 13 sequences that were found, I think, in the 174 cases. Peter, were those 13 different sequences with slight differences or is it the case that eight of those sequences were the same and the others show slight genetic variations? Can you help unpick that piece of reporting and explain exactly what you found?

**00:28:59**

FC Thank you. Dr Ben Embarek, you have the floor.

PBE Thank you. First responding to the last part of your question on the sequences, we identified 13 sequences in December 2019. These were mostly from cases but also from the market environment, as you probably know.

These were mostly from different individuals but a few sequences were repeats from the same cases; we have in some instances several sequences from the same cases so it was not in total 13 different individuals.

Some of them were very similar; these were the ones coming from cases who had a link with the Huanan market, indicating that the virus was circulating closely in that market environment and that's in line with the conclusions from the epidemiological studies.

Some were slightly different and these were from cases with no link to the market. That suggested that the virus was circulating in Wuhan both in the close environment of the Huanan market but also in other parts of the city with some individual chains of transmission. That's again in line with the findings of the epidemiological investigations.

**00:30:49**

All that gave us the picture of a substantial circulation already in December, particularly in the second half of December 19 in Wuhan.

With regard to the report the process is that the international team and the Chinese counterparts have already agreed on the summary report when we were in Wuhan on the last day of the mission and in particular on the key elements of that report in terms of key conclusions, key findings and key recommendations.

Of course we will over the coming days and weeks finalise the technical parts, the background parts, the methodological parts of these reports, which are just descriptive material. The process is that the international team in the coming days together with our Chinese counterparts will finalise the interim report first and then work on the full report afterwards.

It's a joint report. It will be two groups. We have worked on this together and therefore it's not a question of one side having a say on what the other side is concluding but more having a consensus document on our joint key findings, conclusions and recommendations because this is reflecting the nature of the work, as we discussed earlier today.

**00:32:27**

The mission was there to review a series of studies that were done in China over the past weeks and months as part of the phase-one studies we had agreed in July and make

recommendations for future studies, more long-term studies to explore some of the hypotheses and advance our understanding of the origin of the virus.

So it's a consensus document reflecting the joint activities. Of course the fact that we have different scientists from different backgrounds and different fields of experience means that everybody has their specific views, specific recommendations, specific interest in moving some studies forward in one direction or repeating some studies, etc.

That's why we brought together a broad group of scientists with diverse backgrounds, diverse experience, diverse expertise, precisely to make sure that we have the best possible consensus, scientific and robust conclusions around this work. Thank you.

FC Thank you, Dr Peter Ben Embarek. We are sorry, we had a small technical problem and we lost the video link to Dr Ben Embarek. Dr Ryan would like to add something.

**00:33:59**

MR I really congratulate the team and Peter's leadership and the work the whole team have done. In my experience particularly in field investigation or any scientific endeavour achieving an absolute consensus around every point is almost an impossibility in science.

What we can do is reach a conclusion based on the evidence before us. We may not agree on whether there's enough data to make a decision. There may be differences in our understanding of the methodologies used to collect that data and even if we have enough data and we agree on methodologies we may differ in our interpretation of what that data means in the real world.

So it is a difficult pursuit to achieve consensus between two scientists, never mind between 20 or 25 scientists around the same issue and again remembering there were different components to this; components around the environment, around animals, around labs, around the clinical, around the epidemiologic so it's a complex interweaving so a finding or a set of data in one area can affect how you look at information, at data in the other areas.

**00:35:07**

So I think this is a complex puzzle to put together. The team need the time to finalise that. They obviously are just tidying up that preliminary report. There will be a longer and deeper report but I think it's important for us to reflect on that fact.

Again when we look at evidence for anything in public health or in science we have to make findings and conclusions but then we have to determine how strong the evidence is supporting that conclusion and what further data or evidence would help in further bringing certainty to that conclusion or to that finding.

That's what we do all the time in science; we say, yes, we think the data tells us this but we'd be certainly happier to gather more data in this area to make us firmer in that conclusion. So I think we have to get away from the land of absolutes here; that's not how science works. Everything is relative; if the possibility of one hypothesis goes up the possibility of another hypotheses explaining the same set of facts actually goes down.

So everything is moving dynamically and I think we need to give the team the space to be able to determine what their findings and conclusions actually are and then to determine what further data and what further studies would be helpful in further bringing certainty to those findings or conclusions or where conclusions cannot be reached what studies are needed to be able to generate the evidence needed.

**00:36:36**

I think we've always said that such a journey of discovery, certainly on the animal-human side, is difficult and it's fraught with obstacles in terms of being able to understand the true origins of any disease and I do believe it will take further studies for us to be able to fully understand that.

I did say the last day that we certainly are making great progress thanks to the team and again recognising the scientists on both sides in that team and, Peter, your leadership in that group we've certainly made tremendous progress but we have to be very careful on the absolutes of declaring successes or missions accomplished. Mission accomplished is not a term we tend to use in public health.

**00:37:27**

TAG Yes, thank you so much, Mike. I just want to add a bit. As Mike said, reaching a consensus on everything may be difficult and it will not be possible, especially when you're just starting. So we would expect that, as Mike said, that there may not be consensus on all issues and there should not be consensus on all issues actually.

So when the team faces that the solution is they can represent or indicate their differences in the report and that can help in

proposing also future studies so that's what should be done. A joint report doesn't mean that we will have consensus on everything. A joint report can have a consensus on some issues but at the same time can have differences on other issues and the report can accommodate what was suggested by one group or one individual or another group or another individual.

So that could be the solution and that, as I said earlier, can help in even proposing future studies so that's what we expect the team will do. But I think once the report is ready we will make sure that the team has the opportunity to have its own press conference either full, all experts, or as many experts as possible that they want to delegate if they want to but it will be up to them.

**00:39:38**

The last thing I would like to say is whatever conclusions come these are independent experts. Except two in the group the rest, ten of the members or experts are from different institutions, not even from WHO so they come from different institutions representing different countries actually; ten countries, ten institutions and they're independent and we don't tell them what to do. They will present their own independent report and that's what I think will of course make this study dependent on independent experts' opinion.

Many times I hear that this is a WHO study or investigation. It's not. It's an independent study, a study which is composed of independent individuals from ten institutions and WHO's role here is co-ordination and that's what we should take into consideration too so that will be really helpful to understand. Thank you, Fadela.

FC Thank you, Dr Tedros. I would like to invite Kate Kellan from Reuters to ask the next question. Kate, you have the floor.

KA Thank you. I wonder whether you could give a more specific estimation of when the first vaccines that are being delivered via COVAX will get to countries and into the arms of people that are getting them through COVAX.

**00:41:45**

Also have you had any one of the countries that are due to receive AstraZeneca vaccines saying that they're not so keen now after the South Africa situation last week where they paused the roll-out?

FC Thank you, Kate. Dr Simao.

MS Let me start and then I'll ask Kate O'Brien or Dr Soumya to complement. Thank you, Kate, because this is a very important question right now. We don't have the exact date because at the moment there are purchase orders that are being put to the two manufacturers. For the Serum Institute of India I believe that there are seven or eight purchase orders that were already issued through the Serum Institute of India for some countries to receive that have been assessed as ready by WHO.

Then there are the orders that will be placed for the Korean manufacturers, SKBio so we will publish the number of doses that will go now on the first round to the allocation quite soon, probably mid next week but the exact date each country will receive depends a lot on how the shipments will be made and the contracts that are being arranged through UNICEF and PAHO. Maybe Kate can address the second question.

**00:43:13**

FC Yes, Kate or Dr Swaminathan.

KOB Sure, I can address the second question and then I'm happy for others to come in as well on this. We've spent quite a bit of time and effort both in this convening and with member states and in other convenings with them to clarify the recommendations from SAGE about the use of the AstraZeneca vaccine notwithstanding the very preliminary evidence that has started to come out about this product and a variety of the variants.

Countries remain enthusiastic about receiving the AstraZeneca product while at the same time asking very relevant questions about what the evidence shows and what the evidence doesn't show. I'll just reinforce that there is no evidence on whether or not the AstraZeneca product against the B1351 variant has any change or that the change in that vaccine efficacy is a substantial change.

**00:44:26**

There are plausible reasons why we think that they will retain activity against severe disease. This is evidence that SAGE looked through and made that recommendation so in fact the engagement with countries has been with a lot of questions that they have had and I think what has been shared with them about what the evidence shows has reassured countries about moving forward and enthusiasm from countries to go ahead with the vaccination programmes with AstraZeneca vaccine.



We are also working closely with the South African Government as they consider how they will accrue additional evidence on the AstraZeneca product in the setting of very wide distribution of the variant in South Africa.

Remember that countries that have the variant in the countries; that does not mean that the majority of the strains that are circulating are from that variant. I'll end there and see if there's anybody who would like to add to that; Soumya or others perhaps. Thank you.

FC I think you covered it fully. I would like now to invite a Chinese journalist from China Daily, Chen Wihua, to ask the next question. Chen, can you hear me?

**00:45:57**

CH Yes, thank you very much. Dr Tedros, you again mentioned misinformation and disinformation today. I don't know; are you actually referring to the war of words in the media? You have the US Government, a State Department official spokesman saying they're not going to accept the independent expert team report even before it comes out.

You also have the other Peter, Peter Dazak from the expert team saying on Twitter, don't rely on US intel. Also he said, experts' words are being selectively used and also very angrily commented on the New York Times article, saying, shame on the New York Times.

So I'm wondering what's the WHO's stance on the US' not going to accept the report and Peter here, Peter Ben Embarek, are you feeling [overtalking]?

FC Can you just...? It's a very long question and comments.

TAG Yes, okay. I will start. What I said today about misinformation and disinformation has nothing to do with any specific things that we heard yesterday or the day before yesterday. The reason we included it in our presser today is that it's the first anniversary since we started to advocate for the public to fight misinformation and disinformation and that's why also Dr Sylvie Briand is with us.

**00:47:44**

So we're actually celebrating the first anniversary of the initiative that we started. Sylvie can give you more background. Sylvie, please.

SB Yes, thanks a lot, Dr Tedros. In fact it's because we have seen that every epidemic is accompanied by an infodemic which is a tsunami of information, accurate or not and that can be of course harmful if it's not accurate information.

So WHO has done a lot of activities to make sure that people can access accurate information at any time during the outbreak and as you have seen, the difficulty with such a pandemic is that there's a lot of uncertainty. Science is moving very fast. Every day we have new findings and it's very hard for the public to understand what is going on and sometimes they are confused.

Some people also use this confusion to send out information that is not completely accurate so what we try to do is really to listen to people and this listening is very important. We have developed not only tools to listen to people offline but also online and see what are their concerns and try to really answer their concerns and questions in real time and fill the void because we know that when there is a vacuum, when there is no information people will try to find this information wherever it comes from and sometimes it's not the right information.

**00:49:28**

This is why we wanted to celebrate somehow this one year because during this year a lot of organisations, UN organisation partners have been contributing to ensure that everyone on Earth has access to accurate information at any time. Thank you.

FC Thank you, Dr Briand. I would like now to invite Helen Branswell to ask the next question. Helen, you have the floor.

HE Hi. Thank you very much, Fadela. I'm wondering if we could have some information about the Ebola cases in DRC and Guinea. In particular is it known yet whether the virus in Guinea is Ebola Zaire and is there any thought that this is - is it known if it's a new spillover or if there might be an incidence of viral persistence? Thank you.

**00:50:32**

FC Dr Yao, you have the floor.

MY Thank you very much. The first cases were confirmed and, as you know, the outbreak was declared yesterday by the national authorities so it's Ebola Zaire but the genotype has to be analysed and a sample has been sent to reference labs mainly in Senegal to do the sequencing so that at least we can know if it is the same virus that affected a few years ago or if it's a totally new one.

So it's a bit early to answer precisely about this point but it's in process.

MR If I can just add - thanks, Michel - again we would like to thank the Government in Guinea, the Governments in Sierra Leone, Liberia, Cote d'Ivoire and others who are taking immediate action both in terms of response and readiness. We saw similar responses in Congo before and the 14 and mainly in the nine really at-risk countries.

This disease represents a regional risk and we very much welcome the regional and subregional response to that. I know our regional director, Dr Tshidi Moeti is already in touch with senior officials in many ministries and with the West African Health Organisation and many others in the region.

**00:52:08**

We do need a very coherent, co-ordinated response led by governments in country with the UN, other partners, NGOs supporting that response and WHO will do its part to support the Government.

We already have, Michel, I think, I believe we have a team en route to Ensakore [?] right now to provide support. We are moving vaccines in country from both Geneva and US stockpiles. Those vaccines are still the investigational use doses. They will have to be used under investigational use protocol.

We have previously approved protocols in the three countries. We're working with the Governments to have those updated. Currently vaccinators will be trained. We already have experienced vaccinators in all three countries but we have vaccinators and supervisors who've been working with us in Congo from Guinea and they're in Guinea already and will be working on this.

**00:53:12**

We also will be shipping therapeutics, both MAB114 and the Regeneron product, to the field and are working with ALINA and other colleagues and other NGOs, IMC and others, MSF, to see how best we can provide the higher standards of care that were achieved in Congo and transfer them to the management of patients in Guinea.

We're not in the same situation we were a number of years ago. The disease is very much in the same area as before. It does threaten at least the three countries and therefore we have to be exceptionally vigilant, highly alert and we have to get

surveillance, laboratory diagnostics, clinical management and all of the other things in place, much as we've had to do with COVID.

WHO is ready to do its part and our systems are fully geared now to providing the absolute highest level of support to both the government of Guinea and Akri and to the surrounding countries so we've launched a comprehensive response. Michel Yao is our lead on that here but he is surrounded by a very competent team and Dr Socé Fall, our Assistant Director-General for Response, will also provide oversight to the response on behalf of Dr Tedros.

FC Thank you, Dr Yao and Dr Ryan. I would like to give the floor for last question to Kai Kupferschmidt from Nature. Kai, you have the floor.

**00:54:43**

KI Hi, thanks for taking my question. I was wondering, given that we've seen five weeks of falling case numbers, whether you can give an idea, maybe Mike, how you think of this. Clearly there's a lot we don't understand about the virus but we are seeing a drop in a lot of places where fundamentally the public health measures haven't changed all that much.

Could you just give us an idea of how you think about this drop and how you see the future also given the faster-spreading variants we're all concerned about?

FC Thank you, Kai. Dr Ryan.

MR Yes, I think the real expert on this will be Maria but, Kai, yes, thank you. I think we have to be very, very careful. When things go bad with an epidemic it's never all our fault and when things go well it's never all our doing because viruses have a natural cycle. They're ruled by seasonality, our behaviour and other things.

**00:55:45**

I think there has been a significant and global drop in disease week-on-week for the last four or five weeks. We haven't seen levels as low as this since last October. I do think a good proportion of that has been down to the huge efforts made by communities. There've been very swingeing lock-downs and stay-at-home orders and other things but also as part of that seroprevalence is rising, people are taking better care.

We need to understand what is driving those transmission dynamics. Is it the natural seasonality and wave-like pattern of the disease, are we building up a level of immunity in the

population that's preventing the disease finding the next case and are control measures having an impact on that?

I think all of the above to an extent are true. I think the thing we have to remember is that this virus still has a high force of infection, a very high kinetic energy. There still are a large number of susceptible individuals out there and transmission will continue.

I think as we look collectively at lifting some of the measures that are currently in place we're going to need to be exceptionally careful that we don't do the same thing as last autumn where we allow the disease to re-establish itself, reignite and re-accelerate.

**00:57:08**

I think it's the accelerations in this disease that have been the most worrying. The disease can move along at fairly low levels and then you see this really fast acceleration and spread. We need to avoid that the next time.

We do believe that vaccines offer us an opportunity to reduce the hospitalisations and death and that's going to offer a different set of decisions in a number of months' time. If we can distribute vaccines equitable and the most vulnerable and the highest-risk people are protected then the decisions we make around this disease will understandably change because the consequence of transmission is different when we don't have death or hospitalisation as an endpoint and that's going to be a very important consideration going forward.

So I think it's difficult to understand the dynamics but I would hate to think as these numbers drop that we're in any way about to declare some kind of victory. We've done that twice before. I don't think anyone has put up a victory flag but we collectively have taken a sigh of relief, moved on from a wave and then been very surprised two or three months later when we're in the middle of the next wave.

**00:58:16**

What we need to do - we said this many times last year; we need to avoid lurching from lock-down to lock-down, from peak to peak and get into a more stable relationship with this virus unfortunately. We need to get control on the virus. The virus still very much has control over us. We need to get to low, sustainable levels of transmission. We need to get to no deaths and minimal hospital admissions.

If we achieve that then we will have other choices to move forward, possibly with second and third-generation vaccines and other opportunities to potentially eliminate or eradicate this virus. That is not on the immediate horizon. We need to take the heat out of this pandemic. We need to take the death out of this pandemic. We need to take the suffering out of this pandemic and I believe we can do that if we're really smart about continuing our own personal measures, continuing to reduce our own chances of being infected, if governments support people in being able to do that and if we can roll out vaccines in an equitable fashion so our most vulnerable and our most at risk are vaccinated as the highest priority. Maria.

**00:59:25**

MK Thanks, Mike, and thanks, Kai, for the question. I think the downward trend in cases and deaths is definitely a hopeful sign and there's likely a combination of factors that are pushing and driving transmission down and it comes down to individual-level measures, measures taken at the family level, the community level and by governments.

We have reasons to be hopeful and I hope everyone is taking some comfort in the fact that we can drive transmission down, we do have the possibility to control transmission with our individual-level actions if we are enabled to do so.

We do see that the public health and social measures are working across a number of countries including countries where the virus variants are circulating, where they are predominant, where they're being identified and that is good because we know what works and it's that combination of factors.

**01:00:16**

Getting down to the level of detail of which combination works where is what we're trying to better understand in terms of all of these public health and social measures but I think we have some challenges ahead.

These virus variants and the changes, the natural evolution of the virus pose some uncertainty in terms of what is this virus going to do, how much is it going to change, are we in a position globally to rapidly detect these mutations, these virus variants and assess what they mean in terms of transmission, severity, impacts on diagnostics, therapeutics and vaccines.

You know we are working with partners all over the world to set up this global risk assessment framework to be able to monitor them and study them in real time and that poses a challenge.

The other challenge I think we have is while vaccines and vaccination is incredibly hopeful and an incredible achievement they will take time to roll out and they will take time to reach those who are most vulnerable and those most at risk in all countries.

The third thing that I think is a big challenge that we have now is fatigue. The world is tired. All of us up here are tired as well and we want this to be over and we cannot become complacent. Even with downward trends we need to really stay the course and we need to hold on to what works and have some feeling of control, empowerment over what we can do.

**01:01:46**

There's a lot of work that is happening in this area and Sylvie may want to comment on this but working with communities, talking to communities, with communities, listening to communities, making sure that they are part of the solution, that they are informed, engaged and empowered, most importantly empowered and enabled to carry out the actions that are necessary.

It's no good for us to lay out ten different things to do if a community is not enabled to do so so I think there're a number of reasons why we should be hopeful but it is no time to let down our guard. We need to really hold on to everything that we can do, take all of the measures at our own level to keep ourselves and our loved ones safe.

FC Thank you. I would like to invite Mr Deusdedit Mubangizi, who's the Head of the Pre-qualification Unit, to say a few words about the important announcement made today. You have the floor.

**01:02:51**

DM Thank you, Fadela. Indeed today is a great day especially for COVAX. We started assessing these two vaccines hardly four weeks ago but when you look at the map that has been shown in various fora where you have continents that have access to vaccines and then other continents that don't have, I think any movement that increases capacity on the manufacturing and supply of vaccine is a great milestone for this world.

If we are going to be safe, as the Director-General says, nobody will be safe unless everybody is safe and today's announcement of two vaccines, versions of AstraZeneca allows everybody to access vaccines.

I would like to first of all use this opportunity to thank the experts that have been behind the assessment of these vaccines. I was excited yesterday; it was Valentine's Day but all the experts were around the table and assessing to make sure that today a final decision was made and people could access these vaccines.

I want to assure people out there that experts have looked at this vaccine and it is safe, it's of good quality and it is effective.

#### **01:04:42**

Secondly we put a system in place that has assessors from every WHO geographical region to make sure that there is input not only from one part of the universe but all parts of the globe, to make sure that the input, the decision that goes into this decision that we've made today has a global input, has considered all the specificities of the different parts and and markets and health systems.

We are confident that one of the concerns and the interests of the different populations have been considered but also that the aspects or ability to deliver this vaccine in the different health systems of the world has been considered.

Therefore we now call upon our colleagues first of all in the national regulatory authorities. We have put in place a report that has had input from all parts of the world. Let's now make the quick decisions so that people can access these vaccines as quickly as possible.

We will work with all of you to make sure that any questions that you have to facilitate quick authorisation at the national level are done and hopefully by the time we enter March the map will be different and everybody will have an opportunity to access this vaccine. Thank you very much.

#### **01:06:19**

FC Thank you. I would like to hand over to Dr Tedros for any final comment. You have the floor, Dr Tedros.

TAG Thank you so much. I think Deus has said it very, very well on the vaccines and Valentine's. My colleagues didn't have a break even on Valentine's Day and it was also Sunday. Thank you so much for your hard work and for making it happen in a very



short period, the approval of the AstraZeneca. This will help us to roll out quickly so thank you, Mariangela, for your leadership, Deus, Parwar [?] and...

[Inaudible]

TAG Carmen; okay. Thank you so much and I would like also to thank the media colleagues who have joined today. See you in our next presser. Thank you.

FC Thank you, Dr Tedros. I would just like to let journalists know that we will be sending them the DG's opening remarks and the audio file of this press conference just after we close here. The full transcript will be available to you tomorrow morning. Thank you all. See you next time.

**01:07:39**