

COVID-19

Virtual Press Conference 1 December 2021

Speaker key:

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JM	Dr Jaouad Mahjour
MK	Dr Maria Van Kerkhove
SS	Dr Soumya Swaminathan
MR	Dr Michael Ryan
ST	Steven Solomon
SM	Sophie Mokoena
RM	Robin Millard
AJ	Andrew Joseph
SA	Simon Ateba
SW	Stephanie Wegenast
JL	Jérémie Lanche
TN	Tomohiro Deguchi
CP	Carmen Paun
LB	Latika Bourke
TC	Tom Clarke
JC	Jamey Keaton

00:00:30

CL Good day and welcome, everyone, to today's special press conference on COVID-19 updates, but also the outcome of the second Special Session of the World Health Assembly. It's my pleasure to welcome you today, on Wednesday, 1 December 2021, out of this very room where the Special Session was held.

It's the first time that we do a press conference out of this room, so we're all very excited and a pleasure to have you all with us on this very, very special day. My name is Christian Lindmeier and I will guide you through this briefing

today. We have simultaneous interpretation available in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian.

00:01:20

Now, let me introduce the participants and, if you see the full room, I will start from left to right. We have on the very far left, from my end at least, Dr Bruce Aylward, Senior Advisor to the Director-General and the Lead on ACT-Accelerator. We have then, Dr Mariângela Simão, the Assistant Director-General for Access to Medicines and Health Products.

There is Dr Jaouad Mahjour, the Assistant Director-General, Emergency Preparedness and International Health Regulations. Next is Dr Mike Ryan, Executive Director of WHO's Health Emergencies Programme. Then, of course, Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Next, Dr Maria Van Kerkhove, Technical Lead on COVID-19. Chief Scientist, Dr Soumya Swaminathan and last, but not least, Steven Solomon, our Principal Legal Advisor at WHO. Welcome again and I'll hand over to Dr Tedros.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. As you know, today is a momentous day for global health. Today, WHO's member states decided to embark on the process of drafting and negotiating a new convention, agreement or other international instrument on pandemic prevention, preparedness and response.

The significance of this decision cannot be overstated. Just as countries have united in the past to adopt treaties against tobacco, nuclear, chemical and biological weapons, climate change and more, so, today, the nations of the world have made a strong statement that health security is too important to be left to chance, or goodwill, or shifting geopolitical currents, or vested interests.

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A convention, agreement or other international instrument will not solve every problem but it will provide the overarching framework to foster greater international cooperation and provide a platform for strengthening global health security. In their decision today, member states agreed to establish an intergovernmental negotiating body to begin drafting and negotiating a new accord.

They committed to holding their first meeting by the 1st of March next year, and to submit the outcome of their negotiations to the World Health Assembly in 2024. That may seem like a long process, and it is, but we should not be naïve in thinking that reaching a global accord on pandemics will be easy.

The idea for an international instrument on tobacco control was formally initiated in 1995 but the Framework Convention on Tobacco Control did not enter into force until a decade later. Of course, we hope that this process will

not take nearly that long but there are still differences of opinion about what a new accord could or should not contain.

Nevertheless, today countries have proven to each other and the world that differences can be overcome and common ground can be found. The spirit of solidarity that we have seen today is what we need not just to prevent and mitigate the impact of future pandemics but to end this one.

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The emergence of the Omicron variant has understandably captured global attention. At least 23 countries from five of six WHO regions have now reported cases of Omicron, and we expect that number to grow. WHO takes this development extremely seriously, and so should every country, but it should not surprise us. This is what viruses do and it's what this virus will continue to do, as long as we allow it to continue spreading.

We are learning more all the time about Omicron but there's still more to learn about its effect on transmission, severity of disease, and the effectiveness of tests, therapeutics and vaccines. Several WHO advisory groups have met over the last couple of days to evaluate the emerging evidence and prioritise the studies needed to answer these questions.

I thank Botswana and South Africa for detecting, sequencing and reporting this variant so rapidly. It is deeply concerning to me that those countries are now being penalised by others for doing the right thing. We call on all countries to take rational, proportional risk-reduction measures in keeping with the International Health Regulations.

This includes measures to delay or reduce the spread of the new variant, such as screening of passengers prior to travelling and/or upon arrival or the application of quarantine to international travellers. Blanket travel bans will not prevent the international spread of Omicron and they place a heavy burden on lives and livelihoods.

WHO continues to call on all countries to optimise public health and social measures and ensure that high-risk and vulnerable individuals in all countries are fully vaccinated immediately. At the same time, we must not forget that we are already dealing with a highly transmissible, dangerous variant, the Delta variant, which currently accounts for almost all cases globally.

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We need to use the tools we already have to prevent transmission and save lives from Delta and, if we do that, we will also prevent transmission and save lives from Omicron. But, if countries and individuals don't do what they need to do to stop transmission of Delta, they won't stop Omicron either.

Globally, we have a toxic mix of low vaccine coverage and very low testing, a recipe for breeding and amplifying variants. That's why we continue to urge

countries to fully fund the ACT-Accelerator, to ensure equitable access to vaccines, tests and therapeutics all over the world.

As we mark World AIDS Day, we are reminded that more than 40 years into the global AIDS epidemic, we still have no vaccine and no cure for this disease. Two years into the COVID-19 pandemic, we have not one but many vaccines and many other effective tools.

This virus has demonstrated that it will not simply disappear. How many more lives and livelihoods it takes is up to us. Ending the pandemic is not a matter of chance, it's a matter of choice. Christian, back to you.

CL Thank you very much, Director-General. Let me now open the floor for questions and, to remind everyone, please unmute yourself when you are called upon. We will start with Sophie Mokoena, from the South African Broadcasting Corporation. Sophie, please unmute yourself.

00:10:37

SM Thank you so much. I just want to find out. You spoke about the issue of the variant, the new variant that was detected by South Africa. The decision by developed countries such as UK, United States of America and the EU to impose travel restrictions against SADC member countries has led to a loss of economic spin-off or it has got a negative impact on the economy of these countries that are still struggling to rebuild their economics due to COVID-19.. What is your message to the globe in terms of what must they do when there is information such as this, because this will lead to a deterrent where you will find countries not sharing information?

CL Thank you very much, Sophie. I will hand over to Dr Jaouad Mahjour, the Assistant Director-General, Emergency Preparedness and IHR.

JM Thank you very much for this very important question. In fact, there is some modelling that shows that a travel ban may be helpful in the beginning of an outbreak to give more time to countries to be prepared for the spread but it is clear that a travel ban cannot stop the circulation of virus and, more importantly, the travel can jeopardise the effort to fight against the outbreak.

This is why we call that all countries should apply comprehensive measures from the countries of departure and the countries of arrival, using a risk-based approach and evidence-based approach on the situation to take comprehensive measures including testing, including checking of symptoms and others and these measures could be more effective to prevent the spread of the new variant.

CL Thank you very much. Dr Van Kerkhove.

00:13:11

MK I just want to take this opportunity to thank the scientists from South Africa and Botswana and all over the world who are working with us to share

this information in almost real time. The detection of this variant in South Africa was reported to us through our Technical Advisory Group for Virus Evolution very quickly and immediately we held meetings where information analysis was shared with us and with our partners, the Advisory Group for Virus Evolution, so that decisions could be made.

I think that should be commended. What should also be commended is the improvements and enhancements of testing and sequencing that have happened throughout the course of this pandemic, particularly in South Africa but also in Southern Africa. There are a lot of efforts that are underway and, of course, this needs to continue to be improved. We need investment in this but we need countries to continue to do surveillance for SARS-CoV-2, whichever virus is circulating.

And, remember, Delta is dominant but the more the virus circulates, the more opportunities it has to change, so we need to strengthen our surveillance around the world, we need to strengthen our genomic sequencing around the world, make sure that we have better geographic representation all over the planet and that that information continues to be shared with us. We do not want to see countries penalised for sharing information because this is how WHO and our partners, this is how we make assessments and how we provide advice.

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So, I do want to say a special thank you to so many researchers across South Africa, I wish I had the list of institutions in front of me but there are many, for the great work that they do and will continue to do and to thank them for reporting this to us in such an open manner, and as well as scientists in other countries that continue to do the same.

CL Thank you. Next question goes to Robin Millard, from Agence France-Presse. Robin, please unmute yourself. Robin Millard, AFP.

RM Thank you. Can you hear me?

CL Please, go ahead.

RM Thank you. On Omicron, the most optimistic scenario is that Omicron ultimately turns out to be both more transmissible and less dangerous than Delta. If that turned out to be the case, what would that actually mean in practical terms for the world in the months ahead? Thank you.

CL Dr Van Kerkhove.

MK Yes, thank you. Thank you for the question. There a lot of different scenarios that we are considering for Omicron and, of course, it is still very early days. It is still very early days in terms of our understanding of this variant and, again, we're grateful for the information that is coming in daily.

We don't have all the information yet on transmission, in terms of if there is a fitness advantage, if it is more transmissible. There is some suggestion of that but, again, it is early days. We expect to have more information on transmission within days, not necessarily weeks, but in days.

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In terms of the severity profile we have seen reports of cases with Omicron that go from mild disease all the way to severe disease. There is some indication that some of the patients are presenting with mild disease but, again, it's early days and we do have a surveillance bias right now in terms of the cases that are being detected.

There is also a suggestion of increased hospitalisations across South Africa but that could be a factor of the sheer fact that we have more cases and if you have more cases, you will have more hospitalisations. So, with regards to severity, there are studies that are underway looking at hospitalisations, looking at those individuals who are hospitalised, whether or not they have this variant or not.

We're also getting a picture of some of the cases that are detected in other countries. As the Director-General mentioned, there are reports of Omicron in 23 countries. We expect that number to change and it is important that information on these cases are also shared with us, so that we learn more.

But, it is certainly possible that one of the scenarios is that the virus, as it continues to evolve, may still have a fitness advantage, meaning that it could become more transmissible. More transmissible than Delta? We will have to see but we don't know quite yet about the severity.

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I do think we should caution about a best case/worst case scenario. The more this virus circulates the more infections there will be. The more infections there will be, the more people will die, and this is something that can be prevented. So, everything that we can do for Delta, which is dominant worldwide, needs to be applied and strengthened for Omicron. So, however this unfolds, the way that we act now, it's decisions that are taken now in every country, will benefit, however Omicron unfolds.

CL And, Dr Swaminathan, please.

SS Just to add to what Maria said, I think it's also very important for countries to really strengthen and expand vaccination coverage, especially in the priority populations. We know that it is people above 45 with underlying comorbidities who are at highest risk of developing severe disease after getting infection, whether it is Omicron or Delta or any of the variants, and we know that vaccines are likely to have some protection. We still need to find out if there is any loss of protection but we think vaccines will still protect against severe disease as they have against the other variants.

So, this is a call for countries to really look at their own data, look at the groups that have been vaccinated. Where are the gaps? What can be done, really, to get people who have been unwilling or who may have difficulties in accessing the vaccination sites? So, we really need to look very practically at the delivery constraints.

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And, also a call to all countries who are donating vaccines. We are very thankful but we would like to see some advance visibility and transparency in when the doses will be available, which doses will be available. Companies need to tell us very clearly how the supplies are going to flow through COVAX. This is the time that we need increased vaccines to flow through COVAX to the countries and we are going to prioritise countries with low coverage.

So, I think it is a wake-up sign for us, as the DG has said many times, to really think about, as a world, what do we do with available vaccine supplies now and how can we get them into the arms of people who haven't been vaccinated yet. Thank you.

CL Thank you very much, both. We have a long line of interested journalists and we continue with Andrew Joseph, from STAT News. Andrew, please unmute yourself.

AJ Hi. Thanks for taking my question. I appreciate it. When some of these neutralisation studies start coming out on Omicron, can you explain how people should interpret them and how they could be used to make any potential policy decisions on vaccine design or boosters or whatever else? What is the significance of a fivefold drop versus a fiftyfold drop, and at what point is that worrisome? And, how much can these studies actually tell us about protection against more severe outcomes? Thank you.

00:20:45

CL Dr Swaminathan, please.

SS That's a great question. I can start. Others might want to add. The ways in which we assess immunity to this infection, either to natural infection or when vaccine is given, is through looking most commonly at neutralising antibodies. Antibodies, of course, bind to the virus and prevent them from infecting the human cells by binding to the spike protein and so, if you already have these antibodies in your system, then when you're exposed to the virus, it can actually prevent the virus from getting in or, even if it gets in, prevent it from multiplying and causing disease.

Now, there are other arms of the immune systems, the cell-mediated immunity from the T cells, and these also play a very major role in protecting against severe disease particularly but they are less easy to measure and so most studies are done using neutralising antibodies, but it is important to remember that.

So, the drops in antibody titers tell us what's the approximate level of antibodies you need in the blood to really feel that you're protected and, unfortunately, we do not have a consensus on what we call a co-relative protection. We cannot go out and say this is the number above which you are protected or this is the number below which you are vulnerable. It's a range and there is range above which we think most people are going to be protected.

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These kind of studies are helpful, particularly when we are looking at different vaccines that have been used to see if any one vaccine or group of vaccines is more effective, but also it tells us whether we need to make changes in the vaccine and this is the kind of data that the TAG-CO-VAC, which has been set up by WHO, will be looking at. They're already meeting and deliberating on the criteria that may be used to recommend a change in vaccine composition.

We also have a meeting. The R&D Blueprint is organising a meeting on December 6th to discuss the data that is now currently available around the world on neutralising antibodies, not just against this variant but the whole body of work. There's quite a lot of data now to see whether we can start coming toward some agreement on some correlates of protection.

At the moment, it is important that labs around the world that are doing this, do it in standardised way and, again, this is why the R&D Blueprint Expert Groups on Animal Models and Assays has been meeting, to decide who is going to do which studies, how they are going to be standardised, which are the priority assays and also to help the virus samples and the reagents to move around the world.

This is one of the reason why travel bans can pose challenges and difficulties to researchers and countries, because we do need at this time a free movement of reagents, of lab consumables, samples that is going to advance our understanding as fast as possible. Thanks.

MK I would just like to emphasise one point because I think, Andrew, it is great question but I think viewers who are out there who are listening to this may be really worried and we just want to assure you that the vaccines that are in use right now have very strong protection against the dominant virus that is circulating globally.

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So, it is absolutely critical that when it is your turn, you get vaccinated, because the chance of you developing severe disease and dying with vaccinated is significantly less than if you are not vaccinated. Vaccines are saving lives and we need vaccines to get into the arms of all of those who are at risk in every single country, not just in some countries and not adding more

vaccines to people who are already protected, but getting a first and second dose to those individuals who are at risk in all countries.

This is really important that this is crystal clear today because there is still a lot of uncertainty around Omicron and this data will come in and there are scientists around the world that are studying this, but there is no indication to suggest that the vaccines won't work. Even if there is a reduction in efficacy, it's still better to have the vaccine because it will save your life.

So, please, make sure that that's clear in all of the reporting because we don't want to scare people unnecessarily. We want people to understand out there that there is a system in place to detect these variants, to study these variants and to advise us, WHO, to make informed decisions so that actions can be taken to save as many people's lives.

CL Thank you very much. Next question goes to Simon Ateba, from Today News Africa. Simon, please unmute yourself.

SA Thank you for taking my question. This is Simon Ateba, with Today News Africa in Washington, and thank you for doing this very important and widely watched press briefing on the Omicron variant. On the timeline of this new variant, authorities in Botswana have said that the Omicron variant was first detected in a foreign diplomat who entered the country on November 7 and tested positive on November 11.

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South Africa informed the WHO about the new variant on November 24 and there are confirmed reports that the variant was already in the Netherlands a week before South Africa detected it and did the right thing by quickly informing the world. If this timeline is not correct, can you please tell us exactly when and where the new variant was first detected and how it has been spreading?

If this timeline is correct, doesn't this mean that the variant has already spread to many parts of the world, more than we currently know, and travel bans on Black and Southern African nations are, to say the least, useless and quite honestly, pardon my French, a stupid thing to do? Thank you.

CL Thank you very much, Simon. I think we've been over this a couple of times but let's reiterate. Dr Van Kerkhove.

MK I could start and others may want to come in here. Simon, great question. I think the timeline for when the Omicron virus was detected, I think the timeline will change and the reason for that is now that this variant has been classified as a variant of concern, there is a lot of attention to this.

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So, surveillance will increase, testing will increase, sequencing will increase. There is also a backlog of sequencing from cases that have occurred in the

month of November, for example. So, the timeline may change. The countries that will have detected this variant may change, and so I wouldn't put too much emphasis on exactly when and where yet.

However, having said that, it was South Africa and Botswana that did report this to us and inform us, but as those sequences get sequenced, as they catch up with that backlog, the timeline itself may change. We don't yet have the full picture but, as I said, there are many that are working on this.

For how long this has been circulating, I think that will take a little time to determine but I do want to emphasise the fact that this was reported to us on the 24th. The TAG-VE, the Technical Advisory Group for Virus Evolution, met on the 26th and advised WHO to classify this as a variant of concern, which we did.

Things are happening quite rapidly and rightly so and we need that to continue. So, we encourage countries to enhance their surveillance, to enhance their sequencing and to keep reporting that information, to share those sequences on platforms like GISAID, and a special thanks to GISAID as well, so that analysis can be done and we can better understand its emergence.

CL Thank you very much. Next question goes to Stephanie Wegenast, from Globo. Stephanie, please unmute yourself.

00:29:00

SW Hi. Thank you very much for taking my question. This is regarding Brazil. Obviously, Omicron has been identified in Brazil already, as well, which given its size, is always an important country to watch. One of the big debates there at the moment is whether it will be possible to have New Year's Eve and Carnival celebrations in bigger scales, obviously New Year's Eve now, Carnival in February. Does the World Health Organization have any guidance from Brazil specifically in relation to these major events that are so important to the culture and obviously to the economy, as well?

CL Thank you very much. Thank you very much, Stephanie. Who do we start with?

MK It will be me. I'll start.

CL We'll start with Dr Van Kerkhove.

MK Thanks very much for the question. I think we have guidance that is put out that advises on how gatherings should or should not take place and how they can happen as safely as possible. I'll just remind you that the factors that are driving transmission right now and having been driving transmission are not just these variants that are being detected but also increasing social mixing in the context of the inappropriate use of public health and social measures, not lockdown but things like masking, hand hygiene, distancing,

improving ventilation, etc. And, in that context, if you have any of those types of factors and a virus is circulating it will take advantage of that.

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But, there are many situations in which gatherings can take place in a safer way if the right provisions are in place, if there is surveillance in place, if there is detection in place, if there is distancing in place. And, in some situations, maybe those gatherings shouldn't take place but that's a case by case basis.

So, we have issued guidance on mass gatherings to take a risk assessment about what can be done if the gathering takes place, where that gathering takes place, indoors versus outdoors, how many people will be there and all of the other provisions in place.

Is vaccination required? Is testing required, etc? We don't give a blanket yes or no but we do ask everyone, even if it is in your individual life or whether it's a gathering, to take steps to lower your exposure to this virus because there's a lot that you can do to prevent yourself from getting infected and passing that virus to somebody else.

CL Thank you very much. The next question goes to Jérémie Lanche, from RFI. Jérémie, please unmute yourself.

JL Thank you, Christian. I would like to know, since it will take weeks, as you said, to know exactly what Omicron means for the pandemic and that we are about to enter in Europe into the holiday season and Europe is at the epicentre of the pandemic, I was wondering if you think that European countries should adopt a principle of precaution and take particularly strict measures. Underlying is, are we heading towards a lockdown Christmas, basically?

00:32:22

MR Thank you for the question. It may have been good if European countries took a lot more precaution over the last four months and the things we need to do to protect populations in terms of vaccination and public health and social measures from the deadly variant that is currently circulating. That variant is called the Delta variant.

The DG has said and Maria spoke again of the things we will do to contain and control the Delta variant will likely stand us in good stead should the Omicron variant continue to spread or demonstrate any signs of increased severity or vaccine escape.

So, I would encourage governments in Europe to look at the epidemiologic situation, to examine the mixture and the layering of their control measures, the focus they have in finding those individuals, particularly highly vulnerable ones, as Soumya said, who are highly vulnerable or at risk and making sure

that they're offered vaccine and that their concerns regarding the vaccines, if they have hesitancy, are addressed openly.

And, that we try to convince and persuade people to be vaccinated as well as beefing up and intensifying surveillance, increasing and expanding testing, ensuring that clinical pathways are well-managed and the right patients get the right treatment at the right time, ensuring that we engage and empower communities and ensure that they're supported and not left alone.

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This is not a time for governments to pass the full responsibility of containing this epidemic and pandemic back on to the shoulders of individual citizens. This is a time for governments to take action in solidarity with their communities, not in blaming their communities.

And, it is time for everyone to recommit ourselves to controlling the pandemic of multiple strains or multiple variants of the same virus. We will have to be a little patient in order to understand the implications of the Omicron variant but, certainly, we are dealing with a crisis now and that crisis is in Europe and it is being driven by the Delta variant. Thank you.

CL Thank you very much, Dr Ryan. Next question goes to Tomo Deguchi from Kyodo News. Tomo, do you hear us? It seems not. Then, we are moving on to Carmen Paun, from Politico. Oh, do we have Tomo back?

TD Can you hear me?

CL Yes. Please, go ahead.

TD Sorry. Thanks for taking my question. Even after you sent out the advice last night saying that the blanket travel ban is not effective in preventing the international spread of the new variant, more and more countries are implementing such measures, like Japan. They are now banning all non-Japanese to enter the country. Could you please send a stronger and clearer message to the countries which are acting not based on the scientific evidence. Thank you.

CL Tomoo, we're not very sure if we understood everything right. It was quite interrupted but if I get it right it was about the possible travel restrictions put up by Japan right now and planned. Is that what you're asking?

00:35:58

TN Yes, basically. Could please send a clearer message that blanket travel ban on preventing the spread?

CL Yes, thank you. Then, we have it. Then, I'm asking Dr Jaouad Mahjour, Assistant Director-General or Mike Ryan, maybe.

JM Thank you very much. As we said, a blanket travel ban will never stop the circulation of the virus but instead what is needed is a comprehensive

approach based on real risk analysis and also based on evidence, doing things that have worked and avoiding that that definitely will not work.

Of course, member states and countries they have the right under the International Health Regulations to take additional measures to protect their countries but these measures should be always based on clear public health justification based on science and also by it's own clear risk analysis and implementing the measures that can protect but avoiding the measures that can stop travel without protecting. Mike?

MR I agree with Jaouad. When we talk about a risk-based approach or enhanced methods, there are ways that you can de-risk travel, in terms of having increased testing, more testing before departure, more testing on arrival, quarantine until negative testing. There are a whole series of things that can be done that will manage the risk of importation of disease or even exporting disease to another country, which falls short of blanket bans.

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There's also some inherent internal contradictions in these bans. We've seen these before where you ban flights, except for your own citizens.

Epidemiologically, I find it hard to understand the principle there. Is it that some passport holders will have the virus and some won't? Does the virus read your passport? Does the virus know your nationality or where you are legally resident?

So, therefore, there are contradictions in this. Our concern here is that we apply public health principles, not political principles, to selecting measures that are used to control the spread of disease and that those measures are targeted at reducing transmission of the virus while presenting the least possible imposition on the individual's rights and freedoms of movement, which is a cherished freedom all over the world.

There are economic and social consequences to travel bans, particularly blanket travel bans, but there are circumstances in which in modifying travel, in reducing travel, and in adding more checks within the process of travel, can help to reduce or at least delay the spread of some disease but that, in no way, should be even used as a single measure.

The Director-General has said it, intensifying current surveillance and testing in countries. You are going to miss cases. They are going to come in your land borders. They're going to come in through third and fourth airports. So, the idea that you can put a hermetic seal on most countries is just frankly not possible.

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We all know that. We've seen that happen before and certainly there has to be consistency. If they are being applied, they have to be consistent and certainly we've seen a lot of inconsistency with countries, for example, in Africa, having

banned travel and they haven't had a single confirmed case, and other countries with confirmed cases and evidence of local transmission with no travel bans. I'm not saying one is right or one is wrong. What I'm saying I can't see the logic, certainly from a public health or an epidemiologic perspective.

CL Thanks so much. Next question, as indicated, now to Carmen Paun, from Politico. Carmen, please unmute yourself.

CP Thank you for giving me the floor, Christian. I wanted to ask about the agreement to start negotiation towards an accord or, potentially, a treaty. I was wondering if you believe that the agreement, whatever shape or form it's going to take after negotiations, will help in any way ease or navigate some of the geopolitical tension and nationalism that have marred the response to the pandemic so far? And, if you can say a bit like how you see that happening. Thank you.

CL Thank you very much, Carmen. Let me call upon Steven Solomon, our Principal Legal Officer.

00:41:01

ST Thanks very much for this question. I think it's fair to say that members states made a very clear decision today to seize the moment to begin negotiations actively with very clear timelines towards new international rules on preparing for, preventing, and responding to pandemics.

I think, in specific answer to your question, there is a very clear consensus that equity and equitable considerations should be at the heart of those discussions and because of the imperative, both morally and in terms of smart public health, of addressing equitable principles, I think there is reason for hope that there will be work to promote cooperation among countries which will have very important geopolitical effects, hopefully in ensuring solidarity.

CL Thank you, Mr Solomon. Dr Jaouad, please.

JM Thank you. I will just complement what Steve said. What we have been hearing from member states these three days and also when we went through the analysis of the more than 300 recommendations coming from the different panels, it became very clear that any international framework that member states will discuss in the future, it should be based on four major pillars the complement each other and allow the world to be better prepared and, if a pandemic happens, to have a better response.

The four pillars are, one, governance and leadership, at the national level but also at a global level to bring countries to work together and also to bring the whole country to work together. The second pillar is about financing of preparedness at a country level from domestic sources but also from international solidarity to finance countries who cannot mobilise financing for their preparedness but also finance global mechanisms that would be in place to prepare.

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The third pillar is global systems and tools that allow the WHO and countries to establish mechanisms that can be done during the preparedness phase to be activated during the crisis, the health crisis, and it's always very difficult to establish new tools when you are responding. It will be much more helpful if these systems are established and funded before the crisis.

And the last one, as Steve said, is equity. Equitable access and timely access to goods and countermeasures is extremely important to give all countries the same chance and the same tools to prevent but also to respond to health crises when they occur. There is clear consensus that these are the four areas that will be looked at and these areas definitely will complement each other.

MR Thank you, Jaouad and Steve personally for your leadership and the leadership of all of the teams that worked on this under Dr Tedros' guidance to work with our member states to get to where we are today. The beginning of a very important journey and maybe control for the first time in history over the threat and risk of pandemics in future.

We began that journey, I think, over the last few days officially but just to say I think that frontline responders and public health and healthcare, they're sick of counting the dead, they're sick of losing their friends, they're sick of watching their communities devastated, and that's not just for this COVID but for so many other epidemic diseases, be it cholera, Ebola and others.

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We have the means, we have the science, we have the knowledge, we have the methods and the ability to bring so much to bear to prevent, prepare for and respond to these events. The leadership of our member states today in agreeing to move forward has been fantastic and the Director-General spoke to that very passionately earlier in his speech to the assembly. Abraham Lincoln once said the best way to predict the future is to create it and today we may have begun to create a new future for our children. Thank you.

CL Thank you so much. Now, we move around the globe again and come to Latika Bourke, from the Sydney Morning Herald. Latika, please unmute yourself.

LB Thank you very much. Dr Tedros, you said in your opening statement that there were a lot of sticking points that could potentially hold up how soon you could negotiate this treaty or convention. Could you talk through some of the sticking points that you anticipate and what an ideal outcome would be?

CL Do we want to start with Mr Solomon?

ST Thank you. One of the things that member states have done in this decision, which they adopted today by consensus, meaning every country, all 194 member states agree to this decision, is set out clear timelines and milestones to reach, first a working draft, and that will happen very quickly,

actually, by August there should be a working draft, and then to further develop that working draft.

00:47:01

The point here is that the efforts to develop any instrument, any rules, is complicated, particularly where you have the challenges in the various areas that Dr Mahjour has outlined. What is important here is that there be a transparent and inclusive and consensus-based process among member states to work it out and that member states have made it clear that it should involve all relevant stakeholders.

So, what will help in roadblocks, and there will be roadblocks and there will be difficulties ahead, is a clear process with good leadership and transparency and involvement of whole of society with an approach by member states that works with the goals that were outlined by Dr Mahjour in mind.

CL Dr Jaouad, please.

JM Thank you. I think during the last three days we didn't hear any country who said that we don't want an international instrument to bring us to work together in solidarity. I think there are small differences in the approach. Many countries would like to define the legal framework of the instrument before starting negotiation and others, they prefer to negotiate the content before defining the legal instrument. These are small things but, of course, there are still existing some small differences but, as Steve said, the fact that member states adopted the decision in consensus, it demonstrates their willingness to overcome their differences and work together and hopefully they can come up with something strong enough to better prepare the world and ensure a better response to future health emergencies.

00:48:57

CL Thank you very much, both. Next question goes to Tom Clarke, from Sky News. Tom, please go ahead.

TC Hello. Can you hear me?

CL Yes, go ahead.

TC Thanks for taking my question. Firstly, what would be your opinion of the UK government's decision to offer third doses of vaccine, millions of them to people who are under the age of 14, not particularly vulnerable to severe COVID, given you spoke earlier of solidarity and vaccine equity? Secondly, perhaps for Dr Kerkhove, is there a disincentive, are you concerned now for scientists in other countries to step forward to be open about the new variants they might be seeing in their surveillance data, given the reaction to South Africa and Botswana and other African states?

CL Let me look around the room. Where should we start? Dr Ryan, please.

MR I think this question was related to the UK and vaccine boosters. It is tough for some countries who have huge amounts of excess vaccine to decide who to give it to but that is not the problem being faced by a lot of countries around the world who can't get even primary vaccine to their most vulnerable. So, it's a luxurious position to be in, if you're in a position to be able to have enough vaccine to do that.

00:50:43

The situation, right now, and again I think Dr Soumya said it earlier, the primary objective, I think, of all governments now must be, in the face of Delta and Omicron and others, to ensure that all vulnerable individuals, older age people with underlying conditions are immediately offered a vaccine to ensure that everyone has had at least a primary course of vaccine.

There are others here who can better answer than me regarding the benefits of a booster regarding other variants but, right now, there is no evidence that I'm aware of that would suggest that boosting the entire population is going to necessarily provide any greater protection for otherwise healthy individuals against hospitalisation or death. The real risk of severe disease, hospitalisation and death lies in particularly at risk and vulnerable individuals who do require protection against all variants of COVID-19. Soumya, you may have a point on this.

SS Thanks, Mike. I just want to reiterate what was just said, that our goal should be really to protect those who have not yet received their primary course of vaccination and this is true in all countries. There are all countries that still have vulnerable populations that have not been vaccinated for one reason or another.

Of course, there a large number of low income countries where it hasn't happened because they haven't had the supplies, but there are also high income countries that have still not achieved coverage above 60% or 65%, and so there is still a lot of work to be done on primary vaccination of adult populations, particularly the vulnerable groups.

00:52:33

Some countries are, as a precautionary principle, providing additional doses to people, because they have adequate supplies and they are just doing it. There isn't a whole lot of evidence that everybody over the age of 18 or, for that matter, above any age is going to benefit from this.

So, what we really need is the data to come in from many countries using different vaccines, different demographics, different populations and coverage and also different variants at different times during the year to have a comprehensive view on when boosters are going to be needed, which subgroups of people they're going to be most useful in and which vaccines should, indeed, be used.

So, there is a lot of research going on. SAGE is looking at the data. They will be meeting in the first week of December to look at all the evidence, to review it and then to make recommendations to the DG, and then to member states on how each country should look within their own context at their own population to decide on additional doses. But, at this point, again, the plea is to vaccinate the unvaccinated first.

MK Can I come in on the second part of that question, on the disincentive? The second question that you asked was around will there be disincentives for people to report, given the reaction that we've seen to this, and that's certainly a worry.

00:54:01

We, as WHO, we rely on our member states, we rely on public health professionals, those who are carrying out surveillance, those who are caring for patients in countries, researchers across academic, the public, the private sector to share information with us as quickly as possible so that decisions can be made. Any changes in our advice or guidance or recommendations need to be done and that needs to continue.

So, certainly, if there is any disincentive, if countries feel like they will be penalised for reporting that information that is, of course, a worry for us. We rely on this information, quite frankly, and we need to somehow figure out that all of us are either in this together or we're not.

You cannot have a pandemic in part of the world and not in others and, for the record, we're very much in the middle of this pandemic. The fact that we have new variants emerging will continue because the virus is circulating. So, not only do we need to increase vaccine coverage around the world and not just percentage-wise, but making sure that we reach those people who are most vulnerable first in all countries not just in some.

We also have to take measures to drive transmission down and, again, that does not mean lockdown. What that means is using proven public health and social measures which, quite frankly, many people around the world are getting used to. It does not mean we will need to do this forever. We will get out of this pandemic but every day decisions need to be made of whether or not we're getting closer to the end of this pandemic or we're actually taking steps to prolong it.

00:55:40

So, I think we know what we need to do. We know it is very difficult but, as we enter the third year of this pandemic, we have a long way to go and we need to put in the work. So, we need countries to continue to report. We should be thanking them and I don't think us sitting up here could thank them... We could probably thank them every single day and, in fact, we do. So, we encourage that to continue.

CL Thank you very much, all. We're coming slowly close to the hour but we may just be able to squeeze in one last question from AP, Jamey Keaton. Jamey, please unmute yourself.

JK Hi. Thank you, Christian, for taking my question. I'd like to build on what Dr Swaminathan said earlier. Have the travel bans and suspension of flights already begun to impede international cooperation in assessing Omicron, such as through the sharing of samples or reagents or is that still theoretical at this point?

And, building on Robin's question earlier, just very quickly, what figures, if any, do you have about the deaths so far linked to Omicron, particularly as a percentage of cases, even at this early stage? Thank you so much.

MK In fact, Jamey, I'll answer that question. For the later part of your question, we don't have an answer to that part yet in terms of deaths associated with Omicron. Again, this data is coming in daily and we will report that but not just deaths but the clinical spectrum and disease presentation.

00:57:19

With regard to the first part of your question, first of all scientific collaboration happens across borders all the time as I just mentioned. That has not stopped, that will not stop no matter what is happening around the world. What we have seen in the situation of Omicron, the researchers in South Africa have been very willing to not only share data, not only share information, but also share samples.

But, the travel bans that have been imposed on South Africa have caused some challenges for those samples to actually ship out of the country. So, there are other implications for these travel bans that are out there. We're finding a way, they're finding a way to be able to share those materials so that studies can be done.

Unfortunately or fortunately, but unfortunately the virus passes in people and the virus is in 23 countries now, so that virus is available to many already but travel bans do have a negative impact on the ability to ship samples out of a country.

CL Thank you very much and, with this, we come to the end of today's press briefing and the first one in this new building, new room. Thank you all for your participation. We will be sending the audio files and Dr Tedros' remarks right after the press conference and the full transcript will be posted on the WHO website tomorrow morning. Again, greetings from here, and now over to Dr Tedros.

00:58:51

TAG Thank you. Thank you, Christian. I think colleagues are reminding me that Sophie said her question was not answered, so I will try one bit that she is

reminding us to answer. Of course, the question you asked, I have already said it, even in my speech.

If you remember, I said blanket travel bans will not prevent the international spread of Omicron and they place a heavy burden on lives and livelihoods. So, we're advising countries to not resort to blanket travel bans but to do a tailored intervention.

Everybody knows that this virus has affected the world economically and also in other aspects, and the damage is being felt by many, many countries, but it's also sad to see that countries who are transparent and who are contributing to new information, new knowledge, are penalised.

We have said this many times, that countries who are taking measures should consider that their actions could punish those who are doing the right thing and it wouldn't encourage South Africa and others to do what they are doing now if the outcome is penalising them.

So, our call has been, since Omicron was reported, for countries to take a tailored approach rather than blanket travel bans. In that way, then, they will take care of the economy and the other aspects of the world. This is not specific about South Africa and Botswana alone. We have to also consider the other neighbouring countries in that region and beyond, which are being affected by such unnecessary measures.

01:01:28

Of course, we will continue to say this and I hope countries will listen but, again, I would like to use this opportunity to thank South Africa and Botswana for what they have done, for detecting, sequencing and reporting this variant soon and they should not be discouraged by what happened, and I would like to assure them that we are on their side.

So, thank you very much to all colleagues today from the media who have joined in our new building, the new complex, and we hope also, especially the Geneva-based, to see you in person in this building mid, I think, this month, in December. Thank you for joining us today and see you in our upcoming pressers. Thank you.