COVID-19

Virtual Press conference

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Speaker key:

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HS	Dr Heidi Stensmyren
GB	Gordon Brown
AN	Antonio
CO	Corinne
MR	Dr Michael Ryan
BA	Dr Bruce Aylward
GU	Gunila
MS	Dr Mariangela Simao
JE	Jeremy
GA	Gabriela
JO	John
JC	James Campbell
ZJ	Dr Zsuzsanna Jakab

00:00:21

MH Hello, everybody. This is Margaret Harris in Geneva welcoming you today, October 21st, to our global COVID-19 press conference. Speaking today will be, as ever, Dr Tedros Adhanom Ghebreyesus but as today's press conference has a special focus on health and care workers as well as vaccine equity Dr Tedros will be joined by Mr Gordon Brown, the WHO Ambassador for Global Health Financing, who will speak on vaccine equity, Ms Annette Kennedy, President of the International Council of Nurses, and Dr Heidi Stensmyren, President of the World Medical Association.

And of course we have as usual our full team of experts available to answer your COVID-19 questions during the question-and-answer session in the room here. We have Dr Zsuzsanna Jakab, the WHO Deputy Director-General, and we have Dr Mike Ryan, who will be joining us soon. He is the Executive Director of World Health Emergencies.

Dr Bruce Aylward, Lead for the Act Accelerator, Dr Mariangela Simao, our Assistant Director-General, access to medicines and other health products, and Mr James Campbell, Director for the health workforce department. We will also have experts joining us online.

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We've got a very full and interesting programme and as ever we will have a team providing simultaneous translation in the six official UN languages plus Portuguese and Hindi and so you may ask your questions in those languages. But now, as I said, we have a very full programme. Without further ado I will hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. I have often said that universal health coverage and health security are two sides of the same coin. Both depend on health systems that are resilient, efficient and effective and able to surge to respond to emergencies.

Health systems like that are a vital first line of defence against outbreaks with epidemic and pandemic potential but they're also essential for promoting health, preventing communicable and noncommunicable diseases and for reducing inequalities and inequities.

This week WHO published a new position paper on building resilient health systems as the foundation of socio-economic recovery and development. The position paper outlines seven policy recommendations with specific actions in each area. We urge all countries to implement these recommendations and reap their benefits.

The backbone of every health system is its workforce, the people who deliver the services on which we rely at some point in our lives. The pandemic is a powerful demonstration of just how much we rely on health workers and how vulnerable we all are when the people who protect our health are themselves unprotected.

A new WHO working paper estimates that 115,000 health workers may have died from COVID-19 between January 2020 and May this year. That's why it's essential that health workers are prioritised for vaccination.

Data from 119 countries suggests that on average two in five health and care workers globally are fully vaccinated but of course that average masks huge differences across regions and economic groupings.

In Africa less than one in ten health workers have been fully vaccinated. Meanwhile in most high-income countries more than 80% of health workers are fully vaccinated. Today WHO and several partner organisations have issued a statement calling for action to protect health and care workers around the world.

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First, we call on all countries to improve monitoring and reporting of infections and deaths among health and care workers.

Second, we call on all countries to ensure all health and care workers are protected and supported with safe and healthy working conditions, regular salaries, pay equity, appropriate education, career opportunities and social protection.

Third, we call on all countries to ensure that all health and care workers in every country are prioritised for COVID-19 vaccines alongside other at-risk groups. Today I'm pleased to be joined by two women who represent millions of health workers around the world, Dr Annette Kennedy, President of the International Council of Nurses, and Dr Heidi Stensmyren, the President of the World Medical Association, which represents the world's physicians.

Thank you both for joining us. Annette, you have the floor and then we will hear from Heidi. Annette.

[Asides]

00:06:49

AK Thank you. Thank you, Dr Tedros, and thank you, WHO, for giving me the opportunity to speak on behalf of the International Council of Nurses and on behalf of the 27 million nurses that I represent.

I wish it was a better day today. I wish it was a day that we would celebrate that all healthcare workers had been vaccinated or that we had come to the end of COVID-19 but it is not that day. It is a day when we're hearing about 115,000 health workers who have died, many needlessly, many we could have saved.

We know from ICN that that's an underestimate of the number that have actually died. We welcome the publication of the data but we still grieve for those who have lost their lives. They have sacrificed their lives for other people who they have tried to save.

Is it that healthcare workers' lives mean so little? Is it that we cannot look after them and protect them? Is it that governments do not realise that they have a duty of care to their health workers, the most valuable resource?

It's a shocking indictment of governments. It's a shocking indictment of their lack of duty of care to protect healthcare workers who have paid the ultimate sacrifice with their lives.

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Nurses - and I speak for nurses although we're talking about all healthcare workers - went into this pandemic six million nurses short. Not only that but globally the world was not prepared for the pandemic. It had weak health systems, it had unresilient health systems.

Now we find that nurses have left orphan children and they have left many family members behind without compensation or recompense because it's not looked on as an occupational health injury.

We have been calling for systematic standardised data collection for over a year-and-a-half. We know from our associations, 135 associations throughout the world that many nurses have become infected and many have died.

We also know that nurses are burnt-out. They have given their all for a year-and-a-half or two years. They have worked long hours. They have worked without breaks and they have been called to do a duty without protective equipment and without support.

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They are now burnt-out. They're devastated. They are physically and mentally exhausted and there is a prediction that 10% of them will leave within a very short time.

Added to the six million nurses that we our short our estimates show that in the next ten years or less we will lose 4.7 million nurses who are due to retire before 2020 [sic], mainly from North America and the European countries.

That makes 10.7 million nurses. Add 10% more to that from the associations that we know that have said there's an intention of

at least 10% to leave the profession. That makes 30 million nurses. 30 million is 50% of the current workforce.

No health system can survive without that many nurses. No health system can even function without 50% of its workforce and we have seen that nurses are now going into different jobs already.

The most educated of our profession are looking for agency work so that they can make two, three and four times the salary but work a third of the time. That reduces the number in the workforce.

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So what are governments going to do? What are they going to do to protect our workforce. If you were to see a plane crash every day for a week the whole aviation industry would close down. In fact the world would be investigating it yet there's no investigation into the 115,000 healthcare workers who have died.

Are we not valuable? Are we not valuable to society? Are we not valuable because we put our lives at risk? There is something seriously wrong and we all have responsibility and what we would find is that the lack of sharing of vaccines across the world because countries are only vaccinating their own and they're going into booster doses and they have vaccines that have not been used because they have a choice and they have decided that through misinformation or disinformation they're not using their vaccines.

But they are left unused and yet we have other countries crying out for vaccines, particularly healthcare workers and yet those same countries would be aggressively recruiting very quickly nurses from those countries who cannot afford to lose their nurses or their healthcare workers.

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So I am sad, I am devastated, I am upset that so many people have lost their lives and that still our governments fail to protect the healthcare workers that they need most. So when is this going to stop? When are they going to step up to the plate and take the responsibility seriously?

They need to vaccinate all their healthcare workers. They need to invest and they need to retain their health workforce. So I urge all governments, I urge all people and I even urge the media to ensure that we make this clear. There is another crisis coming

down the tracks and that is a shortage of healthcare workers. Thank you.

TAG Thank you. Thank you, Annette. Heidi, over to you.

HS Thank you, Dr Tedros, and thank you for the invitation to speak on behalf of the World Health Professional Alliance and the World Medical Association. Thank you especially for the support of the necessity to vaccinate health and care workers, individuals who are not only left alone on the front line but are not always heard.

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So with those words we want to put forward that we thank the WHO for the initiative raised and regret together with you that many member nations have not provided the data necessary to really document and understand the impact of the pandemic on health personnel and healthcare.

Aggregated data is a resource needed so that we can be more resilient now and in the future. We have learnt to use data and we do have the possibility to collect data. It is time that it is done [?].

We have all experienced and witnessed the harm the pandemic has done not only to our patients but also to us and our colleagues, many of whom we have seen suffering or even dying, some still left with long COVID problems.

Left alone with shortages in material often due to disrupted supply chains or unfortunately even hoarding, left alone with staff shortages, unfortunately insufficient staffing already before the pandemic but during the pandemic getting really worse.

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So both material shortages and staff shortages are partly consequences of economic planning and regimes which have squeezed out the last reserves of healthcare systems and, as I mentioned before, we saw it even before the pandemic and we also had knowledge about it.

On-demand delivery left the systems with lack of resource. We were not resilient enough when the pandemic hit us. Those priorities, political priorities and choices turned out to be extremely costly, not only with a view to the many lives lost but also with a view to the economy and the health and welfare of our countries.

Because healthcare is not a commodity to be acquired at the lowest price possible. Healthcare including reserve capacities is an investment in the future. It's insurance. It's the way we can be more resilient, just as you mentioned in opening this meeting.

Back to the working conditions. Working conditions, as pointed out earlier, have been inappropriate during the pandemic and even the payment for the work during the pandemic has led to a higher attrition rate and we will see even higher attrition in the future.

This will be an obstacle and a challenge to achieve the necessary accessibility to healthcare for the populations around the world.

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And unfortunately to this we can add attacks and harassment of health and care workers during the pandemic. We have addressed this many times but the calls to protect us against violence have unfortunately been widely ignored and even here documentation is important.

So back to where I started. Collecting data about the spread of public health threats is neither a luxury nor is it a national business. It is essential and it is affecting us all. We all respect those colleagues who succumbed during the pandemic in order to serve their patients. They are truly heroes. Their families need our support but we owe them more. We owe them not to make the same mistakes again.

So if there is a revision of the International Health Regulations coming up or, even better, if there is a pandemic treaty, collecting and reporting the essential figures to observe, measure and understand the public health emergency will be crucial both to control but also to contain it.

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So we will say that complete, correct and instant reporting should be part of our international collaboration. The WHO offers the right platform for this and we would encourage all countries in the world to stand up for this.

Without that beating future pandemics will be more difficult and would risk repeating what we have seen in the last two years. Thank you for this.

MH Thank you. Thank you, Heidi, and also thank you to Annette and to both of your organisations also for your

continuing partnership, to the International Council of Nurses and the World Medical Association.

More than ten months since the first vaccines were approved the fact that millions of health workers still haven't been vaccinated. is an indictment on the countries and companies that control the global supply of vaccines.

High and upper-middle-income countries have now administered almost half as many booster shots as the total number of vaccines administered in low-income countries. In ten days' time 20 people will meet in Rome with the ability to change that, the leaders of the G20 countries.

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Between now and then roughly 500 million vaccine doses will be produced. That's the amount of additional doses we need to achieve our target of vaccinating 40% of the population of every country by the end of the year.

82 countries are at risk of missing that target. For three-quarters of those countries it is simply a problem of insufficient supply. The other quarter of countries have some limitations in their ability to absorb vaccines and we're working to address those problems.

The target is reachable but only if the countries and companies that control supply match their statements with actions right now. The barrier is not production. The barriers are politics and profit.

The G20 countries have pledged to donate more than 1.2 billion doses to COVAX. So far only 150 million have been delivered. For most donations we have no timeline. We don't know what's coming and when.

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Manufacturers have not told us how much COVAX will receive or when we will receive it. We cannot have equity without transparency. Ahead of the G20 summit next week we plan to publish a new 12-month strategic plan and budget for the ACT Accelerator, which will set out the actions and resources needed to achieve our targets.

It's clear what needs to happen. The countries that have already reached the 40% target, which includes all the G20 countries, must give their spot in the vaccine delivery queue to COVAX and AVAT.

The G20 countries must fulfil their dose-sharing commitments immediately. Manufacturers must prioritise and fulfil their contracts with COVAX and AVAT as a matter of urgency and be far more transparent about what's going where.

And they must share know-how, technology and licences and waive intellectual property rights. We're not asking for charity. We're calling for a common-sense investment in the global recovery.

COVAX has the money and contacts to buy vaccines. What we don't have is any visibility on when the manufacturers will deliver.

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One of the clearest and strongest voices for the need to invest in vaccine equity is Gordon Brown, the former Prime Minister of the United Kingdom and WHO's Ambassador for Global Health Financing. It's my great pleasure to welcome Gordon today. Gordon, thank you for your continuing work and partnership and leadership. You have the floor.

GB Thank you. I want to start by thanking Annette and Heidi for their moving and challenging statements about the loss of 115,000 health workers, so tragically lost during this COVID crisis.

I count it a privilege to work with Dr Tedros, who's just introduced me, and with his brilliant, dedicated team and I'm here today to issue a warning that in the ongoing race we are in between the virus and vaccines we're once again at a moment of truth and the next ten days to October 31st will be decisive.

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If at the G20 summit in Italy the world's richest countries cannot mobilise an extraordinary and expedited airlift of doses to the unvaccinated and unprotected of the world and do so starting immediately an epidemiological, economic and ethical dereliction of duty will shame us all.

We may have lost our last chance before winter to initiate what is urgently needed to save hundreds of thousands of lives - a globally co-ordinated, month-by-month operational plan and timetable that transfers what are unused vaccines we now hold in the richest countries of the world to the world's poorest countries that are in desperate need, as Dr Tedros has said, of vaccines now.

For it's urgent we close this yawning and unconscionable gap between the promises of vaccines that our richest countries have made and the painfully slow delivery of them to the poorest. It's time to bring to an end the tragic and unacceptable but still growing divide between global north and global South, that by December on current projections the West will be stockpiling 600 million unused vaccines and by February almost a billion that could, starting today, if airlifted to the South help prevent the loss of lives.

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To have the vaccines available in one half of the world and yet to deny them to the other half of the world is one of the greatest international public policy failures imaginable and it's a moral catastrophe of historic proportions that will shock future generations.

For if the G20, who hold the lion's share of vaccines, do not act to switch their stockpile of vaccines and delivery contracts from North to South the World Health Organization's latest forecast is that there'll be 200 million more COVID cases in the next year, three-quarters of them in the countries where most remain unvaccinated and unprotected, and five million lives hang in the balance.

If this were to be the case we're only a little more than halfway through the damage caused by this pandemic.

In the face of this crisis with only 5% of adults vaccinated in Africa, just 1.4% in low-income countries, the first target of 10% vaccinated in all countries was not met by deadline day, September 30th. 56 countries did not reach 10%. 18 countries managed no more than 1% vaccinated. The failure is such that having made a promise to meet that September deadline we're in mid October still 200 million vaccines short.

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The 40% adult vaccination target for November, confirmed only a few weeks ago at the Global Vaccine Summit, chaired to his great credit by President Biden, has, unless we act now, no chance of being met.

Despite the heroic work of COVAX, the bulk purchasing agency, we still appear to be 500 million vaccines short to reach that 40% target. Since the start of the pandemic the number of COVID cases has reached 242 million and will, say the World Health Organization, almost double again to 440 million in 2022.

The death toll is officially now at 4.9 million and it could virtually double to an overall figure of nearly ten million within the next year or more. So failing to vaccinate the world is self-defeating, it's against our self-interest, it's against all our security interest. The longer vaccine equity persists the more the virus will keep circulating and mutating, the greater the likelihood of the pandemic continuing uninhibited for at least another year, delaying our containment of COVID, prolonging the economic and social disruption the virus is causing.

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Airfinity, the expert data research agency, are showing us that even if we account for boosters and vaccinating the over-12s and even younger 240 million vaccines are lying today unused in the West.

If we do not act and use them the figure of vaccines either unused or about to be delivered under contract will exceed 400 million next month, by the end of December 600 million. So the 500 million shortfall in vaccines that we've talked about can be bridged by transferring 500 million unused vaccines south by switching delivery contracts to do so.

By February the unused stock could be one billion and, what is more, Airfinity estimates that if we do not transfer these vaccines quickly 100 million of these vaccines could pass their use-by dates and expire and would have to be destroyed and wasted.

But there is a way forward. In advance of the G20 on October 30th Western leaders should decide on a plan and a timetable to transfer the vaccines that are available from North to South. If this was agreed then the other G20 members who also have unused vaccines could be persuaded to add their vaccines and switch their delivery contracts.

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This would enable us to reach 40% vaccination rates in all countries by December so we are now in a countdown to the start of the G20 under Prime Minister Draghi. The G20 is our chance to agree and co-ordinate an operational plan and a timetable to meet our vaccine targets and to make progress where previously we've fallen short.

Of course an extraordinary humanitarian effort is also needed, as Dr Tedros has so eloquently said, with the World Bank, IMF and other agencies making additional resources available to ACT-A and to the 91 hardest-pressed countries to build the medical

capacity they need and the staffing to administer the vaccines in urban and rural areas over the coming months.

But, friends, the alternative is unthinkable. A fractured world where bitterness and a two-track future grows and where the disease spreads uninhibited in unprotected places and then as it mutates new variants threaten to infect even the fully-vaccinated.

It's in everybody's interests and there is no greater cause today than us acting decisively now to bridge the unacceptable divide between the world's vaccine-rich and the world's vaccine-poor. Thank you very much.

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TAG Thank you. Thank you so much indeed, Gordon, for your leadership and advocacy. We can only hope the G20 countries hear your call so thank you so much again and I hope you will stay with us for the interaction with the media. Margaret, back to you.

MH Thank you very much, Dr Tedros, and to our distinguished speakers. As Dr Tedros said, we will now open the floor to questions. We've got a lot of you online with your hands up already so please keep your questions short. Please keep to one question. We will start with Antonio from the Spanish news agency, EFE. Antonio, unmute yourself and ask your question.

AN Hello. Good afternoon. To start with I want to send my condolences to the health workers all over the world for all these many lives lost.

My question is on another topic. It's on the election of the Director-General of the WHO. The nomination deadline ended a month ago but we still don't know how many candidates there are, who they are or whether Dr Tedros is going to run for re-election. Can you please give us some information on this process? Thank you very much.

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TAG Okay, thank you. I cannot go into details because of many reasons but it will be announced at the end of this month. Thank you.

MH Thank you, Dr Tedros. That was short. The next question goes to Corinne from Bloomberg News Agency. Corinne, please unmute yourself and ask your question.

CO Hi, thank you. How concerned are you about the surge in cases in the UK? Do you think we are in for another winter of potential lock-downs in places that either aren't using protective measures like masks or that don't have high vaccination rates?

MH Thank you, Corinne. I think Dr Mike Ryan will answer that question.

MR I think first of all the United Kingdom has achieved very high levels of vaccination across the board in all its target populations including health workers and congratulations to them for that.

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The National Health Service has held up very well under more than a year-and-a-half of extreme pressure and our respect to the health workers and to the managers and others who've kept that system running so well through such a difficult and demanding period.

There is no question if you look across Europe - and it's all the way from Azerbaijan to my own country, Ireland - we've seen an up-tick in the number of reported cases in a large number of countries. In fact the trend in Europe has been upwards for three weeks and the UK is no different in that.

In fact the increase in cases week-on-week in the UK is much less than the week-on-week increase in some countries in Eastern Europe for example but we're seeing that general trend.

I think what we're seeing is, in essence, communities going back to what people consider as normal and restrictions have been progressively lifted in many countries in stages over the last number of months. Most of those restrictions are now not in place any more in many countries and we're seeing that coincide with the winter period, in which people are moving inside as the cold snaps appear.

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So in that sense there is more social mixing, there is more movement and when you have more social mixing and more movement in the presence of a virus that spreads by a respiratory route then you're going to get more cases. That's a reality.

We know that the vaccines that have been used are highly effective at preventing severe disease and hospitalisation and we

can see that decoupling of the incidence data, the number of cases from the number of hospitalisations and deaths.

Particularly in the UK it's really instructive to look at the curve, that despite the increasing number of cases over the last number of weeks we've seen a very flat number of cases of hospitalisation, severe disease and death so that is definitely holding.

But the vaccines are not perfect in preventing further infection or in preventing transmission so the reality is that in a situation where there is intense social mixing in the winter period with people inside we are going to see further transmission of the virus.

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The question is whether that transmission turns into severe cases, hospitalisations and deaths and the way that the hospitalisations and deaths can be avoided is ensuring that particularly those people in high-risk groups have the appropriate vaccination.

That again is the tragedy that's been outlined here by so many speakers. The fact that countries like the United Kingdom and many countries in the European Union are able to decouple the incidence from the deaths speaks to the value of the vaccines and the job that the vaccines are actually doing.

The issue is that that benefit is not available to so many millions of people in so many countries, including those health workers in countries all around the world. So we will expect to see increases in cases. The question remains as to whether or not we will have the same experience as last year with health systems coming once again under pressure and again if you look to Eastern Europe...

And I think in the Russian Federation yesterday they had the highest number of deaths in a very, very long time so this is not just a phenomenon in one place. This is a phenomenon across many countries and the difference between having intense transmission with some cases of hospitalisation and death and having large-scale hospitalisation and death associated with pressure on the health system really comes down to vaccination and getting vaccines into people and having people increase their demand for those vaccines.

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That doesn't mean that we don't have to be careful. This is still a very dangerous virus and we can protect ourselves and if you're a person who has high vulnerability then even if you are doubly vaccinated or vaccinated with the appropriate number of doses in your primary course you should still be careful, you should still take care.

We also have influenza and respiratory syncytial virus. We are seeing unusual activity in both of those viruses as those infections kick back in. We've had a holiday from those viruses in a way with all the measures put in place for SARS-CoV-2 and COVID. We've had very low incidence of those two diseases so again I would advise people to make sure that if it is offered you get the influenza vaccine as well this winter for those in the northern hemisphere and that you protect yourself against that as well.

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So again just to say, the United Kingdom has not only been part of developing vaccines but has also delivered those vaccines very effectively to its population. Its NHS has stood up well and I believe the Health Minister and others yesterday have put in place contingency plans for further measures should they be needed.

I think all countries need to be considering what they will need to do to support their health service should the incidence of disease result in higher numbers of hospitalisations - that's just good planning - and ensure that we get particularly...

I think this is one issue. Sometimes we look at this number of the percentage of people vaccinated. That's not necessarily the most important number. It's the people you've missed in the high-risk groups. They're the ones who will get sickest. They're the ones who may die.

So please let us not focus purely on the number of people vaccinated or the proportion. Let's look at the people who we need to vaccinate as an absolutely highest priority and have we covered those people, especially those with underlying conditions and older persons. Thank you.

00:38:23

MH Thank you, Dr Ryan. I think Dr Aylward wants to add something.

BA I think we can move on but it was just the point that the Director-General and Mike emphasised so often. We don't have

to see those surges. The vaccines are an important part of it but the vaccines are only part of the issue. The social distancing, the masking, etc.

We've had lots of countries try to mix the vaccination, high coverage with those other measures that Mike and Director-General emphasise so much and that's what we have to remember again and again and again. It's not an inevitability to have big surges of disease. It's a function of how we behave in the face of this virus as well.

MH Thank you, Dr Aylward. I'm looking around the room to see if any of our experts on health systems would like to point out what this means for their healthcare workers. No, okay. Then the next question will go to Gunila from Svenska Media. Gunila, please unmute yourself and ask your question.

00:39:24

GU Thank you for taking my question and first of all my condolences to all the health workers in the world but my question concerns vaccines. All Nordic countries have actually suspended the use of Moderna vaccine for people under 30 years of age after a new study about heart inflammation.

I'd like to have your view on this. Is this a reasonable decision and what is the risk of giving the Moderna vaccine to younger people considering this new data? Can younger Nordics who have already taken one dose of Moderna now safely do a mix-and-match and take Pfizer?

I think you have been preparing a statement after viewing this data but so far I have not seen anything. Thank you.

MH Thank you, Gunila. Dr Mariangela Simao will answer your question.

MS Thank you, Gunila. First of all let me say that WHO has a global advisory group on vaccine safety that meets regularly and it's currently assessing the decision in Sweden and Denmark to stop vaccinating with the Moderna vaccine and comparing the very rare - actually let me again re-emphasise - the very rare side-effect, adverse event of myocarditis in younger people, especially 18 to 24 years of age and who have taken either the Moderna or the Pfizer vaccine.

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So again these vaccines... First of all the myocarditis that has been observed is very benign. Some people do have to be

hospitalised but we don't have any deaths associated with it and the assessment we have so far from the different regulatory agencies and also the internal assessment of WHO is that the benefits of having the vaccine still outweigh the risks.

So we shall be seeing a statement of the global advisory group on vaccine safety in the next two days. Thank you.

MH Thank you very much, Dr Simao. The next question goes to Jeremy from RFE. Jeremy, please unmute yourself and ask your question.

JE Thank you, Margaret. I would like to ask a question about the nurses. I was wondering regarding health workers, does WHO recommend or is it working on a recommendation for health workers to receive a third dose? If Ms Kennedy is still online I would like to know if that's a demand from the nurses for themselves. Thanks.

00:42:09

MH Thank you very much. We'll go to Annette, I think, first of all and then Dr James Campbell will answer.

AN I think, if I heard you correctly, you're asking if healthcare workers like nurses should get a third dose. Is that what I heard?

JE Correct.

AN Of course, if we are talking about the safety of healthcare workers we would agree with what the evidence suggests. However what we are saying too is we would like to see equity in distribution of vaccines across the world, not just in high-income countries receiving vaccines, two vaccines or three vaccines or booster doses.

That would be ICN's ethos in relation to healthcare workers, equity of vaccines across the world to protect everybody so that's where ICN would be coming from. But of course we would do everything in our power to protect the healthcare workers because we need them. The loss of one more life is a loss too much.

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MH Thank you very much. Dr Aylward, would you like to add anything on that? That's fine, okay. The next question goes to Gabriela Sotomayor from Proceso, Mexico. Gabriela, please unmute yourself and ask your question.

GA Thank you. Thank you very much for taking my question and my condolences to all the health workers in the world. My question is to Dr Tedros. The President of Mexico, Mr Andres Manuel Lopez Sobrador, expressed harsh criticism of the WHO because of the delay in the authorisation for emergency use of certain vaccines.

At his press conference he criticised the organisation for its inefficiency and asked you to accelerate the process to authorise the use of certain vaccines, for example Sputnik or Cancino. This is the second time that he put pressure on the WHO to hurry with the process of vaccine authorisation and he questioned if the reason was political or ideological so I kindly ask for your comments. Thank you.

MH I was going to say perhaps Dr Simao will begin.

00:44:43

MS Thank you, Gabriela. This is an important question because actually, let me make very clear, the WHO use international standards and the procedures that guide the emergency use listing are published in WHO's website and they are followed by all manufacturers.

But the procedures in themselves are procedures. What needs to happen is that the manufacturer needs to apply for... needs to make a submission to WHO and then once it's accepted needs to submit all data and, as I am saying, WHO is not inventing new data or creating differential requirements.

We use the internationally accepted, recognised standards and norms for the quality and safety of health products. Then the speed with which the vaccines are listed, which is the emergency use listing, depends on how fast the manufacturer submits all the data.

In some cases we do need to do inspections in the manufacturers. If the inspection was recent we don't need to do it again but in the case specifically of the emergency use listing of Sputnik that was mentioned let me say that we did start what we call the rolling submission, which means that the applicant starts to upload to WHO's website the technical data, clinical data, the clinical trials, the good manufacturing practice, the quality management system.

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There's a series of data that needs to come in. We haven't received all the submissions from Sputnik yet and let me say that

the process was on hold until yesterday evening because of a legal procedure. We still needed the applicant to sign that they agreed to the WHO's rules and procedures to continue to do the assessment.

So it has restarted as of today so we expect that we will be able to redo the inspections in the next few weeks so we're still going to receive additional data from the Sputnik applicant. This is the process that works for everyone. WHO doesn't differentiate from where the manufacturer is, which country it is, whether it's this or that, state-owned or private-sector. We follow the rules that are equal to everyone.

Then there are different timelines because of the different processes in terms of the speed with which the manufacturer can provide the data to WHO. Thank you.

00:47:53

TAG Thank you. She wanted me also to respond so I'd be happy to say a few words. First of all, we haven't heard from Mexico straight. if they have any concerns they can ask us, they can send us a message and we can give them any answers so this is the first time I'm getting information that they have concerns.

Second, if they're interested they can send experts to see how we do it here so instead of the President raising these issues without any contact with our experts, first it's better to leave it up to the experts to discuss.

As I offered earlier, if he wants to know I think he can send experts and our experts and their experts can discuss it. One thing I would like to assure His Excellency, the President, though is we use data and evidence and principles, nothing else and the final recommendations come from experts with the right skills and experience.

So we always use evidence and science so that's what I would like to assure His Excellency. Thank you.

MH Thank you very much, Dr Tedros and Dr Simao. The next question will go to John Zaracostas. John, please unmute yourself and ask your question.

00:49:38

JO Good afternoon. I'd like to follow up on some of the interventions by the representatives from the nurses' association and the World Medical Association and if they could shed some

light on the tragic situation in Yemen where health workers have not been paid for many months, more than a year in some cases and they're treating life-saving cases on the ground, paediatricians, etc.

I know the WHO's been trying to do something about it. It would be great to know what's being done given that 11 million children's lives are at risk there. Thank you.

MH Thank you, John. We'll also go to Dr Heidi from the World Medical Association who's got her hand up but we'll go to Dr Annette first.

AK Thank you for the question. It's not just in Yemen that this is a problem. We have seen it in many countries throughout the world where there hasn't been investment in health systems and consequently nurses are not paid and they're not even employed even though there are shortages in those countries.

00:50:56

I'm not sure what we can do except to put pressure on governments to invest in their health workforce because without a health workforce you don't have a health economic system in country.

So I understand that it's not just in Yemen that there is an issue in relation to the delivery of care to children and to the society at large. We're funding it in many, many countries throughout the world so we have to all put pressure on governments to ensure that there is employment and that people are paid to actually deliver care and that this is as important as investment in banks or investment in any other area of work.

Because it seems as if healthcare is not as important as having your money invested in a bank. Really which is more important, that you die or that you have money in the bank? To me there's no equation there.

So I am just extraordinarily taken aback that governments see so little reality in the reason to invest in healthcare and to invest in healthcare workforce and to protect the general population. We saw what happened when COVID came. The whole world shut down, the economy shut down, everything shut down but the only people that could keep going were the healthcare workforce and the hospitals and the institutions to try and protect the people and to save their lives.

00:52:38

So it's time that governments learnt and it's time that governments learned their lesson from this pandemic.

MH Thank you, Dr Annette. We'll now go to Dr Heidi who had her hand up, I think, for an earlier question. Over to you, Dr Heidi.

HS Yes. Thank you so much. Yes, it was for an earlier question but I'd like to address this as well because we see it in many countries and we appeal to the humanity and ethics of the health professionals on the floor but a country, a society can't build on that because even they are leaving to save their lives many times.

I just spoke to a colleague in Lebanon and we see colleague after colleague leaving to other countries and this we have seen before the pandemic. It has just been worse and we have to see to it that healthcare is part of the infrastructure just as the health of the population is an asset, not only money in the bank but is an asset, that personal healthcare is an important asset.

00:53:47

So it's about politics, about investments but also about global collaboration. We have to support each other so yes, we acknowledge the problem and it is actually very big.

So I wanted to answer the last question but I wanted to add on a former question about vaccination of healthcare professionals, third dose, yes or no. I'd like to address the opening remarks by Dr Tedros. where he pointed out that two out of five healthcare personnel are not vaccinated yet - or that two out of five are vaccinated. Sorry.

That's too low a number and the healthcare personnel, physicians such as myself have a responsibility to get vaccinated as well because between the situation where we have access to vaccine and the possibility to vaccinate healthcare personnel and where there's a total lack of vaccines there is a range in between where there's also a choice of the healthcare personnel.

00:54:57

So it is our responsibility as well to get vaccinated. We meet vulnerable people all the time and there's a risk if we are not vaccinated that we carry and spread the virus to patients. We are also role-models to the population. We need to tell the population of the importance of being vaccinated.

We also have a role in promoting the right information about vaccines because there is a lot of misinformation and incorrect information about both the vaccine and the pandemic but also about the spread of the virus.

We need to promote clinical data as fast as possible and as much as possible so that we and the populations around the world will accept being vaccinated. as well. That's important to address.

Then the question of a third dose is coming later but to be vaccinated in the first place must have seniority.

MH Thank you so much. Now Mr James Campbell will answer this excellent question that's getting a lot of interest.

JC Thank you, Margaret. John, thank you very much for the question. Yes, the situation in Yemen is of real concern. You will have seen in today's joint statement, the healthcare professional associations, WHO, many of the partners, IOO included, the second call to action is on the decent work agenda, to ensure that these health and care workers who are putting themselves often in situations of great difficulty, who are having a higher risk of infection and a higher rate of deaths are in positions where the basic conditions, remuneration included, are being put forward.

00:57:03

In the working paper that is published today with the estimates of the deaths we also present all the other measurements that the data scientists, the epidemiologists here in the organisation with member states are conducting.

That includes looking at the negative impact on the work environment. We have seen labour protests in over 80 jurisdictions, many examples of which are due to the work environment, the personal protective equipment, acceptable levels of risk.

It's also to do with the burden of mental illness, the stress, the anxiety that we heard Annette Kennedy, President of the ICN, talk about. So pay, terms and conditions is part of the action and we're working with our colleagues in Yemen, with the Government to try and find solutions.

00:58:01

As Bruce Aylward and many colleagues are talking about, if we look at the 40% targets, the 70% targets for population coverage, that is going to translate into several million

healthcare workers working full-time on vaccination. If we're not paying them we will not have vaccine equity.

Just one comment, if I may, on the either/or question of the third dose. As Gordon Brown gave the presentation earlier, it is not a question of either/or. We can do both. There is enough vaccine supply if we have the political decision-making, all health workers protected and that includes first, second and, where necessary, third doses. Thank you.

MH Thank you, Mr Campbell. Dr Zsuzsanna Jakab will add some more comments.

ZJ Thank you very much. I would like to share the concerns of Annette and Heidi on the need to move towards more resilient health systems and that will be a very important part of the recovery and the transformation. That will definitely also include issues around the workforce.

00:59:16

We have been very pleased to release the WHO position paper just two days ago in this room on this topic together with Mike. It was a joint workload, learning from the COVID experience and many of the ministers joined us in that meeting and also the regional directors.

They welcomed the timeliness, the relevance, the utility of this integrated approach to move towards UHC and health security together. There are many actionable recommendations in that paper.

One of them is that we have to invest more into the foundation of the health system, which is primary healthcare, essential public health functions, IHR implementation, integrated approaches and as there is interdependency between these issues it is very important to use the primary healthcare approach as a nexus.

We also agreed that we need to invest more into FCV settings, which is the fragile and conflict-ridden countries and they have to be our priorities. We have to start or support intensified programmes in these countries.

01:00:29

One additional element is that if we want to address all these issues around the workforce and other things we have to invest more into the health system. COVID has made it very clear that health is an investment and not a cost and all these issues around the workforce are definitely linked to that.

So we have already started the discussion on how we turn this into an implementation plan in the countries at the three levels of the organisation, working with the country and regional offices.

In the meantime also we implement the guidelines that have been developed by James and his team during COVID when we addressed many of the workforce issues and actually adapted lots of the WHO guidelines to the COVID and COVID-related issues.

It's not only a guideline that sits here in Geneva. It's a guideline that we shared with the countries, country offices and are actively implementing it. Thank you.

MH Thank you so much, Dr Jakab, for explaining exactly what countries really can do to make the health systems resilient. We've run out of time. the questions were so excellent and the responses so rich, so I'm now going to hand over to Dr Tedros for his final remarks. Over to you, Dr Tedros. Pardon? And over to our speakers to ask if they would like to make any final remarks. Do we have final remarks from our speakers? Yes, [overtalking].

01:02:06

AK Yes, just very quickly. I suppose what I would like to see is standardised data collection across all countries and fed to WHO. I would like to see implementation of safety and protective measures and just as an outside [?] most of the PPEs, all of the PPEs were designed for men, not for women yet 90% of nurses are women, 70% of all healthcare workers are women. It's interesting that they were designed not safely for women.

That there would be mental and physical support, that there will be vaccination for all healthcare workers by the end of the year and that there would be incentives to retain staff, particularly older staff, nurses in the workforce. There're lots of recommendations on how to do that both by ICN and by WHO, and to build capacity in home countries, not to be aggressively recruiting from other countries.

01:03:00

And finally I hope that government have learnt their lesson for the future. I'm not convinced yet. Thank you.

HS May I take the floor?

MH Please do.

HS Thank you. Excellent and I can just say that I support what Annette said. I'd like to add the importance of global collaboration and that the window of opportunity we have to make substantial change, to strengthen the global collaboration should not be overestimated.

We might not have that much time so we need to act now to get greater support to our initiatives such as GAVI has and the WHO. So we must all help each other to urge all countries in the world to support the global institutions who have the mandate to make global collaboration and guidelines because we need action taken and substantial action.

I'd like to thank the WHO for the acknowledgement to all health and care workers around the world, supporting us of course because many healthcare workers are alone in the front line and it's difficult for healthcare workers for speak for themselves.

Many times they're standing there with very sick patients so it's so important that we acknowledge their role and their vulnerability. If healthcare is vulnerable in a country then the population and the health will be vulnerable and then society will be vulnerable.

01:04:51

To become more resilient we need continuing investments in the health of the population and healthcare workers are core for that. Finally thank you for highlighting the importance of healthcare workers around the world.

MH Thank you so much for those comments. Unfortunately Mr Gordon Brown has had to go to another meeting so I'll hand over to Dr Tedros for his final remarks and to close the press conference.

TAG Okay. Thank you, Margaret, and thank you to our guests today, to former Prime Minister Gordon Brown, to Dr Annette Kennedy and Dr Heidi Stensmyren. I would also like to thank our media colleagues for joining today. See you in our upcoming pressers. Thank you.

01:05:46