Hello and today wherever you are listening today, this Friday 5th May [sic] 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference. As usual we'll have simultaneous interpretation provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, as well as Portuguese and Hindi.
We'll have a special guest whom Dr Tedros will introduce to you shortly. Present in the room today are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director of WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General on Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist at WHO, Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator.

Online we further have Dr Soce Fall, Assistant Director-General for Emergency Response, Dr Michel Yao, Director for Strategic Health Operations, and Dr Peter Ben Embarek, the WHO Expert on Food Safety and Zoonosis and the International Lead of the WHO-convened global study of the origins of SARS-CoV-2. Without further ado let me hand over to the Director-General for the welcoming remarks.

00:02:13

TAG  Thank you. Thank you, Christian; vielen dank. Good morning, good afternoon and good evening. As you know, this was a landmark week for COVAX with the first vaccinations starting in Ghana and Cote d'Ivoire. In addition to those two countries COVAX has now delivered vaccines in Angola, Cambodia, Colombia, the Democratic Republic of the Congo, the Gambia, India, Kenya, Lesotho, Malawi, Mali, Moldova, Nigeria, the Philippines, the Republic of Korea, Rwanda, Senegal, Sudan and Uganda.

In total COVAX has delivered more than 20 million doses of vaccine to 20 countries. In the next week COVAX will deliver 14.4 million doses to a further 31 countries. That brings the total number of countries to 51.

Earlier this week COVAX published the first round of allocations covering the majority of economies participating in the COVAX facility. This is encouraging progress but the volume of those being distributed through COVAX is still relatively small.

00:03:38

The first round of allocations covers between two and 3% of the populations of countries receiving vaccines through COVAX even as other countries make rapid progress towards vaccinating their entire populations within the next few months.

One of our main priorities now is to increase the ambition of COVAX to help all countries end the pandemic. This means
urgent action to ramp up production. We currently face several barriers to increasing the speed and volume of production of vaccines, from export bans to shortage of raw materials including glass, plastic and stoppers.

WHO is working on four approaches. The first and most short-term approach is to connect companies who are producing vaccines with other companies who have excess capacity to fill and finish. This could help to speed up production and increase volumes. For example part of the deal between Johnson & Johnson and Merck announced this week is for Merck to provide fill and finish for the J&J vaccine.

We need more partnerships like this and we need them in all regions. WHO can support this process by identifying gaps and providing a match-making service between vaccine producers and companies with capacity.

The second approach is bilateral technology transfer through voluntary licensing from a company that owns the patents on a vaccine to another company who can produce them.

A good example of this approach is AstraZeneca, which has transferred the technology for its vaccine to SKBio in the Republic of Korea and the Serum Institute of India, which is producing AstraZeneca vaccines for COVAX. The main disadvantage of this approach is the lack of transparency.

The third approach is co-ordinated technology transfer. This would involve universities and manufacturers licensing their vaccines to other companies through a global mechanism co-ordinated by WHO which would also facilitate the training of staff at the recipient companies and co-ordinate investments in infrastructure.

This provides more transparency and a more coherent global approach that contributes to regional health security and it is a mechanism that would increase production capacity not only for this pandemic but for future pandemics and potentially for the production of vaccines for routine immunisation programmes.

In fact WHO has done this before. After the spread of H5N1 influenza in the mid 2000s WHO supported technology transfer for the production of pandemic flu vaccines to 14 countries, increasing global capacity by more than 700 million doses.
Fourth, many countries with vaccine manufacturing capacity can start producing their own vaccines by waiving intellectual property rights as provided for in the TRIPS agreement. Those provisions are there for use in emergencies. If now is not a time to use them then when? These are unprecedented times and WHO believes that this is a time to trigger that provision and waive patent rights.

We thank South Africa and India for their proposal to the World Trade Organization to waive patents on medical products for COVID-19 until the end of this unprecedented pandemic. Next week WHO and our COVAX partners will meet with partners from governments and industry to identify bottlenecks in production and discuss how to solve them.

To speak more about the potential for technology transfer today I'm delighted to be joined by Dr Marie-Paule Kieny, the Chair of the Medicines Patent Pool Foundation. Marie-Paule is no stranger to WHO. Until 2017 she served as WHO's Assistant Director-General for Health Systems and Innovation. She is now the Director of Research at INSERM, the National Institute of Health and Medical Research in Paris. Marie-Paule, it's always a pleasure to welcome you back to WHO. You have the floor.

Thank you very much. Thanks so much, Dr Tedros. As usual, it is a great pleasure to come to WHO, albeit virtually, and to contribute to the work of the organisation.

As requested by President Macron of France when he recently convened the principals of ACT A in trying to address production issues, what is clear is that we need to be looking at what can be done now in the short term while we are also looking at the longer term.

So as you said, in the short term while manufacturers with vaccine currently approved seem to have fulfilled capacity to fill all the bulk vaccine they can produce there are many other products which are in the process of being tested or considered for approval for which the supply of bulk vaccine is likely to exceed filling capacity.

For these manufacturers access to filling lines at drug facilities around the world may greatly increase output.

Then there is a medium-term strategy. Existing manufacturers have already established a number of bilateral technology
transfer agreements and many of the vaccines registered in at least one country are already being produced or are in preparation therefore for production in other countries.

While this is enabling an increase in the global supply this supply still falls short of demand and this actually must be increased.

Finally there is a longer-term strategy which will draw from the experience of WHO with influenza vaccines. Those of you who knew me in the years 2006 to 2017 know that this technology programme, now headed by Martin Freely, remains one of my legacies at WHO.

Under the leadership of WHO many partners would need to be involved in this work including many that are already active in COVAX. The Medicines Patent Pool is pleased to support this three-pronged approach by leveraging our close relationships with generic manufacturers across the globe to help identify suitable partners to fill and finish needs and potential recipients of technology transfer.

Of course we have a long experience of the licensing process which will be needed to facilitate this partnership and allow that the licenses which are issued maximise the benefit to global public health.

More distributed manufacturing can be pushed front and centre by the pandemic but this is something that we need to address anyway if we are to increase both supply security and the green agenda drive for shorter supply lines. Once again the pandemic is forcing us to both think outside the box and to move beyond the status quo and this is what is on the table today. Thank you, Dr Tedros, for pushing this agenda forward. Christian, back to you.

TAG Thank you, Marie-Paule, and thank you so much for your continued support and collaboration. Merci beaucoup. Christian, back to you.

CL Thank you, Director-General, and thank you, Marie-Paule Kieny. With this we open the round of questions. I remind everyone to raise their hands with the raise your hand button and the of course to unmute yourself when it's time and only please one question per person. We'll come back to you in case we have a second round. With this I call upon Kamran from Azerbaijan, Real TV. Kamran, please go ahead.

00:12:34
KA: Hello. Thank you. A question for the connection [?]. Do you hear me?

CL: Very well. Go ahead.

KA: Thank you very much. WHO is one of the founders of the platform COVAX but we have information delivery of vaccines within the platform COVAX is delayed to many countries, one of them Azerbaijan. Our Government paid $21 million for these vaccines but at this time we haven't received vaccines from COVAX platform.

We asked the question of them but they refused to answer our question. How can you explain it, when will we receive vaccines through the platform COVAX? Thank you so much.

CL: I'll hand over to Dr Swaminathan, please. Or Dr Aylward. Please go ahead.

00:13:40

BA: Thank you very much, Christian. We're at a point now with the start of the roll out of COVAX which comprises 190 countries in which obviously not every country unfortunately can be served at exactly the same time.

So one of the great challenges has been how do we make sure the available vaccine is allocated as rapidly and as efficiently and effectively as possible. There're a number of challenges to getting from what we call the emergency use listing or licensing of a product right down to its use in the country and this involves activities that have to happen at the international level with the suppliers as well as at the country level.

Some of the biggest challenges that we've seen for countries have been putting in place the regulatory authorisation for these products as well as what we call the indemnification and liability provisions for the use of these products.

The regulatory authorisations have to be in place, the indemnification processes have to be in place, the national vaccine plans have to be in place and then once all that's in place we've got to be able to link it up with the shipments, the logistics, the purchase orders, etc.

00:14:55

So it's quite a complex process and what we're trying to do now and you'll see on various websites is make as transparent as possible when we think the products will be able to arrive and when countries are fully ready to receive them.
So on the UNICEF website now they've put an excellent site with a map that shows the delivery dates for upcoming shipments of vaccines. On the GAVI site, the COVAX site you can see when they've actually rolled out.

But while we're not in a position, especially through a press conference like this, to talk about the specifics of any one country usually it's a combination of the factors. The good news is that these factors that I just mentioned around indemnification, around regulatory authorisation, the plans, getting your purchase orders in place; these things are getting worked out for almost every country and now of the 190 countries that are part of COVAX we're down to only, I believe, 24, about two dozen where we don't have all of these pieces in place.

For the other ones it's simply a matter now of making sure that the manufacturers can keep up with the schedule of shipments that we're putting in place. So if all this country-level pieces are in place, the vaccines have been reserved, it's just the time and it may take a week, it may take two weeks to actually get the packaging, labelling, shipping in place to get them into your own country.

00:16:23

KA      Thank you.

CL      Thank you very much. With this I call upon Michael Boziutkiv of CNN. Michael, please go ahead.

MI      Thank you. Thank you for taking my question. It's Michael [Unclear] here. I'm a regular contributor to CNN Opinion. My question is, I guess, in a way, a theoretical one. I know WHO has been over the recent years prioritising mental health and I'm wondering if we're getting to the point in the pandemic, especially in developed countries, where there's now concern between of course the pandemic and the sickness that is happening but also the impact on mental health especially when people are at the end of the rope in terms of hope.

00:17:11

Many are losing their businesses, many have been furloughed. My question is the following; do you think that governments should now be perhaps in their calculations on reopening taking more into account the impact on the economy and on mental health?

I'll give you a quick example. Egypt seems to be a country where they put more of a priority on the economy, not downgrading the
public health but putting a lot of emphasis on the economy because a lot of the economy there is made up of small businesses.

So should governments be recalibrating in order to prevent a mental health crisis up the road? Thank you.

CL Thank you very much, Michael. I'll hand over to Dr Van Kerkhove.

MK Thanks very much for the question. It's an excellent question and the answer is absolutely yes. There's a lot of work that the organisation is doing looking at mental health and we have been for years but in particular with this pandemic really recognising the incredible toll that this has taken on every single individual no matter where you live and no matter what age you are.

There are variations in terms of the impact that this has had on individuals, whether you have lost a loved one or a family member or a friend to this virus, whether you've lost your job, children who haven't been in school, people who are forced to stay home in very difficult situations.

The organisation through our department on mental health have been working to find ways in which we can support people through this but it goes beyond the acute phase of where we are right now but also thinking long-term.

So absolutely, there needs to be a lot more emphasis by governments, by communities, by families, by individuals to look after our well-being. Some of that we can do ourselves but for some of it we need support.

Just to also say, for anyone out there who is feeling the pressure of this - and of course all of us are feeling that too - if you need help please reach out. Those of you who have friends and loved ones who you know are struggling, also reach out to them every day. You should make a phone call, make a connection with individuals to reach out and make sure people are okay.

Ask the question once; are you okay? Ask the question again; are you okay? And find ways to connect. We say physically distant, not social distancing because we want to make sure that people remain socially connected while they are physically distant.
We also recognise the duration of this pandemic, in our 14th month now without having the hope of vaccines and vaccinations and that should definitely be a sign of hope. Other signs of hope are that we can control this virus, we can bring transmission to its knees with individual-level measures supported by communities, leaders at different levels.

We have some power in that and find ways to find joy every day no matter what you can do, whether it's making that phone call, making the connection, listening to some music, getting some sun on your face if you can; find ways to smile every single day.

CL Thank you very much. Dr Ryan.

MR Just going beyond the absolute impacts of the disease itself on people and on families and the mental health strain of having a loved one ill and not being able to see them in hospital and the terror and the tragedy associated with that, the mental stress that front-line workers, health workers have been under, communities and so many others have been under, it's one thing to say that mental health and psychological health is under pressure; that's true.

00:21:00

But also the opposite of that has to be what we're doing to provide support and psychosocial support to people and communities and I think that's what we really need to talk about, not measuring...

We need to measure the mental health impact and understand truly what's happening but I think there's a point where it just becomes unethical to continue to call something out as an issue but not actually focus on solutions for people and communities.

I'd just like to recognise the work that Devorah and Mark and the people here do in the mental health programme; they've been outstanding. This has been a Cinderella area in health, in public health for too long and certainly in the work that we do in humanitarian settings; mental health and psychosocial support is a huge part of humanitarian intervention and it's a very practical issue.

00:21:53

If individuals and communities are not physically and mentally healthy it is very difficult to absorb the strain and stress of an epidemic. It is very difficult to sustain behaviours that stop the epidemic. There's one thing this virus seems to love and that's
the despondency and incapacitation of our ability or willingness to stop the virus.

I sometimes wonder whether it is that impact that is the most profound. When it comes to recovery plans and as we all hopefully begin to look in this year, I hope, at how we're going to recover from this pandemic the mental health and psychosocial support to individuals and communities must be central to all recovery plans and it must be costed into those plans.

TAG Thank you. I would just like to add a bit on mental health. I think all has been said; just one dimension only. As the world remembers - may remember; it's a long time now - after the Second World War the world has experienced mass trauma because the Second World War affected many, many lives.

Now even with this COVID pandemic, with bigger magnitude more lives have been affected; almost the whole world is affected, each and every individual on the surface of the world actually has been affected.

00:23:29

That means mass trauma, which is beyond proportion, even bigger than what the world experienced after the Second World War and when there is mass trauma it affects communities for many years to come.

So the mental health problem is not an issue of just current, during the pandemic but even for many, many years to come and countries have to see it as such and prepare for that and WHO will support in any way possible to address mental health as a big proportion which is the mass trauma. Thank you.

CL Thank you, DG and all. With this we come to Jeremy Loche from LFE. Jeremy, over to you.

JE Thank you, Christian, and to everyone. A quick one about the interim report that was scheduled for the Wuhan mission. It seems it's not going to be available any time soon and I was wondering if it comes as a personal disappointment for you.

00:24:50

CL I believe we had Dr Peter Ben Embarek online. In this case we'd like Dr Ben Embarek to take this. Peter.

PBE Yes, I'm here. Can you repeat the question, please?

CL It's basically about why the interim report will not be issued but when will the final report come over?
Yes, we decided to go for publishing and issuing both reports at the same time, both the summary report and the full report because they follow each other and it makes sense to issue them together at the same time.

The current timing is that the week of 14/15th March which is not next week but the week after; that's when we plan to be able to release the reports, during that week. We don't yet have an exact date but we are looking to that week.

Jeremy, does this cover your question?

Mostly. I would like to know why. I understand it makes more sense but what is the main reason for postponing the release?

Thank you very much. I'll hand over to Dr Ryan for this.

Just to clarify, there was never a plan, I believe, for an interim report, first of all. It was hoped that we would get a summary report out.

Given the interest in this area and given the tremendous demand for detailed information we saw with that a huge and understandable demand for information. The team itself felt that getting the full report done - the full report could have taken a lot longer.

What the team have done, to their credit, is really worked hard to try and come up with their full report so we can have a proper discussion around a full report rather than having two discussions, one on a summary report where you'll ask all the questions that need to be answered in a full report.

So there was no scrapping of an interim report; there was never a plan for an interim report. This is really trying to facilitate a good discussion with the international community, with media, with public around what will be a full report and then we can discuss where we go from there. The Director-General will receive that report from the team, we hope, in the near future and obviously we will respond to the recommendations in that report.

Thank you very much, Dr Ryan, for this important clarification. With this we go over to Helen Branswell from Stat News. Helen, please unmute yourself.
Thank you, Christian. I was hoping we could get an update please on the Ebola outbreaks in DRC and Guinea. Thank you.

CL Thank you very much, Helen. As we have Dr Soce Fall online I'll hand over to him.

SF Thank you. Thank you, Helen, for the question. As you know, we are fully involved in supporting Guinea and DRC to respond to the Ebola outbreak in addition to the response to the COVID-19 pandemic. In DRC so far we have recorded 11 cases including three new cases in the last week and we are implementing all pillars of the response using a community-based approach, making sure that also we implement the ring vaccination, contact tracing and treatment of patients using the available therapies.

So far the situation is stable but as you know, the risk is still high for expansion to other health areas or neighbouring countries.

The situation in Guinea in terms of number of cases; we have now 18 cases reported in the N'Zerekore area. Over the last week we have recorded eight new cases so the response is also ongoing. We have a number of contacts identified and we started implementing the ring vaccination a week after the beginning of the outbreak, merely one day after the vaccines arrived in the country.

It was really important because we have the capacity in Guinea to conduct ring vaccination. Most of the experts in ring vaccination are either in Congo or deployed from Guinea so we are using this local capacity in addition to the people we deploy.

We have around now 100 people deployed. As you can see, Dr Michel Yao, who's the Director of Health Operations, is right now in Guinea, N'Zerekore reviewing all the pillars of the response to make sure that with partners we are on track using our key performance indicators.

But we are not only working with Guinea; we are working with all the six neighbouring countries, improving readiness based on our assessment and I'm sure Michel can add more on this.

CL Yes, Dr Michel Yao who, as we heard, is in Guinea right now is Director, Strategic Health Operations. Please go ahead.

MY Thank you very much. Speaking from N'Zerekore, close to Cote d'Ivoire and Liberia borders so this is what actually
increases the threat of spread to all these neighbouring countries. In Guinea on Tuesday we had a quite good meeting with Ministers coming from neighbouring countries and we agreed on some of the processes to increase preparedness because from our assessment countries were more or less half prepared.

This is higher compared to 2014 but we still need to quickly work on some of the response areas, mainly for testing, to ensure that regulations are updated, people are trained for vaccination as well as new therapeutics. This is the key element in this response; innovation that we need to bring to people that at least have some experience from the last outbreaks.

So all these countries agreed on information exchange and also to prepare themselves for this innovation to ensure that they have also simulation exercises but also make sure that they more and more have a sustainable system within the health system to deal with Ebola that could be recurrent based on increased contact of human beings with different forests.

00:31:47

Now in N'Zerekore where I'm based now the good thing is that at least all the response areas have kicked off. Now we need with all the partners to collectively scale up and ensure that we have a comprehensive and very sensitive alert system, that we have also capacity to quickly isolate, confirm and isolate cases and we have also a capacity to ensure infection prevention and control this with the community because this is the critical part; working closely with the community is part of the lesson learned in the eastern Congo.

So all this processes are ongoing. The DRC situation is more or less stable but here in N'Zerekore it's too early to say. We had one case yesterday and we need to ensure that all the components are up to speed so this is what we are doing as WHO and all the experts deployed on the ground.

00:32:56

CL Thank you very much, Dr Fall and Dr Yao. With this we move to Sarah Teofilo from Coreo Brasiliense. Sarah, please, unmute yourself.

SA Hi. Thank you for taking my question. We are seeing here in Brazil a change in the profile of ICU admissions. Before the patients were older and now the authorities from Brazilian states say they are seeing younger patients in the ICU. I'd like to know if
this has been seen in other countries and what could explain this change in the profile. Could it have anything to do with the variants? Thank you.

CL Thank you, Sarah. Let me hand over to Dr Van Kerkhove, please.

MK Thanks, Sarah; thanks, Christian. I will begin. We have seen similar patterns in other countries where there's a slight shift in the age profile when we have additional waves of infection, additional peaks of infection in different countries. Part of this is due to the nature in which populations mix.

In some countries when interventions and stay-at-home measures and other measures have been lifted the first groups to lift those measures tend to be younger individuals heading back to work and whatnot and we see a shift in the epidemiology because those who are out and about tend to be younger and those are the ones that are getting infected.

00:34:23

With increasing case numbers in individuals you will see increased hospitalisation and you will see increases in ICU so that is something that we have seen in other countries. Remember, in the beginning of the pandemic most of the cases that were being detected were severe cases because this at the beginning of any epidemic, any pandemic is focused on those who seek healthcare.

So most of the individuals who are identified as cases in the beginning of any outbreak tend to be older because they're the ones that are at higher risk of severe disease and those are the individuals who seek care.

With the situation in Brazil and in other countries that are seeing increases in cases - and you mentioned the variants; there are different virus variants that are circulating. The three virus variants that we are tracking, the B117, the B1351 and the P1 that is circulating in Brazil is associated with increased transmissibility there; some preliminary studies that suggest that there's increased transmissibility.

00:35:26

If you have increased transmissibility you will have increased case numbers, increasing numbers of patients that will require hospitalisation, you'll have increases in those that are developing severe disease and that can have an impact on the burden of the healthcare system which can result in increases in deaths and
unfortunately we have even that in a number of countries as well.

The best thing that we can do right now even with these virus variants; we know that the public health and social measures work against these virus variants including the infection prevention and control measures inside healthcare facilities as well as outside healthcare facilities.

So the best thing we can do now is try to drive down transmission everywhere we can and prevent as many infections as we can so that we don't have as many cases that are progressing to severe disease and death.

CL Dr Ryan, you want to add.

00:36:22

MR Just to emphasise what Maria said; there's clearly been a nationwide increase in Brazil and that's north to south. Manaus and Amazonas was really in a very, very difficult situation quite recently. The number of cases and the intensity of that has dropped but the problem is still very, very much there and even in Amazonas right now we're still talking about 80% plus ICU occupation and overall COVID-19 bed occupancy is nearly 60%.

That's in the context of falling numbers so that pressure is still there but what we've seen is similar patterns starting to emerge in other parts of Brazil, particularly in the north-east and even all the way down to the south we see similar patterns.

What Maria said, I think, is key; the public health and social measures, the behavioural measures stop all of these strains or variants and now is not the time for Brazil or anywhere else for that matter to be relaxing.

I have the same feeling myself. The arrival of vaccine is a moment of great hope but it potentially also is a moment when we lose concentration. If I think I'm going to get a vaccine maybe in the next few weeks or the next six weeks or the next two months maybe I'm not so careful any more, maybe I think I'm through this.

00:37:56

You don't need a whole lot of people to start thinking like that to give the virus opportunities to spread. We saw that in Europe, we saw it coming up to the Christmas period; small changes in the behaviour of a large number of people can lead to huge changes in the epidemiology of this virus.
I think we need to have learned that by now but when we change our behaviour the virus changes in terms of its capacity so we need to adapt our behaviour carefully, systematically and we need to be very careful when exiting public health and social measures however difficult they are.

States and municipalities - there're 5,600 municipalities in Brazil, I think; Mariangela will tell me if I'm wrong. It's a complex country. Each and every one of those municipalities is unique. They all fighting very, very hard and they all require, the states and the Government of Brazil require our full support but the story in Brazil can be and will be repeated elsewhere if we stop implementing the measures as we need to implement them.

We need to support communities to do that, not criticise communities who do that and this is going to be the case in the Americas, in Europe and everywhere else.

00:39:17

The process of realising the benefits of vaccination is going to be about doing the other things really well; keeping up our own personal behaviour, maintaining public health measures where we need to until we're sure we can control the disease, getting our public health and surveillance measures back in place.

Many countries have stopped doing case finding and contact tracing because they had such intense community transmission. Are you ready to start again as these numbers fall, as vaccines start to get rid of the deaths and of the hospitalisations and the pressure comes on to open up again, are governments ready to go back to doing cluster investigation, expanding testing, extending rapid testing to as many people as possible?

These are the things we're going to have to put in place if we're going to exit the kinds of lock-downs or the kinds of measures that have all affected our lives so much. We need to put in place strong continuation of our own behaviours, strong surveillance, very powerful vaccination for all who need it and if we get those three things right then I believe countries can begin to think about how they exit these very severe public health and social measures.

00:40:33

I'm really concerned right now, I really am very concerned that all of us, governments and individuals alike, think in some ways psychologically and I understand what's driving that. We think we're through this. We're not and countries are going to lurch
back into third and fourth surges if we're not careful. I hate to be the party pooper here but that's unfortunately the way I see it.

We should not waste the hope that vaccines bring, we should not waste the precious gift that vaccines will bring by dropping our guard in other areas. It's really, really important.

TAG  Yes, I fully agree. The situation in Brazil is very, very concerning. If we check the figures, maybe compare what the number of cases was in November, the week of November 2\textsuperscript{nd}, 114,000. It has been continuing to increase constantly and reached in the week of February 22\textsuperscript{nd} around 374,000 cases.

It's not the number of cases, if you take the number of deaths, in the week of November 2\textsuperscript{nd} it was 2,538. in the week of February 22\textsuperscript{nd} it's 80,000 deaths per week from 2,500; constantly increasing again.

00:42:19

When we saw some declining trends in many countries in the past six weeks the situation in Brazil was either on the increase or just flat but of course more of a tendency to increase. I think Brazil has to take this very, very seriously and as my colleagues said, while doing everything to roll out vaccines but in the whole country aggressive use of the public health measures, social measures will be very, very crucial.

Without doing things to impact transmission or suppress the virus I don't think we will be able in Brazil to have the declining trend. So I'd like to underline that the situation is very serious and we're very concerned and the public health measures that Brazil takes should be aggressive while also rolling out vaccines. Thank you.

MR  Just one thing I forgot to add because I think the journalist asked this question about the variants. There are many variants that have circulated in Brazil but the P1 variant has become dominant. We are concerned about the P1 variant. It carries some very specific mutations that confer on the virus very particular advantages, particularly around transmission.

00:43:56

There is no question that it has added to the complexity of the situation that Brazil faces and equally Brazil would have been one of the areas - and particularly around Amazonas and Manaus - that had intense previous outbreaks. So again there is no question that a proportion of these cases that are occurring now are reinfections, potentially due to waning immunity or due to
the fact that new variants may be evading the immunological protection of natural immunity, which in itself means we have to be very careful with vaccines and ensuring that the vaccines work against these strains.

It's really important - for example there's a really, really good genomic sequencing network in Central and South America. We need to support those networks now to do really intensive genomic sequencing, to share that information, to link that information to the metadata around clinical and epidemiologic factors.

We need to be able to support those superb scientists and I've seen some wonderful presentations over the last couple of days. There're some excellent papers in pre-print really around the situation in Brazil and surrounding countries.  

00:45:06

So South America in particular and the scientists in South America deserve our full support to fully understand the dynamics because this is important for the rest of the world. We need to fully understand the disease transmission dynamics, the variant dynamics occurring in Brazil and in other countries so we can fully understand the implications of this going forward both for our control measures and for our vaccination and diagnostics.

But what we can say based on what we've observed is that the public health, the behavioural measures, the things that protect you against the original strains still protect you and your community from a P1 strain or any other strain. It is still our best bet.

Unfortunately or fortunately is still in our hands; our risk to an extent is still in our hands but it's very hard for communities, particularly in countries like Brazil where you have large urban populations and people may not have access to services; it's very hard to ask people to physically distance and wear masks and do all of these things when they don't have the resources to do that without the support of the state.

00:46:12

So I think this is a moment where all countries need to re-examine how much support they're giving to communities to sustain these behaviours. Thank you.

TAG Sorry for coming back again but maybe just one last thing. The situation in Brazil; of course we say we're very much concerned but the concern is not just about Brazil only. Brazil
neighbours almost the whole of Latin America; many countries except two or so. That means if Brazil is not serious then it will continue to affect all the neighbourhood there and beyond.

So this is not just about Brazil; I think it's about the whole of Latin America and even beyond so application of serious public health measures is very, very important.

CL As it's such a hot issue let me hand over to Dr Swaminathan as well.

SS Thank you, Christian. I just wanted to add a point to what's already been said about trying to understand more about the disease. You asked about young people being in ICUs and what could be the potential reason for that. We've learnt a lot about this disease and it's happened because of international collaboration and sharing of data and information.

00:47:40

The WHO has a patient clinical data platform that we encourage countries, encourage doctors to provide the patient information. Currently I think we have 80,000 patient records there. The advantage of a system like that when we share data globally is we start understanding much more about the disease.

What we know about the risk factors; for example one of the major risk factors for severe illness is obesity and unfortunately many countries in the Americas have very high obesity rates among adults, as do other parts of the world. So that is definitely a risk factor; even if you're young if you have obesity then you could be at risk for severe illness.

So by pooling data from different parts of the world, from patients at different stages of the disease we understand much more and that can then be applied to trying to protect them at an earlier stage.

00:48:39

We had a meeting here on Wednesday, on 6th [sic] to discuss the gaps in the knowledge about therapeutics and why therapeutics have not advanced as much as vaccines have. When we find ourselves in a situation like this where lots of people are in hospitals and you're trying to save lives it's not vaccines we need but it's treatments.

Really there are only a handful of things that we know work; we know dexamethasone works in people who require oxygen or mechanical ventilation so we hope that that's a standard of care.
in all countries now. WHO did the guidelines for corticosteroids way back in September of last year.

Since then we've provided recommendations, mostly negative recommendations on hydroxychloroquine, on lopinavir/retanovir and we're currently looking at the IL6 inhibitors, for which there is some emerging evidence from trials, as well as drugs like ivermectin, which still has very poor-quality evidence but our guideline development group is looking at it.

We're constantly updating our clinical management guidelines; it's a living review, a living guideline. Every time there's new evidence it's put on there. This will help clinicians and those who are looking after patients to provide the best available care.

But again we need a focus on developing better treatments for COVID-19 because we will have the vaccines, we will have people covered with the vaccines. Hopefully we will reduce significantly the number of people who get ill but there will be still people who catch COVID and who get ill and they would need to be treated.

So again a call for more global collaboration; we haven't advanced as much on treatments as we have on vaccines. We need drug developers, we need academics, we need global funding agencies to support this area of work and Brazil is a leader in research and innovation. It has several very strong institutions and they can contribute to this global quest. Thank you.

CL    Thank you very much, all for these important points. With this we move to Christophe Vogt from Agence France Press. Christophe, unmute yourself, please.

CR    Good evening. Thank you for taking my question. Just one remark, if I may; there was talk of a preliminary report from China experts on February 12th.

But my question is about production. I was just wondering; there have been several deals that have been made in the last couple of weeks; Sanofi, Merck, with Johnson & Johnson and Pfizer. Do you have any idea how much those deals represent in rise of production?

And I would just like if you could give us a little bit more information on the summit on production that you're going to
have next week. Who will be there and what is it going to be
exactly about? Thank you.

CL    Thank you, Christophe. Dr Swaminathan, please.

SS    Thank you for that question, Christophe, and perhaps Dr
Kieny might want to add. Your first question; we haven't seen the
data on what those increases in volumes are going to be but it's
very welcome. This is exactly what we want to encourage.

As the Director-General pointed out, there are several
mechanisms by which we can increase supplies. In the short term
this is one of them; finding, making those deals or collaborations
between companies, one that's producing and has the raw
materials and supplies of the bulk and the other one that does
the finishing and filling, can definitely serve to increase so it's
very welcome and we would like to see more of this happening in
all parts of the world.

00:52:46

We need to explore the fill and finish capacity in Asia and Africa
and Latin America and use those facilities to increase supply.

On the summit, this is being convened on Monday and Tuesday,
8th and 9th. It's by the COVAX partners so CEPI with GAVI and
WHO but also with the IFPA, International Federation of
Pharmaceutical Manufacturers and Developing Country Vaccine
Manufacturers' Network.

It's essentially to look at... It'll have government representatives,
companies as well as experts to shine the light on the gaps that
we have currently in the supply chain of reagents, of raw
materials, of products that you need to make vaccines and these
are things that... The manufacturers know what they need.

There are global supply chains which are not working so well any
more as well as the unprecedented demand for things like plastic
and glass and stoppers and vials and also the raw materials, the
chemicals. All of this will be discussed so the gaps will be
identified but also what the solutions could be; where do we
source these materials from.

00:54:03

Hopefully we can do some match-making, find some solutions to
fill that gap because that can make a difference again in the
short term even as we're looking at more medium and longer
term.
So the summit is really focusing on that upstream area of the gaps, how they can be filled and for solutions to be found. Then WHO will also continue a stream of work on technology transfer that we're now developing with the partners where we would like to encourage the transfer of technology, be it mRNA platforms or viral vectors, to those recipients in different parts of the world which might have infrastructure and capacity available but may not have this particular technology.

So if we can arrange the technology transfer in a voluntary manner through interested capacity we can build capacity not just to make vaccines for COVID but for other infectious diseases for future pandemics, to address pathogens that kill a lot of people every year like tuberculosis.

So this is really an area which I think, while the pandemic has provided an opportunity, can have an impact beyond the pandemic but it's going to require a lot of technical work and of course collaboration and co-operation from those who currently have these technologies that have been proven to work or that are currently in the pipeline and transfer those to areas which can accept and become hubs.

00:55:38

This will also help to build regional health security for the future. We would like to see production happening in a distributed manner in all regions in the world. I'll stop there. Maybe either Mariangela or Marie-Paule might want to add.

CL     Let me look at Dr Marie-Paule Kieny first. Marie-Paule.

MPK    Thank you. Just one comment - I think that Soumya commented very extensively - is that we need to move beyond just IFPMA so it's excellent that IFPMA companies help each other but we need also to go beyond and there are many generic drug manufacturers who have a high record in terms of being able to operate under good manufacturing practices which could also help on this process.

00:56:32

CL     Dr Simao, please.

MS      Just to complement because we're talking about increasing capacity - increasing number of doses, availability to the world, which is excellent so these bilateral agreements and all whole movements to increase capacity are welcome.
However we would like to see more of a commitment to equitable access, that once these vaccines are available and there's an increased capacity they don't all go to high-income countries, that there is a strong commitment to ensure that the COVAX facility has access because through the COVAX facility we have a mechanism to make these vaccines go to lower-middle-income countries, upper-middle-income countries, everyone on this planet.

So it's very important that this type of increased capacity helps the world to achieve greater equity and our Director-General has called many times for industry to commit to ensuring that there is equitable access to the vaccines that are produced. So it's a very good point, thank you.

CL Thank you very much and thank you very much also, Dr Kieny. We have time for one, maybe two more questions. No, we have one more question. Again we change continent; we go to Latika Bourke from Sydney Morning Herald. Latika, please.

00:58:16

LA Thank you so much to be lucky last; much appreciated. Just to push the friendship I'm going to ask two questions. Dr Tedros, you will obviously have seen this letter by the two dozen scientists saying they believe there should now be an investigation held independently of the WHO's own probe because they don't have confidence in what the WHO has been able to unearth in China. Would you agree with that?

Secondly, you no doubt saw Italy blocking supply of vaccines to Australia. They have cited the reason that Australia has eliminated coronavirus so it doesn't need the vaccines as quickly as possible. Is that, in your opinion, a fair and reasonable excuse and justification for blocking supply of vaccines to other countries? Thank you.

CL Dr Ryan, please.

00:59:13

MR On the specific issue of the letter from scientists on China, yes, it is as ever thankfully a free world and scientists and others are encouraged to speak out on all matters where they see fit. Just to remind you that the missions to China were part of a scientific and collaborative effort that the Director-General was asked to undertake in consultation with the 194 member states of WHO and he has done so, bringing together a multinational, multidisciplinary team that have in good faith worked, gone,
spent a great deal of time and a huge amount of effort to go and advance our knowledge regarding the possible origins of this virus.

As we've said previously, progress has and is being made. Nobody is declaring successful outcomes as yet. We await the report of the team. We thank them for their hard work and for their acumen and we will await that report.

In parallel if others want to call for anything else they're perfectly within their rights to do so. I would though suggest that people maybe just take a few days to wait and examine what the outcomes are. There will certainly need to be more work. There is no question of that and that was envisaged in the resolution of the World Health Assembly.

01:00:42

Again let me remind you, the World Health Assembly is a meeting of 194 Ministers of Health from around the world and that health assembly envisaged scientific and collaborative missions; it was in the plural. There was a fundamental understanding even at that time that it was going to take time and potentially multiple missions to fully understand this.

We have said this again and again in the past with regard to previous emerging disease outbreaks, that it is very difficult and sometimes takes years if not decades to understand disease origins. I've alluded to Ebola. We don't fully understand yet the origins issues in Ebola. We don't understand all of the pathways into humans. We certainly don't understand that for SARS-1. We don't fully understand that for SARS-CoV-2.

This is a process of discovery and it is a process of working in new ways with all countries and as we come together to try and face these pandemic threats I think we all have to recognise that all of us have to do better in terms of how we collaborate and how we share and how we face these common threats. It's a journey of learning, a journey of solidarity and I believe that the mission will demonstrate progress and the Director-General will receive that report and he will have his view as to what further work needs to be done and that will be reported to the Assembly in due course in May. Thank you. Bruce, I don't know if you want to take the issue of...

01:02:17

TAG  Thank you. Thank you, Mike. Maybe I will just add a bit because he wants to hear from me too. You have covered almost
everything but just a bit. As you know, when any outbreak happens - forget about a magnitude like what we have now, a pandemic - knowing exactly what happened is the basics of public health and as a public health expert I have done it myself many times, going into the field, understanding what happened when we encounter outbreaks so that it will not repeat again.

With a magnitude of this unprecedented pandemic that makes it even more important to understand exactly what happened and what the origin is because we need to understand that so it won't happen again.

For that the crucial thing will be transparency so what I would like to assure you is that you will know. We're waiting for the report, I'm waiting for the report like you. I don't have access; still waiting because these are independent experts. Then you will see for yourself but what I would like to assure you is that everything that happened during the trip will be presented transparently.

01:03:59

So I assure that there will be transparency and see exactly what happened, what were the gains, what were the challenges and then where do we take it from here. That's what I would like to assure you because that's what is going to help the world; transparency, openness and see exactly what happened and learn from it. Thank you.

CL Thank you very much both and Dr Tedros. We overshot time and we covered a good number of questions ranging from Ebola to COVID and others. Before I hand back over to Dr Tedros for the final comments let me remind everyone that the audio files and the remarks of the Director-General will be sent right after the briefing. The full transcript of the briefing is available tomorrow morning on our website. Any other follow-ups please direct to mediaenquiries@who.int

I want to thank our special guest, Dr Marie-Paule Kieny, today and of course everybody who participated and you online. Dr Tedros.

TAG Thank you. Thank you very much, Christian, and thank you to all who have joined today. I look forward to seeing you in our upcoming presser and have a nice weekend. Bon week-end. Thank you.

01:05:36