Hello and good day to wherever you are listening to us today. It is Monday 12th April 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference. Simultaneous interpretation is provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian as well as in Portuguese and Hindi.

Now let me introduce the participants in the room; Dr Tedros Adhanom Ghebreyesus, WHO Director-General; Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator and Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals.
We're also joined remotely by Dr Mike Ryan, Executive Director for the Health Emergencies Programme and by Dr Soumya Swaminathan, the Chief Scientist. Let me hand over to the Director-General for the opening remarks. The floor is yours.

TAG  Thank you. Thank you, Christian. Good morning, good afternoon and good evening. In January and February the world saw six consecutive weeks of declining cases. We have now seen seven consecutive weeks of increasing cases and four weeks of increasing deaths.

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Last week was the fourth-highest number of cases in a single week so far. Several countries in Asia and the Middle East have seen large increases in case. This is despite the fact that more than 780 million doses of vaccine have now been administered globally.

Make no mistake; vaccines are a vital and powerful tool but they're not the only tool. We say this day after day, week after week and we will keep saying it; physical distancing works, masks work, hand hygiene works, ventilation works, surveillance, testing, contact tracing, isolation, supported quarantine and compassionate care; they all work to stop infections and save lives.

But confusion, complacency and inconsistency in public health measures and their application are driving transmission and costing lives. It takes a consistent, co-ordinated and comprehensive approach. So many countries around the world have shown that this virus can be stopped and contained with proven public health measures and strong systems that respond rapidly and consistently.

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As a result many of those countries have gained control over COVID-19 and their people are now able to enjoy sporting events, concerts, restaurants and seeing their family and friends safely. WHO does not want endless lock-downs. The countries that have done best have taken a tailored, measured, agile and evidence-based combination of measures.

We too want to see societies and economies reopening and travel and trade resuming but right now intensive care units in many countries are overflowing and people are dying and it is totally avoidable.
In some countries despite continued transmission restaurants and nightclubs are full, markets are open and crowded with few people taking precautions. Some people appear to be taking the approach that if they are relatively young it doesn't matter if they get COVID-19.

This disease is not flu. Young, healthy people have died and we still don't fully understand the long-term consequences of infection for those who survive. Many people who have suffered even mild disease report long-term symptoms including fatigue, weakness, brain fog, dizziness, tremors, insomnia, depression, anxiety, joint pain, chest tightness and more, which are symptoms of long COVID.

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This pandemic is a long way from over but we have many reasons for optimism. The decline in cases and deaths during the first two months of the year shows that this virus and its variants can be stopped. With a concerted effort to apply public health measures along side equitable vaccination we could bring this pandemic under control in a matter of months.

Whether we do or not comes down to the decision and the actions that governments and individuals make every day. The choice is ours. Christian, back to you.

CL    Thank you very much, Dr Tedros. Let me now open the floor to questions from the media. To get into the queue to ask questions you need to raise your hand using the raise your hand icon and please do not forget to unmute yourself. We have a long list already so let's see how far we get. We'll start with Agnes Pedrero from AFP. Agnes, please unmute yourself.

00:08:38

AG    Hi, good evening, everybody. Thank you. Dr Tedros has participated in a summit on manufacturing vaccine in Africa today while there is another high-level meeting with WHO and WTO and manufacturers of vaccines this week. We wanted to know if there is any progress on that front and if you can share some details with us about that and if we should expect a boost, an increase in production in the near future of the vaccines that have been already authorised. Thank you.

CL    Thank you very much, Agnes. Let me start with Dr Aylward, please.

BA    Thank you very much, Agnes. Yes, the meeting today was particularly important and it was a summit called by a number of
heads of state of Africa and the African Union to discuss steps that could be taken concretely and rapidly to establish production capacity on the continent and then to use that obviously to expand in the near term and longer term the production capacity for Africa in particular but even to serve beyond that potentially.

In that meeting I think what we saw was extraordinary seriousness and commitments from the very heads of state as well as the expert agencies in Africa such as the Africa CDC to move very, very quickly on this agenda.

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As everyone knows, it takes time to build those capacities, to get the regulatory capacities in place but when you have that kind of political will to put the necessary resources behind it and support behind it I anticipate that this is going to move much more quickly than people will have anticipated.

But the meeting is still going on and will be for some time so I think we have to wait to see where the final decisions and next steps land.

CL Thank you very much.

SS Christian, maybe I could add.

CL Sure, Soumya. This is Soumya Swaminathan, our Chief Advisor. Please add.

SS Thank you. Just to add to what Dr Aylward said, the WHO along with the partners in COVAX - that's CEPI, GAVI, UNICEF but also others like the Bill and Melinda Gates Foundation and the World Bank - have now been working on a proposal to really expand manufacturing capacity for vaccines and eventually other health products, drugs as well, in areas of the world where there is little or no capacity just now.

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Because what we've seen in this pandemic is that there is a massive imbalance in the global supply chains, especially in manufacturing capacity in some parts of the world and not in others.

The African Union, as we've just heard, is very keen to invest in building that infrastructure and capacity. This is something that will take some time because we'll have to build not only physical infrastructure - that's the easier part - but it's the trained human resources that you need that have the expertise because a
vaccine development is a fairly complex endeavour and so there would be a process of having to train those staff.

And then very importantly there will need to be technology transfer from institutes, academics and companies that have technologies for vaccine development, tried and tested technologies now. As we know, the MRNA, the viral vector vaccines; these are now tried and tested and can be very easily also changed to accommodate a new pathogen, either a new variant or a completely new pathogen.

So the goal is over the next few weeks and months that we will launch a programme to try to do this in partnership with the African Union but also in other regions of the world where there is interest. Thank you.

00:13:01

CL Thank you very much, Dr Swaminathan. We come now to the next question and that's Donato Mancini from the Financial Times. Donato, please unmute yourself.

DO Thanks for taking my question. Do you have any more comment on the planned mixing and matching of vaccines, most recently in China but also in France and Germany? I know you said there was not enough data to support the use but I'm wondering if you have any more colour on that.

The other question that I have for you is, what is the current status of the four Chinese-made shots in terms of WHO appraisal? Are you looking at them, will you be looking at them? Thank you so much.

CL Thank you very much, Donato. Dr Aylward, please.

00:13:55

BA Thank you very much, Donato. I'll take the second part of the question and then I think Kate will speak to the first part of it. In terms of the Chinese products, as we talked about last week, WHO has since the beginning, since late last year actually, 2020 we've gone out with a call for expressions of interest for any company that is engaged in advance-stage trials and production of COVID-19 vaccines to work with the WHO on the early and ongoing what we call a rolling review of those products, similar to what the European Medicines Agency is doing, so that we might as rapidly as possible be able to ensure that they meet WHO's emergency listing requirements and that they could be then recommended by WHO for use.
At this point two of the Chinese vaccines are in advanced stages of assessment in that process, the Sinopharm and Sinovac products. As you know, we had teams in China for nearly a month through January and the beginning of February to assess the facilities, the manufacturing practices, etc. With that part done there're a number of additional stages and steps which are happening now with the expectation that at least one of these products will be looked at by the technical advisory group that advises on the emergency use listing for products for WHO as early as late this month and then a second product hopefully very soon after. Then with respect to the mix and match perhaps Kate would like to speak to that.

Yes, on this question of what we refer to as mix and match where a second dose would be of a product different than the first dose, there are no data at this point on any mix and match regimens although certainly there probably are individuals around the world who have had a different product for their second dose than the product that they had for their first dose.

We really welcome studies that would look at mix and match regimens because clearly from a supply perspective and also from a programmatic perspective where many countries have more than one and some countries up to three, four, five products in a country it would be very valuable to have these kinds of data to inform how best to use the vaccines.

So we really encourage studies to look at mixing and matching vaccines but that really does have to be done in a way that provides evidence that can be acted upon both by the regulators and by the policy advisors and policymakers.

We are aware of a clinical trial in the UK looking at a mix and match regimen with the AstraZeneca and the Pfizer products and again we look forward to additional studies looking at combinations of different products in a single regimen and in an individual. Thank you.

I'd like to add very quickly, Christian, to what's been said and that is about the standardisation of the assays. As you just heard, there's a study going on in the UK that's looking at mix and match of AstraZeneca with one of the mRNA vaccines; I think they're using both Pfizer and Moderna.
The endpoint there is going to be immunogenicity so it's not a clinical efficacy trial but it's basically going to look at comparable immunogenicity. As you know, we still don't have a definite correlate of protection to use for vaccine trials or for that matter to test people to see if they have antibodies that will protect them from infection or disease.

So we really need to define that cut-off and that can be done essentially if the different studies around the world try to use the same standard because otherwise you cannot compare the results of the antibody assays, both neutralisation antibody assays and binding antibody assays.

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So what WHO has done is we of course have this expert committee on biological standards that sets the standards for many, many tests and it does so every year. They work very rapidly to establish the standards both for neutralising and binding antibody assays.

We've worked with the National Institute of Biological Standards in the UK, NIBS, where now the WHO international standard is available for any group, a vaccine developer, a company or an academic lab that's doing these assays to use.

We encourage everyone to use the WHO international standard and to report their assay results in international units that have been defined. That will then enable us to compare the different studies and ultimately hopefully define the correlate of protection, which would really help in the kind of studies we're talking about, the mix and match studies but also to test the new vaccines which are being developed for variants as well as other potential new vaccines that are coming down the pipeline.

So I wanted to alert everyone to the fact that we do have the WHO international standards and we encourage everyone to use those. Thank you.

00:19:23

CL    Thank you very much. This was Dr Soumya Swaminathan, Chief Scientist for WHO. We'll continue with Simon Ateba from Today News Africa. Simon, please unmute yourself.

SI    Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. With doses of AstraZeneca vaccine drying up across the world can you give us an update on the COVAX vaccine roll-out across Africa? How many doses have been sent to Africa now? How will this vaccine
freeze affect roll-out in Africa? How does it affect those who have received only their first doses? Thank you.

CL Thank you very much, Simon. I’ll hand to Dr Bruce Aylward.

BA Hi, Simon. Thank you very much for the question. As I think most people are aware, one of the priorities of the COVAX facility has been to ensure that all countries can get access to vaccine in an equitable manner. At this point, as again most of you are aware, the COVAX facility has as of today distributed just over 38.7 million doses and we expect to get past 40 million doses later this week.

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33 countries of the African Union have received doses so far from COVAX; another five or six - so we should go over 40 countries on the African continent that will have received doses by the end of this week and nearly half of the doses from COVAX will have gone to countries on the African continent.

As of today, Simon, that stands at almost exactly 17 million doses and it’ll go to about 18, nearly 19 million doses by the end of this week.

In terms of the bigger question you raise about the overall vaccine supply this continues to be a real challenge. As most of the journalists on the call are aware the demands of the escalating outbreak and pandemic in India have made tremendous demands on the supply out of India, the SII producer in particular which is one of the main producers that supplies the COVAX facility.

We do know that India's working hard to ensure that as it meets the needs of its own citizens it can also ensure that SII doses can continue to flow through COVAX as well. So there's certainly the commitment on that side to ensure that that happens.

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At the same time we have supplies from AstraZeneca directly through the COVAX facility and over the last two weeks we've seen a real scale-up in the speed and roll-out of those products. Now if we look at the country supply from the AstraZeneca side that now is getting up in the double digits as well.

So, Simon, one of the things we'll be looking at is how best then to distribute the doses that are coming out of SII, out of AG, etc,
to make sure that all countries and especially and including the countries on the African continent can be covered as well.

But the reality is the whole vaccine supply situation remains precarious and the challenge still because of such competing demands for these doses remains a very difficult one to manage.

The good news is, as we spoke about previously, that the interval between the AstraZeneca doses can be extended out to 12 weeks and probably if necessary a bit longer so we do have a bit of time, to the second question that you asked about ensuring people get their second doses.

But obviously we'd like to make sure that that interval doesn't go longer than that so we're doing everything possible to ensure the supply of doses of AstraZeneca product in particular - because that's what's gone out already through COVAX - continues.

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CL   Thank you. Dr Kate O'Brien, please.

KOB   Let me add a couple of things to what Bruce shared in terms of the doses going to different parts of the world. We've provided guidance to countries about using the supply that has been provided to immunise as many people as possible with the expectation that additional supply will be coming in order to provide the second dose.

But it really provides an emphasis that I think many people in these press conferences - Maria especially - have just emphasised over and over; that as vaccines are being deployed this is exactly the time when we need to double down on the non-pharmaceutical interventions; on masking and reducing transmission.

Because we give the vaccines their best chance of providing protection across the whole of the community when in addition to scaling up immunity through vaccination we reduce transmission, which also reduces the likelihood of having emergence of variants that could escape from vaccine-induced immunity.

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This is just again a reinforcement that we have so much hope and desire to get on with more regular life as people become vaccinated but it's actually the opposite; it's the very time when we should be as diligent as ever and ensure that we're not releasing too early those non-pharmaceutical interventions; hand washing, masking, not gathering in large crowds.
So I just really want to emphasise that again and in particular around this issue of supply of second doses and the interval between giving a first dose and then getting that second dose.

CL  Thank you. Dr Maria Van Kerkhove, please.

MK  Thanks, Kate. I wanted to come in on that as well. I think we really need to emphasise and we need your help; those of you who are writing articles following our press conference today, we need headlines around these public health and social measures, we need headlines around the tools that we have right now that can prevent infections and save lives.

We are in a critical point of the pandemic right now. The trajectory of this pandemic is growing. For the seventh week in a row we've had more than 4.4 million new cases reported in the last week.

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If you compare that to a year ago we had about 500,000 cases being reported per week. Last week we had 4.4 million cases. If you look on our website and you actually look at the epi curve and the trajectory of the pandemic right now it is growing exponentially.

This is not the situation we want to be in 16 months into a pandemic, where we have proven control measures. It is time right now when everyone has to take stock and have a reality check about what we need to be doing.

The Director-General's speech today outlined what we need to be doing. You hear us every day saying what we need to be doing. Vaccines and vaccinations are coming online but they're not here yet in every part of the world where they need to be. There are a lot of concrete steps that are being made to increase vaccine capacities, vaccine production and rolling vaccines out.

But right now there are tools that we have; we have to be using them right now. Take a look at your social media feed, take a look at what people are doing and how you are mixing, make sure that you are doing the right steps that you can to keep yourself safe, keep your loved ones safe.

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We need governments to support individuals so that the control measures that are in place are applied consistently, are applied in a coherent manner across state lines, province lines, canton lines, whatever that subnational level is because it's confusing.
The messages and the application of these interventions is not being applied consistently. About a year ago we outlined guidance about adjusting public health and social measures and the six things that we mentioned to have in place were about having a system in place to know where your virus is.

Do you have good surveillance in place to know where the virus is circulating, do you have health system capacities in place to detect cases quickly, to carry out contact tracing, to provide supported quarantine, to get individuals into a clinical care pathway so that they can receive the care that they need?

Do you have the outbreak risk minimised in specific settings like long-term living facilities or settings where we know that the virus transmission can be amplified, indoor settings for example?

Do we have preventative measures in place in workplaces, in schools, all of the measures that are outlined for physical distancing, disinfection, good ventilation, good communication for staff, for people who are visiting these essential locations?

Have you managed the risk of importation as travel is opening up and do we have communities fully engaged? All of those six measures that are outlined still need to be applied as we look at adjusting our measures.

If you look at your trajectory within your borders, reassess the situation and see what can be done. We all need to be playing our part at an individual level but we need governments to support us in being able to do so.

There was a 9% increase in transmission last week - seventh consecutive week where we see an increase in transmission - and a 5% increase in deaths. This is not the direction we need to be going and we really need to be serious about this. It is vaccines but it's not vaccines only; it's vaccines and; what can you be doing every day, what can you be doing to keep yourself safe and your loved ones safe?

Thank you all so much for these clarifications. Now we'll move to Priti Putnak from, I guess, the New Humanitarian. Priti, please unmute yourself.

Priti Putnak, do you hear us? Please unmute yourself.

This is Priti from Geneva Health Files. Last week it was mentioned that a vaccine manufacturing taskforce was set up
under COVAX. Can you tell us a little more about this and if this taskforce will only look at bilateral technology transfer to boost production of vaccines and if yes will this undermine the COVID-19 technology access pool that seeks to encourage non-exclusive licensing agreements? Thank you.

CL Thank you very much, Priti. I'm virtually looking at Dr Soumya Swaminathan; please.

SS Thank you for that question, Priti. It's really important and I think just to build on what was discussed a little bit earlier in response to another question, we will come up with more details on the vaccine manufacturing taskforce in the next few days but what we're doing right now is working with the key partners, particularly with CEPI, also with GAVI and UNICEF to outline what the key actions are going to be.

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The goal of course is to increase vaccine supplies so that we can scale up the vaccination programmes globally and do it as quickly as possible. For that we need some actions which are very immediate and short-term and that will result in immediate removal of any obstacles.

That is things like looking at the raw materials and ingredients and the tubings and the plastic which are getting into short supply now because there are limited suppliers of these products and the demand is clearly outstripping the supply.

There are also export restrictions that have been put in place by some countries on some of these products, which is creating a problem for some manufacturers. So the first step is really to identify what those critical needs are, where there is a global shortage and try to address them, find either new manufacturers for those products... but also work with governments to make sure that there are no export restrictions on these products. That's where the WTO and the trade rules would come in.

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The second would be really to look at expanding the manufacturing of currently available and approved vaccines. We've seen a number of manufacturers have gone out and made their own arrangements; AstraZeneca for example has partnered with over eight companies around the world.

But not all have done that and so we want to try to encourage companies to do more of this type of voluntary licensing of their technologies and this is where the CTAP comes in so there is a
They have the knowledge and experience through doing these kind of licensing agreements which are fair, which are transparent. Most important, we must ensure that the additional doses will go through COVAX to the countries that need them so there has to be an equitable distribution of the additional doses that are produced. That's why working with an intermediary like the medicines patent pool and CTAP is going to be very important.

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The third stream of work in this taskforce is really going to be expanding the basic manufacturing capacity of parts of the world - the African continent for example - that currently have very, very limited capacity.

That will involve a number of different activities. It's going to require investment, it's going to require a business plan for sustainability and it's going to need of course technology transfer, a lot of training and so on.

So that will probably take six to 12 months to get into place gut some of the other actions that we can take now could make a different in the next two to three months. So it's going to be an integrated approach with immediate, short-term and medium-term as well as long-term goals and objectives but all with the goal of increasing vaccine supplies for COVID but also for other diseases.

Africa has a huge need for vaccines that are still quite common on the continent; yellow fever, lassa fever and others; Ebola. So there is a huge potential for manufacturing vaccines on the continent for other diseases and ultimately being self-sufficient.

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That really is the goal and I think you'll be hearing more about it in the coming weeks. Thank you.

CL Thank you very much, Dr Swaminathan. With this we move to Ankit Kumar from India Today. Ankit, please unmute yourself.

AN Thank you. I wanted to ask about remdesivir. Where does the WHO stand on the use of remdesivir.? Is there any clinical trial to show that it's useful as far as COVID is concerned? Because in India there is a huge queue of patients to get
remdesivir. who cannot get it. Could you please comment on this? Thank you.

CL  Thank you very much, Ankit. Please, Dr Swaminathan.

SS  Yes, I can start and I don't know if Janet Diaz is on the call but essentially the guideline development group of WHO did put out guidance. As you know, we have these living guidelines now where every time there is enough evidence on a particular drug we update the guideline.

This was done for remdesivir. several months ago based on the available evidence. There were about five trials that were available at that time, of which the Solidarity trial was the largest multi-country trial in more than 30 countries which essentially showed that remdesivir. given to hospitalised patients did not reduce mortality, it did not reduce the duration of hospitalisation and it did not affect the progression of disease from being, say, off oxygen to patients progressing onto oxygen or the need for mechanical ventilation. Those were the endpoints that were looked at.

There are smaller studies that have shown in some subgroups of patients perhaps some marginal benefit, like patients who need low-flow oxygen. The NIH trial showed that perhaps there was a marginal mortality benefit but it was in a very small sub-group of patients.

The Solidarity trial, as you know, has been going on now for almost a year and the final data on remdesivir. is now being analysed. This is going to be looking at more than 4,500 patients in remdesivir. compared to the same number in placebo so this is really a huge number.

The data analysis is currently ongoing and we should be updating those results in the next few weeks but I refer you to the guidelines that were put out by WHO that clearly summarise all the evidence on remdesivir. Basically the recommendation was that there wasn't enough strong evidence of its benefit in hospitalised patients but obviously we're looking at any emerging data that is coming out, which will be then used to update those guidelines. Thanks, Christian.

CL  Thank you very much. We don't have Dr Diaz online but Dr Van Kerkhove could add.
MK   Yes, only very briefly to add about the guidelines that Soumya mentioned. We do have living guidelines published on remdesivir.; they were published in November. We currently have made a conditional recommendation against the use of remdesivir. in hospitalised COVID-19 patients regardless of their disease severity because of a lack of evidence showing that it improved survival and other outcomes in these patients. But as Soumya has said and as we have said for other therapeutics. We are constantly looking at the clinical trials that are underway and these are living guidelines so these will be updated as more data from those clinical trials becomes available.

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CL   Thank you very much. For the next question in line we come to Gabriela Sotomayor from Progreso. Gabriela, please unmute yourself.

GA   Hola. Thank you for taking my question, Christian. On question and one quick clarification. The Head of the Chinese Centre for Disease Control and Prevention said that their vaccines don't have very high rates of protection. So my question is, many countries in Latin America are using the Chinese vaccines so what is your assessment on this situation? And a very quick clarification if I may after my question last week because I think your message has not been understood. Doctors who are in the first line with COVID patients have the priority to be vaccinated regardless whether they work in the private sector or the public sector.

Because in Mexico those who work in private hospitals with COVID patients have been relegated, they have not been taken into account so just a quick clarification on that. Thank you so much.

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CL   Dr Kate O'Brien, please.

KOB  Thank you for the question. As you know, there are quite a number of vaccines that are being used around the world now in different programmes and all of those vaccines are under emergency use licensure with an evolving evidence base around their efficacy, their performance and of course those are from randomised-control trials.
Then we're also looking at evidence from the routine use of vaccines and there is a range in the randomised-control trials of the efficacy of the vaccines but what's really important to recognise is that the vaccines have all met the benchmark of what WHO established as the minimum criteria for vaccines that would be effective for use to control the pandemic.

The second thing to recognise is that when you compare the results of one vaccine against another in spite of some standardised case definitions that doesn't necessarily mean that the case definitions were used in a standardised way from one trial to the next so it is quite difficult to compare the specific quantitative results from one product to the next.

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Thirdly the results for just about every one of the vaccines have shown that there's much higher efficacy the more severe end of the spectrum of disease that is looked at. So each of the vaccines has had very high efficacy against hospitalisation, severe disease and then as you go down into more mild disease and frankly as we go down just to asymptomatic infection for most of the vaccines the efficacy value goes down.

So what I think is most critical here is that we are in a phase of constraint of supply of vaccines around the world. We're learning about the best use of each of the vaccines as we go forward. In particular I think you're referring to some recent results that have come out in the past four or five days and over the weekend on the Sinovac product and some trial results both in routine use and from clinical trials.

Again a range of values have been reported for that product going from mild and moderate disease to more severe disease with again that gradient of efficacy as you go to more and more severe disease.

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In this phase where we're really focusing on reducing hospitalisation and deaths and serious disease it really is the performance against the serious end of the spectrum of disease that is most critical.

So I think those are some of the main points around caution about comparing across products; the fact that we're really looking at products that meet those benchmarks that WHO set for the performance of the vaccines that would be useful in public health programmes and ongoing learning about how best
to use the products that are at hand with prioritisation of the products for healthcare workers and those at highest risk of serious disease, which is really the target for protecting healthcare systems and reducing to the maximum degree possible serious disease and death.

CL    Thank you very much for these clarifications. We'll come to the last question, as I see it, from a guest we haven't had online here with us so far and that's Konstantinos Davanis from Greek public TV, ERT. Konstantinos, please unmute yourself.

KO    Thank you, Christian. Greece, like other European countries, has rightly started conducing self-diagnostic tests in schools and society so that the coronavirus transmission chains can be broken in a very difficult situation with increasing numbers of cases.

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My question; how useful are the self-tests in the strategies to reduce cases? One question that has arisen in many countries is the management of test waste that has been done so far in test centres. Are there guidelines from the WHO on the management of this waste, are the tests dangerous if they are positive and someone comes in contact with them? Thank you very much.

CL    Thank you very much, Konstantinos. I'll ask Dr Van Kerkhove, please.

MK    Thank you. Bruce was just mentioning also we didn't answer the second part of the last question, which was about health workers. Just to emphasise that our recommendation for health workers is for all health workers regardless where they are working to receive the vaccination and make sure that we reach all health workers in all countries before we reach all of the populations in some countries. Thanks for just giving me a chance to clarify that; that was for Gabriela.

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With regard to self-testing I think your point about waste is an important one but let me highlight something before that. I think what is really interesting in this pandemic is that we've had really interesting innovation as it relates to testing and this is a very exciting time in terms of the advancement in our ability to detect the virus, to detect the SARS-CoV-2 virus.

So there's a lot of really exciting innovation that is out there on testing that's easier to use, that could be done by an untrained individual, by you or I at home, outside of a healthcare facility.
But what we have to do is make sure that these self-tests are accurate, that they're reliable, that they're quality-assured, that they're easy to use and that they perform well.

There're a lot of tests on the market and not all of them perform well. Many of them are under evaluation in individual countries. We will be assessing those as well into the future because testing needs to be strategic in countries.

The use of tests as part of controlling COVID needs to be linked to public health action. Testing for testing's sake really isn't useful. What we need is to know who has the virus so that they can receive clinical care and appropriate care so they can be isolated and so that contact tracing can be carried out and so it's really important that it's reliable.

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Given that we have some self-tests that are coming on the market we need to make sure that they're assessed but this is really important.

In terms of waste, the viral load that's used as part of the tests are considered to be quite low. It's important to follow the manufacturers' recommendations in terms of disposal of this. As a precaution we recommend putting it in a sealed bag before you dispose of it but it is possible that a combination of testing can be used.

I think you heard the Director-General talk a lot about testing and how important that is but I do want to emphasise that testing needs to be strategic and we need to use all of the tools at hand but these tools need to be reliable, they need to be accurate and they need to be linked to public health action.

CL Thank you very much for these clarifications; also the addition for the question before. With this we're coming to the end of our question-and-answer session. Thank you all for your participation online and in the room. We will be sending the audio files and Dr Tedros' remarks right after the press conference. The full transcript will be posted on the WHO website tomorrow morning.

For any follow-up questions please contact mediaenquiries@who.int. Now over to Dr Tedros for closing remarks.

TAG Thank you. Thank you, Christian. In closing I'd like to say a few things. The COVID-19 pandemic has shown that global manufacturing capacity is not sufficient to deliver vaccines and
other essential health products quickly and equitably to where they're needed most.

Earlier today I joined several leaders from Africa for a discussion about how to increase local vaccine production. It was very encouraging to hear the Presidents of Rwanda, South Africa and also Senegal speak about the concrete steps they have so far taken to start local production.

As you know, early in the pandemic African countries came together to agree on a co-ordinated continental approach to the pandemic and now they're coming together for a co-ordinated approach to scaling up manufacturing.

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Investing in sustainable and secure domestic manufacturing capacity and national regulatory authorities is critical for providing essential immunisation programmes and for building strong, resilient health systems against the inevitable health emergencies of the future.

To address this challenge WHO and our partners have established a COVAX manufacturing taskforce, as has been explained by Soumya, to increase supply in the short term but also to build a platform for sustainable vaccine manufacturing to support regional health security in the long term.

What should be done today should be done today. WHO is also ready to provide immediate technical support to assist countries in assessing the feasibility of local production and in accessing technology and know-how.

I also want to express my solidarity with the people on the Caribbean island of St Vincent, who have been evacuating their homes due to volcanic activity over the weekend. According to experts there are likely to be further eruptions and WHO stands ready to support the Government and people of St Vincent in any way we can.

Finally I would like to wish all Muslims Ramadan Mubarak, Ramadan Karim. Thank you.

00:51:08