COVID-19
Virtual Press conference
12 March 2021

Speaker key:
CL Christian Lindmeier
TAG Dr Tedros Adhanom Ghebreyesus
NI Nina
BA Dr Bruce Aylward
MS Dr Mariangela Simao
SS Dr Soumya Swaminathan
JA Jason
CA Catherine
JM Jamil
MR Dr Michael Ryan
MK Dr Maria Van Kerkhove
SI Simon
HE Helen
KE Ketevan
NA Naomi
LA Latika

00:00:00
CL 12th March 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference. We have as usual simultaneous interpretation available in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi. Let me now introduce to you the participants.

Present in the room are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director at WHO's
Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist and finally Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator.

Online we also have Dr Peter Ben Embarek, WHO Expert on Food Safety and Zoonosis and the International Lead of the WHO-convened global study on the origins. With this let me hand over to the Director-General.

TAG Thank you. Thank you, Christian, danke schön. Good morning, good afternoon and good evening. As countries roll out COVID-19 vaccines WHO is continuing to keep a close eye on their safety. WHO is aware that some countries have suspended the use of AstraZeneca vaccines based on reports of blood clots in some people who received doses of the vaccine from two batches.

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This measure was taken as a precaution while a full investigation is finalised. It's important to note that the European Medicines Agency has said there is no indication of a link between the vaccine and blood clots and that the vaccine can continue to be used while its investigation is ongoing.

WHO's global advisory committee on vaccine safety systematically reviews safety signals and is carefully assessing the current reports on the AstraZeneca vaccine. As soon as WHO has gained a full understanding of these events the findings and any change to our current recommendations will be communicated immediately to the public.

More than 335 million doses of COVID-19 vaccines have been administered globally so far and no deaths have been found to have been caused by COVID-19 vaccines. But at least 2.6 million people have been killed by the virus and more will continue to die the longer it takes to distribute vaccines as rapidly and as equitably as possible.

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The Access to COVID-19 Tools Accelerator which includes COVAX was launched almost a year ago as the international vehicle for the equitable distribution of vaccines, diagnostics and therapeutics. The emergence of new viral variants, the limited supply of vaccines, the lag in uptake of new diagnostics and
oxygen and the lack of funding to support the distribution of these life-saving tools are a major challenge for the global control of the pandemic.

Today WHO has published its new strategy and budget for the ACT Accelerator in 2021. So far US$11 billion has been committed to the ACT Accelerator but we still face a funding gap of US$22.1 billion. The longer this gap goes unmet the harder it is to understand why given it's a tiny fraction of the more than $13 trillion the IMF estimates that high-income countries have spent on fiscal stimulus to date. We urge countries to fully finance the ACT Accelerator as the best investment in the global recovery.

Today WHO gave emergency use listing to Johnson & Johnson's COVID-19 vaccine, making it the fourth vaccine to receive WHO's approval. Emergency use listing is the green light for a vaccine to be procured and rolled out by COVAX.

**00:05:02**

As you know, the J&J vaccine is the first to be listed as a single-dose regime. WHO will convene its strategic advisory group on immunisation experts next week to formulate recommendations on the use of this vaccine.

As new vaccines become available we must ensure they become part of the global solution and not another reason some countries and people are left further behind. We hope that this new vaccine will help to narrow vaccine inequalities and not deepen them.

The COVAX facility has booked 500 million doses of the J&J vaccine and we look forward to receiving them as soon as possible. Health workers and older people all around the world need this vaccine. COVAX is ready to deliver it and countries are ready to roll it out.

In total COVAX has now delivered almost 29 - 30 million doses of vaccine to 38 countries. Globally 335 million doses of vaccine have been administered in 144 economies. 76% of those are in ten countries.

**00:06:36**

The inequitable distribution of vaccines remains the biggest threat to ending the pandemic and driving a global recovery. As I said last week, one of the major challenges we need to solve is how to dramatically increase production of vaccines.
This week WHO and our COVAX partners met with industry representatives and other stakeholders to identify issues and solutions. Manufacturing any vaccine requires a lot of supplies including glass vials and plastic filters and the raw materials needed to make them.

The sudden increase in demand for vaccine production has led to a shortage of these and other supplies, which is limiting the production of vaccines for COVID-19 and could put the supply of routine childhood vaccines at risk.

Some countries have posed legal restrictions on the export of critical supplies. This is putting lives at risk around the world. We call on all countries not to stockpile supplies that are needed urgently to ramp up production of vaccines. In a global pandemic no country can go it alone. We're all interdependent and no country can simply vaccinate its way out of this pandemic.

**00:08:18**

We cannot end the pandemic anywhere unless we end it everywhere. The longer the virus circulates the higher the chances that variants will emerge that make vaccines less effective.

But variants don't make physical distancing less effective. They don't make hand hygiene, masks, ventilation and other public health measures less effective. We must continue to do it all. Christian, back to you.

CL Thank you very much, Dr Tedros. With this we're opening the floor for questions from the media. We remind you, in order to ask a question or put yourself in the queue raise your hand. We already have a good list of hands up. Then when I call upon you please don't forget to unmute yourself.

With this we're starting with the first question. This goes to Nina Larson from AFP. Nina, please unmute yourself.

NI Thank you. Can you hear me?

**00:09:35**

CL Go ahead.

NI Thanks so much for taking my question. I was wondering on the approval today of the Johnson & Johnson vaccine; you've been promised 500 million doses. How quickly do you expect those to arrive, are they already ready to go? Thank you.

CL Dr Bruce.
Thank you very much for the question about the important new development today with the announcement of the WHO emergency use listing of the Johnson & Johnson vaccine. With this product now we have not only an expanded armamentarium of vaccines to use against the COVID-19 virus but we also have a vaccine that is even better suited to some of the countries that are worst hit and affected by the pandemic. Because this is a vaccine, as you've seen, that can be used with a single dose, that doesn't require the same ultra-cold-chain requirements, etc, so we're very keen to get this into the programme and into use as rapidly as possible.

As you know, COVAX has an agreement for over 500 million doses of this product. What we're trying to do is work with the company to bring that forward as early as possible and we're hoping by at least July that we have access to doses that we can be rolling out, if not even earlier. Mariangela may want to add.

Just some quick information - thank you, Nina - that WHO's strategic advisory group on immunisation will be assessing the recommendations for the Johnson & Johnson vaccine on Monday so this is more welcome news.

Also the fact that J&J has already announced that it's expanding its manufacturing capacity to other countries including developing countries is good news in terms of not the short term but in the medium and long term it's good news for the provision to the COVAX facility. Thank you.

Just to add very briefly again and to re-emphasise the point made by the Director-General, the WHO welcomes any company that would like us to support or help in any way the expansion of the manufacturing capacity either in terms of fill and finish if there is already bulk production - our partners in COVAX, CEPI have identified fill and finish capacity that is immediately available to any company that would like to use it to expand supplies - and then potentially also of course for further technology transfer agreements.

So we are ready and willing to help J&J and any other company that would need our support. Thank you.

Thank you. We will also make the findings of the SAGE meeting on Monday public, most likely on Wednesday. We'll give
a statement out about this. The next question goes to Jason Bobian from NPR. Jason, please unmute yourself.

JA  Great. Can you hear me okay?
CL  Go ahead, please.
JA  I'd like to follow up on the AstraZeneca situation. Can you just be a little bit more clear about exactly what your position is on this? Is it similar to the European Medicines Agency, which is that people should just continue using it, or do you support some of the pause that's going on?

Also can you clarify the difference between the AstraZeneca that is being used through COVAX and the AstraZeneca that is being distributed in Europe, coming from different manufacturing facilities?

00:13:31

CL  Thank you, Jason. Dr Simao, please.
MS  Thank you very much, Jason. You know that we have an active surveillance system for safety and adverse events following immunisation. It's very active and we're working across all regulatory networks in the world so WHO does rely on EMA information but WHO also has a global advisory committee on vaccine safety and this advisory committee is already assessing the data that has been provided by the European Medicines Agency and by the countries as we speak.

So WHO is very much aligned with the position that we should continue immunisation until we have clarified the causal relationship and just to remind everyone, people die every day. We have more than 300 million people who have taken the vaccines, have been immunised globally so there will be people who have been immunised who will die of other causes.

So far the preliminary data we have seen doesn't lead to a causal relationship because what we see is that it's not different from the thromboembolic - which is a blood clot disease - event. The percentage we have seen is not different from what is seen in the general population, the deaths and the occurrence of these events.

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So this is being investigated as we speak and we'll probably have a statement on this mid next week as the investigations are concluded.
CL Thank you very much, Dr Simao. We move to the next; that's Catherine Fiancon from France 24. Catherine, unmute yourself, please.

CA Thank you, Christian; nice to hear your voice. Good afternoon to all of you. I would like to come back on the AstraZeneca vaccines and the countries that have decided to stop using it. I remember well, WHO and the EU did recommend the AstraZeneca vaccines that were manufactured in India and in Korea.

So I'd like to know if the other sites where the vaccine is produced have been investigated or checked by your experts and I'd like to know if the batches that were used in the eight or nine countries are coming from the same site. Thank you.

CL Thank you. That goes to Dr Simao, please.

00:16:35

MS And apologies, Jason, because I forgot to respond to that second part of your question; thank you for the question. We're talking for the moment about two batches that are produced in Europe so this is important because it's important to clarify that the COVAX facility is distributing vaccines that are produced in India by the Serum Institute of India and from the Republic of Korea, producer SKBio.

We have had lots of requests today to clarify this so these batches were being used only in some countries in Europe so they're not the same batches. They are not being used elsewhere. We're talking about two batches; I don't have the information right now, whether they come from the same manufacturer but they are manufactured in Europe.

As I said before, we're still checking and investigating if there is a causal relationship or not so some of the countries have suspended just the use of these batches, not all vaccination and some other countries have suspended the vaccination but it's related to specific batches. Thank you.

CL Dr Swaminathan, please.

00:17:55

SS Just to make the point that adverse events following immunisation obviously are very important and the public is keen to know because it affects their own perceptions and the uptake of the vaccine.
So I think it's important to put in perspective; the adverse events which are reported after vaccination have to be seen in the context of events which occur naturally in the population. As Dr Simao was saying, there is a background rate for all these things; people get sick, people get serious illnesses, people die every day due to a variety of causes.

So there is a background rate for each of these illnesses, whether it's the thromboembolic events or pulmonary embolism or nerve palsy, Bell's palsy or other neurological diseases or in fact deaths. We know what the normal rate is and so when the WHO subcommittee on vaccine safety or any of the regulatory agencies look at the relationship they look to see whether there is a trend of an unusual pattern of events occurring with a vaccine.

They also look to see whether there's a causal relationship between receiving the vaccine and the event and so it is quite important to explain also to people that just because it's reported following a vaccination it doesn't mean it's because of the vaccination. It could be completely unrelated and it's reported because people are keeping a close watch on those who are vaccinated; the pharmacovigilance systems that Dr Simao talked about and the reporting systems are making sure that it's being reported on those who are vaccinated.

But again it's important to then do the proper, full investigations before we react and to explain to people in a very transparent and open manner what is happening and explain when it becomes really something concerning. Thank you.

CL Thank you very much both. With this we come to Jamil Shad from UL Brazil. Jamil, please unmute yourself.

JM Yes, Christian. Can you hear me?

CL Very well. Go ahead.

JM Thank you. Dr Tedros, last week you mentioned the case of Brazil, that you were worried. Since then cases only rose, records day-by-day are beaten both on deaths and cases. My question to you; is Brazil sort of a sanitary threat to the region and to the world and what else can be done to stop this situation? Thank you very much.

00:20:57

CL Dr Ryan, please.
Yes, Maria may supplement. Certainly the situation in Brazil has worsened; there's very high incidence of cases and increasing death incidence across the country and certainly a very, very rapid increase in ICU bed occupancy with many areas around the country running out of ICU beds and interestingly in Amazonas actually an improving situation with ICU beds as the wave passes through and the health system recovers.

Other parts of the system and other parts of the country are coming under extreme threat. The mid-west and south regions have ICU bed occupancy of more than 96% so 96 out of 100 ICU beds are occupied. There's very little resilience and capacity left in the system.

There's also worryingly an increase in positivity of cases, especially people with severe acute respiratory illness - the proportion of them testing positive for COVID-19 is going up - and a significant increase in the case fatality rate, the number of people dying who present with illness, which will reflect the pressure on the system and the lack of time that healthcare professionals have.

But we also in the back of our minds also have the constant concern regarding transmissibility and the inherent virulence or lethality of the virus itself. Maria may speak to how we're tracking that.

Brazil is a great nation and an important anchor in South America, in the Americas and globally. What happens in Brazil matters and it matters globally and Brazil has always been a very positive example of strong public health action; one of the first countries in the world to eliminate measles as a public health problem, one of the first countries in the world to eliminate polio.

So there's no question; what happens positively in important and prominent nations matters globally and what happens negatively in such nations also matters. We certainly would like to see Brazil going in a different direction but it's going to take a huge effort for that to happen. The system is considerably pressurised right now and while many, many countries in Central and South America are moving in a good direction Brazil is not.

I think - and the DG said it - that this needs to be taken very seriously in Brazil. I have no doubt that Brazilian health and Brazilian science and the Brazilian people can turn this around.
The issue is, can they get the support that they need to be able to do that. Maria can speak to what we know and increasingly know about particularly the P1 variant in Brazil.

With that in mind all variants of concern are important nationally and all variants of concern are relevant globally because we don't call them variants of concern because of their national impact. We call them variants of concern because they have potential implications beyond national borders. Maria.

MK Thanks, Mike. Yes, that's right. The P1 variant, the variant that is circulating in Brazil is of concern because it has a number of mutations that can increase transmissibility and there are some studies that suggest that there is increased transmissibility associated with this P1 variant.

That is important because the more cases that you will have the more cases that will require care and need hospitalisation and in the situation in many states that are already overwhelmed and overburdened that will put more pressure on the system and there could potentially be more deaths associated with that.

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There are several studies underway of this P1 variant, this virus that has these different mutations, looking to quantify transmissibility and looking to quantify severity. There are some suggestions of increased severity as well but again that complicates a system and states that are already overwhelmed from a lot of transmission to begin with.

I should say, what we do know about the P1 variant as well as what we know about the B117, the variant that was first identified in the United Kingdom, and the B1351, the variant that was first identified in South Africa; the public health and social measures, the physical distancing, the masks, the hand hygiene, the ventilation and the IPC measures that are put in place in health facilities as well as outside of health facilities work against these virus variants.

We have seen in a number of countries the application of these individual-level measures, the community-level measures, the diagnostics still work. These are driving transmission down and so these virus variants still can be controlled.

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It complicates matters if you have a virus that spreads more easily but they still can be controlled. WHO; we expect that there will be more virus mutations, we expect that the virus will
continue to evolve which is who we've put a system in place to track evolution, to track these mutations and this has been in place since the beginning of this pandemic more than 14 months ago.

That tracking system has grown into a global monitoring and assessment framework that includes many different elements, first starting with surveillance; making sure we have good epidemiologic surveillance, we have strong virologic testing, we're using PCR testing, we're using antigen-based tests in countries so we know where the virus is.

We take a subset of those and those are sequenced so we can look at the different mutations within countries. We are working with our regional offices and the regional platforms that have been established to enhance sequencing surveillance around the world.

We're leveraging our flu system, the GISRS system which has labs in 150 countries, leveraging HIV, TB, polio networks, labs that are doing sequencing so that they can also be doing sequencing for SARS-CoV-2.

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Not only the sequencing itself; making sure that those sequences plus supporting data about the epi, about the clinical can be uploaded to platforms like GISAID so that analysis can be done to understand the evolution.

We are also working with our partners as part of this global risk assessment framework to evaluate transmissibility of each of these variants of interest as well as the variants of concern to understand any impact on increases in transmissibility as well as severity.

We're linking with partners around the world to co-ordinate studies that need to be done to evaluate the impact on available and future diagnostics, therapeutics and vaccines. This framework will inform vaccines' composition if any changes need to be made for vaccines, for therapeutics and also for diagnostics.

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So it's a huge system that is in place. It involves partners all over the world. We're not starting from scratch because we're enhancing and strengthening existing systems that are in place gut we know there are gaps. Sequencing is a big gap right now because not every country is able to do this and in fact most of
the sequence that have been shared on platforms like GISAID; I didn't check today but there are more than 600,000 full genome sequences that have been shared.

Those come from a handful of countries so we need more countries to be doing sequencing of the viruses in their country but this needs to be intelligent. Not every case needs to be sequenced. We need to look at which cases need to be sequenced. Perhaps they are cases that are involved in a cluster or the disease presentation may be slightly different.

So we've outlined guidance on which cases should be sequenced and we're working with our partners to make sure that all of this information informs different decision-making points. But as I said, right now the public health ad social measures, the infection prevention and control, our diagnostics, our vaccines work against these virus variants. It's really important that we continue to drive transmission down and we prevent as many infections as we can to begin with and if we are infected we take measures to prevent transmission onward.

00:29:48

CL  Director-General.

TAG  I would just like to add a bit. I have been to Brazil a number of times and actually the Brazilian health system; I have already considered it as a model because of its strong emphasis on primary healthcare. I think many people know about their family health teams. I remember from my visits how they map their areas of responsibility and even marking each and every household and they know who has what health problems by household. The number of times I visited - I always preferred to go to the clinics to see how the family health teams work.

Because of that I actually expected that the Brazilian health system could even perform better because a strong community-based approach can fare better in outbreaks because that could have a strong surveillance system, identifying early and addressing them.

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So it's really puzzling to see now that it's actually contrary to our expectations and the situation is very concerning. We're deeply concerned actually because not just the number of cases but the number of deaths is also increasing.
So to have a dent on the transmission, to make a significant impact there should be very serious social measures that should be taken and with the participation of the community and there should be clear message from the authorities on what the situation is and what measures should be taken and enforce those measures with the full participation of the health system and the population.

Unless serious measures are taken the upward trend which is now flooding the health system and which is becoming beyond its capacity will result in more deaths. I think it was yesterday's data I was looking at; it had already caused 2,000 deaths per day so it's getting very serious and I think starting from the Government all stakeholders should really take it seriously.

I said last time, Brazil neighbours many countries in Latin America, almost all of them except a couple and some countries share doing better in the neighbourhood but if the situation in Brazil continues to be serious like this then the neighbouring countries will be affected.

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It's not about the neighbouring countries but it could go even beyond. This virus; unless it's suppressed everywhere there will always be some threshold somewhere that will allow it to continue and with changing variants the risk could be even higher.

So I think all three of us said, the situation is deeply concerning and the measures that should be taken should be as serious as possible in order to have some significant progress. Thank you, Christian.

CL Thank you very much, Dr Tedros; thank you, all. With this we move to 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. You seem to be saying that the AstraZeneca vaccine is generally safe. Millions of people have taken it and a few negative reactions should not lead to hasty conclusions. I'm just saying this because that's the main vaccine being rolled out in Africa under COVAX, which brings me to my question.

00:34:33
Can you give us an update on the vaccine roll-out in Africa and when do we expect all countries in Africa to receive their first doses? Thank you.

CL Thank you very much, Simon. Let me look around. Dr Aylward, is that...?

BA Thank you very much, Simon, and thank you for the question. We probably should have commented earlier when the question was asked about the J&J vaccine. The great thing that we're finding in the whole area of vaccines in COVID of course is that so many of the approaches that are being taken, so many of the products that are being developed are proving ultimately to be successful and good, effective and safe products in the fight against COVID-19.

So we're developing quite a broad armamentarium, all of them demonstrating so far good efficacy, those ones that have been licensed - or, sorry, received emergency use listing and good safety profiles.

00:35:41 Among these the AstraZeneca vaccine has also stood out as one of the great products that has had a great profile in its use in so many different settings right now so, Simon, we have great confidence in this product. Of course when you hear anything about any product that you're giving to healthy populations you always want to make sure that that confidence is well-founded and that's what's happening but as Mariangela's already explained, we have strong confidence in this.

In terms of the roll-out of COVAX on the African continent it's been very fast. So far 24 countries have received vaccine already on the continent from COVAX, over 15 million doses and this is just in the last few weeks. There's another number in the pipeline that'll receive it during the coming weeks so we'll be up around 35 countries on the continent and closer to 20 million doses.

So what we're really focused on now, Simon, is this is a really great start but, as the Director-General said, it's just a start because there're a lot more than 24 million people on the Continent obviously and we need to get a lot more vaccine into not just the countries that have already received it but the ones who are in the pipeline.

00:37:00 The good news is that of the countries that have not yet received vaccines on the continent almost all of them now have the
indemnification work in place so the legal frameworks, they've got the regulatory pathways sorted out, they have great plans in their countries to make great use of these vaccines.

The crucial thing now is making sure that the global supply chain continues to prioritise the COVAX facility so that it can get vaccines equitably distributed to all the countries that need them because we are still lagging. When you look at the maps - and I'm so glad you highlighted, Simon - Africa still has a number of countries that have not yet received vaccines or not yet been able to start vaccination and that's a situation we have to change very, very quickly.

We continue to be deeply concerned about the supply chain globally. As you have seen in the press and other accounts recently there're lots of challenges and AstraZeneca's had challenges maintaining its supplies. We need to make sure that despite those challenges we continue to prioritise getting this vaccine into the continent. Thank you.

00:38:14

CL Thank you very much, Dr Aylward. Now we move to Helen Branswell from Stat News. Helen, unmute yourself, please.

HE Thank you very much, Christian. My question is about Ebola. I wonder if you have any [inaudible] you can make about the reports that the virus has been isolated from [inaudible].

CL Helen, you have a very bad sound in the background. Let me go to another question and we'll come back to you after this and maybe you can sort this in the meantime. Thank you very much. Let me call upon Ketevan Canava for now. Ketevan, please unmute yourself.

KE Hello. Can you hear me?

CL Please go ahead.

KE Thank you very much. We have finally good news from Georgia; the first batches of vaccine we will receive tomorrow and from next week we will be ready to start vaccination and we are very happy. Thank you very much, Dr Tedros, for your personal commitment and for your support.

00:39:38

This vaccine will be AstraZeneca vaccine and I have a question about AstraZeneca again because there are some doubts in Georgia. So what can you recommend people who are going to
vaccinate against COVID-19 and the assessment of the situation in Georgia? Thank you very, very much.

CL    We had similar but Dr Swaminathan, please.

SS    Just to reiterate again that we're looking very closely at the safety data and so is the European Medicines Agency and we're working closely with them, analysing the information that's coming from these reports.

I just want to remind everyone of what the DG said, which is that COVID has killed over 2.6 million people so far globally; just the known and documented deaths; we believe that there must be more than that.

Of the 330 million vaccine doses that have been deployed we're not aware of any one confirmed COVID vaccine-related death. There have been deaths following vaccination in people but people die of diseases every day so there hasn't been a single confirmed one.

00:41:07

Most of the vaccinations to date have been done in countries with very good safety monitoring and pharmacovigilance systems, the high-income countries so there's very good reporting and each of these reports is being amplified in the press.

So I think it's very important to reassure people especially in the countries that the vaccine that is being rolled out in. This a time when we want people to take the vaccines that are available because all the vaccines are proved to date, do prevent severe disease and hospitalisation and they're definitely preventing people dying of COVID-19 and that's what we want.

So I think it's key that public health officials in all countries that are vaccinating or beginning to vaccinate must amplify the right messages based on the science and as the science and knowledge evolves things could change. We have to keep our eyes and ears open and we will keep communicating to you as things happen but as of now we are confident that we should go ahead. Thank you.

00:42:08

CL    Thank you very much and thank you, Ketevan, for this opportunity to reiterate this important point. Now we'll try again with Helen Branswell and sorry for the disturbance before. Helen, please go ahead and unmute yourself.
Thank you, Christian. I don't know where that music was coming from but it wasn't coming from my end. I wanted to ask about a report that has come out about the Ebola virus causing the outbreak in Guinea. An analysis has been done of this sequence data and it shows that there're only about 12 to 14 nucleotide differences from the 2016 outbreak, which is a very stunning thing to see at this point.

I was hoping you might be able to explain what the thinking is about what's going on there. Thank you.

Thanks, Helen. Yes, we're aware of the report and very grateful to the different groups who've done the sequencing and done such good analysis. In that sense the results are quite remarkable; the branch ancestral to this cluster is very, very similar to the original virus that caused the outbreak from 2014 to 16; far less than you would expect based on the evolutionary rate of the virus that it displayed at that time. Bruce is here and he knows how quickly that virus evolved.

In a sense what this really says, Helen - and we have to be very careful here because more studies are going to be needed but certainly this is unlikely right now based on the genetic sequencing to be linked to a fresh zoonotic reservoir and much more likely to be linked to persistence or latency of infection in a human subject. That would be probably the longest period of time between two such events.

I'm cautioning here, these are the first so more studies are needed and again it's great to have this data but in that sense we're not dealing, as far as we understand right now, with a breach of the species barrier.

It really does speak to the importance of following up and supporting survivors and finding better ways to help survivors and let me say this again. The vast majority of people who survive Ebola clear the virus from their system and they recover within six months.

An even tinier proportion of people end up potentially carrying the virus. They're not infectious to other people except in very particular circumstances and a tiny proportion of them can relapse in their infection and become sick again and even in those the percentage of those people who have the haemorrhagic symptoms is less.
So it's very important that we follow up survivors to support them but it's extremely important at this moment because these are scientific results but ultimately there are people at the heart of this and there are thousands of people who have survived Ebola in West Africa and their lives have been put back together. They have suffered hugely and so have their communities so it's extremely important that we look at the scientific data, that we do not allow any form of stigmatisation around this subject. Survivors deserve our support. They've been to hell and back. Their families have been to hell and back.

We need to better understand how this happened. It's really important for the future but just to reassure, survivors of Ebola do not represent a threat to their communities or to their families. We have a duty to them to follow them up properly, to ensure they get access to the right care and to do everything possible to find new ways of ensuring we can clear infections in those very, very few people who may carry the virus for a longer period of time.

But you're right, Helen; it is a remarkable result. It's a testament to the scientists who work on this in Guinea and around the world and just to remind everyone, WHO has launched a readiness and response plan for all of the surrounding countries including Guinea, working with our partners and with the Governments to bring this disease under control.

We have 18 cases there at the moment and we now have over 30,000 doses of vaccine in the field. We've vaccinated a large number of contacts and contacts of contacts. We'd like to pay testament to pay tribute to the Ministry of Health and the President in Guinea and particularly to Dr Sakoba for his leadership at the national level.

We encourage all partners to work under the co-ordination of Dr Sakoba and the UN system in order that we can deliver the best services on the ground. We have vaccinated nearly 3,000 individuals so far in a targeted ring vaccination. We don't vaccinate the whole population; we vaccinate contacts, contacts of those contacts.

It's a very targeted vaccination along social and contact networks. It was highly successful in the last outbreak in Congo and we're making very good progress with that right now. Again
this disease causes fear in communities and again those communities in West Africa who went through the horrors of the West Africa outbreak deserve our support now first and foremost to stop this virus dead in its tracks but, two, to support them at the community level in terms of dealing with the genuine fear they have around this disease potentially spreading.

I don't know; Bruce, you have the institutional memory for West Africa and did so much in your leadership role there. You may have a comment as well. Helen, we'd be very happy to follow up with you with more details. Dr Pierre Formonti leads on the technical side here; Dr Salam Gay is our Regional Emergency Director and I think we have Michel Yao online. Michel is not with us, no. Michel is embedded; he's in Guinea and working very, very closely with Dr Sakoba under his leadership. Bruce, you may have a comment to make; I don't know.

00:49:02

BA Thanks, Mike, and thanks, Helen, for the comment. I think Mike really hit the nail on the head. In the West Africa Ebola outbreak we learned so much. It's interesting; we'd known this disease for dozens of years at that point. This was a new environment, it was a whole new scale as well and one of the things we learned, as Mike highlighted, was just how there could be persistence and longer-term shedding of the virus than we'd originally realised.

It was also one of the first - the first outbreak, if I remember correctly, where we were able to apply molecular tools in real time. That was really toward the end of the crisis to help us understand how it was evolving, how to tackle it and also manage some of the risks.

In that vein I would want to reinforce a little bit what Mike has said. These are some new results that we have just seen and the biggest mistake we could make would be to jump to conclusions about what this means about the outbreak and its evolution and the risk.

00:50:02

We know how to tackle this disease very, very well and I tell you, in West Africa, in Guinea, in this area where I spent a lot of time with Dr Sakoba and the colleagues, these people really know what they're doing when it comes to managing this disease.

I think we will understand in the near term what the genetic results that we're seeing mean but again the important thing is
we have the tools we need to tackle this, we have the community that knows how to tackle this and we have new tools and I think we just need to be careful that we don't over-interpret what is the evolving information.

We made a couple of mistakes in that regard in West Africa back three or four years ago and we don't need to do that again. Thanks for raising it though; super-important that we had this discussion.

CL Thank you very much.

MR May I just add that donor countries out there may consider supporting the Governments of Guinea and the surrounding countries as they implement these response plans. To date everyone I know... It's very tough. There are so many issues out there for donors to consider, not least of which are Yemen and Tigray and so many other desperate tragedies and also COVID.

00:51:12

But the Ebola outbreak is one and we've seen in the past, if Ebola is left to burn slowly it can quietly expand and it can cause a problem. Prevention is the best cure in this particular case. We saw the investment in preparedness in Uganda last year; we saw the value of that. Uganda ended up with two importations of disease; it had no secondary cases; it nailed it, it absolutely did the right thing and so did the other surrounding countries.

Now we need to make sure the countries surrounding Guinea and Guinea itself have the resources and what we've seen is a remarkable increase in human capacity, in technological capacity in countries in Africa in particular. What they sometimes need is quick resources in order to be able to scale up the response and WHO is out there asking countries to consider funding this regional plan to contain this disease in support of the Ministries and we'll be delighted to provide more information on that in the coming days.

00:52:16

BA Christian, sorry to jump in again but Mike made this comment earlier that people who've suffered this disease have been to hell and back and their families have and this virus is really a devil of a virus, to use Mike's metaphor and that support to Guinea, which could easily be forgotten at this time, is going to be absolutely vital.
These people know what they're doing but they're going to need the support to be able to implement, especially in the areas which are being hit. These are some of the most vulnerable and needy areas.

CL Thank you, Drs Ryan and Aylward, for this very important appeal to the donor community. With this we move to Naomi O'Leary from the Irish Times. Naomi, please unmute yourself.

NA Hi. Thank you very much for taking my question. My question is, how much of a concern are US restrictions on vaccine exports given its importance in manufacturing particularly the Johnson & Johnson vaccine but also the AstraZeneca vaccine? There are reports that tens of millions of doses are already stockpiled ready to go but not being exported anywhere. Thanks very much.

CL Thank you very much, Naomi. Let me give a quick look around. Dr Simao, please.

00:53:31

MS Let me start. As we mentioned previously in pressers the WHO is always very concerned about export bans on products that will help to end the acute phase of this pandemic and this is related also to the vaccines, to the ingredients to produce vaccines and to any other products.

We have seen increased moves from some countries to put bans and restrictions on exporting goods that are actually very much needed globally at this point. So WHO very much discourages the use of this type of measure which can decrease the chances that we achieve better and more equitable access to vaccines around the world. Maybe someone else wants to...

CL Dr Aylward, please.

BA Thank you, Christian. Naomi, thanks for the question. One of the great things about this response and now the vaccines being available has been the emphasis of every country, every manufacturer to ensure that no vial lies idle. In fact that's a bit of a theme that we're hearing again and again and as people look at where vaccines can be best used people are talking to us about how they can make donations.

00:55:05

This goes back almost to December and as the Director-General's been calling for. We've been pushed very hard from the COVAX side to ensure that any vial that comes to us will be used and put
to work immediately. That is really the mantra we're trying to drive right throughout the entire response, that every vial of vaccine as it comes off the production lines, as it becomes available you immediately put to work.

The fantastic thing has been the attention around the world to that. There're always going to be situations where you end up with some vaccine being held or maybe not rolled out as rapidly as possible but everybody recognises the need to be working to the common good of getting all of these to work as rapidly as possible.

The great thing now the COVAX facility's been up, it's been delivering for over two weeks now and I think everybody's seen it's moving vaccines and moving the orders, the demand and getting them to people even faster than the manufacturers can keep up with.

00:56:05

So if anyone does have vials, Naomi, back there on their shelves we can put them to good work.

CL  Thank you very much for this. Now we move to Latika Embourg from the Sydney Morning Herald. Latika, please unmute yourself.

LA  Thank you very much. Just asking about Italy's decision to block the authorisation of the EU AstraZeneca vaccines to Australia, one of the reasons cited was that Australia has a very low outbreak and that Europe needs those vaccines more. Is that a fair enough reason, in your view, to block the export of vaccines?

CL  Let's start with Dr Aylward, please.

BA  Thanks and thank you for the question. At the beginning of this crisis we had to sit down and as the vaccines were being developed put together a framework for how to ensure their optimal use as they rolled out, the equitable and fair allocation of these products.

00:57:08

Dr Mariangela Simao has led that work and would be a good person to comment on it but as we looked at how we roll these things out as fairly and equitably as possible we looked at the threat and risks around the world.

We're dealing with a virus which is distributed ubiquitously; it's all over the world at this point and at the same time we have
older populations, we have healthcare workers all over the world so the people who are vulnerable, who are going to be most highly exposed, most at risk of severe disease also distributed.

So what we're looking at is how we reduce that risk of severe disease and with it the risk of death obviously but also the risk of ICUs getting clogged. So what we're trying to do is ensure we roll these vaccines out everywhere around the world because every country has populations that are at risk, every country needs access to these products.

So that is what underpins the strategy behind the roll-out of these products and the reason that we give such emphasis to ensuring that every country has access to these. Every country has healthcare workers; every country has older populations and as we've seen as well, although a situation may look quiet in one country or another it can explode very, very rapidly. We've seen countries with very few cases all of a sudden reporting hundreds within days. So for that situation you want to make sure that you reduce that risk everywhere to the degree possible. I don't know if Mariangela wants to add.

00:58:43

MS Just a quick comment because we are also always pushing that this virus is present everywhere and that the risk of outbreaks even in situations where it's apparently under control has been proven over and over again, that it can happen again.

So no-one is safe yet and so it's needed; we need to prioritise the vaccination, as Bruce said, for the older groups and for healthcare workers and for people who are at risk of dying. We are talking about it across the world, in all countries.

CL Dr Ryan, please.

MR On Australia, I think it's probably a good lesson for many of us. Australia had two peaks in transmission, daily peaks. They never exceeded 1,000 cases a day. Australia's had fewer than 30,000 cases overall; fewer than 1,000 deaths. The last peak was last July. Australia not only flattened that curve, it destroyed that curve and it has kept it at that really low level since.

01:00:01

That didn't happen by accident, it didn't happen because of luck. That happened because the Australian Government applied a comprehensive strategy to suppress this virus, to track contacts, to test, to test, to test and they went after this virus in a way that
was just truly impressive as a public health operation and it was done in the face of a lot of criticism at the time.

There were good days and bad days and there were genuine dilemmas at community level and there were many times when, I think, Australia took very severe action in response to a very small number of cases, small clusters, very big responses.

But I think there are some real lessons to learn from the experience of Australia. For Australia though right now because they've managed to do just that the seroprevalence of this disease is very low so the Australian population remain overwhelmingly susceptible to this virus because they have been protected by their Government, protected by their public health system, protected by the strategy that was used by Australia.

In my view, I'm not comparing countries but that success in protecting your population should not result in you lacking access to that which will give more permanent protection to that population.

01:01:25

But I think it's an important reflection to look at just... I would point many countries to look at Australia's experience in how to contain, suppress and a lesson for the future, I think, as we move forward. Vaccines alone will not be the answer. I think we need to use vaccines and then look at the strategies implemented by countries like Australia and New Zealand.

For me the magic is bringing equitable access together with comprehensive public health strategies. You put those two together; we'll make this pandemic history. So I do hope that Australia can access the vaccines from whatever source they can but I must say, chapeau; they've really shown us all how to use public health to kill a virus.

CL  Thank you very much. With this we come to the end of our briefing; we are already over one hour and we actually made it to nine questions, which is extremely good. Thank you all very much. Before I hand back to Dr Tedros for the final words let me remind you again that the comments will be sent right after this briefing and of course the full transcript will be posted tomorrow morning on the WHO website during the day. For any other follow-ups please send an email to media enquiries. Thank you. Dr Tedros.

TAG  Thank you. Thank you, Christian. Thank you for joining us today and bon week-end and see you next week.
01:03:11