Hello and good day to wherever you are listening to us today. It's Friday 16th April and for us at least it's an unusual hour to have this press briefing so thank you anyway for joining us at this time. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference.

We have a few special guests today who I would like to briefly announce as we will discuss the impact of COVID-19 in Papua New Guinea and the Western Pacific region and the actions that are being taken there to respond. First and foremost we have the Honourable Jelta Wong, the Minister of Health in Papua New Guinea.
We have Dr Takeshi Kasai, the WHO Regional Director for the Western Pacific. We have Ms Anna Maalsen, the Acting Representative for WHO in Papua New Guinea. Welcome. Simultaneous interpretation is provided in the six official UN languages as usual, Arabic, Chinese, French, English, Spanish and Russian, plus we have Portuguese and Hindi.

Now let me introduce the participants in the room. Of course we have Dr Tedros Adhanom Ghebreyesus, WHO Director-General. We have Dr Maria Van Kerkhove, Technical Lead on COVID-19. We have Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products. We have Dr Bruce Aylward, Special Advisor to the Director-General and the lead on the ACT Accelerator and we will be joined by Dr Mike Ryan and Dr Soumya Swaminathan later.

00:02:03

With this let me start differently because we have journalists from the Western Pacific online. Just a note to everybody; in case you want to get in line for questions please use the raise your hand icon on your screen in order to get into the queue for questions. Now I hand over to the Director-General for the opening remarks. Apologies.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. Around the world cases and deaths are continuing to increase at worrying rates. Globally the number of new cases per week has nearly doubled over the past two months. This is approaching the highest rate of infection that we have seen so far during the pandemic.

Some countries that had previously avoided widespread transmission are now seeing steep increases in infections. One of those countries is Papua New Guinea. Until the beginning of this year Papua New Guinea had reported fewer than 900 cases and just nine deaths.

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It has now reported more than 9,300 cases and 82 deaths. While these numbers are still smaller than other countries the increase is sharp and WHO is very concerned about the potential for a much larger epidemic.

There is large-scale community transmission in the capital, Port Moresby, and the Western province and all 22 provinces have now reported cases although in the last two weeks we have seen some decline. Roll-out of the AstraZeneca vaccine started in late
March with 8,000 doses donated by Australia and a further 132,000 doses from COVAX arrived this week.

The vaccine is being offered first to priority groups including health workers to protect the local health system. Through WHO's global outbreak alert and response network or GOARN 13 experts have been deployed to support the government with case management, epidemiology, infection prevention and control, laboratory support and information management.

Emergency medical teams from Australia, Germany and the United States have also arrived to support the response with others expected in the coming weeks.

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WHO is continuing to work closely with the National Department of Health and partners to provide technical advice and support and to boost local health response capacity. This includes an emphasis on expanding testing.

Papua New Guinea is a perfect example of why vaccine equity is so important. It has held COVID-19 at bay for so long but with rising infections, understandable fatigue with social restrictions, low levels of immunity among the population and a fragile health system it's vital that it receives more vaccines as soon as possible.

I would like to use this opportunity to thank Australia for donating vaccines to Papua New Guinea and also my discussions with the Foreign Minister of Australia, who has expressed full support to Papua New Guinea.

00:05:48

Today I am pleased to welcome Papua New Guinea's Minister of Health, the Honourable Jelta Wong. Minister, thank you for your leadership at this difficult time for your nation and thank you so much for taking the time to join us today. You have the floor, Minister.

JW Thank you very much, Dr Tedros. Good day, everyone. Greetings from Papua New Guinea. Thank you for this opportunity to share our situation here in Papua New Guinea, a land of some eight million people and 800 different languages nestled in the Western Pacific region or, we simply say, among the Pacific Islands.

My name is Jelta Wong. I am the Minister of Health in Papua New Guinea. Papua New Guinea's infection rate continues to rise
rapidly and as a responsible Government it is our duty to make vaccines available to our people who need them the most.

As of 12:00pm on 15th April 2021 Papua New Guinea has reported 9,343 confirmed cases of COVID-19 including over 80 deaths. Half of these cases and half of these deaths were reported in the last month alone, highlighting the large-scale community transmission in our capital city, the national capital district and four other provinces, East New Britain, Eastern Islands Province, Western Islands Province, Morobe and the Western Province.

Out of these numbers we have increasing numbers of health workers, about 273 out of 4,504 in the last month, who were infected and we are expecting to see these numbers rise.

Our immediate priority is to protect our health workers and our key workers in the front line. This prompted my Government to reach out to our neighbour, Australia, for an emergency supply of vaccines ahead of our COVAX supply.

Australia has responded immediately, allowing us to begin roll-out of 8,000 doses of AstraZeneca vaccine sent in late March. To date we have had about 1,600 persons vaccinated in our national capital district. Thanks to the COVAX facility Papua New Guinea has received its first batch of 132,000 AstraZeneca vaccines earlier this week. We are truly grateful.

With support from WHO and UNICEF we are preparing to roll out this nation-wide by May. The vaccines will be distributed to all provinces, initially targeting our healthcare workers and other front-line essential workers.

Through the COVAX facility a total of 588,000 doses of the AstraZeneca vaccine will be made available to Papua New Guineans. We hope to receive all this by June. To support the current surge we're facing three more emergency medical teams arrived in the country over the last week to help our health facilities with clinical management.

This was made possible with the co-ordination and support of WHO. We still have many challenges but we have made some significant progress in the response. Measures have been introduced including mask-wearing, social distancing, restrictions on travel, mass gatherings and passenger limits on public transport.
However we know that there are ongoing challenges with compliance. We did not expect this to happen overnight. We continue to work to address this. Our biggest challenge is seemingly the late adoption or acceptance of the new normal and the disbelief in the disease itself.

This overlaps into much infodemic and conspiracies and misinformation on the safety and the efficiency of the vaccines. To overcome this vaccine hesitancy especially among our health workforce our Prime Minister, the Honourable James Marbe, our Governor-General, our Chief Justice, our Cardinal, together with myself and our other leaders... to send a strong statement from our country's leadership that the COVID-19 vaccines are safe and will also help protect our people.

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It is this Government's desire to ensure that no Papua New Guinean is left behind and we ensure to get every message; with the help of WHO, UNICEF and our foreign partners we are ensuring... to make sure that everyone is vaccinated.

Again, Dr Tedros, your helping getting us the first batch of the AstraZeneca through the COVAX facility and Tekashi-san, thank you very much. Our country is in a much better place knowing that these vaccines are now in country and it is now our job to make sure that the people are reliably informed and start taking the vaccine so we can allow people to travel overseas and allow them to live longer lives. Thank you very much and God bless.

TAG Thank you. Thank you so much, Minister, and thank you also to the Prime Minister, thank you for everything you're doing. Please rest assured of WHO's total support for your Government and your people at this difficult time.

00:12:18

I know that we have a very dedicated and skilled country office in Papua New Guinea and it's now my pleasure to welcome WHO's Acting Representative in Papua New Guinea, Anna Maalsen.

Anna, thank you for joining us and please tell us about the challenges you face and the steps that WHO is taking to address them. You have the floor, Anna.

AM Thank you, DG, Dr Tedros. Greetings to you all from Papua New Guinea. As both our WHO Director-General and Health Minister Wong have indicated the situation in Papua New Guinea is critical. We're seeing infection rates climb and there's intense transmission of COVID-19 in parts of PNG, putting enormous
pressure on hospitals, intensive care units, health workers and communities.

The increasing number of healthcare worker infections are cause for concern and this will already have an impact on PNG's small and ageing workforce. This will directly impact the number of healthcare workers available to provide care for people needing essential services, making it difficult for hospitals to maintain those as well as cope with the increased demands placed on the health system by the growing COVID-19 rates.

Long turn-around times for PCR testing have impacted on the country's ability to respond quickly. However the nation-wide roll-out of the rapid point-of-care antigens test is really a game-changer for the country as we're able to roll these out and expand these to facilities in much of rural Papua New Guinea.

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This low-cost new technology is really a boost to the country's ability to detect cases and respond appropriately to reduce transmission.

This week, as already mentioned, the arrival of 132 doses of AstraZeneca from the COVAX facility this week combined with the 8,000 gifted by Australia means that healthcare workers are now being or will be vaccinated as a first priority to reduce the risk of COVID-19 and to immediately address the challenges posed by the increasing healthcare worker infections.

Together WHO with UNICEF continue to provide the guidance and technical support to the Government of Papua New Guinea to ensure safe vaccination with effective and quality vaccines. Advocacy efforts are being fast-tracked. We're having to do this at the same time as training our trainers for the roll-out of the vaccines.

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We're doing this with new technology through virtual trainings with our provincial health authorities and really ensuring that our healthcare workers are confident and capable to administer the vaccines in a safe way.

Putting together and supporting our provinces with systems for tracking adverse events following immunisation is also a critical part of our support right now as well as addressing the misinformation through partnerships with social media platforms to address the existing vaccine hesitancy.
In response to the Government's request for support in clinical care and case management, as already mentioned, we've deployed or supported the deployment of three emergency medical teams that have arrived in country. We have Ausmat, the Australian team that are here based in the national capital district, in the National Referral Hospital.

From the US team, Rubicon, who've travelled to Mount Hagen in the Western Highlands, one of the most populous areas of the country... And from Germany we have Johanita, who is working with St John's here at the Nightingale COVID care centre in the national capital district.

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If the needs escalate in other areas teams may be retasked or redeployed to provide search support to other provinces. Supporting that clinical management and care pathway is a really important part of our support.

PNG is also seeing countries reach out with much-needed PPE and supplies including oxygen concentrators and biomedical equipment to support the quality of care. WHO is supporting the scale-up of sustainable oxygen systems as a critical part of the country's response, which will have longer-lasting benefits for the health system.

WHO will continue to support the PNG Government and work with the National Department of Health, the National Control Centre and other development partners to boost and strengthen the local capacity across the country to ensure that Papua New Guinea has access to safe vaccination and to suppress the current outbreak and slow the spread of COVID-19 in Papua New Guinea. Thank you very much.

00:17:19

TAG Thank you. Thank you, Anna, and thank you for everything you and your team are doing. I send my greetings to the whole team there. You make us very proud. Papua New Guinea is one of 37 countries in WHO's Western Pacific region. Although the first cases of COVID-19 were reported from the Western Pacific the region still has the fewest cases and deaths of WHO's six regions.

Many of its countries have applied lessons learned from past experience with infectious disease outbreaks like SARS, MERS and influenza and have been strong examples of how COVID can be contained with proven public health measures.
Cases are now increasing sharply in Papua New Guinea and some other countries in the region. The trajectory is worrying and the situation is fragile. To tell us more it's my honour to introduce the Regional Director of the Western Pacific, Dr Takeshi Kasai.

My brother, Takeshi, thank you so much to you and your team in Manila and in each of your 37 countries for everything you continue to do to serve the people of the Western Pacific. Thank you so much for your leadership. You have the floor, Takeshi.

TK Thank you very much, DG, and good morning, good afternoon and good evening. I really appreciate the opportunity to highlight the situation of Papua New Guinea and the Pacific more broadly to the global media.

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Our region is home to around one-quarter of the world's population but so far we have been relatively fortunate in this COVID-19 pandemic. We have recorded just 1.6% of the global confirmed COVID-19 cases and 1.2% of confirmed deaths.

In fact some countries in the Pacific are among the small number of countries in the world which are yet to record a single COVID-19 case. There's no single or simple reason as to why our region has fared comparatively well but long-term investment is one key factor.

Countries have spent more than a decade preparing for events with pandemic potential by strengthening preparedness and response capacity including the public health system such as contract tracing.

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But, as Dr Tedros said, several countries in the region including Papua New Guinea are now experiencing surges in cases. The pandemic means that every corner of every country in every part of the world must be prepared and protected against COVID-19 and we must continue to pay special attention to small countries who have so far been able to stop the virus coming in. In remote Pacific countries even a few cases could have a devastating impact.

As we heard from the earlier speakers, the COVID-19 situation in Papua New Guinea is extremely challenging right now. I really want to recognise the efforts of the Papua New Guinea Government under the leadership of Prime Minister Marape, Health Minister Wong and COVID-19 Response Controller, David Manning.
They have been bringing together all of the Government and different sectors and as much as possible trying to get ahead of the curve by strengthening response capacity in all provinces across the country.

I would also like to thank all partners, in particular Australia, for their very, very strong support including helping to get international emergency medical teams on the ground and securing vital supplies of vaccine.

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WHO is also working side-by-side with our UN colleagues, especially UNICEF and I would especially like to acknowledge the strong support of the UN resident co-ordinator. I'd like to make a couple more quick points before closing about the vaccines.

It was wonderful to see more vaccines arriving in Papua New Guinea from COVAX this week but there are still countries in the Pacific which are yet to receive any vaccines or have only received very few doses and I couldn't agree more with the DG's point about vaccine equity.

At the same time it is important to emphasise that vaccine alone will not end the Papua New Guinea outbreak or the pandemic, not yet. Because [unclear] our best defence until the majority of people in every country are vaccinated is still to keep up with all the other protective behaviours we know work, including strong enforcement of non-pharmaceutical donations, as Honourable Minister Wong mentioned.

WHO continues to support the Papua New Guinea Government and calls on the entire PNG populations to keep up with [unclear]. Do everything you can to fight the virus and stay safe. Thank you very much, DG, for this opportunity.

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TAG Thank you. Thank you so much, Takeshi, and my greetings to all of our colleagues in the regional office. We're very proud to serve with you. I'm glad that today we have been able to showcase the incredible capacity of WHO to provide support on the ground in countries at the regional level and here at headquarters.

At the global level we continue to assess the evolution of the pandemic and to adjust our advice accordingly. Under the International Health Regulations the emergency committee held its seventh meeting yesterday and I look forward to receiving its advice on Monday.
Globally our message to all people in all countries remains the same; we all have a role to play in ending the pandemic. Christian, back to you.

CL   Thank you very much, Dr Tedros. Thank you very much to all of you. We'll start the round of questions and again if you want to be put in the queue please raise your hand with the raise your hand icon on the screen. I'm very glad to be calling upon a journalist from the Western Pacific region as I see here on the screen that's Johnny Blades from Radio NZ Pacific. Johnny, please unmute yourself.

00:24:46

JO   Thank you. Kia ora from New Zealand. I hope you can all hear me. Thanks to the panellists for making time to address us all on this very pressing situation. I just have a question for Health Minister, Mr Wong.

Given the challenges that you've mentioned and others as well, challenges with the disbelief in the virus in PNG, vaccine hesitancy and the significant logistical challenges of getting doses and teams out to the various parts of your country, how can the Government expect to get anything near a majority of people vaccinated in PNG, is it possible?

CL   Thank you very much for this question, Johnny. I'll hand over to the Honourable Minister.

JW   [Inaudible], Johnny, but thank you for your question. It's a good question. Since COVID-19 has been announced to the world we've always had a group of people that have been against believing in it. Slowly with the resources we've received from WHO and UNICEF and the information that we've got we've translated and tried to push it out to every single province using our PHA systems.

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The vaccine is not the first vaccine that we've ever pushed around the country. We've had different types of vaccines and we held a meeting to roll it out and we've had a lot of support from outside on how to move logistically through the provinces and then to allow the provinces to take over and make sure that the people get vaccinated.

From the dialogue that we get back from the provinces a lot more people in the provinces have come forward wanting to be vaccinated so the messaging is getting out there and every day...
It's not going to be easy but it's something that we're going to have to work towards to ensure a safer Papua New Guinea.

As a responsible Government we must have these plans in place to ensure that our people are safe.

CL    Thank you very much, Honourable Minister. With this we move to the next and it's Corinne Gretler from Bloomberg. Corinne, please unmuter yourself.

CO    Hi. Thanks for taking my question. I know you're tracking various variants but I wanted to ask you about the B1617 variant that's emerging in India. I think it was first detected in October but it's now appeared in other countries around the world and it's being linked to why the wave in India appears to be more severe this time around.

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So I just wanted to hear your latest; what's your current assessment of it, have you heard more chatter about it, and maybe just talk about it a little bit more.

CL    Thank you very much, Corinne. Let me hand to Dr Van Kerkhove.

MK    Thanks very much for the question. This virus variant is a variant of interest, the B1617 lineage. This was first detected and reported by India, having two mutations; the E484Q and the L452R; those are specific mutations within the genome.

This was reported by scientists out of India. They actually presented to us at our virus evolution working group on Monday, giving us some information about the studies that are underway and working in collaboration across the country but also with scientists around the world.

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It was first seen in two states at the end of 2020 and there is an increasing proportion of cases of this B617 that have increased since the end of last year. As you know, these virus variants... The virus mutates, the virus changes over time. This is one variant of interest that we are following.

Having two of these mutations which have been seen in other variants around the world is concerning because there is a similarity in these mutations which confer increased transmissibility for example and some of these mutations also result in reduced neutralisation, which may have an impact on our countermeasures including the vaccines.
What we are doing is working with India and working with countries around the world to make sure that we increase the proportion of sequencing that is happening around the world but making sure that this is intelligent sequencing so that we can detect where these variants of interest and these variants of concern are.

But also linking with the sequences epidemiologic information, clinical information so that they can be studied properly. Variants with certain mutations do mean that it can spread more easily which means that if it spreads more easily you will have more cases and if you have more cases it will put more burden on your health system.

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So this is one of the ones that we are tracking. It is one of the ones that's on our radar and in doing so it means it's on the radar of people around the world. But we have a system in place and I think what is important is that WHO with partners is bringing together member states, researchers, different networks around the world to make sure that we have a robust monitoring and assessment framework.

So it's not just important to say that there's a variant of interest that's been detected. It's really important that that assessment is robust so we understand what each variant of interest and variant of concern means for transmission, for severity and for impacts on diagnostics, therapeutics and vaccines.

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That system is being strengthened around the world because right now the variants that have been detected; the vaccines still work against these variants of concern, against severe disease and death and that's really, really important.

But we want to have a system in place should there need to be a change in some of our countermeasures going forward and so this is one of the ones that we are looking at, this is one of the ones that we are tracking. Indeed it has been reported in other countries across Asia, across North America but it is something we need better sequencing to better determine where it is circulating.

So this is one of the ones that is on our radar in addition to the B117, the variant that was first identified in the United Kingdom, the B1351, which is the variant that was first detected in South
Africa, and the P1 variant that was first detected in Japan but is circulating in Brazil and in a number of other countries.

CL   Thank you very much, Dr Van Kerkhove. The next goes to Catherine Fiancan from France 24. Catherine, please unmute yourself.

CA   Good morning. Thank you, Christian. Good morning to all of you. My questions are addressed to the Minister of Health, the Honourable Jelta Wong, regarding the situation in his country. I'd like to know what are the major... because he spoke about major challenges; if he could elaborate a little bit more about that.

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And I would like to ask him also if they have a TB outbreak over there and how do they organise fighting it and do they have enough PPE and tests and also if they're helped by China, if he could confirm or not, and how he explains the sudden rise in cases. Are there imported cases or is it just an expansion of the cases due to a lack of restrictions at the beginning? Thank you.

CL   Thank you very much, Catherine, for this one question. Let me hand over to the Honourable Minister, please.

JW   Thank you very much for your question. Yes, when we first started the lock-downs, when we first got the word that COVID-19 was spreading through the countries and coming towards Papua New Guinea we put some measures in place which were very extreme.

We locked down the whole country for 14 days to stop the movement. At the time the word was from everyone, all our donor partners and everybody that the virus moves with people moving so we tried to stop the movement of people.

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When we did that we were successful in holding down the numbers. Unfortunately through the end of 2020 we started to feel complacent where our people started to think because our numbers were so low that COVID-19 wasn't in our country.

So as everywhere else in the world when they have Christmas, Papua New Guinea is no different. A lot of people move out of the city back to the villages and to the provinces to meet with their families and the lack of the measures at the time - because when we opened it back up we allowed a lot of movement back into the country and it caught us off-guard. Within that Christmas a lot of people were meeting and it blew up in that sense.
It also didn't help that I was taken to another Ministry because the numbers were down so when we started to feel a surge was coming back and we'd taken hold of the Government I was put back into the Health Minister's position to revitalise the NCC to ensure that we weren't complacent any more.

Our control was put in place and we tried to do the measures the same again but not as strict as we did before. By that time we realised that the community transmission had escalated in such a way that the hospitals were inundated with patients but we've covered the surge.

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At the start we weren't doing too well. We were scrambling around trying to ensure that we created hubs where people can go and isolate within their own suburbs or within their own villages. That helped us a bit but we also had the backing of WHO and other donor countries where they sent EMTs from their countries to come and help us work in this emergency situation where complacency in ourselves was the biggest object to why the COVID surge was so big in that time.

But as we go through the last couple of weeks the numbers have been slowly declining and with the introduction of the vaccine it's given us a feeling that once we take over the vaccine it gives time for our people to start moving information out to the villages and saying that the vaccine is working.

We've had some personal interactions, not scientifically. I'm not a doctor but I personally took the vaccine about three weeks ago. My wife had COVID-19; she was tested positive and I had very small interaction with her within that time. I came out of it and I'd been tested on the day that they said that I went home and a couple of days later when they said the incubation period and all this.

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I got tested all through that time and I came out negative. There are more stories like this happening within my country and a lot of people are putting it out now and word of mouth is spreading that the vaccine is there to ensure that people don't get sick.

So I'm a big believer in the vaccine and the use of the policies and the stuff that we're putting together to roll out the vaccine will allow us to ensure that people get vaccinated across the country.
As I said, I was appreciative to WHO for organising EMTs from other countries to come. This also gives our health workers a bit of training, allowing them to learn from the best from other countries.

CL Thank you so much, Honourable Minister, and also for your personal account there. Let me hand now to Ms Anna Maalsen, WHO Acting Representative in Papua New Guinea.

00:39:47

AM Thank you. Thank you for your questions. Papua New Guinea is a very challenging country to deliver health services. For many years the PNG Government and the development partners along with WHO have been really working to strengthen the health system but unfortunately the health system in Papua New Guinea is impacted by many shocks.

In 2018 we had a significant earthquake. Across the latter part of 2018 and 19 the country was responding to a polio outbreak and we continue to have the communicable disease burden, the drug-resistant tuberculosis, malaria, HIV and maternal and child health and it's a constant pressure on the system.

But a system that has just over 15,000 healthcare workers for a population of 8.5 million in a very geographically challenging country, from the mountains to the oceans and limited road networks and delivery networks to get services across the country.

Also the challenge of delivery is impacted by a highly decentralised health system. We have 22 provincial health authorities across the country. It's a really important reform that brings the hospital and rural and primary healthcare services together under one management structure.

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However it's been a rolling reform over the last ten years and at the time of COVID-19 and when that arrived in Papua New Guinea the national capital district had only just transitioned to a new provincial health authority so were trying to respond to a pandemic at the same time as almost setting up a new governance system to deliver healthcare.

All of these things together make it really challenging and as a country office here immediately we repurposed our staff to help respond to the COVID-19 pandemic. But over time we've been able to recruit and draw on our many global experts, particularly through the global outbreak and response network, GOARN.
We have a separate incident management team now supporting the response, which means our core country office staff can continue to support the other critical essential health services and programmes so continuing that support to TB, to maternal and child health so we can really leverage and continue that support across the country.

We're also supporting the country with the genome sequencing so that goes through the laboratories in Singapore and also to the Doherty Institute in Australia.

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So far there are no variants of concern really that have emerged here and those border protection measures that the Government have put in as a critical part and the quarantine and the point of entry requirements in trying to minimise the risk of importation of any of those variants of concern. Thank you.

CL Thank you very much, Anna. I'll move to Akiko Uala from Swiss Info. Akiko, please unmute yourself.

AK Morning. I have a question for Director-General Dr Tedros and also Dr Kasai, Director of the Western Pacific Regional Office and Head of the World Health Assembly. It's about information sharing. What measures or reforms do you think the WHO should implement to co-operate better for information sharing between the regional office and WHO and also between the regional office and member states in preparation for future pandemics? Thank you.

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CL Thank you very much, Akiko. Let me hand to Dr Kasai, WHO Regional Director for the Western Pacific.

TK Thank you very much, Akiko, for that question. Let me start in this way; headquarters and the regional office and the country office work as one so under this COVID-19 since January 1st 2020 the three levels have been connected and responding together.

We had this system in an informal way but it's become much more systematic as a result of the lessons identified and learned from the Ebola response where we established one programme for WHO emergency programmes led by Dr Mike Ryan under the very strong leadership of the DG.

WHO and member states; first and foremost we have a country office within the member states and through the country office
we have really regular communications. We're working almost together.

In the regional office from time to time we organise regular information sharing with a group of people set up in the member states called international health regulations focal point and also our technical persons who are connected with the technical people in the subject matter. For example surveillance people would be connected with the surveillance group in the country, member state and they work together.

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Of course from time to time I reach out to the Ministers in these member states. I'm also happy to report and always appreciate the headquarters also trying to reach out at the global level to all the member states under the leadership of the Director-General.

What I have learned from this information sharing is obviously information about the virus is very important but equally the information sharing of the experience of response is so important. Countries can learn from each other, from other countries' experience and through that we've been responding to COVID-19 as we learn and continue to improve.

Obviously these kind of things cannot be done without the preparation so it's actually very important that we invest during peacetime. Our region has taken this issue very seriously since SARS in 2003 and we've been working together with the member states to connect each other ourselves to be ready for this pandemic.

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Now there's ongoing a lot of evaluations, a review of our response and member states' response and I understand that will be reported on by the coming World Health Assembly in May. I really wanted to work together with the DG and Dr Mike Ryan to make sure those recommendations would go through with the member states and the outcome of the discussions with member states would be reflected in further improving this information sharing within the WHO and between WHO and member states. Thank you very much for that question.

CL   Thank you very much, Dr Kasai. I see Dr Mike Ryan wants to come in on this. Let me see if we can connect him. Dr Mike Ryan, please.

MR   Thanks, Christian. My greetings to Takeshi and all the team in WPR and to our team on the ground in PNG. Takeshi-san
outlined it very, very well. We are a learning organisation, continuous learning, systematic learning before, during and after our responses.

Particularly during responses we have constant operational reviews, intra-action reviews and in fact have helped many countries carry out their own intra-action reviews, as Takeshi has alluded to so learning during and learning after.

Right now we have a number of processes. As you know, we have the IHR review committee, we have the IPP VR, we have the global preparedness monitoring board and we have the independent advisory and oversight committee that works to oversee the operations of the emergency programme inside WHO. I can assure you that we're constantly learning.

I would though like to pay tribute to Takeshi and his leadership and the region and the team at regional level in the Western Pacific region. They've been absolutely superb throughout this outbreak and have offered support to a huge range of countries which range from very small Pacific islands to highly industrialised and populated states.

It's a challenging and demanding remit and providing operational, technical, epidemiologic and clinical services to countries, as you see with Papua New Guinea now receiving a huge array of support from the international community and again recognising the role particularly that Australia has played as a very strong partner in supporting much of that activity as well.

So the question is well asked; I think we do have to look at how information moves in the system both before, during and after outbreaks. We need to get better at prediction. We need to bring together better data. The data exists out there. We have so much data. Our problem is getting access to it, organising that data in the right way, having the right analytic tools and platforms to do that and building the communities of practice so that each user in the system from the front-line primary healthcare worker all the way through to global epidemiologists and modellers have access to data in real time at the right time before, during and after epidemics.

This is going to be a major challenge going forward. We have not invested enough in this function, we have not invested enough in
accessing, managing and using data to prevent, to respond to and to recover from pandemics. This is a major focus for WHO going forward and I'm sure the Director-General will be outlining that further and we know the member states are really interested and pushing very hard for a fundamental increase in investment in local, national and global surveillance, data sharing, the sharing of biological materials so we can all do better in future in response to global threats like this. DG.

00:50:43

CL  Thank you very much. This was Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme and we'll have the Director-General to add.

TAG  Thank you so much. I think Takeshi and Mike have said everything so I don't have anything to add except to thank them and as was said, we will continue to make the system really robust because information is the basis and that's how we can beat the current one and also prepare for the future. It's a learning organisation and we will continue to learn and improve our system. Thank you.

CL  Thank you all so much. We just have time for one more question and this goes to Marian Benitez from the Hong Kong standard. Marian, please unmute yourself.

MA  Hello, can you hear me?

CL  Yes, please go ahead.

00:51:42

MA  I'd like to ask you, with this virus spreading even though it's not in PNG but in other countries as well in Asia Pacific, do you think there is hope for a vaccine passport that some countries have been discussing with other countries, like Hong Kong and Singapore are doing now? What is the WHO position on that? Thank you.

CL  Thank you very much, Marian. Let me look at Dr Van Kerkhove or... Dr Soumya Swaminathan, please.

SS  Thank you. I can start and I'm sure Dr Ryan would like to add because this is a topic obviously which has been coming up from time to time and we've heard about various initiatives or ideas that countries have proposed. The basic concept of course is that people want to get back to travelling safely; they want to get back to their business travel needs across countries and so on.
We need to look at this from the point of view of the scientific rationale behind something like that as well as the other implications which could be equity implications and ethical implications.

So for the scientific principle of a vaccine passport I guess what is needed is something that tells you that you are not infected and you're unlikely to infect other people if you're travelling. I think that's the basis.

00:53:20

So some countries have proposed not only immunisation but also, as currently is needed to travel, a molecular test, a PCR test which is negative before you can get on at least an international flight. An antibody test could be another way of showing whether you're protected or not but we haven't got to the point where we have established criteria for antibody levels for example that are protective.

In fact we know that vaccines do not protect 100% against infection even though they're very effective against severe disease and hospitalisation. All the vaccines tested so far have been highly efficacious but we're still getting data about the efficacy against infection, asymptomatic infection or infection with very mild symptoms.

Some vaccines are showing that they do protect against infection but maybe to the extent of 70 or 80% so we cannot take it for granted that just because somebody’s vaccinated that they are absolutely not going to be infected and therefore not be a risk to others so that's the first scientific fact and we're learning more about protection after natural infection, protection after vaccination and this will continue to evolve.

00:54:37

The second very important issue of course is that we've seen currently and the Director-General has repeatedly underlined the inequitable situation of vaccines around the world just now. We heard from PNG as well the need; a population of over eight million and the supplies that they have currently will be enough just to protect the most high-risk and vulnerable groups.

Many countries; we know that while some countries have vaccinated over 30, 40% of their adult populations others have barely reached 1% or even less; many countries are at even less than that.
So this is not something that can be applied globally right now; it's just not possible because not enough people have had the vaccine and of course this is going to change; it's going to get better and as the year goes on hopefully much larger proportions of people across the world will have access to vaccination.

So at this point the emergency committee also is the committee that advises WHO on travel regulations and we are waiting for the latest guidance from the meeting that was just held but the position will continue to evolve as the science evolves. But at this point we have to be really very careful when we discuss the idea of the vaccine passport and what exactly we mean when we talk about the vaccine passport.

If it's a record and what we are recommending is that all individuals who get vaccines have a record. This can be a digital record and we have produced the technical standards for what this record looks like; a smart vaccination card or a digital card, move from paper to digital.

That's good for everyone; it's good for countries' and systems' immunisation programmes and it's also good for individuals who don't have to carry a paper around with them but that's very different from making it mandatory for someone to have a certificate in order to travel. That's where the problems really start coming up and we have to think very carefully about it. Thanks. I don't know if Mike wants to add, or the DG.

CL Thank you very much, Dr Swaminathan. We'll have Dr Mike Ryan, please.

MR I think Soumya covered it extremely well. I think Soumya said something very significant there; we want people to keep a record of vaccination and we want countries to keep a record of who they vaccinate so having a record in paper terms or in a booklet or a digital record on your phone of your vaccination status is good for you, that's good for your health and it's good for the authorities to know who's been vaccinated in any given country for planning purposes.

That's very different to what that document or what that certificate is then used for. Is that document going to be used so you can access or not access your workplace or access or not access international travel or access or not access university education?
That raises many issues, as Soumya said; ethical issues, equity issues as well and they do need to be considered, especially in a world where vaccine is distributed in such a grossly inequitous way.

The other issue here is that a vaccination card does not necessarily tell you anything other than a vaccine has been administered and we know these vaccines are highly effective and therefore having a vaccination card is very likely to represent your immunity.

00:58:03

But, as Soumya said, not necessarily preventing you from transmitting the disease although the evidence is growing that it has a big impact. But there’s also your immunity status; we’ve heard this before; your antibodies. You could have had a natural infection and have antibodies even though you weren’t vaccinated.

Currently many of us are subjected to infection tests, antigen tests, rapid tests and PCR tests. They test whether you actually have the virus up your nose or in your respiratory tract or not so there are different types of tests for your infection status, your immunity status and your vaccination status.

All of that does need to be brought together into a more coherent framework so this information can be used by individuals and governments but used properly and with proper moral and ethical considerations.

00:58:52

The emergency committee has been considering their advice around the use of vaccination certification as a prerequisite for travel and they will be advising the DG in the coming hours and days as to whether their previous advice would change at this point.

Their previous advice up to their meeting yesterday was, they advised that certification of vaccination should not be used as a prerequisite for international travel but they said they would keep that under review and they have been reviewing that again yesterday. Thank you.

CL Thank you very much, Dr Ryan. With this we are coming to the end of today’s session on COVID-19. I’ll ask the Honourable Minister of Papua New Guinea, Jelta Wong, for any closing remarks, please.
Honourable Minister, you seem to be muted.

JW Thank you, Christian. On behalf of my Government of Papua New Guinea I want to thank WHO, Anna Maalsen and her team, Takeshi-san and his team in the Philippines, in Manila and especially to the Director-General for your continued support for our country.

01:00:30

Even though we still have a long way to go we still work on trying to get all our health programmes in place. It's only been a year when we've really sat down and had a closer look at our health system and we're using COVID to ensure that we build a bigger, better health system within our country.

Your support has been very much appreciated through the years and I hope going into the future that we start to build a relationship that will build lasting infrastructure as well as keeping the world safe by helping and always being with you all. We really appreciate it and goodnight.

CL Thank you so much, Honourable Minister. Let me thank the guests, the Honourable Minister, Jelta Wong, Minister of Health of Papua New Guinea, Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, and Ms Anna Maalsen, the Acting Representative for WHO in Papua New Guinea.

Before I hand over to the Director-General for closing remarks let me remind you we'll be sending you the audio files and Dr Tedros' remarks right after this press briefing. The full transcript will be posted tomorrow on WHO's website. For any further questions please don't hesitate to contact mediaenquiries@who.int. Dr Tedros, the floor is yours.

01:02:10

TAG Thank you. Thank you very much, Christian. Takeshi, if you have any closing remarks, please. Then I will say a few words after you.

TK Thanks, DG. Just one more; really thank you very much for the opportunity to share the information on Papua New Guinea and also the Pacific broadly. Thank you very much.

TAG Thank you, Takeshi, arigato gozaimasu and thank you, Your Excellency, Minister Jelta Wong for joining us today. We're in this together to end this pandemic and also, Minister, as you said, to continue to work together to build infrastructure, to build universal health coverage so I look forward to working with you
very, very closely and thank you also, Takeshi and Anna, for joining us.

I would also like to thank the media for joining us and all my colleagues here. I wish you all a nice weekend. Bon week-end.

01:03:19