Good day and welcome wherever you are listening to us today. It's Monday 22nd March 2021. My name is Christian Lindmeier and I am welcoming you to today's global COVID-19 press conference. Simultaneous interpretation is provided in the six official languages, Arabic, Chinese, French, English, Spanish.
and Russian plus Portuguese and Hindi. Let me introduce the participants.

In the room are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director of our Health Emergencies Programme at WHO, Dr Maria Van Kerkhove, the Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator and last but not least we also have Dr Tereza Kasaeva, the Director of the WHO Global TB Programme.

We have a couple of colleagues online but we'll get to them when we get there. With this let me hand over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian, vielen dank. Good morning, good afternoon and good evening. This Wednesday is World TB Day. In the past year the COVID-19 pandemic has caused severe disruption to services for many diseases including tuberculosis.

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An estimated 1.4 million fewer people received care for TB in 2020 compared with 2019 and we fear that more than half a million more people may have died. TB is preventable and treatable but remains one of the world's top infectious killers because too many people go undiagnosed.

Improved screening is essential to rapidly identify people with TB infection or disease and connect them with care. New guidance from WHO aims to help countries identify groups at highest risk of TB so people can receive services for prevention and treatment.

In January I said that the world was on the brink of a catastrophic moral failure unless urgent steps were taken to ensure equitable distribution of vaccines. We have the means to avert this failure but it's shocking how little has been done to avert it.

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The gap between the number of vaccines administered in rich countries and the number of vaccines administered through COVAX is growing every single day and becoming more grotesque every day.
Countries that are now vaccinating younger, healthy people at low risk of disease are doing so at the cost of the lives of health workers, older people and other at-risk groups in other countries. The world's poorest countries wonder whether rich countries really mean what they say when they talk about solidarity.

The inequitable distribution of vaccines is not just a moral outrage. It's also economically and epidemiologically self-defeating. Some countries are racing to vaccinate their entire populations while other countries have nothing. This may buy short-term security but it is a false sense of security.

The more transmission the more variants and the more variants that emerge the more likely it is that they will evade vaccines. As long as the virus continues to circulate anywhere people will continue to die, trade and travel will continue to be disrupted and the economic recovery will be further delayed.

On Friday WHO hosted a meeting of more than 800 experts on enhancing genomic sequencing of the SARS-CoV-2 virus globally to improve the monitoring of its evolution. Knowing when, how and where the virus is evolving is vital information but it's of limited use if countries do not work together to suppress transmission everywhere at the same time.

00:05:56

If countries won't share vaccines for the right reasons we appeal to them to do it out of self-interest. There are some countries that have set a great example. The Republic of Korea despite being a high-income country that could easily afford to buy vaccines through bilateral deals has waited its turn for vaccines through COVAX.

WHO is continuing to work day and night to find solutions to increase the production and equitable distribution of vaccines. I have had conversations with leaders from high-income countries that have many times more doses than they need, asking them to share doses through COVAX.

I have had conversations with leaders from low-income countries whose economies are suffering and who are asking when they will get vaccines and I have had conversations with executives from vaccine manufacturers about how to ramp up production.

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Recently for example I spoke to the CEO of AstraZeneca, Pascal Soriot, about the shared challenges we face in ramping up production and rolling out vaccines. So far AstraZeneca is the
only company that has committed to not profiting from its COVID-19 vaccine during the pandemic.

And so far it's the only vaccine developer that has made a significant contribution to vaccine equity by licensing its technology to several other companies including SKBiO in the Republic of Korea and the Serum Institute of India, which are producing more than 90% of the vaccines that have so far been distributed through COVAX.

We need more vaccine producers to follow this example and license their technology to other companies. A year ago Costa Rica and WHO launched the mechanism to do this, the COVID-19 Technology Access Pool or CTAP, which promotes an open science model where licensing would occur in a non-exclusive, transparent manner to leverage as much manufacturing capacity as possible.

So far CTAP remains a highly promising but under-utilised tool. WHO and our partners can design and advocate for solutions but we need all countries and all manufacturers to work with us to make them happen.

**00:09:15**

On Friday WHO's global advisory committee on vaccine safety concluded that the available data do not suggest any overall increase in clotting conditions following administration of the Oxford AstraZeneca vaccine. Today AstraZeneca announced positive results from a trial of the vaccine among more than 32,000 people in Chile, Peru and the United States.

The vaccine was 79% effective in preventing symptomatic COVID-19 and 100% effective in preventing hospitalisation and death. No safety concerns were reported. These data are further evidence that the Oxford AstraZeneca vaccine is safe and effective.

Finally I'm pleased to announce that a shortlist has now been selected from 1,200 entries for the WHO Health For All Film Festival. The films are available on the WHO YouTube channel and between now and 10th May we're inviting members of the public to watch them and make comments.

**00:10:44**

Our expert jury will select its winners in different categories with the prizes to be awarded on 13th May before our World Health Assembly. Christian, back to you.
CL Dr Tedros, thank you very much. With this we will head over to the questions. Please, in case you want to be put into the queue, raise your hand with the raise your hand icon and we'll try to get to you. We'll start with Paulina Alcazar from Encadena News, Cancun. Paulina, please unmute yourself.

TR Thank you, Christian, for taking my question and greetings from the Mexican Caribbean. We know that with new variants the virus is getting stronger all the time but children's mental health is being seriously impacted. They have spent a year on their own with family pressure. What updates do you have for the opening of schools and what can they do if there are high levels of infection amongst the childhood population? Thank you.

CL Thank you very much. Dr Van Kerkhove.

MK Thank you for the question. There's a lot that can be done to open up schools safely. Schools operate in communities and where there is virus transmission the virus can enter schools, as it can enter any type of facility.

So what we have been advising is making sure that transmission is under control in communities so that schools can open up safely. There are a number of ways that schools around the world are starting to open up or have been opened up - and in fact in some countries schools haven't closed - taking into account a plan in place when those schools open up, understanding how they can inform parents and students about how to behave appropriately in school in terms of physical distancing, wearing masks if the child is of the right age; some of the adults wearing masks in certain areas if the virus is circulating; opening up of windows, making sure that there's good ventilation in the school systems; making sure that there's a plan in place should there be any students that are sick that need to be tested, if any of those children test positive or workers test positive.

A number of school systems have set approaches to make sure that they have all of the systems in place so that the schools can open and we're seeing that being done successfully in a number of countries. It's about taking a comprehensive approach to be able to do so but it really starts with controlling transmission in the communities because these schools do not operate in isolation.
Everybody recognises the critical importance of opening up schools not only for children's education but also for their social well-being, their mental health and in many parts of the world this is where children receive food.

So it is absolutely critical that schools are opened and that they're opened up safely. There is a lot more that we're starting to understand about transmission among children. Children can be infected with the SARS-CoV-2 virus. We do see different rates of infection among children by age.

Luckily so far all of the evidence we've seen across countries is that children tend to have more mild infection if not asymptomatic infection but that is not universal. There are some children that have experienced severe disease and there are some children who have died from infection but the vast majority of children tend to have mild disease. This is true with the virus variants as well.

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We do also know that children can pass the virus to others. It's largely dependent on the mixing patterns that children have in terms of between each other, between children of the same age but also between adults and children and children to adults.

So there are risks that are associated but there are many countries that are opening up their schools, taking this approach, a planned approach and ensuring that the measures that are in schools themselves keep the children safe as well as the people who are working at those schools.

We have guidance that has been put out that outlines all of the different elements that need to be in place, taken at school district level to make sure that the schools are operating safely.

MR If I could just add a note of thanks to our colleagues in UNICEF and UNESCO and other organisations and national authorities as well. A lot of work has been done in this space to try and make schools as safe as possible and WHO and UNICEF/UNESCO have been working very, very closely together since the beginning of this epidemic and in fact we've had a very superb team of UNICEF staff embedded in our operation since the very beginning of this response so we'd like to take this moment just to recognise the contribution that agencies like UNICEF have made to protecting children in this space, not just in schools but in general, over the last year or more.

00:16:08
CL  Thank you very much both. With this we'll stay on that continent and we'll go to Jamil Chad from UL, Brazil. Jamil, please unmute yourself.

JA  Hello, Tarik - sorry, Christian; this is Jamil. Same continent, different city. In the case of Brazil the country has now, Dr Tedros, its fourth Minister of Health. My question to you is basically what message would you send the new Minister of Brazil, especially when we have just finished a week with a record number of deaths; 15,000 people have died this week in Brazil. Thank you very much.

CL  Thank you very much, Jamil. We'll have Dr Ryan start.

MR  I'm sure the DG was just reaching to congratulate the new Minister but it is a challenge and many countries have switched many ministers over the last year.

But certainly the situation in Brazil now requires concerted action. I think we've seen that not just in the Amazonas region but in other regions of Brazil the numbers are on the rise and the pressure on the system, particularly the hospital system and the intensive care system remains very high.

00:17:34

Maria may speak to some of the details of that because we've been working very closely with our colleagues in PAHO today to better understand the situation on the ground. Mariangela's here with us, who also knows the Brazilian system extremely well.

We don't presume to tell ministers what to do but it would say in a country as large as Brazil working through the state health architecture and working to create and build those relationships and with the municipalities; the health services are strong at municipality level, they're well-organised.

But I think maybe what Brazil needs is more integration of the municipality to the state to the federal level and getting that moving and working and actually leveraging the capacities and the knowledge and the enthusiasm and the capability of the whole system in Brazil.

00:18:29

I've said it here before; Brazil is a leader in this space of public health, it's been a global leader in this space for decades and decades. What needs to happen is in a sense to leverage all of that and we wish the federal minister the best of luck and would advise that working as closely as possible with the state and
municipal health authorities to align and build a cohesive, comprehensive response that can be sustained over time is the same advice that we would give effectively to any minister in any large federal state in the world.

MK Thank you. Just briefly to comment on the ICUs, as Mike has said, there are quite some high occupancy rates of ICU across many of the federal units, in fact 25 of the 27 federal units across the country have a reported high average ICU occupancy of more than 80% in the last seven days and so that's across the country.

In the last seven days the average number of cases reported per day exceeds 70,000 with more than 2,000 deaths per day so the country is under some heavy burden but as you have heard us say many times before, Brazil has a lot of experience of dealing with not only COVID-19 but many infectious diseases.

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Our country office staff and our regional office staff are working with the different federal levels and state levels to support the country and to make sure that those who are needing care receive the oxygen that they need.

Vaccination is well underway so there's a lot of effort to increase vaccination across the country but we stand ready as an organisation through our regional office and country office to continue to support Brazil to get through these very difficult times.

There are variants that are circulating in Brazil as well, the P1 variant as has been reported and this variant has increased transmissibility, which of course makes things even more challenging because the more cases you have the more hospitalisations you may have, which can put a burdened system under even more pressure.

But again we are working through our country office to support at the most local level possible to help Brazil, which has exceeding capacities to be able to deal with this, to get through these difficult times.

00:20:54

CL Dr Simao maybe also.

MS I'm going to use the opportunity to speak in Portuguese. [Portuguese language].

CL Let me hand to Dr Tedros.
Sorry, I didn't hear what you said but obrigado. My colleagues have already said what has been said but I would like to join them in congratulating the new Minister, Minister Marcelo Queiroga. Congratulations and I look forward also to working with the new Minister very closely.

As we have been saying, I think we have said a lot about Brazil, the situation is very, very concerning. We have a serious concern. As Maria said, the number of cases is increasing, the number of deaths is increasing but if you take the number of deaths from February 15th to March 15th, in just one month it's doubled from around 7,000 per week to 15,000 per week.

That's a huge jump, especially when deaths increase; you know what it means so it has to be taken seriously, the whole of Brazil and what should be done by the Government should be done by the Government and what should be done by citizens should be done. It's a concerted effort of all actors that will really reverse this upward trend. It is actually very fast and accelerating really, really fast.

Especially we're worried about the death rate, which doubled in just one month from 7,000 to 15,000 so Brazil has to take it seriously whether it's the Government or the people. Thank you.

Thank you very much all and thank you, Dr Tedros. We move to Shoko Koyama from NHK. Shoko, please unmute yourself.

Hi, Christian. Can you hear me?

All good. Go ahead.

Thank you for taking my question. Regarding the distribution of COVAX vaccines, while the facility has distributed over 31 million doses to 57 [inaudible] there are many more countries waiting for the arrival of vaccines and some countries [inaudible].

I imagine each country has different reasons for the delay but are there any structural problems causing this delay and is COVAX going to be able to distribute over 300 million doses of vaccines to 145 economies by the end of the second quarter of this year as initially planned and announced in February? Thank you.
Thank you very much, Shoko, and thank you for highlighting the success of the COVAX facility to date. We've seen in four short weeks the COVAX facility very, very rapidly be able to scale up and ensure that these products get to every country that we actually have enough vaccine to supply.

But the ambitions for COVAX go much beyond that, as you've said. We've already distributed over 30 million doses to 50 countries on multiple continents but the goal is to get to over 140 countries in the near term and indeed we have 190 countries that are part of the facility in total.

There is no question, Shoko, that the facility can deliver that over 300 million doses, as you mentioned, and even more in the near term. I think we've seen in the last couple of weeks some incredible work by the procurement co-ordinators that are part of COVAX and that is UNICEF and PAHO. They've been able to very rapidly put in place the purchase orders and very rapidly put the shipping pieces in place as well.

The problem that we have quite frankly is we simply cannot get enough vaccine to be able to keep up and the manufacturers are right now unable to keep up with our orders. We have two main suppliers to COVAX in this period, the Serum Institute of India, which got off to a great start but has had trouble now with its deliveries in March and April.

And then AstraZeneca itself, which ships for us out of, as the Director-General said, the facility in Korea has also got off to a good start but is having challenges keeping up with the rate of orders. We are hoping that both companies will be able to scale up and keep up with the rate of deliveries that we're aiming for but we're still having some teething problems, not on the part of the COVAX facility but on the part of the suppliers that are trying to keep up with the demands that we're making.

I don't know, Soumya, if you wanted to add.

Dr Swaminathan, please.

Thank you. Just to add that while it is very challenging for vaccine manufacturers to suddenly scale to the billions of doses that we need today in the world because on an average the world produces somewhere between three and five billion doses of vaccine per year annually; that's the combined annual output of all the vaccine manufacturers around the world.
Now we have an additional burden of ten, 12, 14 billion doses that are going to be needed so there are things that we're encouraging countries and manufacturers to do to ease the situation, particularly over the next few critical months when supplies will not be enough for the demand.

That is encouraging countries who have excess doses to share those through COVAX so that the high-risk priority groups in all countries can be vaccinated. I think the DG has repeatedly put out a call for starting vaccinations in all countries in the first 100 days of this year while young and health adults could possibly wait until later in the year in countries that have enough doses to get vaccinated because then we can really bring down the deaths that we see are increasing over the last couple of weeks.

So that's one concrete step that can help to solve the situation. The other one is collaboration on supply chain issues, making sure that the raw materials and ingredients that are needed for vaccines...

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This is a global supply chain so any unilateral action by any country's going to have repercussions and impacts on all companies that are manufacturing vaccines so there needs to be the free flow of goods across national borders as needed.

Then of course we encourage manufacturers who have excess bulk product to come forward so that we can link them with those companies that have the fill and finish excess capacity. There are many companies who have reached out to WHO saying they have excess capacity and they're willing to help fill and finish of the bulk products.

So there are many things that could be done in the short term even as we're waiting for more vaccines to come on board but also for companies to be able to scale up their manufacturing. Thank you.

CL Thank you very much both. We'll move on to Carmen Pound from Politico. Carmen, please unmute yourself.

Carmen, do you hear us, please unmute yourself. We don't hear you. Maybe we'll come back to you later. Let's move on to Robin Mia from AFP. Robin, please unmute yourself.

00:30:33
Thank you. Just a question about the situation in Europe; is Europe definitely now looking at a third wave of the pandemic? Thank you.

Thanks for the question. It gives an opportunity to give a bit of an update here on the global situation. Four of our five WHO regions are seeing an increase in transmission. This is the fifth week in a row globally that we have seen an increase in transmission.

In the last week cases have increased by 8%. In Europe that is 12% and that's driven by several countries across the European region and a lot of that is driven by the B117 variant that was first identified in the UK, that is now starting to circulate in many countries in the eastern part of Europe.

We've seen an increase in cases of 49% in our south-east Asia region which is largely driven by increases in cases in India and in a number of other countries there.

In our Eastern Mediterranean region we've seen an increase of 80% and in our Western Pacific region we've seen an increase in cases of 29%, largely driven by increases in cases in the Philippines and in Papua New Guinea.

The Americas and Africa have seen a slight decline in the last seven days but overall we're seeing increasing trends and these are worrying trends. In Europe and across a number of countries there is a combination of factors that are associated with increases in transmission.

There's pressure to open up in many of these countries and there are difficulties in people and individuals and communities to comply with proven control measures and we're seeing that across a number of countries.

We're also seeing that vaccine distribution is uneven and it is inequitable, as you've heard many of us say many times and most notably our Director-General and we do know that these variants of concern, in particular the B117, first identified in the UK, the B1351 which was first identified in South Africa and the P1 variant that is circulating in Brazil and in a number of countries; these are associated with increased transmission.

If you have a combination of factors - the virus variants that transmit more easily, individuals who are fatigued and frustrated
because we want this to be over and are perhaps not being supported in carrying out the individual-level measures or themselves are not carrying out those individual-level measures of physical distancing, mask-wearing, hand hygiene, cleaning hands, avoiding crowded spaces, taking those individual-level measures to reduce our contacts with others.

If we have vaccination that is not yet reaching those who are most at risk that is a very dangerous combination and so we want to make sure that as vaccines are rolling out we continue to adhere to the individual-level measures that keep us and our loved ones safe.

Also worrying, I do want to mention that it had been about six weeks where we were seeing decreases in deaths and in the last week we've started to see a slight increase in deaths across the world. This is to be expected if we are to see increasing cases but this is also a worrying side.

**00:33:46**

So there's still far more that we can do at an individual level, community-level measures, as leaders in government to support people to carry out measures that keep each of us safe.

MR Maybe as countries flail around on these numbers and making bilateral deals and other things with vaccines, the DG reflected on the experience of a country like the Republic of Korea who stood in line in COVAX, who got hit first early with this virus, who stuck to the task of surveillance and testing, who not only developed a very successful surveillance and testing regime but exported those tests around the world, who faced huge clusters of disease but kept the disease under control in a very significant way, who supported people affected, the quarantined as well as the sick, with excellent clinical care, who, as the DG said, waited in line for COVAX and have numbers of disease that are the envy of the world.

That again, as I've said previously about Australia, hasn't happened by accident. Every single day is a struggle for every country to keep this disease at low levels of transmission but by doing that they've achieved a tremendous amount and I think if we want to see Europe and other places coming out of lockdowns successfully - and countries that have done it successfully have had extremely low levels of community transmission when they've done it and when they've done it they've had excellent surveillance and support to quarantine and all the other
measures in place and they've built that more strongly each time.

00:35:26

Now adding vaccine makes this a more realistic objective for everybody but again in terms of the European experience many countries coming out of restrictive measures without good surveillance, without high levels of vaccine coverage, with a huge amount of fatigue at play and understandable fatigue, is a recipe for larger outbreaks at community level.

The formula for this may be boring, it may not be attractive; there are no silver bullets but we have got to get back to strong, comprehensive, strategic approaches to the control of COVID that include vaccination as one of those strategies.

I'm afraid we're all trying to grasp at straws, we're trying to find the golden solutions and we just get enough vaccine and we push enough vaccine into people and that's going to take care of it.

00:36:27

I'm sorry; it's not. There aren't enough vaccines in the world and they're distributed terribly inequitously. In fact we've missed a huge opportunity to bring vaccines on board as a comprehensive measure. It's not being implemented in a systematic way. It's a failed opportunity and, as the DG says, is not only a catastrophic moral failure but it's an epidemiologic failure and it's a failure in public health practice.

But we have to live with that reality and we have to do what we can do to fix the situation. The reality is that the disease is on the march again in countries in which we've got opening up, natural fatigue, low vaccination coverage, poor surveillance and control measures in place and we just have got to turn back and face those realities.

Because we've said it many times; vaccines are a huge addition to controlling and containing COVID but they are not the only solution and I'm afraid we are investing way too much in this as the only solution to fix our problems.

00:37:35

CL    Thank you so much for these important points and we'll try again with Carmen Pound, Politico. Carmen, please unmute yourself.
Thank you so much and sorry about earlier. I had a question about the report about the virus origin mission. Do you have an exact date when you expect that to come out given that I think it was postponed from last week?

On AstraZeneca, have you had any countries that have already received shipments through COVAX or are expecting shipments through COVAX express any sort of concern about potential hit in confidence that the vaccine might have taken as a result of what we’ve seen unfolding around the world over the past week or so? Thank you.

I'll leave the AstraZeneca question to our colleagues. With regard to the report the teams continue to work on it. I believe they’re making good progress. We're not directly involved in that process so I can't tell you exactly where they are line-by-line. The scientific teams continue to finalise the report and it will be published as soon as it is finished.

I know we’ve been asked this before but I'd love to tell you the exact day and time; I'd love to know that myself. This is science and this is allowing the teams to finish in a proper and comprehensive way.

Dr Simao for the AstraZeneca one.

On the second part of your question, if we saw any reluctance or refusal of AstraZeneca doses because of the issues that were raised last week, no. There were some initial concerns earlier in the year because of the variants from South Africa; you have heard.

There were two countries who suspended temporarily the use of AstraZeneca but it's all returned to normal; we don't have any countries that are refusing the doses from AstraZeneca in the African continent at the moment.

Thank you very much. Dr Swaminathan.

We've also seen the results from the phase-three trial in the US, Chile and Peru today, which adds to the database that already existed on the AstraZeneca vaccine both in terms of efficacy and safety so it's very encouraging that there was 79% efficacy.

20% of the participants were over the age of 60 years so again now we have good data in the older population as well, which
was lacking beforehand and it is highly effective in preventing against severe disease and death so there were five cases in the placebo group and none in the...

So small numbers again but it does look as if this vaccine, like other vaccines, is very effective in preventing severe disease and having now shown that it also works in the elderly I think it's a very good vaccine for all age groups.

They looked specifically at events of venous thrombosis and they have not seen any. Of course the size of the trial was 25,000 people or so so sometimes very rare events will come up only when you have millions of people vaccinated but it's just adding more data, more confidence that this vaccine is both efficacious and safe.

**00:41:11**

CL  Dr Aylward, please.

BA  Thanks for the question, Carmen. As you can imagine, whenever there's news about a vaccine or concerns about a vaccine anywhere in the world we get a lot of questions about it from those who participate in the COVAX facility and as Mariangela was alluding to we got a lot of questions about the AstraZeneca product but there's a lot of confidence in it.

All countries are going ahead with the vaccine, very, very keen. In fact, as I alluded to in my earlier comments, the problem is not a lack of demand, it's quite the contrary and I think if there's one thing we do, if there are any countries that do have concerns or are not fully utilising a vaccine, as Soumya said earlier, make it available to the COVAX facility because we have a long list of countries that are very, very keen to use the AstraZeneca vaccine. We simply cannot get enough of it.

As you heard as well, the results from the clinical trials that came out today, the data from the US, Chile and Peru has really given a new confidence and demand for that vaccine. So to the contrary, there was certainly due diligence when people did hear about the possibility of an adverse event. They did ask a lot of questions but the demand for the vaccine is extremely high.

**00:42:35**

CL  Thank you very much. Before we move on to the next question let me mention, there were a couple of questions on AstraZeneca. We won't go into these now because I think it's broadly covered; for example from Georgia TV.
Now we'll move on to John Zaracostas from the Lancet. John, please unmute yourself.

JO  Good afternoon. Can you hear me?

CL  All good.

JO  Can you hear me, Christian?

CL  Yes, we do. Go ahead.

JO  Good afternoon. I'd like to follow up on Dr Tedros' comments about inequitable distribution of vaccines and if he has some answers and some details to concerns that one of the manufacturers is charging more for vaccines to some UN agencies that are procuring it than the vaccine is being offered for in European countries. Specifically I'm talking about the Serum Institute charging $3 per vaccine for UNICEF when the same vaccines are available for between €1.80 and €2.10 in Europe, where the cost of production is higher.

00:43:49

I understand the AstraZeneca deal with the Serum Institute is an LTA but if you could shed some light on that because it's raising concerns about inequity concerning procurement by the UN. Thank you.

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

BA  John, thank you for the question but I'm not sure... As you know, we have a lot more insight than you do. The actual cost of the vaccines are not fully understood and the prices that the different groups are paying for the vaccines.

Coming back to your bigger point about inequitable distribution, our big, big concern remains the concern that these vaccines aren't getting to the most vulnerable and needy populations in every country around the world.

The issue right now is there's simply not enough vaccine to get to the healthcare workers of the low-income countries and to get to obviously the older populations in those countries.

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Right now this is not a financial issue; right now this is a problem of access to the product itself so it's not a differential issue around vaccines and vaccine prices. The issue right now is the control of the supply is held by a limited number of countries that have procured most of the doses and the early access to those doses and what we're trying to do is to find mechanisms,
whether through dose sharing, through donations, through exchanging places in the queue for contracts so that we can move up the line further those doses that need to go to the COVAX facility so that they can get to populations everywhere.

CL Thank you so much, Dr Aylward. We'll move on to Sara Gerving from Divix. Sara, please unmute yourself.

SA Thank you so much for taking my question. Reuters published a story over the weekend that said that the Kenyan Government is offering COVID-19 vaccines that were provided through the COVAX facility to [inaudible]. COVAX has intended for the first doses to go to high-risk and priority groups in countries. Would WHO consider diplomats as high-risk and priority groups and why is COVAX not releasing country vaccination plans that are submitted to COVAX?

00:46:13

From what I understand, it's at a country's discretion as to whether or not they want to make these plans public but this limits the public's ability to check and see whether a government's vaccination campaign is following the proposal. Thank...

CL Thank you very much, Sara. We'll start with Dr Aylward again.

BA Let me start first with the second part of your question about the visibility on the vaccination plans. In fact as part of the assessment of the readiness of every country to be able to accept and utilise vaccines optimally we do look at - the COVAX facility does look at what we call national vaccines deployment plans of all of the countries that are part of COVAX, especially the countries that we'll call the AMC countries.

So the facility has quite a good view because part of it - it's a nine-part plan so there're a lot of complex aspects of those but one aspect is how they will roll out the vaccine with respect to the priority populations.

00:47:23

Virtually every country - sometimes there's a little difference one way or another but virtually every country gives first priority to what we call those front-line workers, the healthcare workers and then the next level of priority is the older populations.

In developing those plans we have been asking countries to ensure that they include all populations that are resident in the
countries ranging from some vulnerable populations like migrants, etc, and refugees to ensure they're included but similarly other populations that are resident such as UN workers, etc.

But at the same time the request is that we follow the same prioritisation so if there are healthcare workers among those who are exposed, older populations, populations with comorbidities it should follow the same order. That is what the Secretary-General actually has reached to to countries where we have UN teams and asked, that they also be included but included in the same way that the other populations would be.

We've seen different reports about what that means in different countries but we are working with countries to ensure that the prioritisation is the same as it would be obviously for the national populations.

00:48:45

CL    Thank you very much, Dr Aylward. We'll move to the next question and we'll go with Konstantin Yonatamishvili from Georgian TV, please.

KO    Thank you. Konstantin Yonatashvili for TV channel [unclear] 2 Georgia. Dear colleagues, as you know, Georgia received AstraZeneca vaccines through the COVAX platform, for which we are grateful.

Unfortunately four days ago a medical nurse, Megi Bakradze, died from complications after receiving the AstraZeneca vaccine on a live TV broadcast. This incident in the context of the recent information of investigation into AstraZeneca has caused great mistrust and concern in Georgia. I'm afraid this incident has practically stopped vaccination.

Do you think WHO could send a mission to Georgia as soon as possible to assess the case and bring back confidence to the Georgian people? This is my question. Thank you.

00:49:52

CL    Dr Simao, please.

MS    Let me start and then colleagues can complement. Unfortunately very bad news about the nurse falling ill and passing away and this is most regrettable.

On the other hand we did have a very extensive review of all the deaths that have occurred that were allegedly linked to the vaccine. We also had an extensive review of the presence, what
we call the incidence of different coagulation-related disorders in people who received the AstraZeneca vaccines.

So not only WHO but also the European Medicines Agency has done a very complete look at all patients' records, all the available evidence and so on and concluded that the link to very severe, rare events - and we're talking one in a million or maybe two in a million that can possibly be linked to vaccination and the conclusion was that the risk of the COVID infection itself, which has killed more than 2.6 million people globally, is much much higher.

So what we say is that the benefit of the vaccine outweighs enormously any risk that may arise from a potential side-effect.

00:51:30

So we're very happy to support through the Georgian office and also through a panel discussion, anything with the Georgian regulators and with the public in general to reboot the trust, the confidence in the vaccine. The vaccine is good. There is plenty of evidence that it has very good cost/benefit in relation to preventing deaths from COVID and maybe the colleagues can complement. Dr Soumya.

CL   Yes, Dr Swaminathan, please.

SS   In addition to what Dr Simao just said we understand that this was a case of anaphylaxis, which is a very severe allergic reaction to a component of the vaccine and this has been reported with some of the other vaccines also; the MRNA vaccines that are being very widely used in the United States for example.

It occurs - again it's very rare so it could be anywhere between two to four per million vaccines administered. This happens also with other vaccines that are commonly used so the guidance to minimise this is really firstly to make sure that all vaccinations are done in a situation where there are healthcare workers, it's a healthcare facility and where ether's availability of the medicines that you would need to treat someone who develops a severe allergic reaction or an anaphylactic shock. Normally this could be treated if it happens in a health facility which is equipped.

Secondly to observe everyone who receives the vaccine for about 30 minutes or so, particularly if they have a history of previous anaphylaxis. Then they really need to be very closely observed by the medical personnel. I think it'll be important now to really
send out the message that these are very, very rare events that occur.

We try to minimise the impact by doing these things, taking the precautions, making sure that people are observed after vaccination, making sure that the facilities where the doses are being given have the necessary medicines available to treat someone who gets an allergic reaction and to reassure people that the benefits of preventing COVID far, far outweigh the risks of these vaccines.

CL  Thank you very much both for these answers. We'll move to Gunila Van Hal from Svenska Dagbladet. Gunila, please unmute yourself.

00:54:27

GU  Can you hear me?

CL  Go ahead.

GU  Sorry, it's not a question on AstraZeneca but actually not all countries are going ahead after the vaccine was given the green light by the EMA and WHO last week. Among those countries are the Nordics, Sweden and Norway. They want to do further studies. There've been three deaths in Norway that could possibly have a link to the vaccine.

So what risk do you see that the confidence in the AstraZeneca and also in other vaccines is being undermined by countries acting differently? Perhaps if you have a general message, how Nordic governments and Sweden specifically could best respond to people's worry about the AstraZeneca vaccine, thinking also that the Nordic countries haven’t experienced the bad experience from the pandemics [?] that led to the narcolepsy. Thank you.

00:55:27

CL  Thank you very much, Gunila. We'll start with Dr Simao, please.

MS  Thank you, Gunila. Let me start again and colleagues can complement. We of course understand the concerns the Nordic countries have expressed and that they need to do - they wish to do additional investigation regarding the potential adverse events.

However we also do understand that the review that the European Medicines Agency did was very extensive and it
engaged not only experts and regulators from across Europe but other regions of the world.

So we will wait until the regulatory agencies in these countries make a final decision but of course the EMA is also calling for additional investigation but it's very clear so far and there's a very clear recommendation also from WHO's global advisory committee on vaccine safety as we also looked at reports from other regions and we did not find any strong link to the same type of rare events that are referred to in Europe and also in the Nordic countries.

CL  It looks as if it's been covered. Thank you very much. Then we'll move to Imir Milovich from M1 Bosnia, please.

00:57:13

IM  Hi, can you hear me?

CL  Yes. Please.

IM  Just a follow-up on what Dr Tedros said at the start, that we have a big gap in vaccination, that he has hard talks with big countries and small countries and also what Dr Ryan said, that this is a very bad situation for all of us.

So my question is, isn't it time to bring big political guns into the story such as the Secretary-General Guterres or EU leaders or other world leaders to deal with these questions and not only Dr Tedros deal with all these issues? Maybe broader political action is needed here; maybe regional leaders or global leaders to pressure those who are not willing to co-operate and are making this situation even worse than it is at the moment. Thank you.

CL  Thank you very much, Imir. We'll start with Dr Aylward, please.

00:58:19

BA  Thank you very much, Imir. In fact right from the beginning of the pandemic, as you've been aware, global leaders have been involved with trying to find solutions for every aspect of this crisis and this has hit societies, hit economies, hit health systems so hard right from the very beginning.

We've had these issues discussed and dealt with at the very top of government. You may remember at the UN General Assembly back in September the Secretary-General himself with the Director-General and the heads of state - if I remember correctly, President Ramaphosa, Prime Minister Solberg and others were part of that event and it brought together the top of governments
as well as the top of the multilateral system especially on the issue of vaccine equity and the scale-up and financing of the COVAX facility.

Since then there has been regular dialogue with the top of the European Commission, the top of various governments around the world to find solutions in terms of dose-sharing, in terms of financing the ACT Accelerator as well.

You'll remember just in the last month the G7 leaders came out with very strong commitments about dose sharing, about vaccination and discussed that at the first G7 summit held under the presidency of the United Kingdom.

You saw at that; it was immediately afterward both Prime Minister Johnson and then President Macron of France coming out strongly on the need to be finding these solutions and sharing doses.

So I think we have the attention. I cannot tell you how often the Director-General himself is in conversation with heads of state as they search for solutions to equitable access so those discussions are happening.

It's just very, very challenging and it's a challenge both because of the expectations of countries themselves and their own populations but then also the challenges we're having in the supply chains.

The Director-General talked earlier about the extraordinary work that AstraZeneca's doing to make sure that its vaccine is truly available on a global basis but then there are all the challenges of scaling up the supply, the delivery, the labelling, the packaging, etc.

So it is a complex business. It is getting the attention of the very tops of government but more attention is needed because we still do not have the equitable roll-out that's needed to ensure as many countries as possible, as many populations as possible benefit from vaccines as they are rolled out.

TAG Just a bit I would like to add to that; I think there was broader participation of political leaders and the call started actually in April and there was broad participation. As you said, the Secretary-General was part of it, many leaders were part of in terms of and many actually had been repeating the word when
vaccines become available they should be global public goods and we were very happy to hear that.

So the question now I don't think is another convening. The question now is translating the pledge into action so what we call walking the talk. I don't think it's a matter of convening any more or broader political mobilisation. It's a matter for each and every country that has pledged to support this to make it happen but as you said, we will not give up on this and we will continue to push and we would like to see the pledges or the commitments translated into action and that people walk their talk.

01:02:47

So that's where we are; otherwise the participation of leaders... I think you have been following this since April; especially 2020 was significant and we were very much encouraged by that but the action is not coming so what we're saying now is, what was promised should be, I think, honoured and we should deliver now.

Of course there are people who say from so far how COVAX delivered there is progress. Of course there is progress but what we are saying is it's not enough and I want to point out though one thing; when they talk about the progress now they try to compare it with what happened with HIV treatment, which took the world ten years to reach the low-income countries after it started in high-income countries.

If you compare it to that, okay, there is progress; some countries are getting vaccines. If you compare it to the vaccines of H1N1; that the vaccines arrived in low-income countries after the pandemic was over, okay, you can consider it progress.

But if you see it in relation to the seriousness of this pandemic I don't think the progress is enough because unless we end this pandemic as soon as possible it can keep us hostage for more years to come.

01:04:37

That's why we're saying, sharing the vaccine is in the interests of all countries and that all countries if they go for lives and livelihoods to come back to normal they have to share and they have to honour their pledges.

So I think there was a lot of platform, there was a lot of pledge and a lot of support for vaccine equity and we're saying that should really happen and it's time to make it happen. I think we're very clear on this because if there is a delay in vaccine equity, there is a delay in vaccine coverage the consequence will
be the virus will get space and time to mutate and even the vaccines we have now may not work.

So the race is against time. Time is of the essence and we have to increase production as soon as possible and increase the vaccination coverage as soon as possible so the virus could be squeezed out, meaning denying the virus a space and striking fast so it will not get the time to mutate.

This is in their interest of all countries so that's what we're saying and this is very clear; I think everybody understands it and we have to remind the world to do the right things. Thank you.

01:06:15

CL Thank you very much, Dr Tedros, for these important words. Now we reached the end of the question-and-answer. Before I give back to Dr Tedros for the final remarks let me invite Dr Tereza Kasaeva - she's the Director for WHO's TB Programme - for some remarks on World TB Day, which we're commemorating in two days, on 24th March. Dr Kasaeva.

TK Thank you very much, Christian, Dr Tedros, colleagues. It's a pleasure to join you. While it was expected that the main questions even in the World TB days will be about COVID and it's fully understandable and reasonable, I must say that so-called old diseases, silent epidemics should not be neglected and TB is one of these epidemics.

Our great concern is in the shadow of the COVID pandemic which is ongoing our old silent monster is growing and the trends are very concerning. I would like to request especially those officials in the high-burden countries to pay attention as soon as possible because the situation may go out of control and we know even a few months of neglect of diseases like TB can require decades of very tight, very hard fight to bring back to normal.

01:07:45

Now already based on the latest data we are now collecting on a monthly basis - and this is one of the lessons we've learnt from the COVID pandemic - we see the number of so-called missing people from 2.9 million last year grew up to 4.1 million. It's huge progress and as soon as possible we'll pay attention as easy it will be for us to mitigate all this risk.

We still have time to combat and TB is a preventable and curable disease. With the new WHO guidelines we have even more opportunities. We can provide two, three times shorter treatment, fully oral treatment, home-based treatment and there
should not be excuses for neglect of people, the poorest, the most marginalised.

WHO will help, will provide all necessary support and technical support to all the countries, which we are doing already so let's not neglect TB. The clock is ticking. Thank you.

CL Thank you so much, Dr Kasaeva. I'll remind everyone that the sound files from this briefing will be sent shortly after the briefing and the transcript can be found on the web, on our site tomorrow morning. Now I'll hand over to Dr Tedros for the final remarks. Dr Tedros.

TAG Thank you. Thank you, Christian. I would just like to say thank you to all who have joined today and look forward to seeing you in our upcoming press conference. Thank you.