Hello, good day and welcome, wherever you are listening today. It is Tuesday 6th April 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference ahead of World Health Day, which we celebrate on 7th April.
Therefore we have a list of very special guests online with us today. We'll start with Her Excellency Prime Minister Mia Mottley from Barbados, His Excellency President Carlos Alvarado Quesada from Costa Rica, His Excellency President Hage Geingob from Namibia and His Excellency President Ilham Aliyev from Azerbaijan, who will join us through a video statement.

Simultaneous interpretation is provided again in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus we will have Portuguese and Hindi. Now let me introduce the participants in the room here.

We have Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products, Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator and last but not least Dr Rogerio Gaspar, Director for regulation and Pre-Qualification. Welcome all. Let me now hand over to the Director-General for his opening remarks.

00:02:08

TAG  Good morning, good afternoon and good evening. Tomorrow is World Health Day. COVID-19 has exacerbated inequalities both between and within countries. While we have all undoubtedly been impacted by the pandemic the poorest and most marginalised have been hit hardest both in terms of lives and livelihoods lost.

In the year ahead the world needs to make five vital changes. First we need to invest in equitable production and access to COVID-19 rapid tests, oxygen treatments and vaccines between and within countries. At the start of the year I made a call for every country to start vaccinating health workers and older people in the first 100 days of 2021.

This week will mark the 100th day and 190 countries and economies have now started vaccination. COVAX itself has already delivered 36 million doses to 86 countries and economies. Supply chains are up and running and health systems primed.

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Scaling up production and equitable distribution remains the major barrier to ending the acute stage of this pandemic. It is a travesty that in some countries health workers and those at risk groups remain completely unvaccinated.

The effort to achieve vaccine equity will not stop this week. WHO will continue to call on governments to share vaccine doses and fill the US$22.1 billion gap in the ACT Accelerator for the equitable distribution of vaccines, rapid tests and therapeutics.
We will also look to find new ways to work with manufacturers to boost overall vaccine production. This month individuals around the world will also be able to get involved in accelerating vaccine equity via a new fund-raising campaign. Developed by the WHO Foundation and a range of partners, the campaign will enable individuals and companies to get one, give one and close the overall COVID-19 vaccine gap. Further updates will be shared around the launch.

Second, there must be a serious investment in primary healthcare and getting health services to every member of every community. The pandemic has exposed the fragility of our health systems. As essential services were paused many diseases came roaring back. At least half of the world’s population still lacks access to essential health services and out-of-pocket expenses on health drive almost 100 million people into poverty each year.

00:05:36

As countries move forward post COVID-19 it will be vital to avoid cuts in public spending on health and other social sectors. Such cuts are likely to increase hardship among already disadvantaged groups. They will weaken health system performance, increase health risks, add to fiscal pressure in the future and undermine development gains.

Instead governments should meet WHO’s recommended target of spending an additional 1% of GDP on primary healthcare which is central to improving both equity and efficiency. And they must reduce the global shortfall of 18 million health workers needed to achieve universal health coverage by 2030.

Third, prioritise health and social protection. Some countries have already put in place expanded social protection schemes to mitigate the negative impact of the pandemic on poverty, education, nutrition and overall health. These schemes should be extended until essential services are up and running again and they must include marginalised groups in planning and implementing future schemes.

00:07:05

Fourth, build safe, healthy and inclusive neighbourhoods. City leaders have often been powerful champions for better health, for example by improving transport systems and water and sanitation facilities. Access to healthy housing in safe neighbourhoods is key to achieving health for all but too often the lack of basic social services for some communities traps them in a spiral of sickness and insecurity. That must change.

Meanwhile 80% of the world’s populations living in extreme poverty are in rural areas where seven out of ten people lack access to basic sanitation and water services. So countries must intensify efforts to reach rural communities with health and other basic social services.

Finally data and health information systems must be enhanced. High-quality and timely disaggregated data by sex, wealth, education, ethnicity, race,
gender and place of residence is key to working out where inequities exist and addressing them. Health inequity monitoring has to be an integral part of all national health information systems. At present just half the world's countries have any capacity to do this.

00:08:50

Today I'm happy to welcome four heads of state and government to talk about health equity and changes they have made to achieve it. First Her Excellency Prime Minister Mia Mottley of Barbados will start proceedings and I'm keen to hear of Barbados' experience in the last year and the way ahead. Prime Minister, you have the floor.

MM Thank you very much, my brother, Dr Tedros, Your Excellency, Hage Geingob, President of Namibia, who I have not seen since Nairobi in December 2019 - we didn't expect the last year - and to my other brother, Your Excellency, Carlos Alvarado Quesada, we spoke a couple of months ago and equally we didn't expect that this journey would be as long as it is.

Also President Aliyev, I want to say how pleasant it is this morning for me to join you because 73 years ago tomorrow the World Health Organization was formed and therefore the commemoration of this day through World Health Day is most appropriate.

00:10:20

It would have been appropriate in any scenario but more relevant and more critical at this point. In the Caribbean we love our proverbs; short, clever phrases packed with the knowledge to last a lifetime and I suspect those in Africa are the people from whom we've got that love of proverbs.

One favourite amongst us and especially our schoolteachers in the region was the one that simple said, Peter pays for Paul and Paul pays for all. I start here this morning because it is in the recognition that this is a collective battle that we will win the victory.

We have come together globally to try and fight a pandemic but we have to ask ourselves whether we did it in sufficient time and on sufficient scale. We have to ask ourselves whether the five priority actions being focused on this morning - equitable access to COVID-19 vaccines, tests and treatments both within and between countries is being achieved by the countries of the region and the countries of the world.

In the Caribbean our journey has been tortuous over the past year and, Dr Tedros, I know that you have tried to intervene on numerous occasions to assist us but the bald reality is that our market size in many instances is simply too small to command the attention of global pharmaceutical companies or indeed of other suppliers of goods in the normal supply chain that will lead the therapeutics distribution, vaccine distribution.
The bottom line is that we have also separately been regarded by the global community as countries that have come out of the depths of poverty and therefore are not deserving of assistance in the traditional ways normally reserved for the most vulnerable.

This has made life difficult. We've held on to the promise of COVAX and I've come to you this morning having received the first tranche of Barbados' vaccines, 3% of our population with respect to the COVID vaccines this morning.

But for many globally this has been a difficult exercise because, as we have seen, the spikes can literally grow. We've not had access even when we are prepared to pay. It is against this background therefore that the first call to action of equitable access to COVID-19 vaccines, tests and treatments within and between countries is one with which we can relate.

Secondly the post COVID-19 recovery budget and plans to protect and prioritise health and social sectors is one that is truly being felt by the majority of us and why? The World Bank estimates that global GDP will fall by about 4% this year with between 40 and 60 million people entering extreme poverty.

But our reality also is as a tourism and travel-dependent country the fall in our GDP last year was not 4%, was not 8%, was not even 12 or 16%; it was 18%, threatening to take our country back more than a decade as a result of the loss of production and productive capacity.

Regrettably we continue to be treated globally as one of those countries that is not deserving of concessional capital even as we face the most difficult crisis that we have faced in a century. These are issues that I hope that the development committee of the World Bank and the International Monetary Fund that meets later this week and I have the honour of chairing will begin to start to put our case for the need to use different criteria for determining how countries should access serious concessional capital most needed now in order to stave off the worst aspects of this pandemic but more importantly to deal with the long-lasting consequences of the pandemic, which are the social and economic losses that have been sustained in the last decade.

The third aspect of the call to action; equitable services and infrastructure in all communities both urban and rural; this is absolutely critical particularly for the larger countries in the region and globally but even within a small country such as ours we recognise that there are differences and that part of the problem particularly in the urban setting is the density of housing that has existed in many instances pre-independence and post-independence largely because most developing countries in the world have had a significantly broad
agenda reflected by many in the SDG agenda but a significant broad agenda that makes it difficult for us to have corrected all of the wrongs that we’ve needed to correct since independence.

It means that in urban communities the density and the exposure is far greater regrettably than in most but equally in rural communities the lack of access to available healthcare for larger countries, not so much small island developing states but larger countries remains a major issue.

**00:15:39**

Fourthly, the call to action looks at the issue of primary healthcare for everyone everywhere but I like to make the point that the Caribbean more than most has in the post-independence era determined that for us to leave anyone behind is a travesty because our modern settlement was based on discrimination and exclusion and therefore the reality and the imperative of inclusion as well as transparency are absolutely vital if we are to bring our people out of these difficult times in which we live.

Finally better data collection and reporting in countries so that we know where the health equalities [sic] are and can address them. My friends, this will not be the last pandemic, it will not be the last one for us. History is replete with examples and we have to determine what we will learn from our experience over the course of the last year.

For many the 1918-1920 Spanish flu pandemic is too far in the recesses of our recent memory, such that we made fundamental mistakes that we should never allow anyone to make again. Dr Tedros, you asked me to serve as the Co-Chair on the One Health Global Initiative, which we have dubbed the slow-motion pandemic because we fear that by 2050 more people will die from these super-viruses that the antibiotics and other medication that we have are not allowing us to treat sufficiently.

**00:17:13**

I pray that we will take in front, as we would say, before in front takes us. What do I mean by that? That we will so sensitishe the global population that the basic things that we need to take action, the basic policy instruments necessary to remove people from poverty or necessary to remove the juxtaposition of animals and humans in living conditions, not just working conditions, that have given rise to so many diseases that have caused so much death and so much concern in the world.

If we do not get the fundamental development equation correct, if we do not work together, if we do not appreciate that we can only work together if we are to achieve a fairer and healthier world then we run the risk of seeing millions of persons die again in circumstances where different policy responses or similar policy responses with different scale and different pace of execution
can hopefully have a different result in ensuring that fewer and fewer people will become victims to awful epidemics and pandemics.

00:18:25

They say politics is the art of repetition and I said so this morning. Over the course of the last year we have said the same thing more often than at any other time. There is no magic bullet and there is no magic recipe. The answer is simply for us to work together to get that fairer world and for there to be a level of global moral leadership, recognising that the singular pursuit of individual countries will not rid the world of the major problems because human beings cannot be contained behind boundaries easily in this globally interdependent world.

I pray that we will across the world summon the courage to be able to have co-ordinated action, not just acting together but co-ordinated action such that we are in a position to be able to see the end of this pandemic because we are acting collectively with shut-downs, we're acting collectively with protocols, we're acting collectively with the kinds of policy responses that we now know after a year are critical if we are to put this behind us.

I thank the World Health Organization and all of its staff members, the Pan-American Health Organization that serves us in this hemisphere and all of its staff members for continuing to keep the battle on but I recognise that the ball lies in the courts of the political will of member states of the global community. Thank you and may we rise to that point where we summon the courage for that globally co-ordinated action to make a fairer, healthier world. Thank you.

00:20:13

TAG Thank you. Thank you so much, Your Excellency Prime Minister Mottley. Moral leadership and co-ordinated action; I fully agree. Barbados' experience suppressing COVID-19 as well as investing in universal health coverage is an example for the region and the world so thank you so much again.

I will now turn to His Excellency, President Carlos Alvarado of Costa Rica, who has been working closely with WHO on how to ensure that new health technologies are available in all countries through his idea, the CTAP, which we have started implementing together. President Alvarado, very nice to see you again even if it's online. The floor is yours.

CA Thank you very much, Dr Tedros.

TR Thank you very much, Dr Tedros. My greetings to Your Excellency Prime Minister Mia Mottley from Barbados, President Hage Geingob from Namibia and those who are joining us today at the press conference. Indeed, Dr Tedros, the principles of CTAP, which is the technology for healthcare pool; it's continuing this year, one year after the start of this pandemic and one day before World Health Day.
This is linked to access to technologies or treatments in an equal and fair way for people throughout the world without any distinction. As Prime Minister Mottley was saying, this has a great deal to do with moral leadership and with commitment to progress along this way. This pool can bring along technologies to make them available to all countries and to all governments throughout the world.

As Dr Tedros has said, we need to keep pushing for this. There's already a team set up within the WHO for this so what we need is governments and the private sector to commit to making it a reality. The first point that was raised by the call of Dr Tedros on equitable access; I'd like to mention two central subjects.

One is linked to the strengthening of social security and universal healthcare in countries. In Costa Rica it has been the strength of our universal healthcare system that has protected us and this has ensured that we reduced the differences between those on higher and lower incomes because we've ensured that anyone in any part of the country has the same access to testing, vaccine, treatment and even to hospitalisation with no distinction on geography.

This is difficult and is expensive but this is what makes a difference in a world that needs greater equality and the pandemic, as Dr Tedros has said, has increased inequalities between countries and within countries.

The inequalities also have an impact on health. Societies which are more unequal are societies which are most violent and the most violent societies also bring about other phenomena such as migration or clearly the loss of human life.

Another very important point in terms of equitable access is the drive that many countries are making for the international treaty for preparation and response to pandemics. Before COVID-19 the globalised world had not experienced such an impact in the effects of a pandemic and we need to learn from this experience and be ready.

Above all being ready means being ready for co-ordinated action and action in solidarity which does not distinguish between greater or less development, greater or less wealth, whether one is in an urban or rural area.

We hope that this treaty will achieve these principles but we will also work towards ensuring that the treaty includes principles such as those that we have used in CTAP.
On the budgets for post-COVID recovery it has remained clear that health is not just a matter of illness. Healthcare is an all-encompassing subject. We cannot take care of our populations if we don't have guarantees for budgets that provide support to the health sector, community sector and to the infrastructure.

It's so important that multilateral organisations can provide means of financing for poor countries, for emerging countries and to assist them in facing up to the medium and long-term effects of the pandemic.

Today developed economies have managed to achieve special packages to help their countries to overcome the effects of COVID but that's not something that poorer countries can do. The fact that there will not be a global recovery from COVID whilst the whole planet is not vaccinated; we won't see economic recovery in the planet if the whole world is not economically vaccinated.

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So it's extremely important that we look for the subject of financing, whether it's in debt forgiveness or financing in the long term with zero rates or stable rates of interest so that countries can have a margin for manoeuvre.

We also need to finance the development and public health infrastructure and recovery so this is more than a subject of finance; it's one of health as well. That's why it's so important that we deal with this. Costa Rica has launched the FACE initiative fund to alleviate... from economics within the United Nations and also with ECLAT to cover those funds to help emerging economies.

To give a specific case, the opinions of the qualifying agencies are not taking into account the efforts being made by governments to maintain stable economies and also to assist our populations and every time that there's a negative qualification that makes access to finance more expensive for our countries.

00:27:51

We need to take into account the impact of COVID when countries are assessed because we have to think about the effect of the pandemic on countries' economies.

In terms of data collection and the assessment of data mentioned by the Director-General, Costa Rica has a system which is the digital document where each citizen has their digital record and that helps us to keep track of progress whilst maintaining the confidential nature for each citizen. But it helps us to have the management of this data so we can deal with this pandemic and future pandemics.

I'd like to turn now to showing my gratitude to the WHO for all its work and I'd like to thank Dr Tedros and mention once more our support from Costa Rica.
and my support to ensure that treatments, diagnoses and vaccines arrive in an equitable and rapid manner to all those who need them. Once more my greetings, Dr Tedros.

TAG Muchas gracias, Your Excellency President Alvarado. I wholeheartedly agree. Equitable sharing of rapid tests, therapeutics, oxygen and vaccines are key to ending the acute phase of the pandemic. That means tech transfer, sharing know-how and waiving intellectual property rights. Thank you so much for your leadership on this, especially on CTAP.

00:29:43

I look forward to now hearing from His Excellency President Hage Geingob of Namibia on their all-of-society efforts to tackle COVID-19 and lessons going forward on health equity. Your Excellency, you have the floor.

HG Thank you very much. Your Excellencies, greetings. I saw you last in [inaudible] so as usual, glad to listen to you, [inaudible]. Your Excellencies, it's a great pleasure for me and this important [inaudible] World Health Day. Given the devastating pandemic of the world [inaudible] it is timely [inaudible] regarding this [inaudible] and indeed the ways and means [inaudible] a fairer, healthier world post COVID-19.

The fact that the Director-General of WHO has invited us to be part of this year's event speaks to the urgency of fostering the recovery for the entire world from the economic devastation caused by the COVID-19 pandemic. Building a fairer and healthier world will demand joint and concerted action. It will require that we as members of the human family stand resolutely together to do everything that is required to return our societies to normalcy.

00:31:42

Our people young and old have been traumatised. Lives and livelihoods have been disrupted, leaving a country that has been deeply scarred. [Unclear] and racial oppression [inaudible] and healthier societies is an objective that [inaudible].

[Inaudible]

Have been aimed at building an equitable [inaudible] in which no-one must feel left out. We here in Namibia applied equally [inaudible]. We got help from our good friends in China and India, who gave us vaccines so far. We had an advance payment at least [?] but there is this exclusion; the COVID apartheid now we’re facing [?] [inaudible].

CL Your Excellency, please allow me to come in. The sound is interrupting quite a lot. Is there a chance that on the technical side something can be done? It seems to be interruption in the sound signal at your end. Apologies. We can try again and if possible have your talking points and your elaborations that we can again share in writing also. Please continue, sir, Your Excellency.
What I'm trying to say is to address to your number one point; equitable to COVID-19 vaccines, tests and treatment within and between countries. We did apply and paid our deposit for the COVID vaccine but there is a vaccine apartheid, I'm saying, that we, a small country, have paid a deposit but up to now we didn't get any vaccine.

What we got were vaccines donated by our friends, China and India, and I really thank them for that. [Unclear] I sense there is a conflict [unclear] spells harmony. We were left out [inaudible]. That I call apartheid [inaudible] and we fought against apartheid for many [inaudible].

After [inaudible]. Am I audible or what is going on?

Because we believe that [inaudible] where the wounds of the past are healed [?]. This has laid the foundation [inaudible]. Every tragedy brings [inaudible].

Your Excellency... When you restarted it was okay and then it started to break up so I think there is a problem in the audio system. The video is okay but the audio system is breaking up so we have heard up to the vaccines you got from India and China. Later I think there was some break-up again.

Yes, I was talking about vaccine apartheid; I want to make that very clear as a man who suffered from apartheid [?]; that we are here, we [inaudible] but we didn't get any vaccine. Can I talk?

Yes, still breaking up but can you go on? Let's see.

Okay. Every tragedy [inaudible] new insights. This is true for the COVID-19 pandemic. By its speed, velocity the pandemic compelled humanity to act in unison to overcome a common enemy. The public health measures adopted in most if not all countries around the world demonstrated that the international community achieved consensus to address their common [inaudible].

It demonstrated that [inaudible] the world. We are able to stand together [inaudible]. This, I believe, should be a springboard for the concerted efforts and common purpose to address other equally important challenges facing humanity [inaudible].

The manner in which [inaudible] responded to the COVID-19 pandemic demonstrates the old adage that says where there is a will there is a way. As world leaders [inaudible] the necessary political will to address the devastation brought by COVID-19 [inaudible] meant that we were able to [inaudible] in various aspects such as expanding [inaudible].
A fairer and healthier world also means that our global approach necessarily address the root causes of unfairness and poor health in all their manifestations. The social [unclear] of face masks [?] therefore received our full attention.

In this regard we must speak not only of availability of facilities and health services but of equitable access to essential tools such as COVID-19 vaccines, as I already said. There is no other alternative [inaudible] pandemic and by so doing to get a fairer and healthier world.

Since I am being sabotaged I will end here [unclear].

TAG Thank you. Thank you so much, Your Excellency. Where there is a will there is a way, I fully agree and it's great that Namibia is rolling out vaccines. I was informed also that through the COVAX facilities you will have your share in two weeks.

00:40:40

But I fully agree with the problems we're facing with vaccine equity. As you know, we said vaccine nationalism or vaccine apartheid, as you said, is actually the problem with regard to the pandemic response now because unless everyone is safe no-one will be safe.

So it's in every nation's interest or in every country's interest to make sure that there is vaccine equity so I fully agree with you. I now welcome His Excellency President Ilham Aliyev of Azerbaijan to reflect on his experience of the pandemic and what's critical to end the acute phase as quickly as possible. He couldn't join us in person so he sent us a video. Please.

TR Every year since 1950 we celebrate World Health Day on April 7th but 2021 is a year when the importance of health became even more significant. Having a modern, sustainable, high-quality healthcare system is a priority for every country. Healthcare in Azerbaijan is currently going through a significant change. With implementation of mandatory health insurance Azerbaijan is strengthening the primary healthcare, renovating the emergency medical care services, facilitating the digitalisation by starting an e-health platform and national health accounts within the country.

00:42:28

In the meantime the second year of the COVID-19 pandemic is continuing to put enormous pressure on healthcare systems around the world. Azerbaijan was among the first countries to mobilise global efforts against the COVID-19 pandemic. We initiated the summit of the Turkic Council in April 2020, the summit of the non-aligned movement in May 2020 and a special session of the United Nations General Assembly at the level of the heads of state and government in December 2020.
Honouring its international responsibility, Azerbaijan has made voluntary contributions to the World Health Organization in the amount of US$10 million. We have also provided direct humanitarian and financial assistance to more than 30 countries in their fight with the coronavirus.

This year's World Health Day is dedicated to building a fairer and healthier world and the question of equal and fair distribution of vaccines is of paramount importance for this cause.

Yet we all are deeply concerned by the unequal and unfair distribution of vaccines among developing and developed countries. Some countries hoard several times more vaccines compared to their actual needs. It is clear that in such circumstances other countries will face vaccine shortage.

Supporting fairness in vaccine distribution, Azerbaijan put forward a draft resolution ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease pandemic at the UN Human Rights Council. The resolution was adopted by consensus on March 23rd this year.

Azerbaijan was also among the first countries to join and support the COVAX initiative. We and the whole international community expect this initiative to become a model of co-operation and solidarity in response to the pandemic. Only together will we overcome the pandemic and return to normal life. Happy World Health Day.

TAG Thank you. Thank you, President Aliyev and I welcome your leadership calling for equitable, timely and universal access to vaccines at the UN Human Rights Council and agree we must do more to ensure vaccines are fairly distributed.

Again thank you so much to all heads of state and government for joining us today. We have a lot to do to achieve health equity but I'm proud to see heads of state leading from the front, which will be key to us strengthening health systems overall and preparing for future pandemics. I thank you.

If you have a few minutes more, if you join us for the Q&A with the media we would appreciate it. If not we fully understand. Thank you so much again. Christian, back to you.

CL Thank you very much, Director-General. Let me now open the floor to questions from the media. We have a long list already but in case you want to get into the queue please press the raise your hand icon on your screen. First is John Miller from Reuters. John, please unmute yourself.

JO Thanks for taking my question. Today we heard from EMA officials, who seemed to suggest that there may well be a link between the AstraZeneca
vaccine and the rare complications that occur. I'm wondering if you can give us an update on the WHO's own progress in assessing the potential link and when you expect to make your own announcement public. Thanks.

00:46:50

CL Thank you very much. Let me give the floor to Dr Rogerio Gaspar, Director for Regulation and Pre-Qualification.

RG Good afternoon. Let me just start by being clear and correct. You mention the European Medicines Agency. As you know, as we were here in the meeting already in this press briefing, there was a denial from the European Medicines Agency concerning the existence of the link.

What happens is that there are a number of committees right now and regulatory authorities looking at data - and new data is coming every day - and assessing those data. So there's no link for the moment between the vaccine and the thrombolytic events with thrombocytopenia.

Of course it's under evaluation and we wait for some feedback from those committees in the coming days and the coming hours. Just to give a full assessment - probably it is good to give also an assessment with some numbers in it - the data are coming, as I said, every day so we are looking at the pharmacovigilance networks globally and WHO of course is relying heavily on the national pharmacovigilance systems but also on the assessment committees from national regulatory authorities and also from regional regulatory authorities like the European Medicines Agency.

The two EULs that were issued by WHO on AstraZeneca-based technologies - one from the manufacturer SKBio in the Republic of Korea and an emergency use authorisation given by the Republic of Korea Regulatory Authority, MFDS, and the second one from the SII in India with the correspondent authorisation also for the Indian regulatory authorities.

Both of them are based on the core clinical data that was submitted by AstraZeneca to the European Medicines Agency so the regulatory alignment currently is that we'll rely first on the assessment done by the pharmacovigilance risk assessment committee of the European Medicines Agency which started today at 11:00 and is supposed to continue tomorrow and probably the day after, or not; that will depend on the committee.

00:49:14

We are following that meeting, we have observers on the meeting and we are looking at the data jointly and at the same time, as you know, the Medicines and Health Products Regulatory Authority from the United Kingdom, the MHRA, is also looking at the same set of data.

So what we can say is that the appraisal that we have for the moment - and this is under consideration by the experts - is that the benefit/risk assessment
for the vaccine is still largely positive. We continue to see a number of events that are rare events linking thrombocytopenia to thrombolytic events and those rare events are now being categorised in terms of the diagnostics, in terms of the population, in terms of the distribution within the population.

The expert committees will come to decisions in the coming hours and the coming days about what will be the regulatory status of the vaccine. For the time being there's no evidence that the benefit/risk assessment for the vaccine needs to be changed and we know from the data coming from countries like the UK and others that the benefits are really important in terms of reduction of mortality of the populations that are being vaccinated.

So one important issue to say also is because in the media and also on the regulatory committees we tend to stress too much the risk when we are discussing these issues and we have to do that, we have also at the same time to balance this with the benefit coming from the vaccine and I think it's important to reiterate this once again.

00:50:48

Another issue which is also important - and that's why WHO is at the same time having a number of information sessions, groups of experts; even this morning we had meetings with several regulatory agencies; during the mid-day break we had a global meeting with experts from different committees for information sharing and disseminating the totality of information that is available.

In parallel with current meetings at the European Medicines Agency and the Medicines Health Product Research Authority in the UK we will convene tomorrow also our global advisory committee on vaccine safety that together with other experts will look at those data.

So we expect that probably by the end of today or the day after so Wednesday or Thursday we might have a fresh conclusive assessment from our experts but, as I've said already, at the present moment and under the assessment that we have from the data submitted up to yesterday we are confident that the benefit/risk assessment for the vaccine is largely still positive. Thank you.

00:51:54

CL      Let me ask Dr Simao...

MS      Very quickly just to complement because it's very important that everyone is aware, just reinforcing what Dr Rogerio said, that we are collecting data from all regions; the data we have so far is some data observed in the European region because millions and millions of AstraZeneca doses have been distributed and used in Latin America and in Africa, in India and in other countries in Asia.
So we are very proactively collecting data from different national regulatory authorities and let me say that we are also in touch with AstraZeneca because AstraZeneca also has an obligation to report, to monitor the safety data and also to report not only to the regulatory authorities but also to WHO.

CL Thank you very much. The next question goes to Carmen Pound, Politico. Carmen, please unmute yourself.

00:53:00

CA Thank you so much for giving me the floor and hi, everybody. There’ve been quite a few reports over the last few days about a number of countries, specifically in Africa, that have received doses through COVAX, in some cases more than a month ago, and either have not deployed them at all or the roll-out is super-slow due to different issues ranging from hesitancy to logistical issues.

So I wanted to see if there's any plan to ramp up support for deliveries, if you're looking at what are the specific issues that are impeding the roll-out or faster roll-out in those countries because I've seen that there're even concerns that some of the doses might expire before certain countries are able to inoculate. Thank you.

CL Let me ask Dr Bruce Aylward.

BA Carmen, thanks so much for the question. It's so important; our goal in rolling out vaccines is to ensure everywhere in the world no doses or vials lie idle and they're out to work as rapidly as possible.

00:54:08

So recognising the challenge it might pose to roll out these vaccines because you're targeting different age groups, different populations than we normally do in many countries that are used to childhood vaccination programmes. As a result there was a huge amount of work that was initiated last fall actually in especially low and low/middle-income countries to try and help first with an assessment across all the different parameters that would need to be optimised to roll out these vaccines, then the development of what we call a national vaccines deployment plan across all of these countries and then a tracking at the international level by region and by country, where countries were in terms of preparedness.

So the most important part of this was the huge amount of work that was done in advance and credit really goes to a group of agencies across WHO, UNICEF, the World Bank and others that work together in a concerted effort across countries.

Even of course the best-laid plans are going to have challenges. We've seen that in every country in the world that's introduced these vaccines, whether
high-income, middle, low-income countries; everyone has struggled in rolling out these vaccines.

Part of it is logistical; part of it is related to some of the challenges I just spoke of so in every single country WHO, UNICEF - but not only, also with a broad range of partners - are working with ministries and with communities to try and optimise the roll-out, rapidly identify what are the bottlenecks and as you said even in the question you asked, Carmen, it's a range of issues.

00:55:50

Sometimes it's logistical, sometimes it might be hesitancy. We know that one country suspended the use of one vaccine or didn't want to until some of its concerns were reconciled so there've been a whole range of issues and it really is exactly what you said; a tailored approach in each country to try and help get past any bottlenecks to use so that as rapidly as possible these products can be protecting healthcare workers, protecting in particular the older populations and those at highest risk of the most severe disease.

CL Thank you very much, Dr Aylward. With this we come to the next, Gabriela Sotomayor from Notemex, Mexico.

00:56:31

GA Hola, Christian, thanks for taking my question. It's on behalf of Proceso. 2,400 health workers have died in Mexico so my question is about the vaccination of health workers. It is clear that the priority is those who are in the first line of fire, treating patients with COVID. But what happens with the rest of the health personnel, when should they be vaccinated?

In Mexico for example 65% of health personnel is under 50 years old and 50% are under 40 so they will be at the end of the line of regular vaccination so there are around one million health workers in this situation. My question is, what is your recommendation because many of them are the first contacts of patients with COVID? Thank you.

CL Thank you very much. I will give this to Dr Aylward again, please.

BA Thank you, Christian, and thank you, Gabriela, for the question. Clearly, as you've seen and as we've been discussing now for some weeks, certain populations are at higher risk of being exposed to this disease and then certain populations at highest risk of severe disease and death.

Of course healthcare workers at the front line are one of the populations that are at highest risk of being exposed and often having high exposures and repeated exposures to the disease. That's the reason that the allocation framework that's been put together prioritises the healthcare workers.

00:58:13
That's healthcare workers irrespective of age. It's actually any healthcare workers that are going to be providing front-line services and at risk. In every country they're sometimes making adjustments in terms of their goals and whether or not the first goal is going to be to reduce the risk in the oldest population and then the healthcare workers or vice versa or by age across both so there is some adaptation or adjustment by country.

It's all based on the strength of the healthcare system; it's sometimes based on the clinical outcomes that they're seeing in populations with severe disease in their countries. But in terms of rolling out the healthcare workers generally this has been irrespective of the age.

But again as always, Gabriela - and you highlight it - part of the challenge here is just finding the balance with the amount of vaccine that you have available. As everyone knows, we're in an extremely supply-constrained situation so each country has got to make a decision sometimes across these populations; how will I be using these vaccines?

00:59:29

But again healthcare workers, as the Director-General said repeatedly and also our guests today, have to be a top priority as they cannot often protect themselves from being exposed to the disease.

CL  Thank you very much, Dr Aylward. With this we move to Jamil Chad from Estado Sao Paulo. Jamil, please unmute yourself.

JA  Hello. Can you hear me?

CL  All good.

JA  Dr Tedros, good afternoon. You had a meeting on Saturday with the new Minister of Health of Brazil. My question to you; what was your recommendation to him at this point in time? Thank you very much.

TAG  Thank you. Thank you so much. Of course we have discussed the measures - starting from the situation, how the situation is serious in Brazil. He started actually by describing the situation, which is really dire, and also what he would like to do.

01:00:48

We agreed on the way forward but to continue also to engage and committed from our side to help him in any way possible. Of course that was my first meeting with the Minister since he was appointed and we will have follow-up meetings, especially to discuss details of the actions that should be taken there will be senior expert-level engagements. Thank you.

CL  Thank you very much, Dr Tedros. We move to Jenny Layla-Medlow from Devex. Jenny, please unmute yourself.
JE    Thank you for taking my question. WHO released a statement last week on Ivermectin but as you know, debates continue in a lot of countries. I just want to know, are there plans to include Ivermectin in the Solidarity trials or are you considering other drugs for further trials?

Also quickly what are the criteria for including treatments in the Solidarity trials? Thank you very much.

CL    Thank you very much, Jenny. Who do we have? We were looking to have a colleague online who can answer this. We do not have a colleague available right now to answer this. We'll take your question offline and reply to you by email. With this we move to the next and that will be Jamie Keaton from AP. Jamie, please unmute yourself.

01:02:49

JM    Thank you, Christian. Good afternoon, everyone. This question, I think, is for Bruce. Bruce, today all four countries that were represented at this briefing are expected to get AstraZeneca vaccines from SKBio according to GAVI but many other countries are still expecting AstraZeneca vaccines from SII, the Serum Institute.

Today we spoke to the CEO, Adar Poonawalla and he said that its exports for COVAX could now resume in June even though GAVI had expressed hope for a resumption in May as the spike in case counts worsens in India. My question; how concerned are you that COVAX will be facing severe supply shortages in the coming months from SII and what can be done about it and how does COVAX survive this major setback that could even last beyond June? Thank you.

CL    Dr Aylward, please.

BA    Thanks, Jamie. I think first of all let's not speculate on what's going to happen in terms of future deliveries from any of the companies that we're working with. Right now every country we talk to, every company is trying to make sure that they prioritise COVAX and that we get the vaccines that we need.

01:04:14

Obviously if we have an interruption with any one of our suppliers for a short time, a month or so we can find ways to try and manage as best we can with the countries but if it's longer than that obviously it would be a big challenge.

We actually have had some good news over the last few days that some of the additional deliveries from SII have been opened up. You'll remember that there was a challenge but there were some deliveries that have been opened up over the last few days, which will be important to all countries being able to start vaccination by the end of the 100-day period that the Director-General has highlighted.
But what I meant by that point, Jamie, was, as you can see, this is a very fluid situation. We've had multiple reports that sometimes vaccine supplies have been cut back by this much or increased by this much and in fact because of the work by the companies and by the governments to increase supply additional supplies have come through.

01:05:20

You'll remember on the AstraZeneca side where we had real challenges with supplies over the last few months, there's been a real pick-up in deliveries with now over 45 countries supplied just from the AstraZeneca side of the supply.

So it's a fluid situation; that's the reason why we try and have as robust a portfolio as possible. As you also know, we have got deals with J&J on the Novovax product and other products so part of trying to ensure that if there's a problem with one product, one supplier... making sure that you have other options as well that will come online in the coming weeks and months hopefully.

So a range of things to try and address that but clearly were there to be an interruption from any supplier that would be a real problem and that's the reason we're doing so much work to try and look at, as the Director-General said, improving production capacities in the existing suppliers, bringing new suppliers onboard, doing the emergency use listing assessments for yet additional products. All of these steps are to try and mitigate any potential interruption in supply from any supplier.

CL  Thank you very much, Dr Aylward. Let me call upon Sophie Mkwena from SABC. Sophie, please unmute yourself.

01:06:48

SO  My question is around vaccine access, particularly to the developing south or poorer countries. The issue of vaccine passports is becoming more popular and many people are looking at using that to ensure that they are able to manage the spread of COVID-19.

What is the position of the WHO on this vaccine passport and also travel restrictions? It's linked also to naming viruses after countries where they are being detected. The issue of 501YV2 still being called a South African virus by even very senior experts in science like Dr Fauci of the United States of America; is this not stigmatising a country that has done so much to try and contribute?

CL  Thank you very much, Sophie. Dr Van Kerkhove, please.

MK  Thanks, Sophie. I could start with the second part of your question. I think you know I've been on record talking about the naming of these virus variants and WHO for years has been talking about not including a location as
part of a name of a virus, pathogen or the disease caused by that pathogen and SARS-CoV2 variants are no different.

01:08:26
We continue to see people name the variants country X variant or country Y variant and we have been working hard actually on developing a nomenclature with a large group of scientists around the world including the three groups that have developed different nomenclatures for the viruses.

I have to admit, I foolishly thought this would be a very simple thing to do. I thought it could be done in a week or two and we're now into, I think, our second month of doing this. We hope to be able to announce the nomenclature very soon because we need to make sure that any of the names that are used do not further stigmatise a person or a last name or a location inadvertently.

So we're still working on that but we do hope that countries do not say, the South African variant, including scientists. Unfortunately I hear that on many teleconferences that I'm on and we spend a lot of time talking about these virus variants that are being detected around the world.

The more you look the more you will find and with the increases in genomic sequencing that are happening worldwide there are a lot of regional platforms that are being enhanced to make sure that we can find different mutations and different virus variants.

01:09:39
There are a lot of research groups that are out there that are studying each of these mutations and the combinations of mutations, which is what these variants are, to determine if there are any changes in transmissibility, in severity and any potential impact on our available and future diagnostics, therapeutics and vaccines.

So it is really important that we do have names of these virus variants. Right now what we're using is the B117, the virus variant first identified in the United Kingdom; the B1351, the virus variant that was first identified in South Africa, and the P1, which is the virus variant that was first detected in Japan but is circulating in Brazil.

There should be no stigma associated with these viruses being detected and unfortunately we still see that happening. Countries that are conducting surveillance, that are carrying out sequencing, that are sharing those sequences on publicly available platforms, that are working with WHO and scientists around the world should not be stigmatised for sharing this information.

01:10:39
In fact we need more of this to be happening worldwide and we will continue to work with partners to ensure that that happens.

CL    Dr Ryan, please.

MR    Just on your question regarding certification of vaccination, WHO does support certification of vaccination, be it paper or electronic, as a means of providing personal health information to people who are vaccinated and to give them a record of that vaccination but also for monitoring and evaluation purposes and quality assurance purposes in the healthcare system so having proper certification and recording of vaccination is very important.

That's a different consideration to what those certificates are used for outside the health space and that would be certification of vaccination being used to attend work, to attend school, to attend events, to travel nationally or internationally. They are not necessarily related to the health of the individual but to other factors.

01:11:38

This is a complex issue. It has both considerations around how such certification could be utilised to reduce transmission but also around knowledge around the impact of vaccination itself and the way in which vaccination may or may not prevent transmission.

There are ethical issues here regarding equity. We already have a huge issue with vaccine equity in the world. The imposition of requirements for certification of vaccination before travel could introduce another layer of such inequity. If you don't have access to vaccine in a country then you effectively become isolated as a country as vaccine passports kick in so there are many, many issues.

Currently WHO through the emergency committee of the International Health Regulations have made temporary recommendations to the Director-General that proof of vaccination should not be a requirement, be required for purposes of international travel.

01:12:39

That group will meet again, I believe, on 15th April and I'm sure that recommendation will be under consideration. In the meantime we are bringing together our strategic and technical advisory group on infectious hazards with the strategic advisory group on immunisation and the ethics advisory group of WHO together to look at these issues.

Currently we have an internal working group really pulling together the scientific data, the social data, the ethical data so we can come and get the best possible external advice in order to advise our member states regarding the potential use of vaccine passports, as you call them. Thank you.
Thank you very much. For the last question we go to Robin Niya from AFP. Robin, please unmute yourself.

Hello. Thank you. Can you hear me?

Yes. Go ahead.

Thank you. Within the European Union some countries like Spain and Germany have relatively low rates of new infections whilst other countries like Poland, Estonia and Hungary are seeing some of the highest rates in the world. My question is, in big, big areas like, say, Brazil or in this case the European Union would it make sense to divert vaccines away from areas of low infection and concentrate on areas of high infection to tackle the fire where it's burning most strongly? Thank you.

CL  Thank you very much, Robin. Dr Simao, please.

Let me start and then colleagues can complement. I think it's very important, Robin, to clarify that vaccines are not necessarily a good response to an acute problem because vaccines take time to reach immunity and everything else.

So it's extremely important that when you have a lot of community transmission, as we're seeing in some of these countries, what we call the public health measures are taken into account and they're strictly followed. These are the consistent use of masks, hand hygiene, ventilation, avoiding crowds and in some specific cases even lock-downs, as we're seeing in Europe.

So we have discussed last year what would be the role and whether we should have a buffer for emergency response related to spikes in transmission. The decision that we made collectively last year was not to do that at this stage because, as I said, vaccines are not a good response for immediate situations.

What you need in the case of high transmission in the community is to decrease the possibilities of transmission. That means avoiding that people get in touch with each other and avoiding crowds and everything else.

Also from the epidemiologic perspective no-one can predict where it's going to be rising next; we have seen that, that even in countries that have reached a higher vaccination already we are seeing peaks in communities and peaks in cities and provinces. So it's very difficult to predict what's going to happen next, where the next surge will come.

So I think the approach right now is that we're pushing for equitable access to vaccines and that we're pushing, as was discussed already today, to ensure that people at high risk of infection or people like, as was mentioned before,
the healthcare workers and also people at higher risk of dying, older people and people with comorbidities, associated diseases are put first.

We think this should happen; WHO's position is that this should happen in all countries, not only specific countries. Thank you.

01:17:10

CL  Thank you very much for this. We have an add-on from Dr Van Kerkhove.

MK  Yes, thank you. I do want to come in on this because I think we need to remind everybody that vaccination is one element of the response strategy and, as Mariangela has said and as you have heard us say repeatedly, over and over again, we are accused often of being a broken record and we will be happy to continue being this broken record until this pandemic is over.

But there are a number of elements, interventions that can be used that drive down transmission. Globally we have passed the sixth week in a row when we have seen a consecutive increase in cases around the world. Last week there were four million new cases reported to WHO and that is likely an underestimate of the true infections that have been occurring globally.

We are seeing this in all of our regions. There's a slight decline in Europe but there are still significant increases in a number of countries like France, Turkey, Italy, Ukraine. The US continues to have increased.... Sorry; the Americas continues to have increased transmission driven by Brazil, Canada, Argentina, Colombia, the US; the same thing in South-East Asia, a number of countries; we can go on and on.

01:18:24

All of this data is in our dashboard but we continue to see increases in transmission and we have to remind everyone that there are a number of interventions. This the tried and true measures, these public health measures that drive transmission down. It's this all-of-government, all-of-society approach.

It's about knowing where the virus is circulating so having good, strategic testing linked to public health action, ensuring that cases are isolated, that they receive appropriate care. It's contact tracing of contacts of known cases that are in supported quarantine so that they, if they are infected, do not have the possibility to transmit the virus onward.

It's about getting into the clinical care pathway early so that individuals who are infected with the SARS-CoV-2 virus are seen and are assessed so that they are treated and cared for appropriately.

It is making sure that we have engaged, informed, empowered communities so that they know what they need to do. We understand that the situation is
evolving. The situation where you live change so following guidance and following the local recommendations is really important.

01:19:36

There is very good information out there that tells you in the area where you live, in the area where you work what is safe to do and what is not. At an individual level it's about physical distancing, it's about wearing a mask, it's about practising respiratory etiquette, making sure you have clean hands, making sure that you have good ventilation, you avoid crowded areas.

All of this matters. This will not change until this pandemic is over so we cannot rely all on vaccines and vaccinations. We have to continue to put in the individual-level measures. We need communities that are supportive.

If there is a stay-at-home measure in place we need governments to support individuals to be at home. All of this still matters so we will continue to be this broken record and remind the world that there is a strategy out there about suppressing transmission.

01:20:26

This guidance, this strategy was issued on 4th January last year and it still is the maintained strategy of what we have now to drive transmission down, adding vaccines and vaccination into the mix so that we keep transmission low and we open up our societies.

So we cannot forget that there are a number of measures that are in place that we have the power to use now.

CL Thank you so much for this and thank you all for your participation, especially our special guests. We will be sending the audio files right after this and we hope to include the speech of the President of Namibia. With this let me hand over to Dr Tedros.

MR Christian, can I just...

CL Pardon me.

MR Just an update on our previous question regarding Ivermectin; just to confirm that Ivermectin is not currently included in the Solidarity trial but there are trials ongoing in other countries.

The latest recommendations from WHO indicate that the evidence on the use of Ivermectin is not conclusive and further studies are recommended, particularly in large-scale randomised-control trials.

01:21:46

With regard to the progress within the Solidarity trial an independent panel of experts uses a set of defined criteria to pre-select potential drugs into the trial. A prioritisation working group then reviews the panel of experts'
recommendations and then finally what gets through that group goes to the trial steering committee who then endorse those recommendations and introduce those drugs into the trial.

So there are three different independent panels of experts who filter all the potential drugs. There's a series of criteria that are used around pharmacokinetics, plausible evidence on the mechanism of action, animal data, safety data, availability of the drug.

Currently a number of drugs are under consideration for the trial including three new drugs and we've been really trying to get to this, moving not away from old drugs because old drugs, as we've seen, like dexamethasone have proved life-saving, but really beginning to test the newer molecules and drugs that are coming online so we look forward to the next selection of drugs for the Solidarity trial.

01:22:57

CL Thank you so much, Dr Ryan. This was in clarification to a question from Devex. Now with this let me hand over to the Director-General for closing remarks and to thank the guests.

TAG Yes, thank you very much. I would like to invite Her Excellency Prime Minister Mottley to say a few words to close this session. Your Excellency, you have the floor.

MM Thank you very much, Dr Tedros. I was very engaged during the course of questioning. This is very much still a fluid event for all of us in the world but it is one that really has the capacity to upend developing countries and we need to ensure that as we fight the pandemic we also put down the tools to avert a debt crisis which is potentially on us if we do not get it right.

As I speak to you, the Chairman of the Caribbean Community has regrettably tested positive, Prime Minister Keith Rowley. I know that you have been in contact with him recently and I would therefore want to express our deepest concerns for his urgent and quick recovery.

01:24:10

But this just drives home the point that until we deal with this with all people we haven't dealt with it and I trust and pray that these continued works and the World Health Day tomorrow will remind us of the urgency of co-ordinated action and of the urgency of acting together.

We look forward to the continued support of WHO and PAHO, particularly for those countries who have limitations in terms of the depth of technical resources and it is for that we continue to pray that we have access because that makes all of the difference to people living.

We heard very clearly that global transmission has increased over the last six weeks and to that extent we continue to remind persons that there is no
mechanism at the individual level that is too much to protect your lives from the personal protocols right back through to what we will do at the global level and at the national level to give people access to vaccines ahead of time, ahead of the battle with the variants.

01:25:21

So thank you very much, Dr Tedros, and I look forward to continuing to work with the World Health Organization on PAHO as we come on top and win this battle against COVID-19 which has done so much to decimate so many. The tail of it regrettably is long and we work towards ensuring that we can reduce the consequences of that tail on our people as well. Thank you.

TAG Thank you. Thank you so much, Your Excellency. I fully agree with what you said and also I join you in expressing my wishes for fast recovery to His Excellency Prime Minister Rowley.

I would also like to thank all heads of state who have joined today; His Excellency President Geingob, His Excellency President Alvarado and also His Excellency President Aliyev. Thank you so much once more and thank you so much for your leadership.

Finally tomorrow we will publish an additional shortlist of films for the Health For All film festival. This fourth shortlist is dedicated to health equity. I invite the public to post questions in the comments section of the shortlisted videos, which are available on YouTube and through the WHO website. Some of your questions will be asked to the jurors and winners during the awards ceremony, to be streamed on WHO's YouTube channel on 13th May 2021. Thank you to all journalists also finally for joining and see you in our upcoming presser. Thank you so much.

01:27:26