Hello and good day to wherever you are joining us from today. It is Friday 9th April 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference. Our special guest today is Dr Seth Berkley, Chief Executive Officer of GAVI. Simultaneous interoperation is provided again in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian as well as Portuguese and Hindi.
Let me introduce the participants. Present in the room are 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 Bruce Aylward, Special Advisor to the Director-General and the lead on the ACT Accelerator and last but not least Dr Rogerio Gaspar, Director for Regulation and Pre-Qualification. With this let me hand over to the Director-General for the opening remarks.

TAG  Thank you. Thank you, Christian. Good morning, good afternoon and good evening. As you know, at the beginning of the year we issued a call for vaccination to begin in all countries within the first 100 days of the year. Tomorrow is day 100. Out of 220 countries and economies 194 have now started vaccination and 26 have not.

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Of those seven have received vaccines and could start and a further five countries should receive their vaccines in the coming days. That leaves 14 countries who have not yet begun vaccination for a range of reasons. Some have not requested vaccines through COVAX, some are not yet ready and some plan to start in the coming weeks and months.

COVAX has now delivered more than 38 million doses of vaccine to more than 100 countries and economies in the past six weeks. We're encouraged that almost all countries who want to start have now started. However I emphasise the word start. Most countries do not have anywhere near enough vaccines to cover all health workers or all at-risk groups never mind the rest of their populations.

There remains a shocking imbalance in the global distribution of vaccines. More than 700 million vaccine doses have been administered globally but over 87% have gone to high-income or upper-middle-income countries while low-income countries have received just 0.2%.

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On average in high-income countries almost one in four people have received a vaccine. In low-income countries it's one in more than 500. Let me repeat that; one in four versus one in 500. COVAX had been expecting to distribute almost 100 million doses by the end of March but due to a marked reduction in supply we have only been able to distribute 38 million doses.
We hope to be able to catch up during April and May. COVAX works. It's a strong mechanism that can distribute vaccines faster and more efficiently than any other mechanism. The problem is not getting vaccines out of COVAX; the problem is getting them in.

We understand that some countries and companies plan to do their own bilateral vaccine donations, bypassing COVAX for their own political or commercial reasons. These bilateral arrangements run the risk of fanning the flames of vaccine inequity.

This is a time for partnership, not patronage. Scarcity of supply is driving vaccine nationalism and vaccine diplomacy so GAVI, WHO, CEPI and other COVAX partners are working on several options for accelerating production and supply.

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We are in ongoing discussions with the Government of India about the supply of vaccines from the Serum Institute of India. We're working to accelerate the release and roll-out of vaccine from SK Bio in the Republic of Korea. We're trying to expedite the delivery of the J&J vaccine. We're continuing to seek donations of doses from countries who have enough to cover their entire populations several times over, not in several months' time but now.

We're expediting the review of more vaccines including from Sinopharm, Sinovac and Gamaleya and we are in discussions with several countries as we seek to expand global manufacturing capacity.

It is stunning to think that less than a year after the ACT Accelerator was launched vaccines have been approved and vaccination has started in almost all countries. None of this would have been possible without our partners in COVAX including GAVI.

00:07:16

Today I'm delighted to welcome my friend, Dr Seth Berkley, the Chief Executive Officer of GAVI. Seth, thank you so much to you and your team for everything you have done and everything you continue to do. Thank you so much for your leadership. Seth, the floor is yours.

SB Thank you, Dr Tedros, for your kind invitation to join you in this important moment and I'd like to think, if we think of 2020 as the year of the pandemic we aspire to make 2021 the year
that vaccines gave us hope. Of course as the ACT Accelerator always says, we need to make sure we have a comprehensive response and we fully agree with that.

We need obviously diagnostics, treatments as well as other non-pharmacologic interventions but of course what we hope is that vaccines will change the dynamic of this illness. So we're on our path towards fulfilling the vision of rapid access to participants.

You've mentioned more than 100 economies; actually I think today we're at 105 economies in the six weeks. We began the ex-India COVAX deliveries in the first days of the year and these are being used, as you said, to protect healthcare workers, the elderly and other risk groups.

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So this is an important milestone but of course we still have an enormous amount of work ahead of us as we seek to deliver at least two billion doses this year which includes securing access and funding for 1.8 billion doses on behalf of the 92 lower-income economies eligible to be supported by the GAVI/COVAX advance market commitment.

Our emphasis now is, as you say, on finishing the countries that do not have access now but most importantly scaling up the volumes to meet those at highest risk. To do this we need continued support from governments and manufacturers because every time a bilateral deal gets done around the COVAX facility it means fewer doses for COVAX and for equitable distribution.

In the second half of the year we will see more suppliers come online and we'll be able to benefit from expanded production capacity at manufacturers that already are supplying to us. But again it's critical that we have solidarity at work because what we're now beginning to see are supply constraints not just of vaccines but also of the goods that go into making vaccines; the filters, the bags that are necessary, the media.

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So one of the challenges is how we make sure we optimise supply for all of the manufacturers so that we can continue this unprecedented scale-up of vaccines.

We're also talking to a number of high-income countries about sharing their surplus doses. We believe that this will be an important source of vaccines for COVAX in 2021.
Lastly we expect that lower-income countries will be able to buy additional vaccine doses through cost-sharing mechanisms we are developing where they can purchase vaccines through COVAX funded by multilateral development banks, therefore lifting the levels of protection further.

Of course we don't yet know exactly what 2022 is going to bring; will we need new vaccines which are going to replace the existing vaccines, will we need booster doses just because of immunity waning or will we need vaccines that are specifically targeted at some of the variants? These are scientific questions that continue to need to be getting attention.

The country demand for COVID-19 vaccines has increased significantly in light of the new variants and achieving greater population coverage to slow down the appearance of a variant means the need for additional financing has become even more urgent.

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In order to achieve this goal and building on the contributions made by donors so far GAVI will be seeking at least two billion in additional funding for the AMC in 2021 at the virtual investment opportunity event next week hosted by the United States.

So in summary we look forward to continuing this very important work with our partners in this unprecedented shared global endeavour, WHO, CEPI, UNICEF, PAHO, manufacturers, governments, civil society and the many others that form the effort to make sure that no-one is left behind and that we can end the acute stage of this pandemic as one world protected. Thank you.

TAG Thank you. Thank you so much, Seth, for your leadership and partnership. I look forward to continuing to work with you to achieve our vision of vaccines for all.

Even as we work to expand access to vaccines we're continuing to keep a close eye on vaccine safety. Earlier this week the European Medicines Agency and the Medicines and Other Health Products Agency from the United Kingdom said that unusual blood clots with low blood platelets should be listed as very rare side-effects of the AstraZeneca COVID-19 vaccine.

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The COVID-19 subcommittee of the WHO global advisory committee on vaccine safety has reviewed available information from Europe and other regions and has said that a causal
relationship between the vaccine and the occurrence of blood clots with low platelets is plausible but more investigation is required.

WHO, EMA and MHRA continue to recommend that the benefits of the vaccine outweigh the risk of these very rare side-effects. All vaccines and medicines carry a risk of side-effects. In this case the risks of severe disease and death from COVID-19 are many times higher than the very small risks related to the vaccine and we continue to appeal to all people to please be careful.

Vaccines are giving us light at the end of the tunnel but we are not there yet and vaccines are only one of the many tools we have to prevent infections and save lives. The right approach is a comprehensive approach. We must all continue to protect ourselves and those around us by making the right choices. We all have responsibilities as individuals and leaders in ending this pandemic. Christian, back to you.

00:14:57

CL Thank you very much, Dr Tedros, and thank you very much, Dr Berkley. With this I'll open the floor and remind everybody, in order to get into the queue please push the raise your hand icon on the screen. We'll move to Stephanie Nebahe from Reuters. Stephanie, the floor is yours.

ST Thanks very much, Christian. I wondered whether either Seth or someone else from the WHO perhaps can comment on the supply situation a bit more about AstraZeneca, whether given that some countries like Australia and Hong Kong have stepped back from AstraZeneca; are there talks going on with for instance the Serum Institute or AstraZeneca directly about getting more supplies for the COVAX programme, please?

CL Thank you very much, Stephanie. Yes, I'll ask Dr Berkley to comment, please.

00:16:05

SB Thank you, Stephanie. The challenge we had of course is that when we first began negotiations with AstraZeneca we ended up receiving doses from two different groups; one, the parent company which had multiple supply chains associated with it and second the Serum Institute of India.

What's happened of course is a confluence of events. One has been the rapid scale-up of vaccines so the parent corporation has had a novel supply chain that has been a little slow to get off the
We ended up with some delays moving forward, getting regulatory approvals, getting quality assurance, quality control work down in a rapid period of time. But that has really picked up and we've seen over the last couple of weeks increasing movement of doses and we expect those to really be back to the pace we had originally planned very shortly.

On the Serum Institute of India, as you know India is suffering a very severe wave of disease right now and as a result it has made an effort to increase its vaccinations and as a result the doses that had been commercially acquired from India have not been available.

Those have been kept domestically and that has meant that we've had a slow-down. We've notified all of the countries involved and we hope that supply is going to improve over time.

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We do understand that countries have different choices for vaccines and countries understand that they are going to prioritise one vaccine or another that may free up doses and of course in doing that we will try to make sure that those doses are made available without delay if countries are willing to make that happen. We are in discussions with many countries to look at this as a potential possibility moving forward.

00:18:56

CL Thank you so much, Dr Berkley. Let me now come to Toni Waterman from CGTN. Tony, please unmute yourself.

TO Thank you very much for taking my question. I was just wondering if we could have an update on the evaluation of the Sinopharm and Sinovac vaccines; is a decision for the emergency use listing still expected at the end of April, could it come sooner and if both of those vaccines do receive the green light will they be added to the COVAX facility? I believe both of them put in applications in January. Are there any talks for as supply deal underway at the moment? Thank you.

00:19:56

CL Thank you very much, Toni. I'll hand to Dr Rogerio Gaspar, Director for Regulation and Pre-Qualification.

RG A very simple answer concerning Sinopharm and Sinovac; they are in the final stages of evaluation. A number of questions have already been answered and we have convened the technical advisory group for vaccine assessment for 26th April. We expect that at least one of the two could make the time for that committee, to be discussed there.
If one of those cannot make it for 26th April we are planning also to have another technical advisory group in the week of May 3rd so between the two weeks we expect that the final decision will be reached on the two vaccines.

CL Thank you very much, Dr Gaspar. We now hand to Jamil Chad from Estado de Sao Paolo. Sorry, Dr Aylward, please.

BA I think Seth might want to come in on the second part of that question about the utility of these products for the COVAX facility. I think, as we've said in previous communications - let's take advantage of Seth being with us - through the COVAX facility we are trying to ensure all vaccines are assessed irrespective of where they're made, where they're produced. We want to have as broad a portfolio as possible and indeed have been in discussions with a broad range of manufacturers including from China and elsewhere in the course of setting up the facility but perhaps Seth would like to speak to this issue as well.

SB Yes, just to add to what Bruce said, of course he's absolutely right; we are looking at any product. Of course what we require first is that they are proven to be safe and efficacious and that they do that through a stringent regulatory authority or through WHO pre-qualification or emergency use listing.

But the second issue that we will be looking at of course is that the portfolio is well-balanced and that there is cost-effectiveness of the product. So there are a number of other steps that will be involved but we are in discussions with all of the manufacturers that have vaccines out now and will continue to do that until we determine that it makes sense to go ahead and purchase for the facility or not.

CL Thank you very much all for your answers. That was Dr Seth Berkley and before that Dr Bruce Aylward. Apologies for trying to cut the answers short. Now let's move to Jamil Chad from Estado Sao Paolo. Jamil, please unmute yourself.

00:21:50

JA Yes, Christian. Can you hear me?

CL Very well.

JA Dr Tedros, good afternoon. My question is about Brazil. At least one region in the country has more deaths than births at the moment, more than 4,000 deaths per day. My question to you is, if the Federal Government is not responding adequately are you ready to go and talk straight to governors and mayors as
well in order to get basically actions following science and whatever recommendation you have?

Are you ready to bypass in a way the Federal Government and talk straight to governors and mayors? Thank you very much.

CL     Dr Tedros, please.

TAG    Thank you very much. We're speaking to the Federal Government and the latest was last Saturday actually with the newly-appointed Minister of Health. Also we have discussed with other officials at the Federal level so that's, I hope, going to help with moving forward in our partnership. Thank you.

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CL     Dr Ryan to add.

MR     Just to add, as part of our normal technical cooperation with Brazil our country office and our colleagues in PAHO very often work directly on technical and operational support at the state level and in fact we have a number of technical teams working at subnational level but obviously our political engagement remains with the Federal Government, which is appropriate for us as an organisation.

CL     Thank you so much for these answers. Now we move to Robin Mia from AFP. Robin, please unmute yourself.

RO     Thank you. France announced today that people under the age of 55 who've received a first dose of the AstraZeneca vaccine can switch to another vaccine for their second dose. On the mixing and matching between vaccines, in February when SAGE issued its recommendations on AstraZeneca there was no data at that point on which it could recommend either way on mixing and matching.

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Are there any early indications from any data so far since then and could mixing vaccines eventually prove beneficial, especially between different types of vaccine? Thank you.

CL     Thank you, Robin, for this. Let me ask Dr Gaspar.

RG     Let me be very clear about that; there is no available data to recommend that at this moment in time so that's the only answer I can give right now.

CL     Thank you for a crisp clarification. Now we move to John Zaracostas from the Lancet. John, please unmute yourself.
JO  Good afternoon. My question is to Dr Berkley. I was wondering; sir, you just mentioned...

CL  John, you seem to have pressed your mute button or we lost you. Try again, please.

JO  Can you hear me?

CL  Yes, please go ahead.

JO  Good. My question is to Dr Berkley. You mentioned that you have expectations to have an increase in production in the second half of this year. Can you give us a bird's eye view of how much anticipated increase you are looking at given your close talks with producers? Thank you.

SB  Thank you for the question. We try to be as transparent as possible even despite the changes that are occurring and the challenging supply situation so on our website are published forecasts for what we expect to be happening and those get adjusted regularly when there's a material change.

The original plan was for about a quarter of the doses to be done in the first half of the year and three-quarters in the second half of the year. With scale-up I suspect that those ratios will shift perhaps a little bit more; it might be to go to 20% and 80% but our goal is still to try to get to 2.3 billion doses by the end of 2021, assuming that there are not any major supply disruptions with any of the manufacturers but please check on the website for further information.

CL  Thank you very much, Dr Berkley. We'll move to Catherine Fiancan from France 24. Catherine, please unmute yourself.

CA  Thank you, Christian. Good afternoon to all of you. In fact my question is a kind of follow-up of John's question. You spoke about the broad portfolio of vaccines that you have but I would like to know if you have plans to increase the manufacturing capacity and that means having more manufacturers; is there any existing plan for that in order to give access for everyone to vaccines? Thank you.

CL  Dr Berkley.

SB  Thanks for that question. The answer is we are planning to increase the number of products. We're at seven products now. We hope to get somewhere between ten and 15 products but we
also hope to expand production both in numbers of sites as well as in the volumes those sites can produce.

There is a COVAX manufacturing taskforce that is looking at technology transfer, is looking at how to expand production but as I mentioned in my opening remarks, right now one of the worries is limitations in supplies.

The world usually has about 3.5 billion doses of vaccine a year. When you add flu in that jumps to about five billion and the hope this year is to add another ten billion, perhaps even as high as 12, 14 billion doses, which would be a quadrupling of capacity.

So of course we're looking at every potential possible place that can do manufacturing and scale-up in a reasonable time frame. Of course building new plants is not something that can be done in that time frame. We do hope that as some of the countries now that are expanding their use of vaccines are able to saturate those of use [?] that they will start making vaccines available and those supply chains and vaccine facilities will become available for the global community as well.

Thank you very much, Dr Berkley. Let me move to Gabriela Sotomayor from Progreso. Gabriela, unmute yourself, please.

Thank you, Christian, thank you very much for taking my question. It's a follow-up on the Brazil situation. I understand this concept of equity in vaccination but Brazil is going through such a big emergency; it's terrible what is happening there. So is WHO thinking about scaling up vaccination for Brazilians or sending more vaccines there or something to help this country? Thank you.

Dr Bruce Aylward, please.

Thank you very much, Gabriela. Indeed the situation is very, very concerning, what's happening in Brazil and as you heard from the top of this organisation, the Director-General himself is directly involved with trying to look at what advice we can provide, what support we can provide also through our regional office.

In terms of vaccines the bottom line is, as you've heard from the Director-General in his comments and also Dr Berkley in his comments, there simply is not the vaccine right now, certainly
available through COVAX, to be able to try and help further reduce the risk to the people who are trying to deliver services during the outbreak there and also the older populations at risk of serious disease.

The other thing to bear in mind - and I think Mike emphasised this in comments the other day and perhaps earlier today - is that the crucial thing to be doing right now are those proven steps that we know will slow down this virus in so many settings; that rapid identification of the cases, that immediate isolation, the quarantining of the people at risk.

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I know we've been saying it for a long time but that is what most rapidly slows down the spread of this virus. Remember, even by the time you get vaccines into a country, by the time you get them into people and you're getting into a relatively small proportion of the people, that will have a small effect in limiting the risk to some people.

But what you're dealing with here is a raging inferno of an outbreak and that requires population-level action in the rapid identification, isolation, quarantine because you have to approach this at that scale to slow this thing down.

So while indeed the vaccines that are available and are being used to protect the essential workers are so crucial and the older population, certainly through the COVAX facility - as we've said, it's a moot point right now in terms of being able to get additional supply there.

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But the crucial thing is those measures can be applied at a massive scale that can slow this thing down.

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

MK Just quickly to come in on this because I do want to emphasise the comprehensive nature of the approach that we've been articulating since the beginning of this pandemic. We need to stop thinking of this as one measure or another or one measure over another. It's all of these measures together at an individual level, at community levels, supported by leaders, supported by governments.

It isn't one measure alone that is going to end this pandemic. Vaccines and vaccination are another incredibly powerful tool but
they will not end this pandemic. What will end this pandemic is a comprehensive approach of everyone playing their part and being supported in being able to play their part.

The trajectory of this pandemic around the world is going in the wrong direction. We have had six weeks in a row where there are increases in cases. Deaths are increasing as well and we have tools right now that could prevent infections and can save lives.

So we need to find reasons why measures aren't in place, whether these are policies or whether these are barriers to individuals carrying them out and find solutions to actually get these in place.

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It is about doing it all. WHO has issued guidance, we're working with partners and member states on all modes of transmission, around all different aspects of ways that you can keep yourself safe and your family safe.

It's about your individual-level measures of the distancing and the masks, avoiding crowded spaces, working from home if you can, also making sure that there's good, supportive clinical care and that health workers are protected with the right personal protective equipment as well as being protected with the vaccines, with safe and effective vaccines that are rolling out around the world.

While we are waiting for production to increase and taking steps to increase that production countries are ready to implement and they need the vaccines in hand so that they can implement vaccination for those that are most at risk.

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But in the meantime we have to keep staying the course and doing everything that we can. We just really need to stop saying it's vaccine only. It's vaccine and, and there're a lot of things that all of us can do right now.

CL  Dr Tedros, please.

TAG  Yes, I fully agree with what has been said by Bruce and Maria. The only thing I'd like to add is in our discussions with officials including the Minister one area of discussion was how we can boost Brazil's local production for vaccines.

We're partnering on that and I think local production would also help in boosting the volume of production of COVID vaccines.
Brazil has some capacity and it will be a matter of boosting that and we will continue to support that.

CL     Thank you very much, Dr Tedros and all. We seem to be coming to our last question and that will go to Aswin Baswinger from Observer Times India. Aswin, please unmute yourself.

AS     Thank you for considering my question. My question is, is it necessary to have a charge on number of citizens’ vaccination of individual countries along with its contribution to WHO's COVAX vaccination? In India the state of Maharashtra have the [Unclear] Institute for training, research and testing which has performed a pivotal role in polio vaccination in India.

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Why has the Government of India kept such distribution out of production in order to fulfil COVID-19 vaccination demands for domestic and international vaccine supply? Can WHO intervene and suggest to the Government of India to get production of COVID-19 vaccines through the [Unclear] Institute? Thank you.

CL     Thank you very much, Aswin. Let me hand to Dr Aylward.

BA     Thank you, Christian. I'm afraid I didn't quite follow the first part of the question but I think it was about understanding what vaccines are being used where. Certainly that information is available on the COVAX website, on the WHO website and also on the UNICEF website.

We try to ensure as much transparency as possible certainly in terms of the vaccines that are being used through the COVAX facility and how many doses from SII, how many doses of AstraZeneca vaccines, etc, and then even which countries these are being allocated to.

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A core principle of the COVAX facility has been that all participants and indeed anyone in the world can have visibility on what's happening where so there's a lot of work in that regard.

With respect to optimising the use of available production capacity to be expanding vaccine production globally, every single country right now is looking at their options in that regard and in discussions. I think there's no country that's got as much experience in this regard as India does.

Of course there's a wide range of producers, a number of whom are already engaged in, if not production of COVID vaccines that
are licensed already they're already looking at the development of such products.

I do know as well that we've been working closely with the Ministries in the Government that are responsible for supporting the production of medical products and they have been working very hard with the institutions throughout India and potential producers who may be able to scale up production.

So I think around the world we're seeing a common commitment, interest of governments to promote as much production as possible through as many sites as possible.

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From the WHO side, as Seth alluded to earlier, we're establishing now within COVAX a COVAX taskforce that will be focused to really bring even more attention to this issue of expanding production. WHO and CEPI along with GAVI will be leading up this effort to try and ensure that if there is under-utilised capacity anywhere that does need support from any one of these agencies we will do anything possible to help further expand production capacity globally.

CL Thank you very much, Dr Aylward. With this we've come to the end of our briefing today and I will ask Dr Seth Berkley for any closing remarks. Thank you very much.

SB Thank you. I just wanted to come in on that last question because I think in that question - again I had a hard time hearing it as well - I think he mentioned the issue of polio vaccines and I want to emphasise one of the important priorities during all of this is to continue the use of routine vaccines and to make sure that we continue to produce the vaccines that we need to avoid other infectious diseases.

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Because the worst-case scenario would be epidemics of other diseases that would further strain the health systems and make it really impossible to get control over COVID so I think it's very important that we get that balance right.

At the current time we are seeing manufacturers continue to produce the vaccines we need for the routine vaccines and even those that are necessary for other epidemic infectious diseases that we are seeing of course simultaneously, whether they be Ebola, yellow fever, cholera.
Those productions need to go on and continue to make sure there is provision of these vaccines to try to keep the world as free of infectious diseases as we can during this very difficult time.

Again thank you; it's a real pleasure to be with my colleagues at WHO and working together on this problem and we look forward to our continued partnership.

CL Thank you very much, Dr Berkley and thank you of course for joining us today. Before I hand to Dr Tedros for the final remarks, as usual the audio files will be posted right after the press conference today and the full transcript will be available tomorrow morning on our website. For any other follow-ups please contact mediaenquiries@who.int. Dr Tedros, the floor is yours.

TAG Thank you. Thank you so much, Seth, for joining us today and again for your leadership. I would also like to thank the colleagues from the media for joining us today. Bon week-end. See you next week. Bye.

00:41:38