Good day and hello to wherever you're listening to us today. It is Monday 10th May 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference. Simultaneous interpretation is provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi.
The participants here in the room are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, the Executive Director of the WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist and I believe we'll have also Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator with us.

In order to get later in the queue for questions please raise your hand with the raise your hand icon. Now 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. Globally we're now seeing a plateauing in the number of COVID-19 cases and deaths with declines in most regions including the Americas and Europe, the two worst-affected regions. But it is an unacceptably high plateau with more than 5.4 million reported cases and almost 90,000 deaths last week.

Any decline is welcome but we have been here before. Over the past year many countries have experienced a declining trend in cases and deaths, have relaxed public health and social measures too quickly and individuals have let down their guard only for those hard-won gains to be lost.

And cases and deaths are still increasing rapidly in WHO's South-East Asia region and there are countries in every region with increasing trends. Today the WHO Foundation is launching the Together For India appeal to raise funds to support WHO's work in India including the purchase of oxygen, personal protective equipment and medicines. To donate go to who.foundation and look for the black donate button and select the Together For India appeal.

Globally we're still in a perilous situation. The spread of variants, increased social mixing, the relaxation of public health and social measures and inequitable vaccination are all driving transmission. Yes, vaccines are reducing severe disease and death in countries that are fortunate enough to have them in sufficient quantities and early results suggest that vaccines might also drive down transmission.
But the shocking global disparity in access to vaccines remains one of the biggest risks to ending the pandemic. High and upper-middle-income countries represent 53% of the world's population but have receive 83% of the world's vaccines. By contrast low and lower-middle-income countries account for 47% of the world's population but have received just 17% of the world's vaccines.

Redressing this global imbalance is an essential part of the solution but not the only part and not an immediate solution. We cannot put all our eggs in one basket. We have many vaccines for many diseases but for each of them we still need a combination of vaccines and public health measures.

The same is true with COVID-19. Vaccines prevent disease but we can also prevent infection with public health tools that have been so effective in so many places. My message to leaders is, use every tool at your disposal to drive transmission down right now. Even if your country has a downward trend now is the time to surge your capacities.

Even in countries with the highest vaccination rates public health capacities must be strengthened to prepare for the possibility of vaccine-evading variants and for future emergencies. My message to individuals is, every contact you have with someone outside your household is a risk. The level of risk varies according to the type of contact, the duration of contact and the level of transmission where you live.

Each contact might carry a small risk on its own but the more contacts the higher the right. In many northern hemisphere countries where the weather is warmer people are getting together for social gatherings. In the southern hemisphere cold temperatures are driving people inside.

Both situations carry different types of risk but when you know your risk you can lower your risk. There will come a time when we can all take off our masks, when we no longer have to keep our distance from each other, when we can once again go safely to concerts, sporting events, rallies and restaurants, as people in some countries are able to do now because they have no transmission.

But for most of the world's population who are not yet vaccinated we're not there yet. To get there we continue to urge all
countries to develop and implement comprehensive and cohesive national plans based on the ten pillars of WHO's strategic preparedness and response plan.

How quickly we end the pandemic and how many sisters and brothers we lose along the way depends on how quickly and how fairly we vaccinate a significant proportion of the global population and how consistently we all follow proven public health measures. Christian, back to you.

CL Thank you very much, Dr Tedros. With this we'll open the floor to questions from the media. As said before, please raise your hand with the raise your hand icon. We'll start with Suyatapa Bhattacharya from the Wall Street Journal. Suyatapa, please unmute yourself.

Suyatapa. Do you hear us? If so please unmute yourself. We seem to have trouble with Suyatapa. We'll come back to you in moment when we have figured this out. Let's start with Kristof Vogt from the AFP. Kristof, please unmute yourself.

00:09:02

KR Hello, good evening. Thank you for taking my question. This one was on Sinopharm. The WHO provided emergency listing last Friday on the Sinopharm vaccine but at the same time we saw some worrying reports from the Seychelles where this vaccine was used quite a bit and still the pandemic doesn't seem to abate and the numbers are going back up. Can you tell us what's happening there, is it due to the vaccine, is it several different factors? Thank you.

CL Thank you very much. Mariangela Simao, please.

MS Thank you, Kristof. Let me start and then colleagues can talk about the Seychelles situation specifically. Sinopharm has received an emergency use listing by WHO on Friday after an extensive review by an external technical advisory group that looked at different data. We did site inspections in China in January and February so the good manufacturing practices; Sinopharm is compliant.

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We also assessed the clinical data that's available for Sinopharm and it was also considered suitable on efficacy, safety and good manufacturing practice.

The specific situation of Seychelles; we know that the vaccines we have right now in the market; we still have data proving that
they are efficacious against severe disease so there's less data about transmissibility.

I don't know the specific situation of Seychelles but Sinopharm have been very much used globally and I think 62 million doses have already been applied and it has been considered both safe and efficacious. I don't know if anyone wants to complement on...

CL We're calling out for Dr Kate O'Brien, the Director of Immunisation, Vaccines and Biologicals, who should be online. Kate.

KOB Thank you so much. Yes, the situation in the Seychelles; we're in direct communication with the Ministry about this. It is a more complicated situation than the top-line messages. As was noted, the vaccines are highly efficacious against severe cases and deaths. Most of the cases which have occurred are mild cases.

However what is also important is that a substantial fraction, over 80% of the population, has been vaccinated but as we know, the vaccines after a single dose, the Sinopharm vaccine really requires two doses and some of the cases that are being reported are occurring either soon after a single dose or soon after a second dose or between the first and second doses.

So in general I think when we see cases continuing to occur in the setting of vaccine it really does require a very detailed assessment of what the situation is, first of all what the strains are that are circulating in the country, secondly when the cases occur relative to when somebody received doses, third what the severity of the cases is.

Only by doing that kind of evaluation can we make an assessment of whether or not these are vaccine failures or whether it is more about the kinds of cases that are occurring, the milder end of cases and then the timing of the cases relative to when individuals received doses.

That evaluation is ongoing and we're supporting and engaging with the country to understand the situation.

CL Thank you very much, Dr Kate O'Brien. We'll now try again with Suyatapa Bhattacharya from the Wall Street Journal. Suyatapa, please unmute yourself.

SU Hello. Can you hear me?
CL    Very well. Go ahead.

SU    Thank you. My question's about the India variant and whether you are thinking of classifying it as a variant of concern and why.

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

MK    Thanks very much for the question. I assume you're talking about the B1617 virus variant that was first identified in India. Indeed this is one that has been classified as a variant of interest by WHO. Over the weekend and last week and into today our epi team and our lab team has been discussing with our virus evolution working group this variant, this B1617 and everything that you know about it in terms of transmissibility and any studies that are being done in India as well as in other countries where this virus variant is circulating.

00:14:20

It is important to note that this lineage, this B1617 has three sub-lineages, the point one, point two, point three. I won't go into that level of detail. All of that will be provided in our sitrep tomorrow where we will outline all of the information that we know about each of those sub-lineages.

Having said that, in consultation with our virus evolution working group and our epi teams and our lab teams internally there is some available information to suggest increased transmissibility of B1617.

There is a pre-print that is out so this is a paper that has not undergone peer-review and it's of a limited number of patients, suggesting that there is some reduced neutralisation and as such we are classifying this as a variant of concern at the global level.

There will be much more detail provided in our sitrep tomorrow around all of the available information that we have. What we do want to say is that even though there is increased transmissibility demonstrated by some preliminary studies we need much more information about this virus variant and this lineage and all of the sub-lineages.

00:15:27

So we need more sequencing, targeted sequencing to be done and to be shared in India and elsewhere so that we know how much of this virus is circulating. We need more information on the epidemiologic studies that are underway, the studies that are evaluating neutralisation, severity.
So far for the information that we have the public health and social measures work but we need to work that much harder to control any virus variants that have demonstrated increased transmissibility.

We don't have data yet on diagnostics, therapeutics and vaccines and we don't have anything to suggest that our diagnostics, our therapeutics and our vaccines don't work. This is important. We will continue [sound slip] the spread, limit infections, prevent the spread and reduce severe disease and death with the tools that we have at hand.

So much more work is being done around the world with our partners. We do have this global risk monitoring and assessment framework for variants and this is exactly why we have established something at the global level which covers everything from surveillance to detect mutations and variants through a proper and robust assessment for each of these mutations and each of these variants of interest as well as variants of concern.

00:16:41

What this means for everybody at home is that any of the SARS-CoV-2 viruses that are circulating can infect you and can spread and so everything in that sense is of concern so all of us at home no matter where we live, no matter what viruses are circulating; we need to make sure that we take all of the measures at hand to prevent ourselves from getting sick.

It's the individual-level measures; physical distancing, hand hygiene, wearing of a mask, avoiding private spaces, improving ventilation, spending more time outdoors as opposed to indoors if you can, work from home; all of the measures that are at hand and ensuring that governments provide a supportive and enabling environment so that we can carry out those measures that keep us safe.

So more information on this variant of concern, the B1617, will be issued tomorrow in our sitrep and we'll make sure that the link is made available. It's available on our website and you should read that sitrep every week if you can.

00:17:40

We're very grateful for colleagues in India as well as around the world with our virus evolution working group and elsewhere who will continue to carry out the studies to help us properly assess what the impact of this variant of concern is.
But so far our public health and social measures work. We need to continue to do it all to limit the spread.

CL  Thank you very much, Dr Van Kerkhove. Now Dr Soumya Swaminathan, Chief Scientist.

SS  Maybe just to add very briefly to what Maria said; sequencing is telling us a lot more about this virus in real time than we've known in previous outbreaks. In fact for many diseases we really don't have this kind of genomic information that we have.

So it's a good thing because we can keep up with the evolution of the virus but we also need to take a balanced approach and, as Maria said, whatever the variant the basic modes of transmission and the clinical illness remain the same and the public health measures remain the same.

00:18:43

We do know that the Indian Government has a consortium for genomic surveillance and that there are a number of investigations going on now on the B1617 variant that are looking at the transmissibility, the clinical severity and also the response of the virus to antibodies that have been generated in people who've been vaccinated with the different vaccines that have been used in India, especially the covaxin and the covisheen and also the Sputnik vaccine.

So over the coming weeks there'll be much more data forthcoming but variant just on the genomics alone doesn't mean anything. It only tells us the story when we know the complete information both on the clinical profile, on how it's spreading, the transmission as well as on how it's behaving in the community in vaccinated and unvaccinated populations.

So it's really important to undertake those studies and to give enough time for that data to come in but again just to emphasise that what we know now is that the vaccines work, the diagnostics work, the same treatments that are used for the regular virus work so there's really no need to change any of those.

00:20:00

In fact people should go ahead and get whatever vaccine is available to them and that they're eligible for. Thank you.

CL  Thank you very much, Dr Swaminathan. Next question goes to Michael Butokiev from CNN Opinion. Michael, please unmute yourself.
Thank you for taking my question. It's been a while; good to be back. My question is the following; vaccine diplomacy has become part of our COVID-19 lexicon. However it seems that many of the countries are engaging in diplomacy not simply for altruistic reasons. What I mean by that is many recipient countries are being strong-armed to guarantee market access or adhere to an unwritten set of diplomatic rules.

I was wondering if you might advocate a code of behaviour for countries engaging in vaccine diplomacy because I think a lot of countries that are poor - and Dr Tedros mentioned the poorer countries are not getting enough vaccines - I think are getting into situations which they might regret later on.

Just quickly, the numbers are quite startling. China is donating three vaccines to 69 countries, commercial order to 28 others; Russia's Sputnik vaccine to 17 countries and finally, as we know, India is also exporting and with them and China and Russia, all three countries, their domestic vaccination rates are very low.

So can some kind of better code of conduct be advocated here?

Thank you.

Thank you very much, Michael, for this. Let me look around; maybe start with Dr Bruce Aylward. Thank you very much.

Thank you, Christian, and, Michael, thank you very much for the comment. We're not in a position to comment on any of the conditionalities that have surrounded the donations of vaccines to one country or another. We actually don't have a good sense of those.

In terms of a code of behaviour, Michael, the COVAX facility, the whole concept of COVAX is the code of behaviour that we've been urging that should underpin the global roll-out of vaccines and that is that we have a common approach, a common framework, a common roll-out of these products to make sure that they go to the countries and populations that need them most based on the principle of equity that we've been talking about all along.

The goal of course is a roll-out first to make sure we protect our healthcare workers, make sure we protect our older populations most at risk of dying from the disease. It was recognised over a
year ago when we started to try and develop vaccines that as we did so they would be in incredibly scarce supply from the outset.

So the establishment of COVAX and the allocation mechanisms that underpin it were putting in place a global code of behaviour, in effect, that would try to address some of the challenges that you referred to.

In that code of behaviour what we are promoting is global co-operation through a common process with complete transparency on who's getting which vaccines in what order and then with as many doses as possible through the COVAX facility so that we can ensure the equitable roll-out, that populations, countries that may not have the relationships, geopolitical or otherwise, that would make them favoured candidates for donation... Countries should not have to rely on the favour of others to be able to access vaccines in a crisis like this.

So the code of behaviour is very much anchored in the principles that underpin the COVAX facility.

**00:23:53**

CL Thank you very much. That was Dr Bruce Aylward, the Special Advisor to the DG and the Lead on the ACT Accelerator. Mariangela Simao, please.

MS Thank you, Michael. Let me add to what Bruce was saying in terms of the COVAX facility being an equitable access mechanism that we are very much working on and striving to get enough doses to be distributed.

I would say we also need a change in the... It’s not necessarily the code of behaviour but I think we are seeing also we are living in a world where many of the producers are moving towards a profit-driven approach instead of an equitable access approach.

So WHO’s pushing very hard at the highest level for everyone who's manufacturing vaccine to consider seriously putting these vaccines in a global mechanism that will ensure all countries have access to them, not only high-income countries who can pay more for the vaccines, s we’re seeing right now.

**00:25:20**

CL So I think the code of behaviour, when we're talking about it, is not only for vaccine nationalism; it's for everyone who has a product that can be a public health good and can help us in this acute phase of this pandemic. Thank you.

CL The Director-General, please.
Yes, thank you. I just wanted to say a few words. In international relations there are three ways of engagement, as you know. One is co-operation, the second is competition and the third is confrontation or conflict. You can choose one of the three Cs.

For to end this pandemic the only choice we have is co-operation. Vaccine diplomacy is not co-operation. It's actually a geopolitical manoeuvring so it's the clear and clean co-operation that can help us to end this pandemic.

I don't think this is really something that many don't understand; everybody understands it but from WHO's side we have been saying, we cannot defeat this pandemic through competition, we can't. If you compete for resources or if you compete for geopolitical advantages then the virus gets advantage.

If there is confrontation that even is the worst and we have seen it, by the way; there was confrontation that undermined the whole response, especially last year. So the choice is clear; co-operation, global co-operation, global solidarity and that needs actually a very basic principle of identifying the virus as a common enemy.

So there is clarity on who the enemy is and how it has to be tackled. It's a virus, a common enemy that can only be tackled through co-operation so that's what we're saying repeatedly and what you said; thank you so much for this very important question. It's undermining or delaying the end of this pandemic.

Again we repeat, the only option is co-operation; no competition, no confrontation or conflict. Competition and confrontation helps the virus. Competition and confrontation or conflict divides us and again helps the virus so our choice should be co-operation. Thank you.

Thank you very much. We'll continue with Shoko Koyama from NHK. Shoko, please unmute yourself.

Hello, Christian. Can you hear me?

Thank you for taking my question. The spokesperson of Taiwan said that today was the deadline for the online registration for this year's World Health Assembly and they haven't yet received an invitation. May I ask if the deadline of the
online registration was today and may I also ask WHO's position on inviting Taiwan to the 74th World Health Assembly? Thank you.

CL  Thank you very much, Shoko. I believe we have Steve Solomon, the Principal Legal Officer, online. Steven.

SS  Thank you. Thank you very much for the question. The deadline was in fact today. The question of Taiwan's participation at the World Health Assembly is a question for member states. The issue of the participation of Taiwanese experts with the secretariat on our work responding to the COVID pandemic is a matter that the WHO secretariat has engaged in very robustly.

Let me give you five examples of where we work very closely with Taiwanese experts. The Taiwanese have a point of contact for the international health regulations. They participate in key networks for responding to COVID. They participate in the COVAX facility. They work with our experts through the European Centers for Disease Control and we work face-to-face through virtual meetings with Taiwanese experts and have done so regularly for months.

Those are meetings between Dr Van Kerkhove, who's present, and Dr Oliver Morgan and their experts in Taipei. So on a technical level there is more and more robust co-operation on COVID. This is also the case on other public health issues where Taiwanese experts have participated - have been invited to five meetings just this year on a range of public health matters.

Taiwanese experts and authorities are participating with WHO in areas involving influenza and in the fight against cancer as well so participation at the expert level, which is something the secretariat is absolutely committed to with all people everywhere and with all experts everywhere, is very robust.

When it comes to participation at the World Health Assembly, invitation to the World Health Assembly, that is something that is in the hands of the member states, the countries that constitute the assembly and that is a decision that they are empowered to make. It is not a decision where the secretariat has the power to act when there has been clear... when the Health Assembly has addressed itself to this point, as they have repeatedly over many years.
I'll stop there and I hope that clarifies how we participate at the technical level and the question of participation at the Health Assembly. Thank you very much.

CL This was Steven Solomon, the Principal Legal Officer for WHO. Thank you very much. Next question goes to Emma Farge from Reuters. Emma, please unmute yourself.

EM Good afternoon. A question for Dr Tedros, if I may, please. I bet in 2017 when you were campaigning to be Director-General you never thought you'd be steering the world through the worst pandemic since the Spanish Flu. Do you have the appetite to keep going as Director-General, will you seek another term? Do you think you can count on the support of your Government and Africa if you do?

And may I sneak in a quick one about Congo? Is there any update at all on the probe into sexual exploitation there which was launched six months ago? Thank you very much.

00:33:22

CL Let me start with the Director-General.

TAG Thank you. Thank you so much. I will start with the second one. As you know, there was an allegation of sexual exploitation and abuse and we have decided actually as soon as we got the information, we have decided to do it differently.

Normally we could have sent an investigation team to investigate and propose and so on but we wanted to do it in a different way and this time we appointed or established an independent commission. In addition to that, the independent commission after we selected the co-chairs actually, the co-chairs selected the rest of the panel.

Plus the commission hired an external investigation firm to do the job so this would help us to get an independent assessment and also recommendations, recommendations that can help to address the perpetrators but at the same time recommendations to help address if there are systemic problems.

So this is the first time we're doing it. We're moving into uncharted waters actually but we believe that it's very important to do it differently instead of doing things the same way again and again and expecting a different result. That may also help us to strengthen our own internal investigation capacity too.

00:35:11
Then coming to my specific question, as you said, not only COVID; I started with Ebola in Western DRC, Ecuator province; that was in May 2018. That was actually stopped or the outbreak of Ebola in the Ecuator province was over in three months.

Then another one started in September 2018 in DRC again but in eastern DRC in a more difficult place, as you may know, North Kivu, which has security challenges; more than 17 armed groups operate in that area.

Not only was there the Ebola challenge but there was a security challenge. I have been to that place more than 11 times and my colleagues and other partners; we all did our best to end it but it took us almost two years to stop it; a very challenging one.

Then of course COVID and we're still working on it so I think it's time to still focus on this pandemic; very unprecedented so I'm currently focused on fighting this pandemic with my colleagues and working day and night. Thank you.

CL Thank you very much, Director-General. The next question goes to Gabriela Sotomayor from Progreso. Gabriela, please unmute yourself.

00:37:04

GA Thank you, hola. A few days ago more than 10,000 people attended a rock concert in Wuhan in China. People sang, they danced, most of them did not have a mask on. We know that at the beginning of the pandemic they were very strict but how have they managed it, what other steps have they taken, have all the people of the city been vaccinated, what do you know, about Wuhan right now? Thank you.

MR Maria may supplement but I think Wuhan and most of China are enjoying the benefits of having controlled the virus. No, the vaccination rates in Wuhan are probably no higher than anywhere else in China and certainly vaccination doesn't account for the situation they currently experience.

Wuhan in particular suffered hugely in the first part of this pandemic, made huge sacrifices, brought the disease under control and importantly has kept the disease under control and it's not unusual in situations of very low incidence for people to be meeting outside without masks.

00:38:19

You're seeing the same in Australia, you're seeing the same in New Zealand, you're seeing the same in many countries who
took a comprehensive approach which focused on continued reduction of exposure while dealing with all the other issues.

That ability to reduce exposure to a level where their incidence of disease dropped to very, very low levels allows countries, cities, areas with that degree of control over the virus to have more choices about social life, about economic life and I think those choices are now being exerted.

Having said that, I do believe China and other countries who have very low incidence remain exceptionally vigilant, constantly on the look-out for that single case, that cluster and they react extremely quickly when they see those clusters in order to maintain that level of control.

So they're in a phase of control in Wuhan in China and in other countries where they have extremely low incidence with a degree of risk for re-introduction for which they maintain heightened alert but in the meantime allowing people to go about their normal daily lives. I think that's the situation many countries would like to be in right now with or without vaccines.

Maria.

00:39:34

MK Not much to add because I think you've covered it but I think what we see in Wuhan and what we see in other parts around the world are a demonstration of how this comprehensive approach works in controlling COVID even without the vaccine so adding the vaccine just makes our control measures that much more powerful.

Not only do we see Wuhan and other parts of the world really use this comprehensive approach of public health, identifying cases, providing care for those who are infected in isolation facilities, whether they were in hospitals for those who were severe and had underlying conditions, who were at risk for developing severe disease as well as isolating those who have mild disease or who are asymptomatic outside of the home in special facilities that were built.

They had contact tracing systems in place to be able to provide supported quarantine for those who are contacts of individuals who are infected with SARS-CoV-2 virus and they followed through. I think that's the other thing; it's not just the application of a strong, comprehensive plan; it's following it through all the way through, driving transmission down but keeping it at a really low level.
And, as Mike said, remaining at the ready, being extremely vigilant, remaining at the ready so any additional cases that pop up are dealt with very quickly in a supported way and so that any clusters do not become bigger.

If you remember, the way that we've talked about cases through all of our guidance materials is through these Cs; we call them the four Cs - there're now seven - where we have no cases, we have sporadic cases, clustering of cases, community transmission and community transmission has four categories depending on the level of intensity of spread.

Once you get into intense transmission and community transmission it becomes very, very hard to bring it back down to lower levels of intensity but China and many other countries for that matter showed us that it was possible by applying this comprehensive approach to all of these elements that are outlined in WHO's strategic preparedness and response plan that the Director-General mentioned again today.

All of these elements, these pillars of activity need attention, need nurturing, need application to continue to drive transmission down. Other message is, as you heard the Director-General say today, even in countries that have controlled COVID it is really important to remain vigilant, it's really important to remain at the ready because we remain at risk because the virus is circulating in other parts of the world, in many parts of the world.

With at least 5.4 million cases reported last week this virus still has much room to spread if we allow it to so there's a lot that we can do. China and other countries have shown us that a comprehensive approach seen all the way through can really keep it down.

What you see with the opening-up of concerts, the opening-up of social activities; that is the result of really dedication from many around the world and so we advise to continue to remain vigilant and to drive transmission down, prevent infections, among those who are infected prevent the spread and among those infected make sure that we prevent them from developing severe disease and death.
So public health and social measures and vaccines and vaccinations are really the recipe but we need all of those ingredients within that recipe, not just one.

CL Thank you very much. We have time for one last question and that goes to Ashwin Bashinger from the Observer Times India. Ashwin, please unmute yourself.

AS Thank you for considering my question. [Unclear] the WHO bringing together the government and private sector and academia, my question is, are WHO scientists and scientists around the globe...

CL Ashwin, we lost you there; the sound dropped.

AS Identified virus or dynamic with...

CL Ashwin, very sorry; the sound dropped twice now. Try one more time, please. Our last call for Ashwin. The sound dropped unfortunately. Try one more time to unmute yourself.

00:44:24

AS My question is, have WHO scientists and scientists around the globe identified virus cost dynamic which is important in development of safe and efficacious vaccines? This virus cost dynamic varies in SARS CO2 variants.

CL Not sure what the question is, Ashwin. I'm sorry. We're trying to...

AS Hello. Can I repeat?

MK Yes, I think maybe I didn't quite get the question, Christian, if you could clarify that.

CL Exactly. No, Ashwin. What we'll do is please try to send it in writing and if we don't get to it now any more - which we won't - we'll answer in writing because we don't want to interpret or guess what you're asking; it's not worth it. So please get it to us in writing and we'll answer you in writing afterwards. With this we've reached the end of today's press conference. Thank you very much and sorry, Ashwin, that we didn't get to you properly and to all the others; we couldn't take any more.

We'll send the audio files of course right after this press conference together with Dr Tedros' remarks and the full transcript will be posted on the WHO website tomorrow morning. Any other follow-up questions - and of course for you, Ashwin - please email mediaenquiries@who.int

With this I'll hand over to Dr Tedros for the final remarks.
Thank you. Thank you so much, Christian, and thank you to all colleagues from the media who have joined. See you in our upcoming presser. Thank you so much.