Hello to everyone. Today is June 14 2021. My name is Tarik Jasarevic, and I welcome you to this special press briefing on COVID-19. Today’s team is Public Health and Social Measures during COVID-19 pandemic. We will discuss the collaboration with Norway, and we will have a special guest that Dr Tedros will introduce shortly. As always, we have a simultaneous interpretation in six UN languages plus Portuguese and Hindi, so journalists who are online and would like to ask a question can do that in six UN languages and Portuguese.

To do that, you would need to click icon, Raise Hand, and please also be short. Only one question per reporter so we can take as many as possible today.
With this, I will give the floor to Dr Tedros for his opening remarks, and before that, I will just remind who we have in the room today. We have Dr Tedros, WHO Director-General; Dr Maria Van Kerkhove, who is our Technical Lead for COVID-19.

We have Dr Mike Ryan, Executive Director, Health Emergency Programme. Dr Mariangela Simao is Assistant Director-General, Access to Medicine and Health Products. Today with us, we have Dr Sylvie Briand, our Director of the Department of Infectious Hazard Preparedness. We may have other WHO experts either in the room or online if questions relevant to their area of expertise come.

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So, with this, I will give the floor to Dr Tedros for his opening remarks. Just apologising for trying to sort out a technical problem we have. We do apologise for this delay. It’s our colleagues from Technical Unit, are trying to make sure that all the technical arrangements are in place. And during that time, I will welcome the Minister of Health and Care Services from Norway, Bent Høie, who is joining us today, and who will be with us shortly to speak about this collaboration between WHO and Norway on public health and social measures in general, not only during COVID-19, but about other disease as well, trying to understand how public health and social measures can help us in fighting infectious diseases.

Let’s see if we can try to... In fact, the problem is, we have some sound issues. We are hearing our own voices here, and this is something that, as many of you doing teleworking know, it’s never a nice thing when you hear your own voice, and you can’t concentrate really on what you are saying. Chris, are we okay now? So, I think, we have sorted out all of our issues. We just need a video file. Chris, do we have a video file? We do. So, Dr Tedros, the floor is yours.

TAG Thank you. Good morning, good afternoon and good evening. Globally, the number of new cases of COVID-19 reported to WHO has now declined for seven weeks in a row, which is the longest sequence of weekly declines during the pandemic so far. While weekly cases are at their lowest since February, deaths are not falling as quickly. The number of deaths reported last week was similar to the previous week, and the global decline masks a worrying increase in cases and deaths in many countries.

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The steep increase in Africa is especially concerning because it’s the region with the least access to vaccines, diagnostics and oxygen. A recent study in The Lancet showed, Africa has the highest global mortality rate among critically ill COVID-19 patients, despite having fewer reported cases than most other regions. Available evidence suggests new variants have substantially increased transmission globally. That means, the risks have increased for people who are not protected, which is most of the world’s population.

Right now, the virus is moving faster than the global distribution of vaccines. At the G7 Summit on Saturday, I said that, to end the pandemic, our shared goal must be to vaccinate at least 70% of the world’s population by the time the G7 meets again in Germany next year. To do that, we need 11 billion
doses. The G7 and G20 can make this happen. I welcome the support expressed by the G7 for WHO, the ACT-Accelerator and the idea of a treaty on pandemic preparedness and response. And I welcome the announcement that G7 countries will donate 870 million vaccine doses, primarily through COVAX.

This is a big help, but we need more, and we need them faster. More than 10,000 people are dying every day. During this press conference alone, more than 420 people will die. These communities need vaccines, and they need them now, not next year. There are enough doses of vaccines globally to drive down transmission and save many lives if they’re used in the right places for the right people. Health workers and those most at risk must be given priority over those at low risk.

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In G7 countries, high vaccination rates have helped cases and deaths from COVID-19 to near record lows, but most countries continue to rely solely on the public health and social measures that have been the backbone of the response to date. Indeed, many countries have successfully kept COVID-19 at bay without vaccines through the tailored and consistent use of these measures. Public health and social measures are effective against all variants.

But the emergence of more transmittable variants means public health and social measures may need to be more stringent and applied for longer in areas where vaccination rates remain low. But while we can test vaccines in laboratories or with randomised control trials, it’s not so easy to test the effect of public health and social measures. Because countries typically use a range of measures at the same time, disentangling the precise impact of each individual measure can be challenging.

The effectiveness of public health and social measures is also subject to the level of adherence by a population and the commitment of governments to support them. Results can also be difficult to generalise from one location to another because of differences in culture, climate, living conditions and so on. What matters is not just the measure itself, but how and when it’s implemented.

All measures have a social impact. The objective for all countries should be to implement all measures in a way that maximises the public health benefit while minimising the social impact.

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To improve the evidence base on the effectiveness of public health and social measures, WHO is collecting data from around the world on which measures are used and the level, at which they are applied. We are also working with several countries and modelling groups to assess the impact of public health and social measures on transmission.

We have also established a new WHO working group with the support of Norway to study the impact of public health and social measures during COVID-19 and other health emergencies. We welcome Norway’s technical and financial support for this very important scientific work. To say more about this project, it’s now my great pleasure to welcome my friend, Minister Bent Høie,
Norway’s Minister of Health and Care Services. Minister Høie, thank you so much for joining. Tusen takk, and you have the floor.

BH Tusen takk, my friend, Dr Tedros, Ladies and Gentlemen. Some of you may find it strange that I am not here to talk about vaccines. Instead I am here to talk about tools that are familiar to all you. These are tools like face masks and social distancing and tools like intervention decided by national and local authorities such as testing, tracing, school closure, restrictions in gathering and travelling. WHO have called them public health and social interventions, or PHSIs.

00:11:49 I want to talk about this topic for three reasons. First, for the great majority of countries affected by COVID-19, PHSIs are still the most important intervention. Even in countries like UK with a vaccine coverage of 60%, a third wave is looming and may delay further opening of the society. Second, during this pandemic, we have learned and adapted as we have moved along. In preparation for the next pandemic, we want to have an evidence-based [unclear] of PHSIs up front.

Third, we might have been lucky this time that it turned out to be relatively easy to make vaccines against SARS-CoV-2 virus, and it has been done in record time. For other RNA viruses like HIV [?], we still haven’t gotten a vaccine after over 30 years of intense research. And the next pandemic may behave differently than COVID-19. We may have to depend on PHSIs for a much longer time at the next pandemic before vaccines are available.

And, fourth, even though most countries have been using these restrictive measures extensively for more than a year, our knowledge on the precise effect on each of these measures is unclear, and the effects are difficult to research. In fact, while we have seen more than 2,000 scientific articles on vaccines and treatment of COVID-19, but we have only seen 12 articles on the effect of closing different parts of the society.

Therefore, it is important that we quickly identify what effect of the different PHSIs interventions are. We need to do this through research with a defined methodological approach. We want to implement target measures with maximum effect.

00:14:18 First, for the reason I am proud to announce this research initiative of WHO with support from Norway at the level of US $5.4 million. At the same time, Norway will support our public health institute so they can be a fully cooperative partner in this initiative. The initiative will then have three tasks. First, to extract, to the maximal extent possible, impact, as well as the social and economic cost of the different PHSIs used during the pandemic.

Second, to research on COVID-19 and the related respiratory infections. We want to develop better tools, such as improved face masks. We also want to develop better digital tools to be deployed during the next pandemic, such as use of big data and artificial intelligence for better tracking local outbreaks.

Third, develop research methodologies to be used under the next pandemic
that will provide us rapidly with evidence on the benefits and costs of each intervention separately and in combination with others.

Based on these three tasks, the initiative will develop a toolbox that will be available at the beginning of the next pandemic. Thank you very much.

TAG Thank you so much. Again, tusen takk, my friend, Minister Høie, and thank you for Norway’s strong support for this critical area of research. Finally, today is World Blood Donor day, and I would like to thank Italy for hosting this year’s campaign. Throughout the pandemic, blood donors all over the world have continued to give the gift of blood and the gift of life to others whose lives depend on it.

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Every country always needs more blood donors. This year, we’re highlighting the role of young people in supporting safe and sufficient blood supplies now and in the future. Our message to everyone is, please give blood and keep the world beating. Tarik, back to you.

TJ Many thanks, Dr Tedros, and many thanks to Minister Høie who will stay with us for some ten minutes in case there are some questions for him on this cooperation between WHO and Norway on public health and social measures. With this, we will open the floor to questions from media. Again, click icon for Raise Hand, and you will be put in a queue, and try, be short and ask only one question. We will start with Helen Branswell from STAT. Helen?

HB Thank you very much for taking my question. I apologise if this is one that you’ve answered in recent briefings when I wasn’t on the call. The United States is seeing some cases of myocarditis in young people who’ve received the Pfizer vaccine. Is WHO hearing anything about this from other countries? Thank you.

MS Let me start, and then colleagues can complement. Helen, it’s a very good question. We are monitoring through the Global Advisory Group on Vaccine Safety. We are still collecting data, but it appears to come from the US, and also, there is some data available from Israel so far. So, we are still at the stage of investigating whether, is this a sign or a signal related to the vaccine, or this is part of the normal distribution in the population. We will come back to you with more information as scientific data becomes available on this.

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MR And just to note, I think, from the data from the US, that these cases of myocarditis have been self-limiting and mild. And while they’re notable and need to be followed up, just to reassure people that these have been self-limiting mild cases.

TJ Thank you very much, Dr Simao and Dr Ryan, for the clarification, and Helen, we are happy to have you back with us. Now we will turn to Sara Jerving from Devex. Sara, please unmute yourself.

SJ Hi. Thanks so much for taking my question. Can you talk about what lower-income countries should be doing now to prepare for the rollout of donated Pfizer vaccines in terms of, cold chain infrastructure and what will be
the criteria for choosing which countries will receive the Pfizer vaccines?

Thank you.

MS I can start and colleagues can complement. There's a lot of work being done with countries, in terms of, preparedness, especially for these ultra-cold chain vaccines, which, actually, with the Pfizer, we do have good news because there are changes in the stability at 228. It can stay up to three months in 228, so this will help the use at country level, the operationalisation of this vaccine.

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WHO has been working with countries from the regulatory approval, because not all countries do have a regulatory approval for the Pfizer vaccine, to the point of preparing the workforce to work on the cold chain necessities and the operationalisation of the vaccine's campaign at country level with this vaccine.

We very much welcome the donation. This is a safe and efficacious vaccine that has been proven elsewhere. It has some operational challenges, but they can be overcome with good preparation. I'm not sure if colleagues want to complement?

TJ I understand, we have Dr Aylward, but please, Dr Ryan first and then Dr Aylward, who is online can add.

MR Bruce may want to say something specific about the vaccines, but could I just say that it is really important that we invest in the national vaccination systems and their capacities to do this work. Having worked with ultra-cold chain Ebola vaccines in Congo and other places, even with slightly less restrictive cold chain, it is a challenge for a lot of our Member States to be able to deliver vaccines deep in the field in any cold chain, especially when you're doing mass vaccination.

Mass vaccination is not like EPI where you’re targeting very young infants in a small group. You’re targeting very large proportions of the population, and there’s whole logistics about bringing people for vaccination/vaccination sites. You’ve all seen it yourselves, how complex the logistic operation is. Countries need assistance in preparing for that. Second tragedy would be to have vaccines and not be able to use them properly.

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And there is underfunding right now of basic preparedness in many, many countries, and we would urge donors and others to not only just fund vaccines, but to fund the operations needed to deliver those vaccines and to fund the agencies like UNICEF, like ourselves and other NGOs who are working very closely with governments to improve their capacity to deliver vaccines.

TJ Thank you very much. Dr Aylward, who is Lead on ACT-Accelerator and Senior Advisor to the Director-General, is online with us, so maybe Dr Aylward would like to add something?

BA Yes, thank you very much, Tarik. Just to answer the specific question about the criteria, the first thing that's most important is, which vaccines do a country want to be using? Some countries are showing preference for one vaccine for another. You have to take that into consideration. The second
thing, as Mike and Mariangela alluded to, is the issue of readiness of countries to be able to use the products.

And then, as we go forward now, and especially as we get access to these Pfizer vaccines in increasing volumes, we’ll be looking beyond the proportional rollout of COVAX vaccines to understand, what does the mortality situation look like, the burden of disease and the direction in trends? What is the coverage that they have already with vaccines, and then the absorptive capacity of countries to be able to use that?

And we’ll be looking at that in close consideration, in terms of Africa, with the African Union, who have got, of course, in addition to WHO, deep involvement with the individual countries on those issues.

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But I’d like to emphasise again the point that Mike made. As we now start to approve the supply situation, the crucial piece is the in-country preparedness and the financing needed at country level. It costs, just as it does hundreds and millions and billions of dollars to buy vaccines, it costs hundreds and millions and billions of dollars to deliver vaccines, to hire, especially, the additional workforce needed, which is so crucial to working with the community, solving the logistical problems, explaining the products and ensuring we get vaccines into populations and age groups that aren’t typically targeted.

So, that’s a little on the criteria, looking at in collaboration with regional partners and the countries themselves, but then, most importantly, to Mike’s point, ensuring we address any potential barriers to the ability of countries to absorb and use these products.

TJ Many thanks, Dr Aylward. We will now move to Agnes Pedrego [?] from Agence France-Presse. Agnes, please unmute yourself.

AP Yes, good evening, everybody. This is a question concerning the ACT-Accelerator. You say that $16 billion are still needed to fully finance the ACT-Accelerator this year alone, so do you think there is still a chance for the ACT-Accelerator to be financed this year as well as the IMF’s plan, as G7 seems to have ignored the issue, they have focused more on the donation of doses? Many thanks.

00:25:07
TJ Thank you, Agnes. So, Dr Aylward, I hope you heard our question. It was about financing of ACT-Accelerator and how this financing will evolve, in light of G7 meeting.

BA Yes. Thank you very much, Tarik, and thank you, Agnes. An important question. Is there a chance still for the ACT-Accelerator to be fully financed? Absolutely. The world has the resources to rapidly close a $16 to 17 billion gap to be able to ensure low-income countries have the tools they needed. But I want to highlight the point that Minister Høie made from Norway. You cannot stop the pandemic and manage all of this with vaccines alone. You have to have other measures, and to guide the other measures, you have to have diagnostics to be able to know where the virus is, how the outbreak is evolving.
For those people with serious disease, you have to have oxygen, you have to have steroids. You cannot treat people with steroids and save lives unless you accurately diagnose. You cannot isolate unless you accurately know where your virus is. So, for all of these reasons, not only is it possible, is there a chance, Agnes, we have to close that financing gap. And just as there is a huge effort to get huge amounts of vaccines out there, we’ve got to get the diagnostics out there, the oxygen out there.

And then we have to speak more, as Mike always highlights, about the personal protective equipment. We have got to keep health systems safe as we’re running out there.

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And again, I just want to express my huge appreciation of the Government of Norway and all of ours for the step they’re taking today because this is going to be so important. So, can it be done? Yes, it can be done.

The G7, Agnes, finally, did not ignore this, and we had a lot of discussion with different G7 Members going into the Summit. The Director-General met and spoke with them himself and emphasised this point. And, as you will see in the communique, they highlighted the need for more action on these issues, and they also highlighted that this is a start. We’re here through the finish to make sure that we get this pandemic closed.

So, there will be a continual dialogue, including now, in the runup to the G20, which is the G20 Finance Ministers meeting in mid-July. So, it will be very, very important, that meeting of finance ministers, and they’re looking at this ACT-Accelerator gap as we go forward.

TJ Many thanks, Dr Aylward. We will now go to Sophie Mokoena from South Africa Broadcasting Corporation. Sophie, please unmute yourself.

SM Thank you. I just want to check with Dr Tedros. You attended the G7 Summit meeting in UK. South Africa and India were pushing for TRIPs waiver, intellectual property rights, to be suspended, particularly on the products that are there to assist in dealing with the COVID-19. But it looks like the leaders didn’t come up with a clear message, in terms of whether they support TRIPs waiver. What is your reaction?

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And perhaps the issue of Johnson & Johnson has become a problem on the Continent because the Food and Drug Administration of the United States of America has requested Johnson & Johnson to discard 60 million doses. Some of those doses were supposed to be transported to Africa, in particular South Africa. Is this a setback?

TJ Thank you very much, Sophie, for this question. I think, Dr Simao will start.

MS Thank you, Tarik, and thank you, Sophie, for the two questions. Let me start with the IP waiver. I think, this is an ongoing discussion at the WTO TRIPs Council. On tomorrow, the Director-General, together with the Director-General of WIPO and WTO will have a face-to-face meeting to discuss the convergences and the ways that we can overcome some of the barriers that
we are seeing, in increasing production too, of different products in relation to COVID.

So, I think, we respected position of the G7. I think, this is a discussion that we will continue to develop in the WTO, and we are seeing that there is a movement towards more countries supporting this type of waiver, but we will have to wait and see.

Regarding the J&J and the FDA problem with the Emergent site, let me say very clearly that this affecting one manufacturer in the US, which is the Emergent, which is in Baltimore, which was producing two vaccines, the AstraZeneca and some J&J vaccines in the US.

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The vast majority of the J&J production is not based in the Emergent site. We have large, how do you say, volumes of vaccines being produced in the Netherlands, in Belgium, and also in other sites in the US. So, we commend, actually, the US FDA for being very thorough in its examinations and in its inspections of the facility, regarding good manufacturing practice compliance and in not finding that the facility was compliant and recommending, or actually, suspending, the facility and recommending the incineration of these doses.

But it does not affect the J&J supply globally because there are other sites that are functional and have the EMA approval, have the WHO Emergency Use List approval, and also other sites in the US that are approved by the FDA. I’ll stop.

TJ Thank you very much. I understand Dr Aylward would like to add something?

BA Just to add to the point that Mariangela made, J&J have got multiple production sites, and what we have been delighted with is this huge priority that J&J insists it will give to the lowest-income and most vulnerable countries around the world, and that we trust that J&J now are actively looking to a solution to ensure that the commitment to make doses available to COVAX from June, July, August, that they will still be able to meet that commitment.

So, again, crucial to solving the challenges of [inaudible] is going to be this [inaudible]. Thank you.

00:32:23
TJ Thank you. I’m not sure we heard the end of your intervention, but we may come back to that if needed. I will now call on Alejandro Aleman from sumedico.com. Alejandro?

AA Thank you very much for listening to my question. All of the vaccines are in experimental phase right now within this programme, so when do you consider them to have fully fulfilled all of the required conditions? I’m asking because there has been a lot of controversy with the Ministry of Health in Mexico when it comes to Asian vaccines where there haven’t been any clinical trials among the population here. Thank you.

MS Maybe I’ll start, Alejandro. Thank you very much. I’m not going to respond in Spanish, but first of all, these vaccines that have been authorised for emergency use, they are not experimental vaccines anymore. They have
been tested for safety, efficacy, and also, they have been quality assured either by WHO or by the different national regulatory authorities.

What we have, the difference, in terms of a full licence vaccine, is that we still have additional data that will come in as these vaccines are continued to be rolled out across the world, including for the post-marketing collection of data and everything else. But let me make it very clear that the vaccines that are being used and that have received Emergency Use Listing by WHO or by a stringent regulatory authority, they are not experimental vaccines. They are vaccines that are authorised for use in human beings as per indication in the authorisations.

00:34:44
TJ Thank you. Dr Swaminathan, our Chief Scientist who just joined as well, would like to add something.

SS Just to add briefly to that, Alejandro, is, we had, the WHO put out very early in 2020 what we called the target product profiles for the vaccines, which were the benchmarks that the international expert groups agreed would be the minimum criteria for efficacy and safety. And soon after that, the international regulatory agencies, the association of all of the regulatory agencies, supported the same efficacy and safety benchmark.

So, there was quite a lot of global harmonisation around what would be considered a safe and efficacious vaccine, and it was basically a minimum efficacy of 50% against symptomatic disease and making sure the confidence intervals were not too wide, as well as safety data for a minimum of two to three months of follow-up. And as Dr Simao has said, once that minimum dataset is submitted to the regulators along with the data on manufacturing quality, they receive an Emergency Use Listing.

Just to say also that there are a large number of other vaccines, dozens of them, still in the R&D stage, still undergoing clinical trials, and some of them are very interesting candidates, which have different modes of delivery. You have nasal vaccines, people trying with subcutaneous as well as oral vaccines. All of this would make the deployment much easier, and also studies that are looking at mix-and-match of two different types of vaccine platforms.

So, there’s still a lot of research going on that we want to continue to support because we need to see better, more affordable and more scalable vaccines also coming up. Thanks.

00:36:44
TJ Many thanks. We will now give the floor to our regular friend, Simon Ateba from Today News Africa, based in Washington DC.

SA Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. President Biden... Oh, no, before I ask my question, a personal request to Dr Tedros. Our Washington DC correspondent, Kristi Pelzel, who has been covering you for a year, arrived in Geneva this morning, and she would like to meet with you, Dr Maria Van Kerkhove, Dr Ryan, Dr Mariangela, Dr Bruce Aylward and Dr Soumya Swaminathan, and will appreciate it if you can find five minutes to meet with her.
Now my question. Since President Biden will be in Geneva on Tuesday and Wednesday for his summit with President Putin of Russia, are there any planned meetings between President Biden and Dr Tedros or between President Putin and Dr Tedros? If not, why, since this is the biggest crisis of our time?

Lastly, as you noted earlier, President Biden and other G7 members announced that they will be providing additional 870 million COVID-19 vaccine doses to low-income countries. Do we know how many we’ve got to vaccinate Africa? And how far will those doses go to help the total vaccination effort in Africa? Thank you.

00:38:15
TJ   Thank you very much, Simon. There are lots of questions, so for your first question, we are really happy that you will have a correspondent here in Geneva, and our Media team have been in touch with her, and we will try to assist as much as we can as we try to do with all other journalists. Now, there were two other questions, one on additional doses that will go, potentially, to Africa. So, maybe Dr Aylward can take that part of the question, and then we will see if we can answer the first part. Dr Aylward?

BA   Thank you very much, Tarik, and hi, Simon. So, we do not, at this point, have a firm breakdown on how the 870 million doses that will be donated will be divided across areas. Now, that said, the G7 have been extremely clear and the Americans have been extremely clear that they want to prioritise those areas that are most vulnerable and where these vaccines will have the greatest impact.

And I think, as everyone on this call knows, if you look at the map on the WHO COVID Dashboard or any other site, you will see that Africa, one of the most vulnerable, underserved. So, the priority would be, Simon, for doses to be going to Sub-Saharan Africa, and the African continent, pardon me, writ large. So, those numbers will get sorted out over the coming weeks, and we’ll have more on that.

And just on your first question, I would highlight again that we’ve had very, very close collaboration with both the US and also with Russia in the COVID responses. Mike may speak to, and especially in terms of vaccines and vaccination, and that in terms of specific details, we won’t go into that, but there are indeed contacts at all levels, as is crucial in any crisis like this.

00:40:20
TJ   Thank you very much, Dr Aylward for taking two questions. I understand Dr Van Kerkhove would like to come back a little bit to the main theme of today’s press briefing that is public health and social measures.

MVK   Yes. No, I clarify, not to answer on that question, but Simon, I was actually hoping you would say that at some point, you’re going to come to Geneva and you could meet with us in person, because I think you’ve attended, probably, every one of these press conferences. So, I for one, am looking forward to meeting you at some point.

I wanted to bring it back to the main topic of today on the public health and social measures, because we really have a good opportunity here to talk about
the evidence base. And as you know, as you’ve heard all of us speak a lot about, I guess, we’re a bit of a broken record here, on the comprehensive strategy in making sure that we use all of the tools that we have available, which include individual-level measures, community-level measures, measures like testing, to be able to know where the virus is and to support people who are infected, to carry out contact tracing, to ensure that those who are infected receive appropriate clinical care, and make sure that vaccines and vaccinations roll out around the world.

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But until we have good vaccination coverage, and you’ve heard the DG talk about the urgency and the need of having these vaccines donated now so that they can reach those who are most in need now, we do have public health and social measures at hand that can reduce infections and can save lives right now. There are a number of studies that are underway that are looking at how effective these public health and social measures are. And they are indeed proven public health measures.

We need a stronger evidence base for this, and this is what is so great about this collaboration that we have with Norway and that we have with a number of partners around the world to be able to have a stronger evidence base, to look at which individual-level measures, how they can be targeted, how they could be more agile, how they could be used in the most appropriate way in all communities. But really, critically, how we have an enabled and empowered community to be able to carry out those, and supported community to carry out those.

So, I just wanted to have an opportunity to jump back in on that. I know that there’s a lot of questions on vaccines, and rightly so, but we cannot forget about the measures and the tools that we have right now. There are between 10,000 and 11,000 people who die every day from COVID-19 that we know about. And so, these are deaths that can be prevented with these individual-level measures, with vaccinations. So, please, as much as we can, we need to all do our part, and we need governments to be able to support us in carrying out those really critical lifesaving actions. Thanks.

00:43:10
TJ Thank you very much.
TAG And also, Simon, we will meet Kristi. Thank you.
TJ Thank you very much, Dr Van Kerkhove, for talking a little bit more about the main topic of today’s press conference. We are now close to the hour, so we will conclude today’s press briefing, but we hope to see you next time. I would like to thank the interpreters, and then Dr Ryan would like to add something.

MR No, just, someone asked Bruce there about 16 billion needed to fund COVAX. I would just maybe remind us all that, I think, in 2020, we spent nearly $2 trillion. I think, that was around $1,981 billion in defence spending around the world. $16 billion represents less than 1% of one year’s spending on military defence around the world. Surely, we can afford 1% of that to save lives and bring this pandemic to an end.
Thank you, Dr Ryan, for putting, really, this in a context. With this, I will give the floor to Dr Tedros for his last remark.

TAG Yes, thank you so much. I fully agree with the way that Mike has put it. This is a common enemy, virus that has already killed close to 4 million people. So, I think, it’s not difficult to understand why we should spend, invest more in fighting this virus and saving lives, because we’re investing, actually, more for the wrong reasons. So, thank you so much, Mike, for reminding us that, and thank you also to all colleagues who have joined today, and look forward to seeing you in our upcoming presser.

00:45:28
And so Simon, probably he hasn’t heard me, I would like to assure you that we will meet Kristi as you suggested. Thank you so much.