Hello and good day to wherever you are listening to us today. It is Monday 3rd May 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference with a special focus on financing equitable access to COVID-19 vaccines, tests and treatments.

We have a special guest to discuss the financing of the fight to end the COVID-19 pandemic with a focus on the ACT Accelerator
and in the context of the G7/G20 and that is Gordon Brown, United Nations Special Envoy for Global Education and former Prime Minister of the United Kingdom. Welcome.

Simultaneous interpretation is provided in the six official languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi. Let me introduce the participants in the room. Here are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Soumya Swaminathan, Chief Scientist, Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health.

We have online Dr Mike Ryan, Executive Director of the Health Emergencies Programme at WHO. With this let me hand over to the Director-General for the opening remarks. The floor is yours.

**00:02:12**

TAG   Thank you. Thank you, Christian. Good morning, good afternoon and good evening. Earlier today the Government of the Democratic Republic of the Congo announced the end of the most recent Ebola outbreak, three months after the first case was reported in North Kivu. I congratulate the Government, health workers, communities and all WHO staff who are involved in the response.

This has only been possible thanks to a concerted, comprehensive and consistent approach using vaccines and therapeutics alongside proven public health measures with empowered and engaged communities. COVID-19 is a very different disease but the approach is the same. The absence of any one of these key measures presents a weakness that this virus will exploit, as we are seeing all over the world.

More cases of COVID-19 have been reported globally in the past two weeks than during the first six months of the pandemic. India and Brazil account for more than half of last week's cases but there are many other countries all over the world that face a very fragile situation.

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In India WHO is providing critical equipment and supplies including oxygen concentrators, lab supplies and mobile field hospitals. We're also providing advice for people on how to provide care at home for families that are unable to find hospital beds.
For patients with severe or critical disease WHO recommends treatment with dexamethasone. WHO and the WHO Foundation are raising funds to support the need for oxygen and related supplies globally.

In the meantime we all on everyone to continue to follow WHO and national advice on keeping safe. Maintain physical distance, avoid crowds, wear a well-fitted mask that covers the nose and mouth properly, open windows, cover coughs and sneezes and clean your hands.

What's happening in India and Brazil could happen elsewhere unless we all take these public health precautions that WHO has been calling for since the beginning of the pandemic. Vaccines are part of the answer but they are not the only answer.

On Friday WHO gave emergency use listing to Moderna's COVID-19 vaccine, making it the fifth to receive the WHO validation. Emergency use listing is one prerequisite for vaccines to be purchased and supplied through COVAX. It also allows countries to expedite their own regulatory approval and to import and administer a vaccine.

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We're pleased to note that GAVI has signed an agreement with Moderna for 500 million doses of vaccine on behalf of COVAX. This morning I met with Sweden's Minister for Development Coordination, Minister Per Olsson Fridh, who informed me that Sweden will donate one million doses of AstraZeneca vaccines to COVAX.

Tack så mycket, Sweden, for this donation, which follows similar donations by France, New Zealand and Norway with positive signs from some other countries and we call on all other countries to follow the example these countries have set and donate through COVAX to help accelerate equitable distribution and access.

COVAX has now shipped almost 50 million doses of vaccine to 121 countries and economies but we continue to face severe supply constraints. Solving this dilemma demands courageous leadership from the world's largest economies.

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Next month leaders from the G7 countries will gather for what may be the most significant meeting in its history. The G7 countries are the world's economic and political leaders. They're also home to many of the world's vaccine producers.
We will only solve the vaccine crisis with the leadership of these countries. The Access to COVID-19 Tools Accelerator currently faces a funding gap of $19 billion and we estimate that we will need a further 35/$45 billion next year to vaccinate most adults around the world.

The G7 countries could mobilise a substantial portion of these funds themselves and lead a global effort to accelerate vaccination around the world. We face a shared threat that we can only overcome with shared solutions; sharing financial resources, sharing vaccine doses and production capacity and sharing technology, know-how and waiving intellectual property.

Today it’s my great honour to be joined by Gordon Brown, the former Prime Minister and Chancellor of the Exchequer of the United Kingdom. As Prime Minister Mr Brown hosted the G20 summit in 2009 when under his leadership the G20 countries committed to making an additional $1.1 trillion available to alleviate the most acute economic crisis since the Great Depression.

00:08:51

We now face an even more severe crisis and we need the same kind of leadership. Gordon, thank you so much for your leadership and thank you for joining us today.

GB As Dr Tedros has just told us, each week for the past ten weeks we’ve seen increases in COVID cases worldwide. Last week was one of the worst with nearly 5.7 million new confirmed cases reported and over 93,000 new deaths and with many communities, healthcare centres in India, Brazil and elsewhere simply overburdened, overwhelmed and under-resourced.

We are at this critical moment in the fight against COVID-19 and we are face-to-face with this unanswerable truth that no-one is safe everywhere until everyone is safe everywhere and no country can finally be COVID-free until every country is COVID-free.

For his repeated and accurate warnings to us and for his impassioned leadership I want to praise my friend, Dr Tedros, and his brilliant staff and all those across the world who through the ACT Accelerator and COVAX are working for vaccine equity.

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For while the near-majority of US citizens and the majority of UK citizens have already received one COVID shot, in hard-hit India
just 10% have been vaccinated and months since the vaccine became available less than 1% of sub-Saharan Africa.

This is a man-made catastrophe because while it took nine months to reach one million deaths when we had no vaccine, in only four months since we've had a vaccine we've reached two million deaths and in only three months since, three million deaths.

One in two vaccinated in much of the West; less than one in 100 in sub-Saharan Africa. By our failure to extend vaccination more rapidly to every country we are choosing who lives and who dies and I say the world is already too deeply divided between rich and poor to allow a new, unbridgeable divide to become entrenched between the world's vaccinated who live and the unvaccinated who are at risk of dying.

It's not only the poor who suffer; all of us do. The longer the poorer countries go unshielded the more the disease will continue to spread, mutate and threaten not just poor countries but rich countries too, including the already vaccinated.

So this is a global problem that needs the globally-coordinated solution Dr Tedros has just mentioned. To protect ourselves locally we need to act globally with a concerted and immediate push to mass-vaccinate the world underwritten by the richest countries to help the poorest and not as an act of charity but as a matter of national security for each of us as the best insurance policy in the world.

For the worlds of President John Kennedy, spoken 60 years ago, ring even truer today; if a free society cannot help the many who are poor it cannot save the few who are rich. The miracle that is science has given us multiple vaccines and assisted by licensing agreements and, I hope, a temporary patent waiver as proposed by People's Vaccine Alliance, manufacturing can be ramped up in every continent soon.

But I want to address the biggest question the poorest countries still have no answer to; who will pay? The cost to a low-income country is prohibited. The double vaccine at $10 can be an entire week's income for a family but for our richer countries the bill for mass-vaccinating the world and ensuring access also to test and treatment is affordable.
A total of around 30 billion a year if spread across the richest countries means just 25c a week per citizen and it is money we cannot afford not to spend for mass vaccination is not just an epidemiological and ethical imperative; it's an economic imperative.

For if the cost of vaccines is in billions the overall savings are in trillions, trillions of additional economic output made possible when trade resumes in a COVID-free world. Helping vaccinate the rest of the world will cost America up to seven billion a year and that's less than 0.5% of the cost of its two trillion economic stimulus.

And yet the resumption of trade and economic activity that a virus-free world makes possible in 2021 alone will be worth ten times as much to America. I want to pay tribute to the ACT Accelerator and COVAX. It has raised 14 billion for tests, treatments, vaccines and PPE. It's signed up 190 countries to COVAX. It has mass-secured nearly two billion vaccines for the 92 poorest countries and it sends a message that when it comes to preventing loss of life we cannot rely on charity alone but need a systematic plan that does not force us to choose between who lives and who dies.

But ACT-A has yet to raise 19 billion this year and will need more if we can ramp up manufacturing even more quickly. In total over two years we need to raise an estimated 60 billion not only to cover vaccines, research, production and distribution to 92 lower-income countries but help pay for vital medical supplies, diagnostics and medical oxygen, currently and shamefully in short supply in India and elsewhere, as Every Breath Counts has shown.

Based on ability to pay - and that's a formula that takes into account national income, current wealth and benefits from the resumption of trade - America would pay 27% of the costs, Europe 23%, the UK 5%, Japan 6%, Korea and Australia - who will attend the G7 - and Canada 2% each.

I say to the G7, the forum that brings together the world's richest countries, you have the power and the ability to pay for nearly two-thirds of the costs and secure a history breakthrough by agreeing an equitable burden-sharing formula that could cover global health provision.

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You can expand IFN [?] with grants for low-income countries and create guarantee-based facilities for middle-income countries.
that will maximise available resources in future years. I say to the G20, with your leadership we can cover over 80% of the costs and you have the means to urgently donate vaccine doses, as Dr Tedros has said, to cover the gap in supply.

I say to the richest 30 countries in the world, you can cover almost 90% of the cost and the same burden-sharing formula can also be applied so that instead of the familiar pandemic cycle of panic now and neglect later the world invests now when there is a cash shortfall and for the future in pandemic preparedness, as Helen Clarke's WHO review will highlight, to ensure that even if future outbreaks happen pandemics become preventable.

I say directly to the leaders of the World Bank and all multilateral development banks and to the IMF, your responsibility also is clear. We the shareholders want to instruct you to ensure low and middle-income countries can invest in building up their currently understaffed and under-resourced primary healthcare systems that are now at breaking point.

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I say to those countries, respond now to the invitation this week from the WHO to submit national capacity-building plans so we can ensure delivery of vaccinations and treatment without it being at the cost of so many needs in healthcare that are now not being met.

I want to promise Dr Tedros and all the world's health workers who are selflessly labouring night and day to save lives, in the next few weeks we will ensure you have the support from the leaders of Asia and Africa and from Asian and African civil society demanding the G7 act, support from economists showing that we cannot afford not to act, from medics and scientists demanding the G7 deploy its wealth to end the disease, from people all over the world, just as the LA concert of global citizens did last night, demanding the world now come together at this moment of great peril to save lives.

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I say to all with the power to change our world for the better, time is short; we must act in days rather than in months. Let us not repeat the mistakes of the first wave of the disease when the world's failure to co-operate across borders contributed to the loss of three million lives.

Martin Luther King spoke of the fierce urgency of now, reminding us that in a crisis there is such a thing as being too late. A crisis
like this, he told us, is no time for apathy or complacency, it's time for vigorous and positive action and we need that now.

Building on what Dr Tedros has done, starting immediately by vaccinating every country's health workers, elderly and priority populations, let us secure vaccines, tests and treatments for all and let us begin to reunite our fractured world. Thank you very much.

TAG Thank you. Thank you so much, Gordon, and thank you once again for your clear and powerful call to world leaders. Finally I would like to recognise three important days that we're observing this week. First today is World Press Freedom Day. WHO values the role of a free and fair press in informing the public and in holding governments and institutions accountable.

Second, Wednesday marks World Hand Hygiene Day, a reminder that clean hands save lives. Third, Wednesday also marks the International Day of the Midwife, an opportunity to celebrate the vital role that midwives play every day of every year and especially during the past year. Christian, vielen dank. Back to you.

**00:18:43**

CL Thank you so much. With this we start the round of questions and answers and we'll start right away with Robin Mia from AFP. Robin, please unmute yourself.

RO Thank you. On supply to COVAX, there've been some positive COVAX announcements today, as you mentioned, including Sweden's donation of a million AstraZeneca doses. How far does this go towards filling the gap left by the halt in access to AstraZeneca doses from the Serum Institute of India? Do you have any indication when COVAX might regain access to AZ doses from India and how are negotiations going on convincing the United States to donate its doses via COVAX? Thank you.

CL Robin, thank you very much. Let me again remind everyone please to ask one question only so we can manage to get through a couple more from you. Thank you and I'll hand over to Dr Bruce Aylward, who's joined us in the room. Bruce, over to you.

**00:19:47**

BA Thank you very much, Christian, and thank you for the question, especially enquiring on what's happening in terms of the supply of vaccines to COVAX because, as most on the line
know, COVAX was established to ensure that we can get doses out in as equitable a manner as possible around the world.

The crucial thing is getting the doses into COVAX to be able to distribute them in that way. When we look at the interruption in supply for the current period as a result of the need to redirect doses in India there're about 20 million doses of vaccine that was procured from the Serum Institute of India, that was shipped around the world to countries outside of India.

They've now all used their first doses so what we're trying to urgently do is ensure that we can close the gap first of all to get another 20 million doses for those countries so they can get their second doses into those populations.

Then of course we need to deepen the coverage. Even that will only lead to a very, very small proportion of the population but the first goal is to try and ensure we can get those additional doses so the million doses that were announced today by Sweden are extremely important because those are unearmarked doses that go into COVAX. What they're saying is, look, you make sure they go to the places that need them in the right order to get them those second doses, or if there're places that have not received doses at all.

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But as we look forward there's an even bigger gap because that 20 million was only a fraction of what the COVAX facility had procured through the Serum Institute of India. We'd actually been expecting over 100 million additional doses during this period so that's still a much bigger gap that we need to try and close.

We are hopeful - everyone is hopeful that the crisis in India is going to reverse quickly, that the numbers will start to go down and that the country will be able to start exporting doses of vaccine again. That's in everyone's interest but right now we don't actually have a firm date for restarting doses but we do hope it will be in the near future.

There was a question as well, I think - sorry, Christian, a third question - about other countries and certainly the COVAX facility and the key partners - GAVI, ourselves, others - have been in discussion with many countries; the UK, the US, Canada, the EC, countries within the EC and others beyond; Australia, New Zealand, all countries that have contracted substantial numbers of doses about the possibility of ensuring that any additional doses get distributed or shared through COVAX.
So those discussions are ongoing with a broad number of countries.

CL Thank you very much, Dr Aylward. Dr Swaminathan to add.

SS Thank you. Just to briefly add to what Bruce said, we really welcome the donations by France, New Zealand, Norway and now Sweden and we believe that if many other countries who have adequate supplies for their own populations and are scaling up vaccination on their own populations; if they could also set aside a certain percentage for COVAX this would help to meet the gap.

In the next few months we do not expect the Serum Institute to be able to supply the kind of volumes that were originally predicted so we need to meet that gap and so it would be really helpful to get AZ doses from other countries, as Bruce mentioned, in Europe and beyond.

We're also talking to the United States, who have committed to sharing their 60 million doses of AstraZeneca vaccine that they have and we're hoping that that would also flow through COVAX to help not only India but other countries as well.

Finally we're also talking to Moderna, which just received the emergency use listing and there is a deal that's being signed with them for 500 million doses but this would start in the second half of the year and continue through 2022.

So we're exploring all options with companies with existing deals with COVAX as well as companies that are still coming on board and we need to get to our goal of about two billion doses being distributed to AMC countries by the end of this year so every bit helps.

CL Thank you very much, Dr Swaminathan. We'll move on to the next question and that comes from Kitavan Kardava from Georgian TV. Kitavan, please unmute yourself.

KI Hello. Can you hear me?

CL Very well. Please go ahead.

KI Thank you very much. I have a question concerning the Chinese vaccines as Georgia is going to start vaccination
tomorrow with a Chinese vaccine so we want to know more. Can you update us; when will you finish the assessment procedure? Thank you very much.

CL      Thank you very much. Maybe that's for Dr Simao.

MS      Thank you. Thank you for the question and let me say that we are finalising the assessment of Sinopharm. There are still some documentations that needed to be added but it should be closed this week and we will start the final assessment for the listing of Sinovac on 5th, which is the day after tomorrow.

So we expect both the Chinese vaccines - Sinopharm, Beijing BP something - not Sinopharm Yuhan and we expect that both of them will be finalised by the end of this week. Thank you.

CL      Thank you very much. The next question goes to Siran Mantai from Times India, I assume. Siran, please unmute yourself.

SI      Hello. Am I audible?

CL      Yes, go ahead.

SI      Thank you so much. My question is regarding the vaccination programme launched by the Government of India. The situation, as we all know, is very serious in most parts of India and while there are almost four lakh cases coming every day there are reported almost 3,500 deaths per day.

With the vaccination programme vaccinating a little more than 10% of India's population do you think that, especially keeping in mind the situation, a more robust, more aggressive vaccination programme is required in India? Thank you so much.

CL      Thank you very much, Siran. We'll start with Dr Swaminathan, please.

SS      Thank you for that question. Vaccination definitely is one of the tools we have against COVID and it's a very important tool which is particularly important for the endgame. We've seen in country after country now that as you reach about 50% population coverage you start seeing significant reductions in cases and you see the reduction in deaths even earlier as the priority populations are covered first.

SS      A country like India has about a billion people to vaccinate so this is not going to happen overnight. It is going to be a mainstay and
I think India's done well in terms of rolling out the vaccination programme, using the private sector and the public sector to do that.

The limitation of course right now is the supply. If the supply was higher I am sure that they could vaccinate many more people every day but having said that, the programme will take some time to have an impact on what we're seeing now, incidence of the disease.

This is not going to come down by vaccination because you need to get to that level in the population to really start having an impact. So for the foreseeable future it is going to be the reliance on the public health measures, on the distancing, the testing, tracing and isolating, taking care of those who are sick, universal mask-wearing, avoiding crowded places, staying home where possible.

Everything needs to be done in order to bring down the force of transmission in the community just now because it's extremely high, as we see from the test positivity rates.

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We also have to be careful vaccination centres do not become the places where the infection is being transmitted so the same rules need to be maintained as far as possible; people waiting outdoors rather than indoors, everyone masked up, maintaining distance, etc.

So there's a global supply shortage of vaccines and the same applies to India; there's only a certain amount of capacity so as that is scaling up we need to do the other things and Maria might want to add what the local epidemiology is telling us.

MK Thanks, Soumya. Not too much more to add from me because you gave such a comprehensive answer. I think the point is that it's vaccines and and so as Soumya has said and as you've heard us say, vaccines and vaccination is a tool that we can use.

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It doesn't have an immediate effect though. It will take some time to actually reach those who are most in need, have an impact on severity and on death as well as on transmission because we are seeing some hopeful signs that vaccination is also reducing transmission even though those studies aren't yet completed.
It's about all of the other factors that are put in place and the comments that we have for India are the comments that we have for other countries as well. There are a number of countries in all regions of the world right now that have some worrying trends, that has some worrying signs of increasing case numbers, increasing hospitalisation rates and ICU rates in countries that don't yet have access to the vaccine, who have not reached the coverage levels that are needed to really have that impact on severe disease and on death and on transmission.

So it is about doing everything that we can. The most important thing of the many important things we can do right now is limit the number of contacts that we have. Our physical distance is really critical; avoiding gatherings, avoiding mass gatherings especially and if you can do things outdoors do them outdoors as opposed to indoors.

If you are indoors make sure that you have good ventilation. It's as simple as opening windows if it's safe to do so, making sure you wear a mask, making sure that when you wear a mask you have clean hands, making sure that you practise respiratory etiquette; stay home if you're unwell, follow the local guidance.

The intensity of transmission around the world is very different and so the level of the measures that you take depends on where you live so it needs to be guided by the local epidemiology and the advice that is given.

If you can stay home, if you can work from home, if you are privileged to do so please do so if you are supported in that. That takes the pressure off public transportation systems, it takes the pressure off those individuals who have to go into work, who cannot stay at home and it takes the pressure off our front-line workers.

So everything that we can do... I know some people are in a fortunate situation where transmission is down and they're saying that the pandemic is almost over. This pandemic is far from over and we are all in this together so if you are living in an area where transmission is down continue to do what you can to keep transmission down because you don't want it to take off, you don't want to give it the opportunity to resurge.

What we are seeing in India, what we're seeing in Brazil, what we saw in the United Kingdom and in many parts of Europe just after
the Christmas/New Year holiday; this can happen in some locations around the world if we let it happen so it's a plea.

WHO has a no-regrets policy; we ask that you follow that same policy where you live; don't put yourself at risk if you can.

CL Thank you very much. That was Dr Maria Van Kerkhove, of course, our Technical Lead on COVID-19. Just checking if Gordon Brown may want to add on this one.

GB No, I'm happy to take any questions about the financing if people have them.

CL Very well. Thank you very much, sir. We'll continue with the next one and that's Karl Malva from ARD Radio. Karl, please unmute yourself.

KA Thank you for taking my question. Dr Tedros, you touched on the topic already a little bit earlier; what are your hopes, your confidence regarding the process of the WTO negotiations on intellectual property regarding vaccines and what impact could it have on vaccination programmes such as COVAX?

00:33:10

CL Thank you very much. Dr Tedros, please.

TAG Yes, thank you. Thank you so much. As you know, there is an acute problem and the acute problem is the vaccine access now. Some countries have started; some haven't and those who have started face shortages and we need to provide vaccines for them for their second round and for their booster.

The other problem is for the long term; that is we need to have a significant level of vaccination rate. That may amount to bringing herd immunity and if we're going to vaccinate the majority of the adults to bring herd immunity then the amount of vaccine we need will be significantly more than what we have now so the production capacity should increase.

That's why the IP waiver will be very important and I would like to thank South Africa and India for proposing the IP waiver. We see more countries joining South Africa and India in favour of an IP waiver and I hope other countries will be convinced to make this a reality.

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Of course from the process so far we have seen how difficult it is but what's very striking is if we cannot use all means we have at hand now including the IP waiver when are we going to use the IP
waiver? Because the pandemic is happening in 100 years and even the provisions in the TRIPS agreement were meant to use an IP waiver for emergency conditions.

The level of emergency we are in now is unprecedented so the question again I repeat is, if we cannot use it now when can we use it? So we hope the global leaders will realise this and agree to use all means at hand starting from voluntary sharing, which we have been advocating for before, using all options to increase production as soon as possible and increase vaccination coverage as soon as possible.

This is in the interests of each and every country in the world especially now with variants popping up in many countries. It's not a charity issue. It is an issue that is in the interest of all countries, each and every country in order to stop the virus or to stop the pandemic.

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So there is encouraging progress now, more and more countries joining but we need to complete the process as soon as possible and decide because there is no reason, to be honest, to not decide on an IP waiver because the provision was meant for this situation; the provision of waiving IP was meant for this condition, for emergencies and this is unprecedented. Thank you.

I hope Gordon might add to this, please.

GB Just to follow Dr Tedros, there are, I think, a large number of people and companies who would be prepared to manufacture in Africa and in other parts of the world where manufacturing is not happening but I think we do need either licensing agreements or a temporary waiver to be able to do so.

I do detect a change in the last few ways in the way people have approached this issue because while there was a rejection originally at the WTO a few weeks ago I do think from remarks by President Biden and his staff and others that serious consideration is now being given.

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Of course the G7, as Dr Tedros said a few minutes ago, are the group of countries which include many of the vaccine developers and the vaccine originators and therefore if they could make a decision that they collectively would support a temporary waiver I think that'd be a huge advance.
It doesn't solve the problem of finance because we have still got to finance the actual production and manufacturing, distribution and logistics of the vaccine and we still have to fund testing and all the therapeutics and diagnostics but it would be a major advance.

Of course the TRIPS agreement, which I know about from my period in government, was designed so that if an emergency happened, something like this, a temporary waiver could happen.

So I support everything that Dr Tedros has said and I hope that the G7 and other countries will now discuss this seriously as one of the ways forward to solving the problem.

CL   Thank you very much, both. We'll move on to the next question; that's Corinne Gretler from Bloomberg. Corinne, please unmute yourself.

CO   Hi. Thanks for taking my question. It's really just a housekeeping question on the Sinovac and Sinopharm emergency use listings. Is the plan to send out a statement on both of them or should we be expecting two separate releases later this week?

00:39:16

CL   Dr Simao, please.

MS   Thank you, Corinne. It's a good question because they are at different stages because the final assessment of Sinopharm by WHO's advisory group started last week and, as I said, there were still some final arrangements to be made for the decision to be made.

While Sinovac will only start on Wednesday so it depends a lot on how it evolves. We expect that we will have both decisions by the end of this week but if Sinopharm's final decision is finalised before Sinovac we will make it public as soon as possible because we know that some countries depend on this decision to proceed with their vaccinations. Thank you.

CL   Thank you very much for this clarification. We will continue with Priti Padnaik from Geneva Health Files. Priti, please unmute yourself.

00:40:25

PR   Hi. Can you hear me?

CL   Very well.
Thank you for taking my question. One question perhaps for Dr Maria Van Kerkhove of one of her colleagues. On the status of the sharing of genomic information on the different emerging variants in India, Reuters reported last week that there seem to have been some concerns on the collection and sharing of epidemiological data.

We understand that WHO has not yet declared the variant B1617 as a variant of concern as it did for the variants that emerged in Britain, Brazil and South Africa. Correct us if we are wrong but it's only classified as a variant of interest because there's no evidence to support otherwise.

Is this connected to a lack of sufficient data? Can you comment on this? Thanks.

Thank you very much, Priti. That goes to Dr Van Kerkhove.

Thanks very much for this question. Yes, indeed the B1617 has been classified as a variant of interest and what WHO does is that we have characterisations of variants of concern and variants of interest at a global level.

Currently we have three variants of concern at the global level; the B117, first identified in the UK; the B1351, the variant first identified in South Africa; and the P1, the variant that was first identified in Japan in travellers from Brazil.

We have an additional seven variants of interest that we are tracking worldwide. B1617 is one of those. Indeed there actually are a number of virus variants that are being detected around the world, all of which we need to properly assess.

This is based on information that we know about its circulation, how much of these virus variants are circulating and this is determined by the sequencing capacities in country. As you know, the sequencing capacities around the world vary.

In India in particular the sequencing capacities are increasing, as is happening around the world, although we don't have very good eyes and ears to see which of these variants are circulating where.

It's really patchy so far but there are other pieces of information that we're looking at. We're looking at the epidemiology in the local setting in terms of is there an increasing trend in cases, in ICU rates, in hospitalisation so we're also looking at severity.
Then there are a number of lab studies that are underway so we have a global group of individuals who work together who meet regularly as part of our virus evolution working group. The B1617 has been discussed with our virus evolution working group together with colleagues from India to assess what this variant is and if there are any changes in terms of the epidemiology, in the severity of disease that is caused in people who are affected with this.

Some of these studies take time to understand if there's an impact on neutralisation, if there's any impact on our ability to detect it with currently-available diagnostics, if there's any impact on the available therapeutics or vaccines.

So there're a number of studies that are underway for the B1617 as well as the B1618 and other virus variants that are circulating. In addition to that not only do we look at particular variants but we're looking at specific mutations that are identified in each of these variants and there are common mutations that are being identified.

So what's important by having this global community speak together as an overarching ability globally to monitor and assess these variants; we're putting the right people together in the room to discuss, what do these mutations mean.

It's a very dynamic process. The information is coming in fast and furious. There are new variants every day that are being identified, that are being reported, not all of which are important so it's important that we have the proper discussions to determine which ones are of significance from a public health value, meaning does it change our ability to use public health and social measures or any other medical countermeasures.

So this is one that we are actively tracking. We are working with colleagues in India but the B1617 is also in other countries so other countries are also doing studies on this particular variant.

So we release the information every week in our weekly epidemiologic record and so you can track the latest information that we have from there and through pre-prints of publications, which we're also monitoring.

Sorry; it's a long-winded answer but there's a lot of work that's ongoing with these variants because they're so important for us to understand the trajectory of this pandemic and what's
happening in each individual country and we need the global community to be working together and they are.

CL  Thank you very much, Dr Van Kerkhove. The next question goes to Sophie Mkwena from SABC. Sophie, please unmute yourself.

SO  Sophie Mkwena from the SABC in South Africa. I just want to find out, in terms of the vaccines that are currently being evaluated by the WHO, how far is the WHO with Sinovac and also Sputnik? And perhaps clarity whether China and Russia have presented the reports on these vaccines.

CL  Thank you very much. I think we answered the part on China but for Sputnik, please, Dr Simao.

MS  Thank you, Sophie. With Sputnik, which is the Gamalaya Institute in Russia, WHO still does not have the entire dossier; it's not complete, the data's not completed yet but it's what we call a rolling submission so the manufacturers can put in data as the assessment moves forward.

00:46:49

Gamalaya, Sputnik V; we have had a team in Russia for the past two weeks already assessing the good clinical practice for the Sputnik vaccine and we will start inspecting for good manufacturing practices now from 10th May to the first week of June.

That's when we'll do the inspections in five different locations of five different producers. Two of these inspections are being done together with the European Medicines Agency and two will be done only by WHO.

So we expect that as soon as we have the entire dossier, the full dossier plus the compliance to both good manufacturing practices and good clinical practices the vaccine can be assessed then by the technical expert group and we expect that this is likely to happen at the end of June or probably in July. Thank you.

CL  Thank you again for these clarifications. We'll move to Carmen Pound from Politico. Carmen, please unmute yourself.

00:47:55

CA  Thank you so much for giving me the opportunity to ask a question. I wanted to ask about the fact that the Democratic Republic of Congo has said that they will give back about 1.3 million vaccine doses from AstraZeneca and I think Africa CDC
said that a few other African countries, without naming them, are in the same situation.

I was wondering how worried the WHO and COVAX are about the situation given that obviously the Democratic Republic of Congo right now doesn't have so many cases but, as we've seen in India and elsewhere, you never know how things might happen in the next few months.

So is anything being done to help countries that have vaccines but they're about to expire soon to deploy them? What is happening there? Thank you.

CL Thank you very much, Carmen. We are looking at Dr Aylward to take this. Thank you.

BA Thank you very much, Carmen. I'm not sure I know the exact specifics about the case that you mentioned but we do know that some countries have had concerns about expiry dates related to doses that they've received.

00:49:02

What I'd understood when I heard about this was that this was not actually COVAX but doses received through another channel but again I'm not 100% sure on that. What's more important is the second part of what you asked about, about what we're doing to try and help.

Most importantly this is a piece of work that started back in October or November of last year where the whole COVAX entity - UNICEF, WHO, the World Bank, others - and many partners and NGO partners on the ground started working with governments on what we call their national vaccine deployment plans or NVDPs.

Those plans have nine - or ten now - different areas of work; everything from assuring vaccine safety, cold-chain capacity, how to manage the communications around vaccines, the planning for roll-out, financing, etc.

There's been a tremendous amount of work done with all of the countries that are part of COVAX and especially the 92, what we call, advance market committent countries or the ones that receive support in the form of the vaccine.

00:50:12

So there's been a whole programme of work with them to ensure first there is an assessment in these countries across all the dimensions I mentioned, then that a plan was put together, a
comprehensive plan, that it was actually financed and then systematically tracked.

So all of that was to ensure that the issues like you just mentioned are able to be managed, make sure that as countries get vaccines, even with short expiry dates, that they be able to roll them out as rapidly as possible.

Not every plan goes perfectly so there have been some bumps in the road and some hiccups in different countries that we've heard about and every week the teams get together or actually almost on a daily basis; they systematically look at the lessons we're hearing, sharing those lessons across regions and countries to make sure as we go forward they get dealt with.

So yes, there're going to be some bumps in the road but there's a huge up-front investment that's been made to try and help the countries ensure as smooth a roll-out as possible but still learning as we go and hopefully the roll-out will get smoother and smoother as it goes forward.

CL Thank you very much, Dr Aylward. The next question goes to Gabriela Sotomayor from Progreso. Gabriela, please unmute yourself.

GA Hola. The question is for Mr Brown. Which governments are prolonging the global pandemic? But also pharmaceutical companies; where is the accountability here? Health personnel are dying; elderly. This is very unfair when those countries can help so do you think that at least they have a moral responsibility?

Very, very quickly, please, if Dr Tedros can give a message for journalists who have been arrested, harassed, attacked for criticising the dealing with the pandemic of their governments. Thank you very much.

CL Thank you very much, Gabriela. Mr Brown.

GB This is a moral catastrophe if we cannot help vaccinate and provide help to the poorest people in the world and that's why I think people are determined that in the next few weeks big decisions be made.

CL Thank you very much, Gabriela. Mr Brown.

GB This is a moral catastrophe if we cannot help vaccinate and provide help to the poorest people in the world and that's why I think people are determined that in the next few weeks big decisions be made.
Kingdom, the United States of America have provided substantial amounts of resources to ACT-A and therefore to COVAX.

But some countries have yet to contribute; some countries could contribute more than they've done and I think over the next few weeks you will find people trying to persuade governments in each of the G7 countries initially and then the G20 countries that there is an ethical as well as economic imperative for taking action to provide for money for vaccinations.

I would see this campaign - you saw a concert last night in Los Angeles; you've seen letters already appearing; some of the medics themselves have been calling for the vaccinations that they've discovered and been responsible for to be distributed right across the world.

This will see a great deal of momentum over the next few weeks to persuade us that really you can't rely on just passing the begging-bowl around when you've got a crisis of life and death. You can't treat this like a charity fund-raise. You've got to have a systematic plan for equitable burden-sharing and that's what I hope we'll get agreed by June 11th. Even then I wish it'd been earlier but this is the point at which a decision can be made.

00:53:50

CL Thank you so much, Mr Brown. Dr Tedros.

TAG Thank you. Thank you so much for that question. First of all - I said it earlier but I will repeat - Happy World Press Freedom Day. As you know, for the world to have stability and peace and prosperity democracy's central and for democracy to continue to be strengthened the role of the media is very, very important.

Strengthening media in each and every country and ensuring its freedom actually contributes to the stability and survival and development of the country and also strengthening democracy. So when we celebrate press freedom day I think each country should realise that protecting the media, protecting journalists is actually to the advantage of each and every country.

I call on all countries to work on strengthening strong media in their countries and at the same time strong democratic institutions.

00:55:34

Then the other extreme of course is, as you rightly said, journalists are being targeted in many countries and that should
not be the case. We sympathise and our condolences to the families of those journalists that we have lost this year.

We appreciate their heroic services and this day we have to remember those journalists who are exposing themselves but serving humanity, of course at the expense of their lives. We respect them and to all journalists, we respect your role. Please accept our gratitude for your service.

This year I think World Press Freedom Day's theme is information as a public good. Indeed it's a public good and thank you so much for using the public good to help with another global public good that is fighting the pandemic. Thank you so much.

CL Thank you so much, Dr Tedros and Mr Brown. It looks as if we have time for one more question and that goes to Simon Ateba from Today News Africa. Simon, please unmute yourself.

SI Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. Dr Tedros just noted that Sweden is donating one million doses of AstraZeneca vaccine to COVAX, after France and New Zealand and we know that the US has shared vaccine doses with India, Canada and Mexico.

00:57:43 I was wondering if WHO, Dr Tedros has personally reached out to President Biden for the US to share vaccine with COVAX and help with intellectual property. Have you called the White House to say, hey, President Biden, I know you recently pledged $4 billion to WHO but there's fire on the mountain and we need all those millions of doses of vaccine that you don't need in the US? Thank you.

CL Thank you, Simon. Dr Tedros, please.

TAG Yes, thank you so much. I'd like to use this opportunity actually to thank the generosity of the US. The Biden administration has already donated - I don't remember the figures but - US$4 billion to COVAX; I don't want to make a mistake on that; four billion so that's very, very generous and that's already the largest contribution so I'd like to use this opportunity to thank President Biden and his Government.

00:58:47 Then on vaccine donation, I think they will do it when they're ready. We see some positive signals now and as soon as they're
ready they will announce but we have already engagements and look forward to getting positive news soon. Thank you.

CL  Thank you so much. With this we've come to the end of our time. Sorry for not being able to take all questions that are still pending but I will ask Mr Gordon Brown, our special guest today, United Nations Special Envoy for Global Education and the former Prime Minister of the United Kingdom, for any final words, please.

GB  I just want to say I'm in awe of the work that is done by the World Health Organization, by ACT-A and by COVAX and by so many health workers around the world who are fighting to save lives at this very minute.

I wanted to follow on from what Dr Tedros said and say, I and a number of other former leaders, medics and others have been in touch with President Biden. We've raised the issue of the temporary waiver for the patents. We've raised the issue of dose sharing and we've also raised the issue of support financially at the G7 for the vaccine to be distributed across the world.

So I've got no doubt President Biden, who spoke at the concert last night, is determined to do what he can over these next few weeks, as we've said, to support the efforts of the WHO and Dr Tedros and all those who're working we will step up the pressure, I can assure you, so that we hope that just as the G7 made big decisions on debt release, on aid for Africa and then on HIV/AIDS some years ago, it makes a big decision on June 11th to support all those who are in need of vaccination.

01:00:44

We cannot have a two-speed world and a divided world as a result of a vaccination that has been discovered but is not yet available to everyone who needs it.

CL  Thank you so much, Mr Brown, for your participation. Thank you all for your participation here. We will be sending the audio files and Dr Tedros' remarks and also Mr Brown's remarks afterwards. The full transcript will be posted on the WHO website tomorrow morning. For any other follow-up questions please send an email to mediaenquiries@who.int

With this I'll hand over to Dr Tedros to close.

TAG  Okay. Thank you. Thank you so much. Much gratitude to Prime Minister Gordon Brown for joining and also for championing vaccine equity, thank you so much, and also the long-term
proposal you have made - I hope the world will listen - on burden-sharing. Thank you so much for that.

My appreciation also to the media colleagues who joined today. Again Happy World Press Freedom Day and on behalf of WHO I'd like to express our respect and appreciation for what you're doing and thank you so much for that. See you in our upcoming presser on Friday. Thank you so much.

01:02:20