Hello and good day to wherever you are listening to us today. It's Monday 26th April 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference with a special focus on the impact of COVID-19 on immunisation as we mark World Immunization Week, which started on Saturday 24th April.

The press conference will include two special guests today and those are Henrietta Fore, UNICEF Director, and Dr Seth Berkley, CEO of GAVI, the vaccine alliance. Welcome. Simultaneous
interpretation is provided in the six official languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi.

Present in the room are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals, and Dr Ann Lindstrom, the Head of the Immunisation Programme of WHO. We have other colleagues online if necessary. With this let me hand over immediately to Dr Tedros for the opening remarks. The floor is yours.

TAG  Thank you. Thank you, Christian. Good morning, good afternoon and good evening. Globally the COVID-19 pandemic continues to intensify. Cases have now increased for the ninth straight week and deaths have increased for the sixth straight week.

00:02:17

To put it in perspective, there were almost as many cases globally last week as in the first five months of the pandemic. It's pleasing to see small declines in cases and deaths in several regions but many countries are still experiencing intense transmission and the situation in India is beyond heartbreaking.

WHO is doing everything we can; providing critical equipment and supplies including thousands of oxygen concentrators, prefabricated mobile field hospitals and laboratory supplies. As I mentioned on Friday, WHO has redeployed more than 2,600 staff to support the response on the ground, providing support for surveillance, technical advice and vaccination efforts.

Never before has the value of vaccination been so apparent. Today marks the start of World Immunization Week at a time when the world's attention is focused on vaccines as never before. With the theme, vaccines bring us closer, World Immunization Week shows how vaccination connects us to the people, goals and moments that matter most, helping improve the health of everyone everywhere throughout life.

00:03:56

Vaccines are one of the most powerful and transformative inventions in history. Thanks to vaccines smallpox is now in the history books, polio has been pushed to the brink of eradication and once-feared diseases like diphtheria, tetanus and meningitis are now easily prevented.
New vaccines continue to push back the frontiers of disease. In the past 15 years new vaccines have been approved to prevent cervical cancer, malaria and Ebola. Now safe and effective COVID-19 vaccines have been developed in record time, bringing us closer to ending the pandemic.

On Wednesday the WHO Foundation is launching a new global fund-raising campaign called Go GiveOne, to give everyone a chance to play their part in helping to vaccinate the world. Go GiveOne is aiming to engage 15 million people to contribute and is open to everyone; individuals and organisations of all sizes.

The money raised will go to COVAX to buy vaccines for the world, starting with those who need them the most. More information will follow this week. But even as COVID-19 vaccines give us hope of light at the end of the tunnel the pandemic has caused several disruptions to immunisation services around the world.

New WHO data shows that as a result of COVID-19 60 immunisation campaigns are currently suspended in 50 countries. That means about 228 million children are vulnerable right now to deadly vaccine-preventable diseases such as measles, yellow fever and polio.

Measles campaigns are the most affected, accounting for 23 of the postponed campaigns. Many measles campaigns have now been delayed for more than a year. In addition to targeted campaigns to prevent or respond to outbreaks routine childhood immunisation services also continue to be disrupted by COVID-19.

The latest WHO pulse survey shows that routine immunisation services were disrupted in more than a third of countries in the first quarter of 2021. While this represents a significant improvement over last year it remains a serious concern. Gaps in vaccination coverage are already having grave real-world consequences.

Serious measles outbreaks have occurred in several countries including the Democratic Republic of the Congo, Pakistan and Yemen. The risk of measles outbreaks is mounting elsewhere as more and more children miss out on the vaccines they so urgently need.

So we must turn the tide quickly and rebound from these disruptions. WHO, UNICEF, GAVI and other partners are working
with countries to ensure that immunisation services are restored quickly and safely but we must not forget that even before the COVID-19 pandemic nearly 20 million children missed out on life-saving vaccines each year.

So we must not only get immunisation back on track but do better than before. Today we're launching a bold new plan to do just that. The Immunization Agenda 2030 is an ambitious new global strategy to maximise the life-saving impact of vaccines over the next decade.

Our aim is to maintain hard-won gains in immunisation, avoid back-sliding and achieve even more by leaving no-one behind in any situation or at any stage of life. If fully implemented the Immunization Agenda 2030 could avert over 50 million deaths over the next decade, 75% of them in low and middle-income countries.

00:08:45

To achieve these goals all of us must step up and take action. First we call on world leaders and the global health and development community to make bold new commitments to advance this strategy.

Second we call on all countries to develop and implement national plans that align with the immunisation agenda 2030 and increase investments to make immunisation accessible to all.

Third we all on donors and governments to increase investments in vaccine research, development and delivery, focused on the needs of underserved populations. Fourth, we call on the vaccine industry and scientists to continue to accelerate research and development, ensure a continuous supply of affordable vaccines to meet global needs and apply lessons from COVID-19 to other diseases.

Together we can make up lost ground in immunisation, support the global recovery from COVID-19 and make sure no-one misses out on the life-saving power of vaccines. The Immunization Agenda 2030 has been developed by WHO, UNICEF, GAVI and many other partners and it's now my honour to introduce my sister, Henrietta Fore, the Executive Director of UNICEF. Henrietta, thank you as always for your leadership and you have the floor.

00:10:30

HF Thank you very much, Tedros. It's also very nice to see Dr Berkley here this morning for us. This week is indeed World
Immunization Week but effectively this year has become World Immunization Year because after a year of lock-downs and empty classrooms, missed vaccinations and virtual birthday parties, cancelled family dinners, people all over the world are now anticipating vaccines within their community.

Those of us in the global development understand how much and how important vaccines are but this year every single person on the planet knows it and we all want reunions with our families. This year more than any other has reminded us that vaccines bring us together but while COVID-19 vaccines represent our best hope of returning to normal lives we need to remind ourselves that millions of children all over the world have no access to vaccines for any of the preventable diseases whatsoever. This is not a normal that we should return to.

00:11:51

As Tedros has mentioned, even before the pandemic we were losing ground in the fight against preventable child illness. 20 million children were already missing out on critical vaccinations and I will place measles and polio at the top of my list.

Now a year into the COVID-19 pandemic we are still making up lost ground. While there has been progress from the peak of the global lock-downs routine immunisation services remained disrupted in 37% of responding countries in the first quarter of 2021.

Disruptions as a result of COVID-19 have made this problem even worse. In 2020 UNICEF, the largest global procurer and supplier of vaccines, delivered 2.01 billion vaccine doses, down from 2.29 billion doses the previous year. Considering the unprecedented global...

CL    Sorry for losing the contact right now. The image is frozen. We'll try for a second to reconnect. If we don't manage I would possibly ask to move to the next guest.

TAG    Maybe a minute or two.

CL    No connection. Move on. Lost the line. Unfortunately we lost the line to Henrietta Fore.

00:14:05

TAG    So I think we can move. Still no? Okay. Henrietta, I think you're back.

HF    My apologies.
TAG  Sorry, it just dropped. Thank you.

HF I believe that you lost me when I was talking about our vaccine dose procurements. Would that sound right?

CL Yes, indeed.

HF All right. In 2020 UNICEF was the largest global procurer and supplier of vaccines. We delivered 2.01 billion vaccine doses, down from 2.29 billion doses the previous year. Considering the unprecedented global lock-downs and their impact on supply delivery this was a remarkable achievement.

UNICEF also managed to deliver 912.7 million syringes for immunisation and ten million safety boxes to 83 countries and we installed 18,340 cold fridges in health facilities in 25 countries, another remarkable achievement.

00:15:26

Over the past few months we have repeatedly expressed our deep concern with the inequitable distribution of COVID-19 vaccines. WHO and Dr Tedros have said last week that of the over 890 million COVID-19 vaccine doses that have been administered globally more than 81% have been given in high and upper-middle-income countries.

This is not only unfair but it is also unwise because a threat anywhere is a threat everywhere, especially with a worrying rise in variants. But for the people living in the countries where 20 million children are already missing out on life-saving vaccines it is also unsurprising.

Vaccines have always been inequitably distributed but now is the time to change this. We can use this unique moment in time to spur long-term momentum towards finally achieving universal access to routine immunisations and broader primary healthcare.

That is why I am so pleased to join with my fellow panellist in launching Immunization Agenda 2030, a comprehensive plan to maximise the impact of vaccination over the next decade. IA2030 is an ambitious global strategy to maximise the impact of vaccines.

00:17:03

We are aiming to save an estimated 50 million lives, to halve the number of children receiving zero vaccine doses and to achieve 90% coverage for key vaccines over the next decade. As a part of our engagement in IA2030 and World Immunization Week
UNICEF is calling on governments to prioritise strengthening of health systems in the poorest countries.

We need to increase global domestic investment to continue delivering vaccinations and other critical services for the most vulnerable children and to guarantee universal, accessible and quality care for the long run.

We call on government to protect aid budgets and to fulfil existing commitments which support life-saving child health services including routine immunisation, nutrition and maternal health.

Donors should also increase investments in vaccine research and innovation, development and delivery, focusing on the needs of the underserved. The pharmaceutical industry and scientists working with governments and funders should continue to accelerate vaccine research and development, ensure a continuous supply of affordable vaccines to meet the global needs and apply the lessons from COVID-19 to other diseases.

Finally we need to take steps to make sure that parents and caregivers trust health workers and heed their advice on vaccinating their children against preventable diseases. Later this week UNICEF will be joining the Yale Institute for Global Health and Public Goods Projects to announce a new initiative to equip country teams with tools to counter misinformation and mistrust all related to vaccines. We will be sure to make these details available soon.

The stage is set for 2021 to be a pivotal year for immunisation. Through COVAX and other global efforts to make the COVID-19 vaccines available for all we are embarking on an unprecedented global immunisation campaign but this campaign cannot come at the cost of childhood vaccinations.

We cannot trade one global health crisis for another. In a year when vaccines are at the forefront of everyone's minds we must sustain this energy to accelerate efforts on all three fronts; providing equitable access to COVID-19 vaccines, catching up on missed vaccinations due to the pandemic lock-down, and critically extending immunisation efforts to all children currently missing out on vaccines entirely.

We have no time to waste. Lost ground means lost lives. Join our calls. Thank you very much, Dr Tedros.
Thank you. Thank you, Henrietta. For more than 20 years GAVI has played a vital role in realising the power of vaccines for the world's most vulnerable communities. It's now my pleasure to welcome GAVI's Chief Executive Officer, my brother, Seth Berkley. Seth, thank you so much as always for your partnership and leadership. You have the floor.

SB Thank you, Tedros and Henrietta. As we mark World Immunization Week I'm very proud to stand together with our long-standing alliance partners, WHO and UNICEF, to launch Immunization Agenda 2030.

Immunisation is the most widely distributed health intervention and in the last 21 years the alliance has worked together to successfully increase coverage and introduce more than 500 new vaccines, which has led to reduced vaccine-preventable diseases by 70%.

But despite these successes you've heard about the 20 million children that are under-immunised every year. I would like to talk about a subset of these, the nearly ten million children in lower-income countries who don't receive a single shot, leaving them vulnerable to some of the world's most deadly diseases.

Of course you've already heard that due to the pandemic more children across the world are likely to miss out on basic vaccines, threatening to unravel the two decades of progress. So what we need to support the recovery from COVID-19 and to fight a future pandemic is to make sure that we prioritise routine immunisation.

We must specifically focus on improving the situation for children and their families who do not receive any routine vaccines, so-called zero-dose children. These children usually live in communities that suffer not just from high child mortality but also deep-rooted social issues and gender disparities including high maternal death.

Zero-dose children are also less likely to live in a household with access to safe water and sanitation. That is why we need a global movement to reach these missed communities. We need to work together across development agencies, governments and civil society.
If we can reach them with immunisation we can also bring the other services every child needs to live a healthy, successful life from education to clean water and sanitation.

Reaching zero-dose children could also improve global health security. This contact with the health systems allows health professionals to systematically be on the look-out for new outbreaks and new emerging diseases.

This early-warning system is one of our first line of defence against the next pandemic as we battle the current crisis. As of today in collaboration with our partners, WHO, CEPI and UNICEF through COVAX, a multilateral mechanism which aims to secure vaccines for COVID, we’ve been able to provide over 45 million doses of the vaccine to 120 economies across the world.

These doses are being used to protect healthcare workers, the elderly and other high-risk groups and in turn those who are closest to them but as you've heard, we're not where we need to be on equity and this also needs intense focus.

00:24:07

COVAX has been a worldwide effort and the support of governments and partners has been critical and similarly with the launch of the Immunization Agenda 2030 we need the support of leaders and others to ensure that no child is left behind.

One key target of the IA2030 strategy is to reduce the number of zero-dose children by 50% by 2030. This will be a core focus for us at GAVI. The cost of inaction is clear. Communities with large numbers of under-immunised children are more vulnerable to disease outbreaks.

Outbreaks push the community further into poverty as household health expenditures rise, impact a child's right to survival and development, divert resources from already-stretched health systems and pose significant risk to global health security.

Through partnerships and collaboration we can leverage all of our strengths to reach communities and ensure they have the tools they need to build a successful life, from education to clean water to life-saving vaccines, and also have the systems to deliver epidemic vaccines like yellow fever, cholera, meningitis, measles, even Ebola.

00:25:27

As you've also heard, it's critical that we continue on the pathway of making sure that the research and development for new
vaccines and new technologies continues to bring us better, easier-to-use and heat-stable vaccine.

So as we embark on this next phase of routine immunisation we must recommit to fully immunising every child on Earth and rapidly make up the ground we've lost to COVID-19, which Tedros has already talked about.

This is not only a GAVI priority; it's closely aligned with the core mission of the sustainable development goals to leave no-one behind. Let's have vaccines bring us closer together. Let's all do our part to make this a reality. Thank you, Dr Tedros, for including me.

TAG  Thank you. Thank you, Seth. Now for a few words about the specifics of the Immunization Agenda 2030 I would like to turn to my colleague, Kate O'Brien, WHO's Director of Immunisation, Vaccines and Biologicals. Kate, you have the floor.

KOB  Thank you so much. You've heard that Immunization Agenda 2030 is this ambitious global strategy to maximise the life-saving impact of vaccines in this new era that we're all in.

00:26:51

It's really being launched at a critical time, during World Immunization Week when all eyes are on vaccines and immunisation programmes, those programmes that actually deliver those vaccines to people of all ages in every corner of the world.

You've heard about some of the numbers, about what achieving the agenda in this new decade would actually mean. It would mean reducing by half the children who are completely left out of essential vaccines, the zero-dose children.

It would mean achieving another 500 introductions of new and underused vaccines in low and middle-income countries. It would also mean achieving 90% coverage of the key life-saving vaccines. If those goals are achieved the latest estimates show that the strategy would avert over 50 million deaths that would otherwise occur among children and adolescents by 2030.

00:27:51

So this is a global strategy. It's created by and for the global community and requires broad ownership by all immunisation and non-immunisation stakeholders. It's designed to respond to every country in the world regardless of income level or
geography and it's not owned or the sole responsibility of any one country or any one agency.

The IA2030 strategy puts people at the centre. It's led by countries, implemented through broad partnerships and driven by high-quality data. It positions immunisation as a key component of primary healthcare to help achieve universal coverage and the sustainable development goals, as Seth just mentioned.

It serves as an umbrella for all issues related to vaccines and immunisation, guiding countries and regions to develop their operational frameworks to make it real. Unlike many global plans IA2030 was co-created through a collaborative bottom-up process that engaged thousands of stakeholders around the world.

It also draws deeply on the lessons that have been learned from this past decade of immunisation and addresses emerging challenges such as COVID-19, demographic shifts and urbanisation.

Moving forward it will continue to champion a collaborative, community-owned, country-participatory partnership approach to immunisation. The goals are designed to inspire action at the local, national, regional and global levels.

A framework for action has been developed to ensure that we translate that vision that we've laid out into collective action across all of those layers of countries and regions, civil society and development partners.

It's an adaptive and flexible strategy so it will be tailored by every country to their needs and situation and revised as new opportunities and challenges emerge. This is a collective strategy and a collective call to action, to maintain the hard-won gains in immunisation, recover from the disruption caused by COVID-19, increase equitable access to vaccines for everyone. It will require a commitment from leaders, investment and political will to ensure everyone at all ages in all countries benefits from the life-saving impact of vaccines and brings us all closer to a better and more equitable future. Thank you.

TAG    Thank you. Thank you, Kate and thanks again to Henrietta and Seth for joining us today. Vaccines are a triumph of science.
Science has always been at the heart of WHO's work and never has science been so critical in addressing global health challenges as it is now.

As part of WHO's transformation we established a new science division two years ago, appointed WHO's first Chief Scientist and last year we decided to establish a WHO science council to provide advice on high-priority scientific issues that could have a direct impact on global health.

The science council has now been established, comprising nine leading scientists from around the world and will be chaired by Professor Harold Barnes, the winner of the 1918 Nobel Prize in Physiology or Medicine.

The council will hold its first meeting tomorrow where it will decide on initial steps and programme of work. I'd like to thank all the members of the council for joining. Thank you so much. Christian, back to you.

00:31:49

CL   Thank you so much. Let me now open the floor to questions from the media. To get into the queue to ask questions you need to raise your hand using the raise your hand icon and then do not forget to unmute yourself. We will start on my list with Paulina Alcasar from Encadena News. Paulina, please unmute yourself.

TR   Thank you very much, Christian. Can you hear me? Thank you. Our question is that right now there is the world summit of tourism in Cancun that is taking place where people are speaking about recovery and where they have sanitary bubbles in place and the agenda is dealing with the impact on recovery, on travel starting up again and trips for the future.

What message, Dr Tedros, could you give to this important summit that is being carried out right now? Thank you.

CL   Thank you very much, Paulina. I'll ask Dr Van Kerkhove, please.

MK   Yes, thanks. I'll start and I'm sure others will want to come in because this is such an important topic. As the world is recovering from the pandemic it would behove me to say that we're still in the acute phase of this pandemic and the trajectory that we are seeing globally is incredibly worrying with the ninth straight week of increasing incidence around the world.

00:33:22
Clearly it's not being driven at the same level of intensity around the world and we're all looking at how we reopen up societies. These need to be done in a staged way, in a staged approach where first and foremost we get control over this virus and there are many ways in which we can take back control over the SARS-CoV-2 virus through a combination of public health measures and individual-levels, at community levels, at subnational levels, national levels, international levels.

There are medical interventions, vaccines and vaccinations that are coming online but, as you've heard us say over and over again, there is an uneven and inequitable distribution of the COVID-19 vaccine so far.

We are seeing improvements in that but still there's an inequitable distribution of that but as we gain control over this virus there are ways in which societies can open up. This also includes travel but it's about how an individual leaves their home through all of the different stages of travel and looking at first and foremost does that travel need to happen right now.

In many parts of the world that answer is no. In some parts of the world where there are these travel bubbles that are established where some countries have brought the virus under control, they have very low levels of transmission or no transmission, they have opened up these corridors and they have taken a risk-based approach into opening up and into having the right characteristics for travel and keeping the passengers safe from leaving their home all the way through.

We are working with our partners in the travel industry, across many of the different hospitality industries as well to ensure that when this does open up it can open up as safely as possible. Right now there's no zero risk and so it's about measuring that risk and trying to minimise the risk through the whole part of the travel experience. Others may want to come in.

CL Thank you very much, Dr Van Kerkhove. I'm looking around and not... Then we'll move to the next question and that's Shoko Kuyama from Japanese TV, NHK. Shoko, please unmute yourself.

SH Hello, Christian.

CL Please go ahead.
Thank you for taking my question. My question is about the status of COVID-19 vaccines within the WHO emergency use listing evaluation procedure. Two Chinese candidates; according to the latest guidance document the anticipated decision dates are the end of April for Sinopharm and early May for Sinovac, if I'm correct.

When exactly are these candidates going to be assessed and when does WHO make a decision on whether to register these vaccines for emergency use listing? Thank you.

Thank you very much, Shoko. We should have Dr Mariangela Simao, our Assistant Director-General for Access to Medicines and Health Products, online with us. Dr Simao, please.

Good morning and thank you for the question, Shoko. Can you hear me? We do have a technical advisory group, an expert group meeting today and we'll meet the next days to assess Sinopharm. We are meeting on Friday to assess Moderna and next week on 5th May we will be assessing Sinovac.

So we expect that for Sinopharm we will have a decision before the end of this week and for Sinovac most likely by the end of next week. Thank you.

Thank you very much, Dr Simao. Next question goes to Nina Larson from AFP. Nina, please unmute yourself.

Hi. Thank you for taking my question. I want to ask about India, which has temporarily frozen exports of the AstraZeneca vaccine from the Serum Institute to help address the vaccine need there. I understand that COVAX was therefore 90 million doses short in March and April and I know you've asked for donations from countries with excess doses to help compensate for that.

So I was wondering, how many have you received so far if any and how confident are you that the Indian Government will release vaccine doses to COVAX in May? Thank you.

Thank you so much, Nina. We'll look at Dr Seth Berkley from GAVI, the vaccine alliance possibly.

Yes, thank you for that question. We are in early days on discussions on dose sharing. We had an announcement last Friday from President Macron that he would be sharing up to half...
a million doses and we've also had an announcement from New Zealand that they would be sharing 1.6 million doses.

We've heard from the Spanish Prime Minister that they would be sharing doses so we're beginning to see engagement from many on dose-sharing, which is an important priority given the fact that countries have purchased large portfolios of vaccines not knowing which would work and therefore ultimately will have more doses than they need for their populations.

Your numbers are correct; we had expected 90 million doses for March and April for the 60 lowest-income countries including India and those have not been made available given the crisis in India now. They're being used domestically and we are waiting for when supplies will resume. We're looking at other options at the same time. Thank you.

Thank you very much, Dr Berkley. The next question goes to Jenny Levello from Davex. Jenny; no, she seems to have dropped. Okay. Then we move on to Simon Ateba from Today News Africa. Simon, please unmute yourself.

Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. India was initially seen as a success story for its response to COVID-19. Now thousands of people are dying in India every day, hundreds of thousands of new infections are being recorded every day, all ventilators are in use and intensive care units are operating at full capacity. The healthcare system is on the brink of collapse.

The same situation is happening in Africa. Africa has been seen, was seen initially as a success story with fewer cases and fewer deaths. How worried are you that what we are seeing in India right now may likely happen in Africa and when can we expect most people in Africa to be fully vaccinated? Thank you.

CL Thank you very much. I'll hand over to Dr Maria Van Kerkhove.

MK I'll start with the first part of that question. Simon, as you've pointed out, the situation in India is really heartbreaking, as the Director-General has said and the exponential growth that we've seen in case numbers is really, truly astonishing.

We have seen similar trajectories of increases in transmission in a number of countries. It has not been at the same scale and it
has not had the same level of impact in burden on the healthcare system that we've seen in India but we have seen similar trajectories where the incidence was almost vertical if you looked at that epi curve.

This can happen in a number of countries, in any countries if we let our guard down. I'm not saying that India has let its guard down but I'm saying we're in a fragile situation. Nine weeks of case incidence increasing, almost 5.7 million cases reported last week and that is certainly an underestimate of the true number of cases, of infections that have occurred in the last week.

It's a fragile situation globally and we really have the elements around the world with a lack of strategic and comprehensive use of public health and societal measures for a variety of reasons, some because some individuals cannot attain physical distancing, living in very crowded situations, cannot use masks properly because they don't have three-layer fabric masks, or for a number of reasons or social gatherings taking place.

00:42:02

We still need to apply all of these elements of physical distancing as much as we can, avoiding mass gatherings, avoiding crowded spaces, improving ventilation in indoor settings, spending as much time as we can outdoors compared to indoors and using vaccines as much as we can for front-line workers and those who are most at risk.

So the situation is fragile, the situation can grow if we allow it to and this is why it's important that every single person on the planet knows that they have a role to play and we need governments to be able to support them in taking the actions that will inform them about what they need to do and keep them safe and make sure that they can actually carry out the measures that are being asked of them in the local situation where they are.

So I think you present a situation across India but also in Africa, as you mentioned. We do need to not let our guard down and really follow through on all of these measures that we can and make sure that governments continue to apply comprehensive approaches, informing, engaging, enabling populations so that they know what they need to do to keep themselves and their loved ones safe.

00:43:16

CL Thank you very much. Dr O'Brien, please.
KOB  Just the second part of the question which was about when would we see full vaccination in Africa; I think the best answer to that is that the actions that are taken now and in the very near future are going to determine that.

Obviously the critical issue is supply and having adequate supply to serve all people in all countries who need vaccination. There are actions that can be taken now both through funding from countries, through dose-sharing, through increasing manufacturing, which we've talked about before, about what the steps are to rapidly accelerate manufacturing now and in the medium and longer term.

I think the other issue is the importance of equitable distribution of those vaccines. As we've said so many times, there are a large number of doses that are inequitably distributed and this is not going to result in immunity and vaccination of all countries at the same pace to protect those who are most vulnerable.

I think we really have to focus on the healthcare workers now in many countries who do not yet have vaccination access, do not yet have adequate supply in countries and there are many countries that have started vaccination but not enough doses to actually give the second dose at this point.

So we're in a really critical phase right now of assuring that those at highest risks - healthcare workers, those who have highest risk of hospitalisation and death - are prioritised in all countries around the world and that means moving supply into countries that have inadequate supply at this point to actually deliver that critical public health benefit.

CL  Thank you so much. Just to inform you that Dr Seth Berkley and Ms Henrietta Fore had to leave for other engagements but we do have online with us Dr Robin Nandy, UNICEF Chief of Immunisation, and I would like to see if he wanted to chip in on this question. Dr Nandy.

RN  Hi. I think Kate and Maria answered the question appropriately and I just want to reiterate the message of Dr Tedros, Henrietta Fore and Seth Berkley about the importance of delivering COVID-19 vaccine in parallel to existing childhood vaccination as well.

00:45:04

As more and more COVID-19 vaccines are available there is a chance of further disruption of routine immunisation services. What we don't want to see is concurrent outbreaks of other
vaccine-preventable diseases as we respond to the COVID-19 pandemic because that would be a disaster to the health system, to the economy, to families and to communities. Thank you.

CL Thank you very much, Dr Nandy. Again this was Dr Robin Nandy, UNICEF's Chief of Immunisation and I'm looking at Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator, here in the room.

BA Thanks, Christian, and thanks, Simon, for this question. It's so important and we just want to come back and make a few more comments on it. If you think back just three months ago very few countries, almost none in Africa had even started vaccinating and as of today all but seven countries in the African Union have now actually got vaccine and they've been able to start vaccination.

So I think that proves, Simon, where there's a will and truly and international will there is a way to get people vaccinated in the places that they have to get vaccinated and when you ask what we can expect in terms of seeing fully vaccinated populations in Africa, the goal is to ensure at least 30% of the population in Africa is vaccinated this year.

As you know, the goal of COVAX, originally at 20%, has been increased now to try and get that vaccination and as Kate alluded to, that would be sufficient to cover the healthcare workers, the older population and most of the populations at risk of severe disease or death.

But the only way we're going to achieve that is if there's a fundamental shift in the way that we are distributing vaccines and as we've called on earlier today - we're calling on countries with excess doses to do their part in trying to ensure there are sufficient doses going to Africa to hit those targets through COVAX.

But also there's a very, very important role for suppliers to be playing here as well and we're calling also on the suppliers to ensure that when they have additional capacity as they develop it they offer it to COVAX before they offer it to high-income countries or upper-middle-income countries or the highest bidders.

We're asking also that suppliers make sure that they make offers to countries with excess doses that they will work with them to
ensure those doses can contractually be moved to COVAX. So there are many things that can be done, not just by the countries that hold some of these contracts but also the suppliers with whom those contracts are held.

We need the collaboration of both sides working with us in COVAX and with GAVI and UNICEF, our partners, to make sure that we can have access to that capacity because that's the only way, Simon, that we're going to hit those coverage targets which could fundamentally change the risk of severe disease in Africa in the very short term actually.

CL Thank you all so much. The next question goes to Arwin Bashinger from Observer Times India. Arwin, please unmute yourself.

AR Thank you for considering my question. How is [unclear] categorisation being done by the governments of countries during the COVID-19 pandemic for providing routine immunisation services? Is there an essential need for separate infrastructure for immunising pregnant women and infants network [?] along with the mobile clinic? Thank you.

00:49:56

CL Thank you very much, Arwin. I'm not sure we got all your points individually but maybe Dr O'Brien can start and we'll see if we cover most of them.

KOB Yes, it was a little bit difficult to hear you but I think your question was primarily around maintaining routine immunisation services during the COVID pandemic in countries and especially the attention to services for pregnant women and for infants.

I think the important thing to remind people of is these are life-saving vaccines just as COVID vaccine is a life-saving vaccine. The portfolio of vaccines that is provided; there are 12 vaccines that are in the programme of every country around the world and they are in every country around the world because these are life-threatening diseases that without vaccines would result in upwards of four million deaths every year, year in and year out.

00:50:58

So that's what the programmes are doing already. In the course of the COVID pandemic we've reported previously that there was a massive disruption to those immunisation services. Over two-thirds of countries reported very significant disruptions and now still over a third of countries are reporting significant disruptions.
So the importance of countries recovering these routine immunisation programmes and doing so in a way that protects the health workers who are delivering services and protects those who are coming for the services so that they can receive life-saving vaccines without feeling they're being put at risk of a COVID exposure.

These are the kinds of investments that countries are making and frankly it costs more money to deliver services because of the personal protective equipment that health workers need in order to protect themselves, because of the expansion of clinic hours that is needed to assure that people aren't in crowded circumstances.

We would strongly support and encourage countries especially to return with every effort the services to their pre-pandemic levels and to go beyond that to assure that children and pregnant women and older adults and adolescents are able to receive those life-saving vaccines that are available and needed for a healthy future for all of those ages.

**00:52:37**

CL Thank you very much, Dr O'Brien. The next question goes to Stephanie Nebahe from Reuters. No, she has dropped off. Then we move to Todd Gillespie from Bloomberg. He also dropped. All the questions were answered already. Let's go for Jeremy Launch - this might be our last question anyway - from LFE. Jeremy, please unmute yourself.

JE Thank you so much. I didn't drop so here's my question. I was referring to what you said about the disruption of the immunisation campaigns. I was wondering, do you fear that beyond the disruption that we see the manufacturers might have trouble getting raw materials for non-COVID vaccines?

CL Thank you very much, Jeremy. Dr O'Brien, please.

KOB Yes, we've been working with and looking carefully at the production of the non-COVID vaccines, the vaccines that are throughout the regular programme and looking very carefully at the pace of production. There is of course play in the system. Vaccines are not produced in a just-in-time fashion so there is some flexibility within the system.

**00:54:01**

We've seen that flexibility actually diminish over time so there is less capacity sitting in the supply chain. We have seen some
countries that have had disruptions to their supply but none that have been severe and none that have been prolonged.

That being said, virtually all of the manufacturers of routine immunisations and the essential immunisation programme; the vast majority of them are involved in one way or another with the development and production of COVID vaccines so especially as there's pressure on the COVID manufacturing this is a very important area to assure that we don't end up in a situation where we have supply constraint on the many other vaccines that are in the programme.

So we're not in a crisis situation right now and we have a limited number of examples where there has been a supply disruption for a short period of time but this has to remain an area where we're very attentive and the manufacturers are very attentive both to, as you say, raw materials and the other components that are needed beyond the raw materials to actually produce vaccines.

I might ask if Robin Nandy from UNICEF... UNICEF, as we've mentioned, is the largest procurer of vaccines around the world and I wonder if Robin has something he would like to add to this.

RN  Again, Kate, you've covered the response very well. I think the other piece is that while we saw a drop in supply of vaccines over the last year we've also seen a drop in consumption and this means that we haven't seen large-scale stock-outs.

We are working with the manufacturers to carefully forecast vaccine needs over the next several months to make sure that we have adequate attention to both routine vaccines as well as COVID-19 vaccine.

CL  Thank you very much, Dr Nandy. With this we've come to the end of our briefing. Thank you all for your participation. We will be sending the audio file and Dr Tedros' remarks right after the press conference and 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

Dr Tedros, please.

TAG  Thank you. I would like to thank Henrietta and Seth for joining and all media colleagues who have joined today and see you in our upcoming presser. Thank you.