Hello and good day to wherever you are listening to us today. It is Friday 28th May 2021 and it's a very special occasion during the World Health Assembly and it's been a while since we've seen each other. My name is Christian Lindmeier and I'm welcoming you to today's special press conference to mark the
first anniversary of the COVID-19 technology access pool, the CTAP.

We have a round of very special guests today. I'll start with His Excellency, Carlos Alvarado Quesada, President of Costa Rica; the Honourable Arancha Gonzalez Laya, Minister for Foreign Affairs, Spain; Professor Jesus Marco, Vice-President of the Spanish National Research Council, CSIC; the Honourable Meryame Kitir, Minister of Development Cooperation of Belgium; the Honourable Budi Gunadi Sadikin, Minister of Health, Indonesia; Abdul Muktadir, Chairman and Managing Director of Incepta Pharmaceuticals; Alejandra Sanchez Cabezas, the Director for Observatorio De Salut in Argentina. Welcome, all.

Simultaneous translation is again provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi. We don't have Portuguese and Hindi today? All right. We have the six official languages but no additional languages today; apologies.

Let me introduce the rest of the participants here in the room. First and foremost, Dr Tedros Adhanom Ghebreyesus, WHO Director-General; Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Soumya Swaminathan, Chief Scientist, and Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products. With this let me hand over to the Director-General for the opening remarks. Dr Tedros.

Thank you. Thank you, Christian. I would like to start by thanking His Excellency, President Carlos Alvarado Quesada of Costa Rica, for joining us today and also all other Excellencies, Ministers. Good morning, good afternoon and good evening.

As you know, this week is the World Health Assembly, the annual meeting of nations to discuss common health challenges and agree on a common way forward. The range of issues being discussed is immense, from diabetes to malaria, disabilities, oral health and much, much more.

Of course COVID-19 has been the focus of a lot of discussion. There has been broad consensus this week that equitable access to vaccines is essential for ending the COVID-19 pandemic. With over 3.5 million recorded deaths from COVID-19, an estimated...
loss to the global economy of US$22 trillion and new variants compounding explosive outbreaks, this pandemic is far from over.

At the World Health Assembly this week there has been broad consensus that ensuring equitable access to vaccines is essential for ending the COVID-19 pandemic. In my opening remarks on Monday I called on world leaders to support a massive push to vaccinate at least 10% of the population of every country by September and 30% by the end of this year.

Our sprint to September goal means we must vaccinate at least 250 million more people in low and middle-income countries including all health workers and the most at-risk groups at the first priority.

If countries immediately share doses with COVAX and if manufacturers prioritise COVAX we can reach this target and save a lot of lives. Ultimately the fastest way to bring this pandemic to an end is to dramatically increase global manufacturing of vaccines, tests, treatments and other medical supplies and ensure equitable access.

A year ago the President of Costa Rica, His Excellency, Carlos Alvarado Quesada, and more than 40 heads of state joined WHO to form CTAP, the COVID-19 Technology Access Pool. CTAP draws on the experience of the Medicines Patent Pool and provides a single platform where innovators of COVID-19 health products can voluntarily share knowledge and technologies with quality-assured manufacturers.

CTAP is based on a proven method. Voluntary, non-exclusive licences issued through the Medicines Patent Pool have saved lives by scaling up manufacturing for treatments against HIV, TB and other diseases.

We welcome the interest expressed by several diagnostic manufacturers who are already in advanced discussions with CTAP to share their technology and also from research institutions who are willing to share their knowledge through CTAP.

But we need more developers to come forward and share life-saving tools so that we can ramp up production and expand access. Originator companies that contribute their knowledge to CTAP can quickly access the production capacity they need to
manufacture enough for everyone while collecting appropriate royalties.

Contributions to CTAP are voluntary, transparent and non-exclusive, allowing multiple qualified producers around the world to manufacture COVID-19 health products. Once agreements are signed CTAP will support companies in the management of signed agreements for effective implementation and provide technical assistance to countries where needed.

Once fully functional CTAP assisting in the expansion of manufacturing could provide increased supply for countries and COVAX. Today I’m honoured to be joined by the thought leader behind CTAP, His Excellency, Carlos Alvarado Quesada, President of Costa Rica. The President and I issued an open letter yesterday calling on all countries to support CTAP. Governments can play a lead role in creating incentives for industry to support our effort.

Your Excellency, thank you for your leadership, welcome and you have the floor.

00:08:14

CAQ Thank you very much, Dr Tedros, and thank you for your leadership and also your team’s leadership, not only a medical leadership but a moral leadership that we need at this time against COVID-19.

Also thanks to all the Ministers in national authorities that join us today. Costa Rica is proud to celebrate the first anniversary of the Solidarity call to action and its platform, the COVID Technology Access Pool, known as CTAP.

I want to recognise the engagement and collaboration of 42 states that have joined and supported CTAP and welcome Spain in the newest call sponsor. I also want to thank Dr Tedros again and the WHO team for their continued leadership and partnership.

The CTAP was launched with the conviction of its potential to help the world to stop the pandemic, seeking for multilateral solutions to accelerate the development of the therapeutic tools needed to fight COVID-19 and to guarantee global access for diagnosis, therapeutics and prevention, including vaccines.

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All this by promoting innovation, removing barriers and facilitating open exchange of knowledge, intellectual property
and data on a voluntary basis. Making this knowledge available through non-exclusive licences and in a transparent manner can help release bottlenecks and scale up production not only for vaccines but for medicines and treatments, allowing production in different parts of the world.

We have always known that only when everyone everywhere can have timely access to the health technologies for COVID-19 detection, prevention, treatment and response we will be able to fully recover from the pandemic and CTAP can help us achieve that exactly.

The shocking inequalities in the access to vaccines demand a change of practice. It is not acceptable that more than 50% of the globally available vaccines were used in only five countries that account for 50% of global GDP.

Shamefully lower-income countries have received only 0.3 of the world doses. This week together with leaders from the Latin American and Caribbean region we made an urgent call to those countries that have excess doses or that have already vaccinated their population at risk to share those surpluses immediately in an equitable way.

00:11:34

But that is only one piece of the puzzle. We must also overcome the challenges generated by bilateral negotiations and property rights. For these reasons today we would also like to invite all of those who have not yet joined the CTAP to do so. Costa Rica will continue supporting a stronger architecture on epidemic preparedness and response, including a WHO treaty on the topic.

We hope that the principles of CTAP will be a central part of a future action. COVID-19 has imposed upon the world enormous challenges, not only social but economic. We have lost millions of lives, million of jobs and opportunities and smiles.

We have understood how vulnerable we are but the crisis has also given us a chance to make things differently and work together in ways we have never done before and hopefully we will be able to overcome it in solidarity, co-operation and strengthen the international pandemic and response framework.

Once again thank you very much.

00:12:59

TR A greeting to my friend and my brother, Dr Tedros.
TAG  Thank you. Thank you so much, hermano. Your Excellency, thank you so much for your leadership and for those great, great comments. I couldn't agree more that in this moment of acute need we must utilise all solutions to boost manufacturing capacity and the only way is co-operation, the only option is co-operation.

I like the way you said it; we lost millions of lives, millions of jobs, millions of smiles, It has affected the whole world. Thank you so much, muchas gracias, hermano, for your leadership.

Next, it gives me great pleasure to welcome the Honourable Arancha Gonzalez Laya, Spain's Minister for Foreign Affairs for the European Union and Cooperation. Arancha, my sister, you have the floor.

AGL  Thank you very much, Dr Tedros. It's a pleasure to join you and the President of Costa Rica in this important moment. If we are to defeat COVID we need to exponentially increase the production of vaccines and ensure much faster distribution to those in need around the world.

00:14:22

This is why we've launched an initiative called Vaccines For All. We think we need to exploit fully all the flexibilities that exist within the rules of intellectual property worldwide. We think we need to increase exponentially the manufacturing by using unutilised capacity and transferring know-how and technology to produce.

Three, we need to also ensure faster distribution to all corners of the world and, fourth and final, we should be capitalising COVAX and sharing vaccines, especially those that have availability today. This is our vision for ensuring equitable access to vaccines and because we like to preach with the example we are here today to tell you that we have just decided to join CTAP, to join this initiative that will ensure the transfer of knowledge, technology and know-how to speed up the production of vaccines.

We are proud to join the family that Costa Rica and others started building last year. Non-exclusive, transparent licences are vital to increased production and we do hope that by boosting CTAP in the coming months and transferring know-how and knowledge, complemented by all the flexibilities that exist within the rules of intellectual property rights, we can enable production worldwide, especially in developing countries, where production capacity today is a possibility but not a reality.
We have always favoured measures to facilitate universal access to medicines and treatments. We've done so for instance through our support to UNITAID; also through our support to the Medicine Patent Pool. We are now glad to see that the Medicine Patent Pool and CTAP are working together.

We are contributing substantively to CTAP and this is where I'm very glad that the Vice-President of the Spanish National Research Council, Jesus Marco, will also take part and explain the modalities for our engagement in CTAP.

Finally we think we must ensure greater synergies between CTAP and ACT-A, the initiative of which we're also a founding member and an active contributor. If we do so we will have all the ingredients to win the battle against COVID.

So thank you again for giving us this...

Thank you. Thank you so much, Arancha, thank you. By joining CTAP this month Spain has made a very important statement to the world about the need to enhance vaccine equity. I now turn to your compatriot, Professor Jesus Marco, Vice-President of the Spanish National Research Council. Professor Marco, you have the floor.

Thank you. Buenas tardes. At CSIC, the Spanish National Research Council, we have worked since the beginning of this pandemic to ensure that all the COVID-19-related technologies being developed in our labs reach society as soon as possible.

Our aim is for them to be manufactured in Spain but also in any other country that demands them and to this end we have approached licensees for the assignment of exploitation rights for these CSIC technologies on non-exclusive terms to avoid any situations in which demand cannot be met due to production limitations on the part of the licensee.

In this regard and being aware of the CTAP initiative, a few months ago we began talks with both the WHO and the NPP with the idea of launching transfer pricing (?) in which an open licence would be granted for the commercialisation of CSIC technologies.

Specifically the first approach we have considered is based on the development of a serological test with 99% reliability, capable of identifying and quantifying three different types of
antibodies - IDG, IDM and IDA - and also able to differentiate antibodies by vaccination from those produced by natural COVID-19 infection.

In addition as part of our global vaccine trial CSIC is also committed to promote the commercialisation of some of our vaccine candidates, expanding the possibility of licensing them on a non-exclusive basis in order to meet society's demand and help on building capacities and transferring the technologies to low and middle-income countries.

Thank you very much, muchas gracias.

TAG Thank you. Muchas gracias, Professor. You're right that publicly-funded research plays a key role in the development of health technologies and in the midst of a pandemic now is the moment to share them fairly.

Next we're joined by the Honourable Meryame Kitir, the Minister of Development Cooperation of Belgium. Minister, the floor is yours.

00:20:17

MK Mr President, Mr Director-General, ladies and gentlemen, in the past year we've faced many issues of conscience as human beings. As office-holders we've had to take up responsibility. Never have we mobilised so many resources in so little time and I do not have to tell you, our safety and freedom depends on our willingness and capacity to provide that same safety and freedom to everyone around the world. No-one is safe until everyone is safe.

But there is a reality we cannot deny. Let us not forget, we are in a pandemic for more than one year now and unprecedented crises require unprecedented responses beyond business as usual. Solutions exist but still are unused.

A few countries have secured the majority of life-saving vaccines, much more than needed, and left billions of people behind while the pandemic is not over and health systems continue to collapse, while according to UNICEF only 43% of the world production capacity for approved vaccines is used.

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Ladies and gentlemen, we succeeded in developing vaccines at an unusual speed but we failed to share life-saving COVID-19-related technology and knowledge and to speed up their production.
So it is crystal-clear; our challenge is to provide more doses as soon as possible at an affordable price to be administered everywhere. One year ago the Belgian Government signed the Solidarity call for action. We did so because we were convinced that the only way forward was by joining forces, government, organisations and industry together, with a clear public health object in mind, by putting self-interest aside while facing a common enemy.

Today we are still convinced, more than ever so as Minister of Development Cooperation I take a strong commitment to further promote CTAP at national and international levels and if we want to boost production capacity knowledge and data need to be shared.

I will also continue to urge pharmaceutical companies and other stakeholders to consider CTAP and voluntary sharing of knowledge as an acceptable and viable solution.

00:22:55

In Belgium we recently organised a round table with public, private and academic actors, bringing together expertise, know-how and technology. With Team Europe we are keen to support local manufacturing capacity of medical supplies and vaccines in Africa.

So, ladies and gentlemen, the first anniversary of the CTAP is a key moment, a key moment to develop a new business as usual, a key moment to show joint leadership, a key moment to prove once again that we're stronger together because the most effective vaccine in order to defeat this pandemic is not only what is in the syringe.

No, the most effective vaccine is called solidarity. Thank you very much.

TAG    Thank you. Thank you so much, Minister Kitir. Belgium has a key role to play to ensure that everything possible is happening in the EU and across the world for the equitable production and roll-out of tests, treatments and vaccines so thank you so much for your commitment and leadership.

00:24:10

Next I'm pleased to introduce my friend, the Honourable Budi Gunadi Sadikin, the Minister of Health of Indonesia. Minister Gunadi Sadikin, please, you have the floor.
Mr President, my brother, Tedros, ladies and gentlemen, the COVID-19 pandemic has brought us to one of the darkest times in recent history. Indonesia by today has 1.8 million confirmed cases and around 50,000 deaths.

While we have seen good news in some parts of the world in many countries rolling out successful vaccination programmes, diagnostics and therapeutics, some other countries are still lacking access to those tools.

As one of the first countries to join CTAP Indonesia strongly supports the CTAP initiative to ensure global access to vaccines, diagnostics and therapeutic technologies in our fight against COVID.

Indonesia is ready to contribute. As the largest vaccine manufacturer in South-East Asia we indeed have the capacity to upscale our vaccine production to meet regional and global demand.

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We have a unique position also because we are one of the largest Muslim countries, where manufacturing vaccine with halal certificates sometimes can be very crucial in the implementation of a vaccine programme.

Currently we have six manufacturers with production capacity of 550 million doses per annum. Unfortunately we can only produce vaccine with the technology platform of a virus or protein base. We don't have access to vaccine with factor base or nucleic acid base like messenger RNA.

So we are really looking to have access to those technologies and we are ready to contribute. I totally agree with my brother, Tedros, who always says that no-one is safe until everyone is safe. Let me add, if a country wants to go fast they can go along but if countries want to go far and long we have to go together. Thank you.

00:27:02

TAG Thank you. Thank you so much, my brother. By the way, I would like to say, this is actually a rare occasion and it's not often we're joined by a nuclear physicist; this is the first time actually so thank you so much. I'm just telling the audience your background also.
You're right that in south-east Asia some countries are under enormous pressure and we appreciate your readiness to contribute to scale up production of health products.

Our next speaker is Abdul Muktadir, the Chairman and Managing Director of Incepta Pharmaceuticals, from Bangladesh. Mr Abdul Muktadir, the floor is yours.

AM Thank you, sir, for inviting the company from Bangladesh. CTAP is a wonderful initiative and we congratulate the President of Costa Rica and the Director-General of the WHO for the establishment of this platform.

Many people have released very soothing and encouraging statements about CTAP but unfortunately some of them are misleading and empty. One year has passed but the initiative is yet to bring any result.

We have seen some summary statements like low and middle-income countries do not have the ability to acquire the technology and deliver quality products. We wonder who made this critical assessment and how people can make such statements.

00:28:35 On trawling through such comments, 80 to 90% of the medicines by volume for the whole world including the developed countries are made by generic [?] companies. If some people are not willing to collaborate then it is their choice and the world leaders should try to find out the real reason and mitigate their concern.

Only through such initiatives can these companies can be [unclear]. Let us all be clear in our minds that there are untapped, high-quality production capacities in countries like ours and these can be utilised to increase the supply of vaccine.

In going forward with [unclear] initiative all stakeholders will benefit more than not doing so. We should try to find out ways to make CTAP successful. Let us identify what technology is actually available. Inactivated vaccine appears to be providing good [unclear] and the technology is well-known.

00:29:29 WHO may take the following steps to make it available; clearly document the technology and encourage sharing of clinical data from existing manufacturers. Number two, if the existing producers are not willing to share data then WHO can define a
clear regulatory pathway for fast generation of data through clinical studies with approved vaccines.

Number three, provide information on availability of equipment and other relevant information on supply chain.

There is another important thing; that international collaboration is often hindered because of national regulatory operating of some countries with substantial vaccine and [unclear] capacities do not have [unclear], at least do not have functional [unclear] like ours in Bangladesh.

We urge the WHO leadership to urgently look into the situation and urge expedited [unclear] of vaccine-producing countries and low and middle-income countries. This step would certainly provide a major positive change in availability of vaccines.

In addition protein [unclear] vaccines are showing good potential and the technology is widely known. A successful vaccine may be selected by WHO and a clear regulatory pathway may be defined. It can be manufactured fast in billions of doses and can be offered at a very, very low cost and we can do it.

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No-one is safe until everyone is safe, as you said, but we are not doing enough to keep everyone protected, especially in the [unclear] countries. There is no time to delay. Every single day matters. CTAP is a timely research initiative that provides the platform for hope [?] and let us make it successful. Thank you, sir, for giving us the platform to speak out.

TAG Thank you. Thank you, Mr Muktadir. It's concerning that vaccine manufacturing capacity is not being used in many countries and, as you said, including Bangladesh. This is the moment when all capacity should be fully utilised and I hope technology and know-how are pooled soon so that Incepta can start making life-saving doses.

Now last but by no means least I'm pleased to welcome Alejandra Sanchez Cabezas, the Health Observatory of Argentina. Ms Sanchez, you have the floor.

00:32:06

TR Thank you very much, dear Director-General. Thank you very much, ladies and gentlemen. It is a great honour for me to be able to represent to the civil society organisations as well as the scientific world to express our concern regarding the lack of
access of citizens around the world to medical products, especially vaccines.

I come from Latin America, the most inequitable region in the world and here the pandemic has only widened the gap of inequality. There has been a lack of vaccines which has forced governments to decree very strict lock-downs that have slowed down the economy and have worsened the situation.

Now civil society organisations as well as the scientific organisations that I represent believe the following. One, that member states in the World Health Organization have taken decades to recognise the importance of health as a human right and it is necessary to take action on the social determinants for health and work towards universal health coverage with models of solidarity that are based on primary healthcare.

Now has come the time to translate into action these tools, ensuring equitable and universal access to vaccines as well as to medical products that are necessary to deal with this pandemic. Universal health coverage means today universal access to vaccines.

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Two, unequal access to vaccines is not only an issue of patents and privileges. One can only read the headlines to observe this unequal access to vaccines and medical products. We see this in the news all the time and in the news we also see scenes of violence and wars and desperate waves of migrants and on these same news pages because of the pandemic we can see the threats of new governments looming as well as the weakening of democracies that seemed so securely established.

Three, the American continent has an experience in the role of vaccines and the strengthening of peace and democracy. In fact the initiative Health as a Bridge for Peace that the regional office of the WHO and PAHO launched in the 1980s and 90s has shown that we can convene civil society, the state and the markets that can provide conditions that improve the lives of their people.

Four, civil society is a responsible stakeholder alongside states and multinational agencies and work on initiatives such as Set Up, ACT Accelerator and the COVAX facility. The most powerful in the world must understand that there's no future possible if only technological access and technological medical products are only in the hands of a few, that this needs to be a collective interest and must be shared amongst all.
We need to have urgent action to be able to reverse the trend that we see in Latin America and in other LDCs. Less-developed countries have to be able to deal with emergencies without depending on philanthropic organisations that provide funds that are insufficient but that provide them too late as well.

We need international organisations, governments and pharmaceutical companies to rise to this historic challenge. Civil society aspires to live in a world that is more equitable and more democratic.

We are here to support those that want to harness the real necessary power to mobilise inclusive and supportive activities. Civil society is ready and it is now time for action. Thank you.

TAG  Thank you. Thank you so much, Ms Sanchez. I understand that Argentina is going through a serious COVID-19 wave at the moment and I agree with you that now is the moment where we pull out all the stops and do everything we can.

Thank you again to all the speakers. As you have seen today, CTAP is backed by a significant number of country leaders, researchers and companies from around the world. Civil society organisations have also supported CTAP strongly and I thank them for that. We're holding the door open for pharmaceutical companies that have become household names, although too few households have benefited from the life-saving tools they have developed.

They control the IP that can save lives today and this pandemic soon and prevent future epidemics from spiralling out of control and undermining health, economies and national security. The major gap is originator companies but I believe that with the right political will and the right incentives we can see an increase in collaboration and pooling. That would help end this pandemic.

I thank you and, Christian, back to you.

CL  Thank you very much, Dr Tedros; thank you very much, all. With this let me now open the floor to questions from the media. If you want to raise your hand please use the raise your hand icon on your screen and when it's time don't forget to unmute yourself.
The first on my list is Agnes Pedreio from AFP. Agnes, please unmute yourself.

AG    Good evening, everybody, and thank you for taking my question, which is on the COVID origins study. This week there have been growing calls from experts but also from countries like the US and European countries asking WHO to launch quickly the second phase of the study.

But there seems to be little progress on that matter and we have been told this morning that the WHO technical experts haven't made their recommendations so far. So given the importance of knowing the origin of COVID for now but also for other pandemics, when do you expect to have those recommendations ready from the technical committee and when can we expect to see a new deployment of experts in countries and maybe on China or other countries? Thank you very much.

CL    Thank you very much, Agnes. We'll hand this to Dr Mike Ryan, please.

MR    Yes, it was rather difficult to understand your question but I will attempt and Maria can help me along on this. We continue to work with the international team in looking at their recommendations from the first mission. We've engaged with member states since then, with a large number of member states to seek their inputs into the next phase of the studies that are needed.

00:38:29

I think this is important to restate; that WHO nor our member states when they made the resolution last May, WHA 73.1 specifically referred to studies and missions because it was clear that it was going to take time and it was going to take multiple studies and likely multiple missions in order to fully elucidate the origins of the virus, if that were ever possible given the difficulty historically with being able to do that.

We will be reaching out to member states in the way we normally would in order to seek their guidance as to whether there's further expertise available that could join with this international effort, especially in the next phase where more specialist studies may be needed in order to further elucidate the origins of the virus.

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We would though like for everyone out there to separate, if they can, the politics of this issue from the science. This whole process
is being poisoned by politics and if you expect scientists to do their work, if you expect scientists to collaborate and actually get the answers that you want, actually seek in a non-blame environment to find the origin of the virus so we may all learn how to prevent this happening in future, we would ask that this be done in a depoliticised environment where science and health is the objective of this and not blame and politics.

Because quite frankly over the last number of days we've seen more and more and more discourse in the media with terribly little actual news or evidence or new material and this is quite disturbing, quite frankly. Every country and every entity is free to pursue their own particular theories of origin; it's a free world.

WHO is a member state organisation and we seek to work with all of our member states to seek answers collectively. We do that within the framework of the mandate that we have as an organisation. We do that in collaboration, by consensus. That is the way our organisation works.

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The Director-General has been clear; all hypotheses for the origin of the virus remain on the table, further studies are going to be needed across the board to further elucidate those origins and we believe we can make more progress, especially with the support of our member states and the support of scientists working in a positive manner.

To do that we need space. To do that we need governments to work together and create the space in which this work can be done successfully. Putting WHO in a position like it has been put in is very unfair to the science we're trying to carry out and it puts us as an organisation frankly in an impossible position to deliver the answers that the world wants.

So we would ask that we separate the science from the politics and let us get on with finding the answers that we need in a proper, positive atmosphere where we can find the science to drive the solutions through a process that's driven by solidarity, as Dr Tedros always says. Maria.

MA Very briefly - and I wholeheartedly agree with Mike's answer there and to really separate the science from the politics; there are some quite clear recommendations that have been outlined in the detailed report that the international team published in March.

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Many countries are digesting that and reading that in quite some detail, they're really devouring it in that sense to pull out all of the relevant information in there. If you haven't read that report, if you haven't read all of the appendices I really ask you to do so because there is a wealth of knowledge that is in there and it clearly outlines the technical approach that is needed.

As Mike has said, as we have said many times, this requires many studies, it requires multiple missions, it requires collaboration, openness, time.

So those technical next steps are very clear. As Mike has said, we have also been discussing with some member states who are offering some support and offering some input into what they think is also needed. It's very much in line with what is reported in the report itself so we will continue to do so and outline those next steps and as soon as possible is really the answer; that we want to continue to do this work.

But I do think we need to manage the expectations; it will take time and it's hard enough to do as it is so with the politics involved in it that makes it even that much harder.

00:43:16

So let the scientists be the scientists, let us stay rooted in the evidence and follow that evidence and continue to carry out those studies.

CL Thank you very much, both. With this, the next question goes to Anna Pinto with Folha de Sao Paulo. Anna, please unmute yourself.

AN Hi, thank you. I have a question to Dr Mariangela Simao and I'm so sorry I cannot ask in Portuguese today but anyway, let's go in English. Dr Simao, I'd like to know, I wonder if you have any expectation about authorisation for the Coronavac vaccine. If I'm not wrong, it was expected for the end of this month and if you have not I'd like to know what's lacking in this process. Thank you very much.

CL Dr Simao, please.

00:44:16

MS Sorry I can't speak in Portuguese either today. Thank you, Anna. We're finalising the assessment of Coronavac, the Sinovac vaccine. There was a need for further clarifications on the data that was provided. The responses have arrived this week and on Tuesday next week we will have our technical advisory group,
which is the expert group who advises WHO on the listing, on the authorisation.

So we expect that on Tuesday we will have a decision and the report should be available the next day for sure. So it's next week and it was just a delay because there were some clarifications needed from the manufacturer.

CL Thank you very much. Next question 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 and thank you for doing this longest press briefing series for more than a year now.

Yesterday the WHO Africa department said Africa needs at least 20 million doses of AstraZeneca vaccine in the next six weeks to get second doses to all those who received the first dose within the eight to 12-week interval, as recommended by the WHO.

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We know that President Biden is sending 80 million doses to COVAX by the end of June, beginning of July and that the EU member states have pledged to share 100 million doses with COVAX.

I was just wondering if you could detail how pressing is the vaccine situation in Africa and how many of those doses would you like to see go to African nations, or even what is the WHO doing now to ensure that Africa is not left behind and that those who need a second dose have it? Thank you.

CL Thank you very much. I guess maybe we'll start with Dr Bruce Aylward, who's joined us, who is of course the Special Advisor to the Director-General and the Lead on the ACT Accelerator. Bruce, go ahead.

BA Thank you very much, Simon, for the important question about what's happening with respect to the vaccine roll-out in Africa. As Simon referred to, yesterday the Regional Director for Africa held an urgent press conference to highlight the issue that Simon's referring to and that is the fact that Africa has vaccines sufficient for less than 1% of the population of the continent, a striking disparity when you look at the situation in any other region of the world in fact.

00:47:08

So indeed, Simon, this is one of the areas of greatest attention and greatest urgency and hence the reason for that press
conference yesterday. Simon, they did refer to the need for 20 million doses to serve as second doses to the AstraZeneca doses already given but the Regional Director went further.

She emphasised that we need 200 million doses and that is sufficient doses for nearly 100 million people on the continent to stay on track with the goal of getting at least 10% of that population vaccinated on the continent by the end of September en route to at least 30% by the end of this year, as is the goal right now just through COVAX alone. That's not even counting doses that would come through other arrangements such as that being made by the African Union.

So there is indeed a huge amount of work ongoing with countries that have doses, I don't want to say surplus doses but that do have doses and have already vaccinated their high-risk populations, their healthcare workers and are in a position, we believe, to begin sharing doses with areas such as Africa in particular and most urgently.

So I can assure you, Simon, that is one of the top priorities if not the top priority in terms of additional doses but at the same time you will have seen the situation in south-east Asia, where we've had escalating outbreaks in countries surrounding India in particular, with a desperate need for their second doses as well.

So the need is indeed on the continent but also in various other parts of the world as well. In terms of donations, indeed we're in close contact with the United States, with the European Union member states and other countries about now trying to move as quickly as possible on the commitments of donations that they've had or they've made.

You'll remember - we talked about this last week - we're going to need the support not just of the countries that are donating the vaccines but also the companies who they have contracts with because that's a really important part of the solution.

We were pleased to see over the last couple of weeks some strong commitments from manufacturing associations and manufacturers to try and do everything possible to ensure that donations can be actually within days of countries that want to share them.

Then the third part of the equation of course is working with COVAX and then of course with the countries receiving the doses
to make sure that they go to use as rapidly as possible. So a huge priority, Simon, trying to get those doses in place. We need many more doses than 20 million. That's just to get the second doses into the very, very few people who've been vaccinated so far.

We need hundreds of millions of doses to start moving toward vaccine equity and to start getting not just the high-income, well-vaccinated areas out of this pandemic but the entire world because, as the Director-General's said so many times, we can't get out of this alone, we need to get out of this together.

CL Thank you so much, Dr Aylward. Dr Swaminathan, please.

SS Just to add to what Dr Aylward said, it's true that we're doing everything possible and we encourage all countries that have excess doses to share with us, to share with the COVAX facility as soon as possible so that we can get those out and vaccinate people who need to be protected. It's just to say that we're learning more and more about how these vaccines can be used, the gap between the first and second doses.

There are studies going on that are looking at mix-and-match and these are encouraging findings so to reassure people that even if the second dose is a few days or weeks later it's still going to serve as a booster and it's still going to boost that immune response and give high levels of protection.

So while we should do everything possible to stick to the guidelines, which currently is an eight to 12-week gap for the AstraZeneca vaccine, there is emerging evidence that a second dose will boost even if the gap is a little bit longer and in fact one dose boosts immunity in people who've had a previous COVID infection.

So a single dose in people who've been previously infected is as good as getting two doses of the vaccine. Thanks.

CL Thank you very much, Dr Swaminathan. The next question goes to Priti Padnaik from Geneva Health Files. Priti, please unmute yourself.

PR Hi, good evening. Thank you for taking my question. We understand that SEPI has mapped manufacturing capacities in the developing world. Will this information be shared with CTAP
and how many, if any, companies have expressed interest in working with CTAP? Thank you so much.

CL    Dr Swaminathan, please.

SS    I can start and Dr Simao will definitely follow up. Yes, we have this manufacturing taskforce now within COVAX so that's SEPI, WHO, GAVI and UNICEF plus other partners including the private sector that have come on board. The idea really is to try to solve the acute problems of supply chain and raw materials and fill-and-finish.

SEPI in fact has fill-and-finish capacity that they have already booked so any companies that need excess fill-and-finish capacity that have bulk product can be immediately matched.

In terms of the mapping, yes, there is an extensive mapping going on and there's also work going on to have one place to bring together all the different initiatives that are happening because, as you know, there's a lot of interest in this space and many different countries and groups are looking at how to expand manufacturing.

00:53:25

So it's important to bring all those initiatives and be aware of and collaborate. The manufacturing capacity work should be completed soon and it should be made available for sure because the idea really is to encourage developers and those who have the know-how to link up with places where there's capacity.

We heard the head of Incepta from Bangladesh making a very impassioned plea for using capacity in companies such as his and many others that exist across the world including in Indonesia; we had the Minister of Health also speak about this.

So there is capacity, there's interest and there's willingness both from companies and governments to really invest in this and ramp up production. So there's really a call for those who have the know-how and the capacity to come and collaborate with us, with the manufacturing taskforce and through CTAP. We can really enable and assist this to happen in a very well-coordinated and equitable manner. Mariangela.

00:54:35

MS    Thank you, Priti, and thank you, Dr Soumya. We are in discussions and some advanced negotiations with five diagnostic manufacturers and we have in sight two vaccine producers that
would be willing to share technology and the discussions are initiating right now through CTAP.

Just to remind everyone, when we're talking about CTAP we're talking about a platform that's an open sharing, including the licensing but also the open sharing of knowledge. That will include technology transfer and we do have - we heard that from Incepta as well as WHO.

Because there are a lot of manufacturers in the developing world who have quality-assured products through WHO-pre-qualified products. So we are talking about a huge capacity out there and there is a lot of interest in receiving technologies.

So we do have five manufacturers from research institutions that produce diagnostics who are in advanced conversations with CTAP and we expect that other companies will come as we are...

I think this is the time to understand the urgency of this conversation because more than ever we're discussing, during the World Health Assembly we're discussing a local production resolution that has received massive support from different countries.

More than 100 countries have supported it so far and it's likely to be approved in the next few days. So there is this mandate from the WHA, the World Health Assembly; there's an interest from countries and there should be an interest from manufacturers as well, as we're seeing interest from academic institutions, as we heard today from Spain. Thank you.

CL Thank you very much, all. It's very good that with this last question we came around again to our topic of today, this COVID-19 technology access pool, CTAP, so thank you all for your participation. I look at His Excellency, Carlos Alvarado Quesada, President of Costa Rica, in case he's still available for final comments.

That doesn't appear to be the case, in which case I will start handing back to Dr Tedros of course for the final round but first let me remind you all that we'll be sending the sound files of this briefing right afterwards and we'll have everything online as of tomorrow morning.

For any further questions please write to mediaenquiries@who.int
Dr Tedros, over to you.

TAG Thank you. Thank you, Christian. I would like to thank President, His Excellency, Carlos Alvarado Quesada for joining us today and for his leadership and also to all Ministers who have joined today and other colleagues representing different institutions, various institutions.

I would also like to use this opportunity to thank the media for joining us today and bon week-end. See you in our upcoming presser next week. Bon week-end.

00:58:42