COVID-19

Virtual Press conference
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CR Cyril Ramaphosa
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AM Amina Mohammed
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MR Dr Michael Ryan
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PS Peter Sands
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Hello, good day and welcome to... wherever you are listening to us today. It is Friday 23rd April 2021. My name is Christian Lindmeier and I'm welcoming you to today's special event, the one-year anniversary virtual event for the ACT Accelerator. We have a long list of special guests which I will spare you now and you've all seen the media advisory hopefully.

I will leave it to the Director-General of course to introduce all our special guests. Simultaneous interpretation is provided in the six official languages, Arabic, Chinese, French, English, Spanish and Russian, plus we have Portuguese and Hindi.

Present in the room today are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator, Dr Soumya Swaminathan, the Chief Scientist of WHO and Dr Hanan Balkhi Assistant Director-General for Antimicrobial Resistance.

We have other colleagues and more colleagues online who will join us later in the question-and-answer session. Now let me hand over to the Director-General, Dr Tedros, for the opening remarks and for our special guests. The floor is yours.

Thank you. Thank you, Christian. Good morning, good afternoon and good evening. When COVID-19 emerged almost 16 months ago we knew that we already had effective tools to prevent infections and save lives in the form of fundamental public health measures.

Those measures continue to be the backbone of the response in all countries but we also knew that we would need new tools; diagnostics to test for this new virus, therapeutics to treat it and vaccines to prevent it.

At the same time we knew that we live in an inequitable world, a world in which children die from diseases that can be easily prevented with vaccines and in which people die because their sickness goes undiagnosed and untreated.

We knew that unless we took unprecedented action the world's have-nots would be left behind again. So a year ago WHO and the many partners who have joined us today came together to launch a unique initiative, the Access to COVID-19 Tools Accelerator.
The ACT Accelerator was conceived with two aims; the rapid development of vaccines, diagnostics and therapeutics and equitable access to those tools.

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The first objective has been achieved. We now have several safe and effective vaccines to prevent COVID-19. We have rapid diagnostic tests for it and we have oxygen and dexamethasone to treat it.

But we have a long way to go on the second objective. Around the world people are dying because they're not vaccinated, they're not tested and they're not treated. We're deeply concerned about the increasing number of cases and deaths in India right now.

We know that the situation is complex and requires different responses in different parts of the country and I welcome the steps the Government has taken to reduce social mixing and boost vaccine production.

I offer my deep condolences to everyone in India who has lost someone they love and I offer my deep commitment that WHO and our partners in the ACT Accelerator stand with the Government and people of India and will do everything we can to save as many lives as we can.

WHO has redeployed 2,600 staff from our other programmes on Polio, TB, neglected tropical diseases and immunisation programmes to support states to respond.

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We're also providing technical support for the production of oxygen plants and advice on critical management including patient triage. The situation in India is a devastating reminder of what this virus can do and why we must marshal every tool against it in a comprehensive and integrated approach; public health measures, vaccines, diagnostics and therapeutics.

This is a scenario that's playing out around the world and will continue to play out unless we ensure equitable access to the tools needed to save lives. The solution is straightforward; we need countries and companies that control the resources that could save lives to share.

That means sharing financial resources to fully fund the ACT Accelerator. It means sharing vaccine doses to protect the most at risk, not just the most rich. It means all countries being
transparent about their bilateral dose donations so we know who has what.

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And it means sharing technology, know-how and intellectual property to urgently and massively scale up production. The ACT Accelerator needs US$19 billion this year. That's a drop in the ocean compared with the trillions of dollars governments are spending on supporting their economies and the massive revenues that most vaccine makers are generating.

It's not good enough to say that inequity is just the way the world is. It's not okay that people just like you and me die when we have the tools that could save them. We cannot accept the same old story. This is the time for all of us to write a new story, a better story that sees nations not as rivals or competitors but as members of one human family with a common future.

Call me an idealist; I will wear that badge with pride. In many ways that's what the ACT Accelerator is; one family of governments, agencies, civil society, the private sector, philanthropists and others coming together to fight to find shared solutions to our shared challenge.

No one of us can do this alone. Creating the ACT Accelerator was an achievement in itself but leading it and running it has been an enormous and often unseen task. In September last year we established a facilitation council led by South Africa and Norway to provide high-level political leadership and advice to facilitate the ACT Accelerator's work.

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It's now my great honour to welcome His Excellency, President Cyril Ramaphosa, the President of South Africa. Your Excellency, thank you for your outstanding leadership and support for the ACT Accelerator. You have the floor.

CR  Director-General of the World Health Organization, Dr Tedros Ghebreyesus, Your Excellencies and colleagues, the Deputy Secretary-General of the United Nations, Ministers, ladies and gentlemen, it is indeed my privilege to be part of this anniversary event for the Access to COVID-19 Tools Accelerator.

Just over a year ago on 24th April 2020 we made a commitment to fight the COVID-19 pandemic together as a united front. When we established this collaboration it was to ensure that diagnostics, therapeutics and indeed vaccines for COVID-19
would be accessible to all. In the end we were committed that no
country should be left behind.

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We have indeed come a long way. Since its establishment the
ACT Accelerator has supported the fastest, most co-ordinated
and successful global effort in history to develop tools to fight the
disease.

We have supported over 70 countries to expand laboratory
infrastructure and ramp up testing. Through the health systems
connector we have been able to assess country readiness for
vaccine development and deployment in more than 140
countries.

We've also established a common knowledge sharing platform
where we are able to share each other's experiences. We've also
procured personal protective equipment with a value of more
than $500 million.

Through COVAX we have been able to deliver more than 38
million doses of life-saving vaccines to over 100 countries.
However we have a great deal of work to do to ensure equitable
access to rapid diagnostics, oxygen and dexamethasone. This
will be done through the therapeutics pillar and the COVID-19
oxygen emergency task force.

We should say that vaccine nationalism seriously threatens the
global recovery from the pandemic and is deepening inequality
between countries. The COVID-19 vaccine is a public good and
must be recognised as such.

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To overcome challenges with access low and medium-income
countries must be supported, yes, to have access to vaccines but
also to be able to manufacture their own vaccines, diagnostics
and other treatments.

As a continent Africa has embarked on an ambitious drive to
work towards the development of pharmaceutical manufacturing
capacity so that it can supply the continent's people with the
vaccines and other medical supplies they need.

To use the existing vaccine manufacturing capacity in developing
countries and to enable further development South Africa and
India are calling for a temporary trips waiver to respond to
COVID-19. This in our view will facilitate the transfer of
technology and international [sic] property to more countries for
the production of COVID-19 vaccines as well as diagnostics and treatments.

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We are greatly encouraged by the strong support for the trips waiver proposal from over 100 countries as well as from 130 civil society organisations as well as a group of 70 former world leaders and more than 100 Nobel laureates.

We work on the World Health Organization to establish a COVID-19 MRNA vaccine technology transfer hub. We call on the pharmaceutical industry to directly transfer this technology free of intellectual property barriers to low and middle-income countries through either the WHO hub or the COVAX facility.

And we appeal to the international community to help mobilise the $19 billion urgently required by the ACT Accelerator to implement its 2021 priorities. Just as we worked together to ensure equitable access to medicines to respond to the HIV/AIDS pandemic I think we should work together now, much moreso now, largely because COVID-19 has encompassed the world world and affected so many people all at one go around the world.

Let us together challenge vaccine nationalism and ensure that protecting intellectual property rights does not come at the expense of human lives. This is all the more pressing as many countries now face a resurgence of infections.

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As we have done so effectively in the past year I'd like to believe that we can continue to confront this global health crisis in a spirit of solidarity and a spirit of partnership as well. Let's face it; it is only through collaboration that we will be able to overcome this devastating pandemic.

In my view there's no other way in which we can confront this pandemic other than working in a collaborative way, in a co-operative way and standing together instead of standing against each other.

The ACT Accelerator has enabled us to work so closely together in an unprecedented way. Let us take this great lesson of working together forward and be united in everything that we do. I thank you and this is a great moment to bask in the wonderful work that we have done over the year and prepare ourselves for greater things that lie ahead.
So thank you very much; I'm delighted to be part of this event. Thank you.

00:17:46

TAG Thank you. Thank you so much indeed, Your Excellency, and my deep appreciation once again for your exemplary leadership domestically, regionally and globally. It's now my pleasure to welcome His Excellency, Dag Inge Ulstein, the Minister for International Development of Norway. Minister, thank you for your leadership as Co-Chair of the ACT Accelerator facilitation council and for joining us today. You have the floor.

DIU Thank you so much, Dr Tedros. Excellencies, President Ramaphosa, colleagues, friends, it has been a year full of contradictions, a year of confusion, consternation, complication and co-operation. Bad news and worse news have been competing for our attention but there has indeed been some good news too.

The virus has shown to what a degree we all share the same destiny while also demonstrating dramatic degrees of inequality, expanding existing gaps even more. One year ago we were keeping our fingers crossed that a new vaccine against a new virus could be developed within a year even if we knew that at least six years was normal but it happened much sooner.

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Together we have managed to turn the ACT Accelerator and COVAX into unprecedented mechanisms of international co-operation, an unprecedented response to a pandemic without precedent in modern times.

Faced with a virus that is totally disrespectful of borders our fight against it must also cross borders. We all understand this. However it seems to be somehow as if the leaders of the world still haven't truly woken up to the fact that the coronavirus is capable of crossing borders.

Continued lack of financing for the ACT Accelerator poses a major obstacle to its ability to deliver at scale. If we are to bring the pandemic under control there is an urgent need to close the funding gap of $19 billion. A further delay in the funding will cost more lives and even greater economic harm.

As long as the pandemic is allowed to prosper in poor countries it may not just mutate and produce new variants that are despatched to countries that are already vaccinated; it will also keep the world economy from regaining speed.
As Co-Chairs of the ACT Accelerator President Ramaphosa of South Africa and Prime Minister Solberg from Norway have sent out letters to 89 countries asking them to contribute their fair share. Together with other members of the facilitation council we are actively engaging in bilateral outreach to secure funding.

At this one-year anniversary our choice is simple; invest in saving lives by treating the cause of the pandemic everywhere now or continue to spend trillions on the consequences of the pandemic with no end in sight.

The case for global collaboration couldn't be stronger. As a colleague said in the last ACT-A meeting, a once-in-100-year event requires a once-in-100-year-level response of co-operation and global solidarity. We cannot relax until everyone everywhere has access to vaccines, tests and treatments. The time to act, to accelerate is now. Thank you and over to you again, Dr Tedros.

TAG  Thank you. Thank you so much, Minister. I have enormously valued your leadership and friendship over the past year and thank you so much again. Since the earliest discussions about the ACT Accelerator and throughout the past year the President of the European Commission, Ursula von der Leyen, has been a steadfast partner. I thank President von der Leyen for her leadership and partnership and it's my honour to welcome her to make a statement.

UL  Dear Dr Tedros, distinguished guests, I remember very vividly those days of April last year. The world had been caught by surprise by the pandemic and the response of too many leaders was, my country first. We made a different choice. We knew that we needed to fight this virus not just at home but in all continents and all countries from Asia's mega-cities to Africa's most remote villages.

For this we needed to act fast and act together. This is how the ACT Accelerator was born. I am proud that Europe was part of its inception from day one and a special thanks to you, dear Dr Tedros, and the team at WHO for getting the ACT Accelerator off the ground so quickly.

Mm thanks also to you, dear Cyril Ramaphosa and dear Erna Solberg, for taking on the leadership of the facilitation council. Already in early May 2020 Europe co-hosted a first pledging
conference to raise money for this initiative. Many other pledging events followed suit.

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Europe helped raise billions of euros for the ACT Accelerator but what I really love about the ACT Accelerator is the team spirit. The ACT Accelerator wasn't created as a new institution but a new way of working together. We all mobilised; the World Health Organization and national governments, UN agencies and philanthropists, NGOs and the pharma industry, because every one of us has something to contribute.

The ACT Accelerator brought together all health actors and empowered them to do more and better together. Thanks to this co-operation the ACT Accelerator has achieved so much in so little time. The ACT Accelerator helped identify a life-saving therapy against COVID.

Thanks to the ACT Accelerator COVID tests are now available in low-income countries for less than $3 and its vaccine pillar, COVAX, is now shipping vaccines at an affordable price or free to over 100 countries.

None of us could do this alone but together we achieved a miracle. Every cent that we put into the ACT Accelerator has been a good investment and we will need more of this in the months ahead because the pandemic is far from over. We need the ACT Accelerator perhaps even more than one year ago to track the virus as it evolves, to scale up manufacturing, to deliver vaccines to all corners of the world.

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The ACT Accelerator has a funding gap of $22 billion. The European Commission has just doubled its contribution and let me invite all governments but also the private sector to step up because this is how we can end the pandemic; joining forces as a team, as Team Human. This is the spirit of the ACT Accelerator and Europe is playing for the team. Happy birthday, ACT Accelerator.

TAG Thank you so much. Happy birthday, ACT Accelerator. One of the first and most decisive calls we had early last year as the ACT Accelerator was starting to take shape was with President Emanuel Macron of France and President Macron has continued to take an active interest and to play an active role in the ACT Accelerator.
To mark this first anniversary we have asked President Macron to reflect on the year that has passed and to look forward to the opportunities and challenges that lie ahead.

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TR Director-General, dear Dr Tedros, ladies and gentlemen, heads of state and government, friends, when the pandemic was announced by the World Health Organization in March 2020 I announced that on behalf of France and the French people I would launch an international... because the health of our fellow citizens requires international action that is effective.

So we cannot allow health systems to collapse, we cannot allow the virus to run out of control across entire regions. The appearance of new variants demonstrated our health also depends upon the poorest countries and all of us here today worked extremely hard to urgently implement a tool that has allowed us to meet this ambition; to give access to products to fight COVID-19 to everyone.

It was on 24th April 2020 the ACT Accelerator was launched. One year later collectively we can be proud of what we have accomplished even though there's a great deal to do. $11 billion has been mobilised; 191 countries have joined the group for the procurement mechanism for COVAX.

The volumes secured will allow us to reach the target we gave ourselves of vaccinating 20% of the population. I want us to be able to be able to go further, particularly in regard to the African continent. More than 40 million vaccine doses have already been distributed in 114 countries. A few numbers, a few realities that are the first successes of the ACT-A initiative launched one year ago now.

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But now we must continue our efforts to go faster, stronger because it's a race against time in this pandemic. Today despite all the figures I've given it's still not a satisfactory situation. One person in six has received at least one dose of the vaccine in Europe. One person in five has received a dose in North America.

Alongside that in Africa it is less than one in 100. That is unacceptable. There is one very simple response; all states who have purchased COVID [sic] can participate and I would like to say that all those who have pre-ordered vaccines, many vaccines - including France and the European Union; we have a responsibility with regard to the rest of the world.
We knew, especially in Europe, when we signed procurement contracts with all the big laboratories, one of our conditions as purchasers was to one day be able to donate or resell our doses. We didn't want to take the risk of depriving the rest of the world of such precious vaccines.

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Now the time has come to share. Of course we have a vaccine campaign to carry out in each of our countries. Our most vulnerable populations are progressively being covered and we will continue to receive more and more vaccines and we have the means to accelerate our solidarity by donating vaccines.

That's why I am announcing today that France has just sent their first COVAX doses. These AstraZeneca vaccines are going to West Africa now in accordance with the COVAX fair distribution mechanism. Our goal with these donations is to allow all countries, especially in Africa, to vaccinate the priority populations starting first of all with healthcare professionals.

This is a commitment that we made together at the G7 summit in February and we will keep to it by June. Of course we will share more and more vaccines, at least 500,000 doses by mid-June with an increasingly diversified basket of vaccines so that we can meet the different challenges of the population.

What is essential in this commitment, I think, is that we have made the choice to donate to COVAX. In fact vaccine allocation must be based on objective criteria which only the World Health Organization is able to give us via the COVAX mechanism and that is its role.

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That's why I'm appealing to all my fellow citizens to commit to sharing doses of vaccines. I mentioned a target of 5% in February but I can already say that we will pass this figure by the end of the year.

Then there are many other things that we have to do but donating vaccines is essential. As countries we have other ways of improving effective access to all the tools to combat COVID. Ensuring transparency in procurement contracts so that we can fight against commercial practices which are unfair to more vulnerable countries. The international system today lacks transparency in delivering criteria, conditions, dates, prices.

Then to guarantee that we will mobilise all production facilities for vaccines so that they can be converted throughout the world;
no continent should be excluded from the production. It's essential this involves licensing agreements and technology transfer.

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We hear a lot in fact about the transfer or lack of intellectual property rights but we know that's not the issue. The issue is transferring technology and mobilising production capacity because that's where the bottleneck is.

I'm giving a clear message to all vaccine manufacturers to commit to such a process. Global access is our collective responsibility. Countries, international organisations have an essential role to play and so does the private sector so we must all co-operate with the Medicine Patent Pool to identify underused production capacity, to maximise and accelerate the transfer of technology and allow the production of more doses of this valuable vaccine.

Then vaccination is essential but in order to be effective it must be supported first of all by an improvement in our diagnosis and sequencing capacity so we can track and combat variants. I want to highlight the exceptional work carried out by the African CDC supported by AFD and our research institute and the Pasteur Institut network.

This project will improve the work against the pandemic in Africa, protect the most vulnerable and guide procurement choices for vaccines. Vaccine must also be accompanied by structural movement to strengthen healthcare systems, which is the cornerstone of all methods of fighting the pandemic and we have to come out of this crisis stronger.

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It's a central priority for me and the French Development Agency has committed significant amounts and we've just approved another €1 billion to help healthcare systems combat COVID. The World Health Assembly on 21st May with its summit will facilitate the recording of all our meeting points on this issue. We must meet those challenge to find a collective response and we must also build on this unprecedented situation and learn all the lessons to change the global healthcare system.

It must be more robust, inclusive and more effective to deal with future pandemics. A reformed, strengthened World Health Organization must be the cornerstone. Many things are being decided today. The credibility itself of multilateralism in the area
of health is being decided today in our capacity to rapidly deliver vaccines in the field in Latin America, South America and Africa; in the Pacific as well.

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It's up to us and so I'm counting on each of us; we will be here. Thank you.

TAG Thank you. Thank you so much, Your Excellency, President Macron, and thank you to you and France for your generous donation to COVAX. I hope other countries will soon follow your example.

The strength of the ACT Accelerator is that it has been supported strongly by governments all over the world. Now it's my honour to introduce three leaders who have been unwavering in their support; Prime Minister Mario Draghi of Italy, President Paul Kagame of Rwanda and President Pedro Sanchez of Spain.

MD Dear Director-General, dear colleagues, the pandemic has shown us the importance of international collaboration in the realm of public health. Viruses and infectious diseases know no borders. COVID-19 quickly spread from China to the rest of the world and has claimed so far at least three million lives globally.

Regrettably our initial response lacked co-ordination. The global community failed to share information promptly and adequately. We struggled to understand that what was happening to another country would quickly happen to us too. Global threats require global responses.

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We will not be completely safe until all countries are safe. The ACT Accelerator, born a year ago, is an excellent example of what we can achieve when we work together. It aims to support the development and equitable distribution of the tests, treatments and vaccines needed to bring the pandemic under control.

It treats global health for what it really is, a public good. This is why since its inception Italy has been amongst its strongest supporters and main contributors. We now see an end to the worst of this pandemic. Thanks to global co-operation scientists have developed a number of effective vaccines that can save lives and help us return to a normal life.

But this success cannot be a source of complacency. We have to be more ambitious. We need to scale up research and
development to fight new variants. We need to strengthen our health systems. We need to ensure equitable access to diagnostics, therapeutics and vaccines also in low-income countries.

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This year Italy holds the Presidency of the G20. Overcoming the pandemic and ensuring a sustainable and resilient recovery are at the heart of our agenda. We have emphasised the role of the Accelerator in fostering global immunisation according to transparent, agreed rules.

We want to scale up the capability of the COVAX facility to achieve equitable distribution of safe and effective vaccines. Thank you.

PK Excellencies, WHO Director-General Dr Tedros Adhanom, distinguished ladies and gentlemen, I am pleased to join you in marking this first anniversary of the Access to COVID-19 Tools Accelerator and commend Dr Tedros and the WHO for leading this important response to the global pandemic.

For many developing countries the ACT Accelerator has been the only way to access life-saving COVID-19 testing kits, vaccines and treatment. As the pandemic continues to evolve often in an unpredictable manner must more needs to be done to remove barriers to affordability and equitable distribution.

In particular Africa lags behind in the manufacture of vital products for COVID-19 prevention and management. Efforts are underway to build this capacity but this requires support across the board to ensure that it's done properly and quickly enough to make a difference in the ongoing pandemic and improve preparedness for the next one.

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Rwanda remains committed to the goals of the ACT Accelerator. By now there are lessons to learn in order to make this effort more effective. We will continue to work together with the WHO and other partners to defeat the COVID-19 pandemic. I thank you.

TR This unprecedented and new innovation from ACT working through diagnostics, therapeutics and vaccines... and it was a major emergency. Most of Europe was confined to a greater or lesser extent. In Spain it was very strict and the number of deaths was enormous.
A year later we have some reasons for hope and in some countries we are seeing a lesser extent of the impact of the virus thanks to the vaccinations which are underway. We are better-organised and we're more aware of what we have to do but we also know we cannot let down our guard.

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In these 365 days the ACT Accelerator has played an essential role in looking at the best responses for combating COVID-19. ACT-A has allowed states and international organisations to join together with no hierarchy to face this challenge and to work in solidarity and it has worked.

Secondly as a mechanism for the collection of funds and for the sharing out to those who most need them and also for attracting the private sector and other types of organisations such as regional and global banks.

Thirdly as a way of sharing lessons learned and working together. The ACT, however long it has been in place, has been timeless in the way it operates. It has been a matter of pride for us to co-lead this initiative and to participate in the facilitation council. Thank you.

TAG Thank you so much. Now we move to the UN. As you know, WHO is proud to play a role in the ACT Accelerator but we have only done so as part of the United Nations and with its support. It is now my honour to introduce Amina Mohammed, the Deputy Secretary-General of the United Nations.

AM Director-General, Dr Tedros, my brother, Excellencies, distinguished guests, the ACT Accelerator has been a critical multilateral instrument in responding to the COVID-19 pandemic.

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It is saving lives, it is enabling societies and economies to begin the job of recovery and it is giving us hope. As we mark the ACT Accelerator's first anniversary it is sobering to look back at the devastating impact of this crisis. COVID-19 has taken more than three million lives. It has infected more than 140 million people all over the world and the virus continues to rage.

The pandemic has revealed stark, wide-ranging global fragilities and disparities including in access to COVID-19 tools, treatments and vaccines. If we are to successfully combat the pandemic and halt its impact on health and economies greater global solidarity is crucial.
We need co-ordinated investments in research and development, stepped-up production and widespread deployment of effective vaccines, diagnostics and treatments to all regions and countries.

That is why the ACT Accelerator was created. One year on we see its positive impact. This extraordinary partnership has delivered through COVAX more than 40 million doses of life-saving vaccines to 118 participants since its first international delivery to Ghana in February this year.

It also secured millions of treatment courses and diagnostic kits for low and middle-income countries yet vast challenges remain. Vaccine nationalism is hindering COVAX access, slowing distribution of vaccines to the poorest and the most vulnerable.

We have seen an unprecedented mobilisation of resources from multiple donors which has raised $14.1 billion for the ACT Accelerator yet $19 billion is still needed to fully finance it for 2021.

I call on countries to join this effort and to fully fund the ACT Accelerator. The ACT Accelerator cannot fulfil its mandate without the support of all countries. Let's also recognise that a full and fully sustainable recovery also requires us to get on track to reach the sustainable development goals and achieve universal health coverage.

The entire United Nations system has mobilised in support of governments around the world for a response and recovery. We are committed to working together with all partners to make the ACT Accelerator a success for all people. Thank you.

As I said earlier, the strength of the ACT Accelerator is its wide support from governments all over the world. I'm now pleased to introduce video messages that have been sent by Gayle Smith, the COVID-19 Coordinator from the United States of America, Karina Gould, the Minister of International Development of Canada, and Mikhail Murashko, the Minister of Health of the Russian Federation.

Greetings. I'm so honoured to be here today with heads of state, esteemed guests, partners and most importantly the founders of ACT-A. On behalf of President Biden we congratulate you on this important day, your one-year anniversary. Our message to you is one of thanks; thank you for coming together
to build a platform that is enabling us to build a global response to this global pandemic.

We are strong partners of ACT-A and intend to continue to be your partners, expressed not only in the substantial financial contributions we've been able to make recently but also as we gather the learnings from this first year and based on the facts, the evidence and the data increase our impact and effectiveness.

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Partners as we champion the cause of global public health and build a world where every country can prevent, detect and respond to these kinds of global health threats. Partners as we reach out to other donors and enlist them in this fight.

So from all of us on this day our congratulations and our thanks. You have a partner in the United States. Thank you.

TR     Years ago we had to confront a virus which does not respect any borders and which dragged the world into an unprecedented crisis. All countries need tests, treatments and vaccines against COVID-19 and all countries must protect their citizens and stop the spread of the virus.

All countries must stop the emergence of new variants which could scupper world progress.

KG     [Inaudible] depends on the health of everyone everywhere. That is why Canada has been committed to the ACT Accelerator from the start because the success of ACT-A is our best exit strategy from this pandemic.

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This unprecedented global collaboration has made remarkable progress with WHO-approved vaccines reaching more than 100 countries in less than a year's time, with rapid test kits rolled out around the world and with therapies old and new saving lives and reducing suffering.

This is monumental success. It is multilateralism at its best, rising to the global challenge but now is not the time to let up our efforts. We must bring this response to scale and do so across each ACT pillar. This will ensure truly global access to safe and effective vaccines, therapeutics and diagnostics whilst strengthening the health systems to deliver them.

Together we need to reach every country. We need to support fragile health systems so vaccines get into people's arms because, as the saying goes, it's not vaccines that save people,
it's vaccinations. We need to ensure this response reaches every person, especially the most vulnerable at risk of being left behind.

I am proud to represent Canada on the ACT Accelerator facilitation council and to serve as Co-Chair of the COVAX AMC engagement group. I am proud that Canada has committed $940 million to this collaboration and more than $3 billion to the overall response.

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But so much more is needed and Canada will play its part.

TR The time has come to mobilise and to support the excellent organisations which are partners of the ACT Accelerator. Everyone must make their fair share of effort in this.

KG [Inaudible] everyone. It is the only way we can defeat this pandemic. We must act now and we must act together.

TAG Civil society organisations play a vital role.

TR The ACT facilitation imitative. We can note that this has become a truly global initiative which has strengthened trust between countries around the world and international organisations in efforts to create and manufacture and carefully spread vaccines and medications.

I congratulate all participants on the results achieved. We welcome the COVAX initiative, which is now reaching the long-awaited delivery targets for countries with low and middle income.

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I believe our main task is to ensure equitable global access to vaccines and that this will soon be achieved. We express our willingness to extend co-operation with the ACT-A initiative, with international platforms to achieve our goals.

At this difficult time Russia remains true to its commitments at the G20, at the WHO and will continue to contribute to global efforts to fight the pandemic. We are co-ordinating international efforts to combat this pandemic within the BRICS, SCO, CIS and on a bilateral level we have registered the Sputnik V vaccine in more than 16 countries around the world and we are scaling up our production in foreign countries.
We are also conducting vaccination of diplomatic personnel in Moscow. We have made voluntary contributions to several UN agencies.

Distinguished colleagues, turning around this COVID-19 situation will only be possible through joint efforts. We hope that the ACT-A initiative will be further strengthened and will continue to function well for the good of the entire world.

**00:54:03**

TAG  Thank you. Thank you so much. Civil society organisations play a vital role in every area of health, holding leaders to account, providing technical expertise, delivering services and giving voice to their communities. The ACT Accelerator is no exception and it's now my honour to introduce Peter Ngo'la Owiti from Kenya, who is a civil society representative on the ACT Accelerator facilitation council.

PNO  One year ago we came together to form the Access to COVID Tools Accelerator but much more still needs to be done. To avoid more deaths excess vaccines must be donated or sold to low and middle-income countries. Vaccine manufacturing facilities should be accelerated in Rwanda, Senegal and the Republic of South Africa.

Rapid antigen tests must be provided for broader use in low and middle-income countries the same way as the global north is using them. There is urgent need to tackle the oxygen crisis, particularly in India and Africa. Civil societies and communities should be supported and provided with an enabling environment to meaningfully respond to the pandemic. Thank you.

TAG  Thank you. Finally vaccines, diagnostics and therapeutics would not exist at all without the private-sector companies who develop and produce them. It's now my pleasure to welcome Thomas Cueni, the Director-General of the International Federation of Pharmaceutical Manufacturers' Association, to be followed by John Denton, the Secretary-General of the International Chamber of Commerce.

**00:56:11**

TC  In joining ACT-A last year the biopharmaceutical industry signed up to bring to this partnership a unique expertise in the discovery, development and large-scale manufacturing of medicines and vaccines.

A year later we can say science wins. Not one but several highly effective vaccines have been developed at record speed. They
are now produced in historic quantities. As partners of ACT-A we committed to accelerate global access to safe, effective and affordable COVID-19 treatments and vaccines.

To make this happen we are seeing unprecedented partnerships between vaccine manufacturers from developing and industrialised countries. Yes, we have had setbacks - some vaccine projects failed - bumps and hitches in scaling up manufacturing and we know the world needs to do better in walking the talk on vaccine equity.

00:57:09

However we are still witnessing the fastest vaccine roll-out ever. To end the pandemic we must continue this journey together.

JD Good day. My name's John Denton. I'm the Secretary-General of the International Chamber of Commerce, the institutional representative of 45 million businesses worldwide. At the ICC we've supported the ACT or ACT Accelerator since its inception as only a truly global, inclusive and collaborative response will stop the spread of COVID and minimise its economic damage.

Not only is that the right thing to do; it's also the smart thing to do. The longer it takes for us to control COVID everywhere the greater the suffering and lives lost; businesses shuttered, societies frayed and nations divided.

We have shown that the economic costs alone of vaccine nationalism, of failing to quickly distribute vaccines to all countries no matter how rich they are could amount to up to $9 trillion; yes, that's right; $9 trillion. The longer we wait to find the remaining $25 billion or so for the ACT Accelerator the more these costs will grow.

00:58:28

That is why we at the ICC believe the ACT Accelerator remains on its first birthday not only great health policy but also the best possible jab in the arm for the global economy with high effectiveness, zero side-effects and even potential to stop the spread of protectionist policies that would hamper a much-needed economic recovery.

Vaccine early, vaccine and accelerate.

TAG Thank you so much to all our speakers today. As I said in my opening remarks, the ACT Accelerator is a unique partnership that has involved the participation of nine global health
organisations working together to build something that's truly much more than the sum of its parts.

Today I'm delighted to welcome the leaders of each of our partners, Seth Berkley from GAVI, Philip Denton from UNITAID, Chris Aylies from the Bill and Melinda Gates Foundation, Henrietta Fore from UNICEF, Emma Honey from FIND, Richard Hatchett from CEPI, Muhammad Pate from the World Bank, Peter Sands from the Global Fund and Karl Bildt, our Special Envoy for the ACT Accelerator and Co-Chair of the group and a former Prime Minister of Sweden.

00:59:51

Thank you, all of you, for your leadership and partnership and I look forward to our continued collaboration in the months ahead as we work together to stop infections, save lives and end the pandemic. Christian, back to you.

CL    Thank you so much, everyone, and thank you, Dr Tedros. Happy birthday, ACT Accelerator. Before we head into the question-and-answer session with these ACT principles and leads, as just introduced, we'll show you a quick clip on the 12 months of the ACT Accelerator. See you in a moment.

UF    World leaders launched a global solution to rapidly end the pandemic and equip countries to fight this devastating virus. The ACT Accelerator has secured more than 60 million COVID-19 tests, over $500 million's worth of equipment to keep health workers safe and nearly three million doses of the proven COVID-19 treatment, dexamethasone.

COVAX has delivered more than 40 million vaccines to over 100 countries and economies and ACT-Accelerator-supported research continues to find the next generation of tools. But the pandemic isn't over.

01:01:21

Societies and economies are still suffering. Our safety and security is still at risk and history is still in the making. It's time to recommit to act together. Let's take research, production and distribution up a gear to keep everyone, everywhere safe from COVID-19.

CL    Welcome back. Let me now open the floor to questions from the media. To get into the queue to ask questions please raise your hand with the raise your hand icon on your screen. We will be happy of course to get as many questions... for our special guests.
We'll start with the first on my screen and that's Jamie Keaton from Associated Press. Jamie, I'm very sorry; we're wrong here. This is Jamil Chad from Progreso. Jamil, please unmute yourself.

JA Yes, hello, Christian. Is President Cyril Ramaphosa still available for questions?

CL No, I am afraid not. We'll have the principals available, as just briefly introduced by Dr Tedros.

01:02:45

JA Sure. Then my question is to Dr Tedros basically. You have called this an outrage, the fact that it was not distributed as fast as was envisaged. Do you think what we have seen has been enough or is there still long to go?

Also this week you had a meeting with the new Foreign Minister of Brazil. What was your message to him? Thank you, sir.

CL We'll start with Dr Aylward for the first part. Oh, Seth Berkley. Sorry. Dr Berkley, great if you could start with the first part; Dr Seth Berkley from the GAVI vaccine alliance, please.

SB Thank you for the question. Of course the answer is although we are very excited, as you've heard, that we've started delivering now to 118 countries more than 40 million doses and also we've seen the millions of tests and diagnostics secured, this is not enough and we have to do much more.

We need to have the global supply to increase dramatically. This is going to require another paradigm shift and more manufacturing including further voluntary tech transfers to boost production, particularly in and for emerging economies. We've heard that theme now multiple times.

And we need more countries to donate vaccines because there is a limit to how many one can purchase on the open market. We really were very happy and want to thank President Macron for his leadership with today's announcement of France donating to COVAX to be distributed equitably to lower-income countries where they're needed most.

01:04:39

I warmly welcome that and really feel that hopefully we'll hear from other leaders similar action and urge them to do so. I would just say that we also heard the important point; with the virus raging out of control in parts of the world and more and more new variants appearing collective action and commitment to equity remains our only hope for the pandemic to end.
So we're only safe if everyone is safe and since this is the first time I'm speaking I want to say happy birthday to my dear colleagues. A longer answer to the answer, no, not enough. Thank you.

CL    Thank you so much, Dr Berkley. Dr Aylward to add, please.

01:05:21

BA    Thank you very much, Christian, and, Jamil, thank you for the question. We had an excellent conversation with His Excellency the Foreign Minister of Brazil earlier this week; appreciated everything that was being done now to step up the response and ensure the right measures are in place to slow down the crisis there.

We spoke also about the important work being done in Brazil to escalate the production of vaccine, some of the challenges they were facing inside the country and how we might be able to help in terms of ensuring the continued supply of raw materials and other materials that were needed.

In the course of that we appreciated as well the commitment from the Foreign Minister and the Government of Brazil to not only be escalating production for Brazil but they were also looking forward beyond the crises they currently faced in the country to how they might help the rest of the world as well with vaccines as they scale production, reach their own populations and are able to do more.

Then finally the role of COVAX was appreciated and especially the work that's ongoing to escalate deliveries to all countries, especially those hard-hit like Brazil as we go forward.

01:06:34

CL    Thank you very much, Dr Aylward. We'll come to Priti Patnai from Geneva. Priti, please unmute yourself.

PR    Hi. Can you hear me?

CL    Yes. Please go ahead.

PR    This is a question for Dr Tedros or Dr Mike Ryan. You've often said that WHO cannot criticise member states in public but we're wondering if you will make a statement on the elections, political rallies and religious gatherings in the midst of this surge in India and whether WHO has praised India a bit too soon.
As a consequence, what is the plan B for COVAX in the context of the Indian challenges? Thank you.

CL Thank you very much, Priti. I'll get Dr Mike Ryan, who also joined us, Executive Director of the WHO's Health Emergencies Programme. Dr Ryan.

MR Hi, good afternoon, everyone. Soumya Swaminathan may be online as well and may wish to make a comment. We've been in very close contact with our regional office and our country office in supporting India in what is a very complex situation there. This is not easy for anyone when you have disease that has rapidly spread.

01:07:51

Multiple factors have driven that acceleration in cases. It is a very difficult task both to reduce the force of infection by having people adapt their behaviour; not always easy in the situations that people find themselves in in India but we've got to reduce mobility, we've got to reduce mixing in whatever way we can to reduce the force of infection. The Indian Government are moving to do that.

There's been a huge focus of increasing COVID management and triage and the Indian Government has been scaling up oxygen production, working very, very closely with UNDP and UNICEF and others and we've offered help and assistance in clinical management and triage and in scaling up oxygen supplies as needed.

India, as you know, is a very large, populous country, complex, different situations, different epidemiologic situations in different states...

CL Unfortunately we lost Dr Ryan there.

01:08:53

MR Managing public health threats.

CL Dr Ryan, we lost you for a moment. Please come back if there's more.

MR [Inaudible].

CL Hold on for a second; quick technical issue. Can we try again? Yes, please, Dr Ryan.

MR Hello.

CL Yes, please go ahead.
MR  Christian, where did you lose me?
TAG  I think when you spoke about oxygen.
BA  Complex issue, multiple states.
CL  Just as you started with the oxygen; correct.
MR  I was just recognising the role that our colleagues, our sister agencies UNDP and UNICEF have played in supporting oxygen scale-up in India but the Indian Government are moving very fast to scale up oxygen supply. We're providing technical assistance and clinical management and triaging of patients. That's really key now.

01:09:43
We've got to save lives, we've got to have rational use of these measures, not hoarding. The patients who need oxygen, the patients who need clinical care need to get it. There's a lot of fear in India right now and the Government are trying to bring calm, they're trying to bring an orderly approach; the states are doing the same.

The situation is not the same in all the states. Some states are facing a much more serious situation than others. So we support the Government of India, as we support all governments in facing this really, really difficult situation.

It is difficult. This is not the time for recrimination; it's the time for solidarity, it's the time to move quickly to reduce deaths, to reduce transmission by decreasing mobility and mixing, by supporting communities in mask-wearing and where they can in maintaining social distance and in reducing the number of gatherings that are occurring driving transmission as well.

This is not easy in the context of India. It's not easy in the context of any state, especially one as populous as India. So I think this is the time to show solidarity and support for what the Indian Government are trying to achieve. Thank you.

01:10:49
CL  Thank you so much, Dr Ryan. I believe Dr Berkley might have something to add. Seth from the GAVI Alliance.
SB  Yes, I will just say that we of course have been working closely with India on vaccine provision. The first ten million doses from COVAX went to India. We've supported the scale-up of multiple vaccines now that are being produced in India.
Of course it is a very difficult time and one of the challenges we've had to try to work with is how one balances the acute needs for India where there's a very large population with the needs for many other countries that rely on India as one of the vaccine manufacturers for the world.

That's something we've been trying to balance, working with the manufacturers there and the Government there. Thank you.

**01:11:45**

CL Thank you so much, Dr Berkley. We'll move to the net question and that's Abdullah Wahsan from Morocco. Abdullah, please unmute yourself.

TR Good afternoon. I thank you for giving me the floor. My question is as follows. I would like to know what is the percentage of aid given to Morocco through the COVAX scheme. And what are your plans to allow countries with limited income to achieve greater vaccination?

CL [Inaudible], Abdullah. I think we just heard the rest of the translation. Could I ask Seth Berkley again from the vaccine alliance, please?

SB Thank you for that question. Of course, Morocco is part of the COVAX effort and is supported as one of the advance-market-commitment countries and so it will be receiving doses as part of that.

In terms of its numbers, the numbers that it is expected to receive have been posted on our website. There is a slight delay in the supplies from the manufacturers that Morocco is receiving but those will be coming in the next few months.

CL Dr Aylward to add, please.

**01:13:36**

BA Just in terms of the number, the amount that's already scheduled, over a third of that, about 300,000 doses have already been shipped out and again, as Seth said, we're hoping to accelerate that over the next two months.

CL Thank you for these clarifications. We'll move on to Jeremy Launch from RFE. Jeremy, please unmute yourself.

JE Thank you, Christian. Can you hear me?

CL Yes, very well.
Thanks. I just wanted to have the latest information about the CTAP and the NPP disposal of WHO. Has any manufacturer actually joined the CTAP and the NPP so far? Thank you.

Thank you very much, Jeremy. We'll give this to Dr Mariangela Simao if online.

Thank you very much, Jeremy. We are in negotiations with four manufacturers for diagnostics and this is an ongoing process. So far we have approached different manufacturers for vaccines and also the potential manufacturers for small molecules, the pharmaceuticals but we have not been successful to that extent as well.

But I think we have the colleague, the Director of the Medicines Patent Pool. He can give an overview from the Medicines Patent Pool itself because I believe they have some news on their side. Is Charles Gore online?

Yes, I am. Thank you very much and thank you for the question. I'd just like to restate what Dr Simao said, that at the moment we're not in a position to actually get a licence but we are in discussions with a number of companies.

But what is important, I think, is what President Macron said; that we really need to encourage more companies to come forward to enter into discussions to see how we could help in the response to COVID because, as you know, the Medicines Patent Pool was set up for another health emergency, HIV.

That allowed us to address that by increasing the number of manufacturers across the world, through transparent licensing and non-exclusive licences that allowed a very broad geographic manufacturing base, things that we need for COVID. Thank you.

Thank you very much. This was Charles Gore from the Medicines Patent Pool, MPP and before we had Dr Mariangela Simao, Assistant Director-General for Access to Medicines and Health Products at WHO.

Next question goes to John Zaracostas from the Lancet. John, please unmute yourself.

Good afternoon. Can you hear me?

Very well. Please go ahead.
I was wondering, going forward, if some of the experts on the panel have any out-of-the-box ideas on how to really ramp up global vaccine production. There have been some successful models in history like in World War Two with the penicillin production where the co-operation between the US Government and pharmaceutical companies managed to produce up to 650 billion units per month. So is there a chance for a new model?

Thank you very much, John. I would like to start with Dr Richard Hatchett from CEPI, possibly followed by Ms Henrietta Fore from UNICEF. Dr Hatchett, please.

Please unmute yourself, Dr Hatchett.

[Inaudible].

01:17:55

Please start with Ms Fore from UNICEF, Executive Director, first. Otherwise we'll try you again. Sorry. Ms Fore, please.

Thank you. I'm sorry. I'm responding to an earlier question which came from the gentleman from Morocco on what we are doing to help other countries. I just wanted to mention that as an alliance cold-chain in countries so solar-powered refrigerators, the training of healthcare workers, the help in getting vaccines out into the countryside by every possible means and to get the community workers to carry a sense of trust so that people feel good about getting a vaccination and that vaccines move from the tarmac into the arms of the people who need it. Thank you.

Thank you very much, Ms Fore. We'll try again with Dr Hatchett from CEPI if we have better sound now.

[Inaudible].

01:19:10

Oh, dear. Unfortunately not. Very sorry for that, Dr Hatchett, and to all who can't hear this now. We'll possibly try later.

Christian, do you want me to say something? It's Seth.

Yes, please. Go ahead.

You're absolutely right; we do need a spectacular increase in volume of production. The world produces somewhere around four to five billion doses and what we're talking about is a tripling
or quadrupling of production. The first priority, which I know Richard would have talked about, is right now we're seeing supply constraints and that is stopping vaccine production right now.

For example we know of one company that has over 20,000 litres of production capacity but they have not been able to produce vaccines because they don't have the raw materials and equipment they need to do that.

The second thing that's critical is making sure that everybody who has the ability to produce vaccine is part of this and CEPI is as part of the COVAX manufacturing taskforce reaching out to all manufacturers in the world now to relook at what the capacity is now - they did this a year ago but things have changed so much - to see, are there additional places to go.

01:20:22

The last issue will be of course trying to move into new capacity development. Of course that takes more time but there is an active discussions on how that might be done to move forward.

So it is a very important part of what we do. Of course we don't know, will we need boosters because of waning immunity, will we need new vaccines because of variants, will we need boosters for variants?

So regardless of any of those three issues we will need more vaccines so we're all looking, working together to try to see how we can get there as quickly as possible. Over.

CL Thank you very much. This was Dr Seth Berkley from the GAVI vaccine alliance. Dr Emma Hannay from FIND wanted to add on the diagnostics. Dr Hannay, please.

EH No, there was nothing else from my end to add on those questions so far.

01:21:22

CL Sorry for the misunderstanding. Then I'm asking Dr Philip Duneton from UNITAID if he wanted to add. No. I don't see anything. Then we'll move on to the next question and that will be Anna Donaya Usher from Development Today. Anna, please unmute yourself.

AN Hello. Can you hear me?

CL Yes, very well.
AN Thank you so much. I would like to ask about the funding situation of the ACT Accelerator. What exactly first of all is the funding gap? Different figures were mentioned by different speakers today; 19 billion, 22 billion.

My second question is, the original ACT-A budget of 38 billion assumed a 20% coverage of therapeutics, diagnostics and vaccines. What is your estimate of what it would cost on top of the 38 billion to increase the coverage of these various tools to, say, 50% or 75%, especially for the lowest-income countries who are wholly reliant on this mechanism? What is your estimate and do you see a need to increase the ask of the ACT Accelerator for the current 38 billion? Thank you.

01:23:11

CL Thank you very much. Let me start with Peter Sands from the Global Fund to go ahead with this and then we'll go back to Dr Aylward here in the room. Mr Sands, please.

PS Thank you very much; very good question. If I could start with what the numbers are now, we started with 38 billion. We have both raised money and we have revised our estimates as the year has unfolded because we've learnt a lot about pricing and the dynamics of the different tools.

The current unfunded gap for the ACT Accelerator is $19 billion and before I talk about your other question about what it would take to do even more I just think it's worth reflecting very quickly on the fact that while I don't want to diminish the achievements of the ACT Accelerator - we're part and proud to be part of it - over the last 12 months the reality is the world would be in a better position if we had actually succeeded in getting that 38 billion roughly 12 months ago.

We would have more manufacturing capacity for vaccines, more countries would have received the tests they need to be able to run test-and-trace strategies and contain transmission. We would be further down the road of developing innovative therapeutics and we would have done a better job in protecting the front-line health workers who put their lives at risk every day in fighting the pandemic.

01:25:04

So even before we think about what we need to do to achieve more we should reflect on the fact that that 19 billion we need right now; we don't want to be in 12 months saying the same as
I've just said, that we would be in a better position had we got that money.

To your question, there's a lot of work going on across the different pillars to revise the estimates and look as we look further into the second half of 21 and into 22 what we would need to do to achieve higher rates of coverage of vaccines, higher rates of testing.

At the moment the estimates are only based on bringing low and middle-income countries up to about 20% of the rate of high-income countries, which is probably not enough, and also with the hope and expectation that we do get better treatments to fund broad-scale deployment of those.

That is going to be a pretty big number. I don't have that number but it's going to be of the order of double the 19 billion. But the first thing we need to do before we get too excited about what that next phase is is to make sure we get the 19 billion now and help countries deliver the kind of comprehensive strategy they need to beat this pandemic. It's a total false economy not to do that.

CL Thank you very much. This was Peter Sands, the Executive Director for the Global Fund. Moving to Dr Aylward to add.

BA No, Dr Sands laid it out nicely; that $19 billion is the current gap; absolutely crucial that it gets closed in the near term because every day that we miss people are not getting tested in countries where they have to be tested. As a result people are not getting isolated who have the disease and people are dying, as you're reading about in the newspapers and seeing in the media every day because we can't get enough oxygen, dexamethasone out there.

Of course, as we speak about every day in these conferences, the funds simply aren't there to get the PPE even where it needs to be, as well of course as the vaccines.

CL Thank you very much, Dr Aylward. Dr Soumya Swaminathan, our Chief Scientist, please.

SS Thank you. One of the things that we've been discussing that we could do to increase funding that in retrospect didn't go as well as the vaccines' development has gone is on the
antivirals. This has traditionally been a weak area. If you look at the investment that went into vaccine development just in the first year it's probably around $20 billion or so globally from the public sector and the private sector.

We didn't see that kind of investment in therapeutics and early on there was too much reliance on unproven remedies. The clinical trials were just starting, the focus was on repurposed drugs followed by monoclonal antibodies and we still haven't got any antivirals, though we're seeing some promising developments on antivirals.

01:28:24

So I think increased investment in the ACT Accelerator, in the therapeutics pillar would enable us to develop broad-spectrum antivirals which would help not only this pandemic but also be a safeguard against future pandemics and it is possible.

I think the same kind of investments, the same kind of collaborations between the private and the public sector that we saw in vaccine development... We need newer versions of broader-spectrum monoclonals that can be delivered subcutaneously, intramuscularly.

We need inhaled drugs and again we're seeing positive developments with a variety of inhaled substances that can be used in early management and early treatment to prevent people from deteriorating and getting into hospitals.

So those are the kind of investments because we know this infection isn't going away any time very soon and we will have to continue to manage people who get infected in addition to preventing the infection through vaccination.

So investments in R&D, in innovation are extremely important in addition to ramping up production, manufacturing capacity and delivery systems. Thank you.

01:29:32

CL Thank you so much for these add-ons. I see Ms Henrietta Fore from UNICEF, Executive Director, has her hand up too. Ms Fore, please come in.

HF Thank you very much. I just wanted to add in an area on which we've been working hard but have not done enough as a world, which is primary healthcare. If we can have running water and a bar of soap, good hygiene in community clinics and
hospitals and in schools worldwide this also will help but as a
world we have not paid enough attention to this area.

The last area is community workers; they are the backbone of
any system for vaccination and we have been using the generous
support of the Gates Foundation, of Rotary, of many others with
WHO and all of us who are out in the field. It is because of those
community workers that we are able to get the vaccinations
across but we could use strengthening and investment in these
systems as a world. Thank you.

CL Thank you so much, Ms Fore. I am looking at Dr Philip
Duneton from UNITAID. Philip, please unmute yourself.

01:30:53

PD Thank you and good afternoon. Just to reinforce what was
said by Soumya, it's important to recognise that there are three
things to be done in terms of therapeutics. If we want to control a
disease we need to prevent with vaccine and PPE but also to do
more on case management with new therapeutics.

First we need to use what is available and ensure efficacy in
terms of access to oxygen, dexamethasone, anticoagulants. This
is absolutely key and we have a partnership with WHO, UNICEF,
Global Fund and the World Bank to assess and support the
countries. There is a clear need to help the countries, to have
technical assistance and funding and we believe that is actually
the key.

The second point is that we have in the pipeline some promising
potential new drugs, antivirals and a monoclonal antibody. We
believe that we will have the results of clinical trials by the fall
this year so we need to prepare ourselves.

I just want to highlight the need to have a broader [unclear] of
access. Access should be for all the countries because the fight is
to be done at country level. In each country there is a strong
battle and we need to help them.

01:32:16

The last point, to reinforce what was said by Soumya, is the fact
that there is an unfunded agenda to do more in terms of
therapeutics globally speaking. There are new [unclear] that
need to be assessed so there is a huge effort to be done; it's a
global effort. It's ACT-A and several partners and we need to put
resources into that. Over to you.
Thank you so much for all your contributions. We'll move to Namorata from Forbes India. Namorata, please unmute yourself. Namorata, do you hear us? Please unmute yourself.

NA  Yes, hi. Can you hear me?

CL  Yes. Please go ahead.

NA  Hi. This is a question for the ACT leadership. Considering that in India there is already an ongoing election process how would they advise the stakeholders to go ahead from now, from tomorrow, what should be done to halt the spike or slow it down? Thank you.

CL  I'm not quite sure if we understood your question right; about the ongoing spike in India - correct? - and the elections. I think the elections we covered...

01:33:40

NA  Yes, and the ongoing election process.

CL  The elections I think we've covered before but I'll ask Dr Mike Ryan, WHO Executive Director of Health Emergencies, again to clarify on the situation with the spike in India.

MR  Yes, clearly there's been - and you've all seen the data - a very large spike in India and, as I said, that's affecting a number of states but not equally affecting all states. The Indian Government and scientists there know full well how - we've learnt a lot in the last year; we all know how to reduce spikes. This spike has been driven by a range of factors; increased mobility, the emergence of variants and many other things. You halt the spike by going back and doing the things that need to be done. Unfortunately it's quite a challenge in a country like India.

Lock-downs and very, very harsh lock-downs are very difficult to implement, they're very difficult to sustain. People have to work, they have to live so we have to find ways to reduce mobility and to reduce mixing of people in the smartest way possible, providing more masks for people, providing more access to good-quality masks - very, very important to reduce infection rates - and ensuring that people can get into clinical care as quickly as possible.

01:35:04

The steps are clear. The difficulty is in the implementation and implementing all of these measures to reduce infection, to decrease fatality in a clinical setting, to increase immunisation;
that is what needs to happen. It is difficult to achieve and the implementation of that will be different in different states across India.

Again I would say that the Government of India and the governments at state level have good scientists, good public health people; they know what they need to do. The issue is getting co-operation of people, getting the co-operation of government, getting everybody's co-operation to work together to drive the infection rates down.

It is not an easy task with this intensity of transmission and, as I said before, we all have to work to support our colleagues in India and support the people of India in order to achieve that.

01:35:55

CL    Thank you very much, Dr Ryan. We are slowly coming to the end of our question-and-answer session. What we will do now is I will ask first Dr Richard Hatchett from CEPI because it seems his connection is working again and then we'll come all around to our special guests, the ACT-A principals, for a round of closing remarks and I'll go alphabetically and start with Dr Berkley.

But for now we'll go ahead with Dr Richard Hatchett if there's anything to add which he couldn't add before.

RH    Sure. Can you hear me better this time?

CL    Wonderful. Please go ahead.

RH    Good. Sorry for the technical challenge earlier. Just to respond to the earlier question, Seth spoke to many of the important points and the efforts of the manufacturing task force that we've set up under COVAX to really look at all the elements of manufacturing to see what we can accelerate both through the supply chain, through expanding existing manufacturing efforts and through technology transfer.

Peter referred to the opportunity that was missed last year in terms of making investments and scaling up manufacturing capacity. I think we need to reflect on that and take that as a lesson learned.

01:37:17

We clearly need, ultimately need not only to worry about equitable distribution of vaccine but equitable distribution of vaccine manufacturing capability. I think that is one of the great challenges that we will face as we emerge from the pandemic.
Thank you very much, Dr Hatchett. With this we'll go into a round of closing comments and again I will start with my alphabetical list; we'll start with Dr Seth Berkley, Chief Executive Officer of GAVI, the vaccine alliance. Seth, please unmute yourself.

SB Thank you, everybody, for listening and again for my colleagues, happy birthday. I think this has been an extraordinary effort to come together to deal with the worst pandemic in over 100 years. I can't emphasise enough the concept certainly on the vaccine side that we're only safe if everyone is safe.

01:38:16

I think for us the challenge has been trying to move away from vaccine diplomacy, which is a way to get vaccines out but not equitably, to a world of a multilateral solution and to make sure that there're adequate quantities of vaccines made available. I think we have to do everything we can as a world to do that including dose-sharing which we heard about today, making sure there's adequate finance to allow vaccines to be purchased and scaled up and making sure we use every existing facility, as Richard has just talked about. That's the way we will get there and we need to be fleet of foot and adapt as we see the science change as this pandemic continues to evolve. Thank you.

CL Thank you very much, Dr Berkley. Next is Dr Philip Duneton, the Executive Director of UNITAID. Philip, please unmute yourself.

PD Thank you. I just want to stress of course the partnership that we have with all the organisations in terms of ACT-A. Again we welcome trust [?] in terms of therapeutics but also I mentioned WHO, UNICEF, the Global Fund and others.

So I think we have a very clear challenge ahead of us. There is a very clear plan in terms of new therapeutics and again I just want to stress that we have to work on all the tools and of course looking at therapeutics, it's also linked with the access to tests.

01:40:01

CL Thank you very much, Dr Duneton. Next is Dr Chris Elias, the President for Global Development at the Bill and Melinda Gates Foundation. Dr Elias, please unmute yourself. No, we lost his line unfortunately. Then we move to Ms Henrietta Fore, the Executive Director of UNICEF. Ms Fore, please.
Thank you very much. UNICEF is very proud to be part of the ACT-A Accelerator and COVAX so happy anniversary to everyone. The race to beat this virus; we've been talking about it in the last minutes but equity is extremely important; it's at the heart of it all.

We carry the urgent call to focus on the countries and the countries' roll-outs. Many countries now are having trouble with increasing levels of debt and so their domestic budgets are very strained and they're some very fragile healthcare systems out around the world.

So the more that we can do to help fund now these countries so that they can roll out the vaccines; it will help all of us. We want this light at the end of the tunnel toshine on everyone. Thank you.

Thank you very much, Ms Fore. We'll move to Dr Emma Hannay, the Chief Access Officer at FIND. Dr Hannay, please.

Wonderful. Many thanks for the floor. FIND co-convenes the ACT Accelerator diagnostics pillar together with the Global Fund, working very closely with WHO and over 30 partners in the broader pillar, aiming to deliver 900 million affordable, quality COVID-19 tests to low and middle-income countries in 2021.

In the last year we've seen significant wins from having the partners come together around a shared agenda and that's included in areas like accelerating R&D to be able to use R&D investments and technology transfer to drive down the price of rapid tests to $2.50 by this year.

That includes work on fair allocation and equity of access to key tests by aiming to address the supply chain war and a facilitated volume guarantee that reserved 120 million rapid tests for low and middle-income countries.

And work to address the wild west in the regulatory and policy space for diagnostics, which has meant that we had the first two affordable, quality antigen rapid tests ready for roll-out in the case of months as opposed to years or decades, which is the norm in global health.

But the challenge is also significant and as other speakers have spoken to, we've seen an expanded scope and need for diagnostic testing deployed in areas like improving public health
response, in responding to new variants and in the future in responding to effective test-and-treat programmes.

We're also working to ensure that the ACT Accelerator leaves a legacy. We know that we will need diagnostics to rapidly respond to and identify the next pandemic and to be able to respond to the next pandemic will require innovation in how tests are developed and in how manufacturing is scaled rapidly to ensure we have the tests needed for the global response. Thank you.

CL  Thank you very much, Dr Hannay. We come back to Dr Richard Hatchett, Chief Executive Officer of CEPI. Dr Hatchett, please.

RH  Thank you. I would start by just celebrating a year of partnership today and I think we should take pride in the end-to-end mechanism that we have established. I think we need to be humble and we need to recognise that the challenge ahead of us is for the ACT Accelerator now to live up to its potential.

01:43:59

I would just add to that that living up to its potential is not simply a matter of delivery and logistics. There are scientific challenges that we still face. The research and development component of rising to the challenge of COVID-19 remains important and we look forward to continuing to contribute to the collective effort. Thank you.

CL  Thank you very much, Dr Hatchett. We move to Dr Muhammad Pate from the World Bank, the Global Director of Health, Nutrition and Population. Dr Muhammad, please unmute yourself.

MP  Thank you. I think I would echo what Ms Henrietta Fore mentioned. At the end of the day the tools will be delivered through country health systems and countries have the responsibility to get ready for the delivery and deployment of those tools equitably within their borders; training health workers, engaging their own communities to drive demand for the tools, whether vaccines, diagnostics or therapeutics, will be very important.

01:45:07

The ACT-A partners are rallying around to work collaboratively in supporting countries to be ready but also to deliver the tools when they are available an in doing so not to forget the other crisis which is also occasioned by the pandemic in terms of basic health services that could be disrupted, such as for mothers, for
women, children and adolescents many countries, so as we do that to do that in a coherent manner.

I think that's the way to get out of this pandemic. It's going to be a long game. Thank you.

CL Thank you so much, Dr Pate. Last but not least we come to Mr Peter Sands from the Global Fund, the Executive Director at the Global Fund. Mr Sands, please go ahead.

PS Thank you. As we mark the one-year anniversary of the ACT Accelerator, which we are proud of being one of the founder members of and we think has achieved a lot, I think we should also note the fact that three million people have tragically died of COVID-19 and 1.2 million of those people died this year, in 2021, and moreover that the true cost of the pandemic is much more than the deaths of those who tested positive with this new virus.

01:46:32

We have World Malaria Day arriving on Sunday and in many of the poorest countries of the world, particularly in Africa the knock-on impact of the pandemic on malaria in terms of incremental death is likely to exceed the direct impact.

The Global Fund responded very swiftly to the COVID-19 pandemic. We made available last year $1 billion on top of our normal annual spend of about four billion and this year have stepped that up further thanks to the generosity of particularly the United States but also Germany and the Netherlands.

We're making available a further $3.7 billion to help countries respond to the pandemic itself and to mitigate the impact on other diseases such as HIV, TB and malaria. We're doing this in partnership with our ACT-A partners and we see it as part of the overall comprehensive response that countries need to make towards this crisis.

So I don't actually think this is a moment to celebrate. It's a moment to mark, it's a moment to take stock of the progress we've made but it's a moment also for us to say, we have to do it better, we have to move faster, we have to move more comprehensively and we have to move together because we owe it to everyone in the world to beat this pandemic and to beat it fast and to do it in a way that leaves no-one behind.

01:48:29

CL Thank you so much, Mr Sands. Now I thank you all with a huge thank you for all your participation and of course for your
immense contributions. We'll be closing our session today. We will be sending the audio files of today and Dr Tedros' opening remarks right after the press conference and the full transcript will be available tomorrow.

With this, thank you very much. Happy birthday and let's move on from here. Have a good day.

BA thanks so much to our translators for staying on this extra time. I'm so sorry for that but you guys are heroes. Thank you again.

01:49:26