Hello and good day, everyone, to today's global COVID-19 press conference, together with updates on Ukraine. It is Tuesday, 2 March 2022. My name is Christian Lindmeier. Due to the two events we'll be discussing today, we have a number of guests, but we also have simultaneous interpretation available in the six official languages, plus we have Portuguese, I believe. You'll find this in the interpretation box on the bottom of your screen.
Let me introduce the participants. First of and foremost, of course, we have Dr Tedros Adhanom Ghebreyesus, WHO Director-General. We have Dr Mike Ryan, Executive Director for WHO’s Health Emergencies Programme. Then, there is Dr Maria Van Kerkhove, Technical Lead on COVID-19. We have Dr Bruce Aylward, Senior Advisor to the Director-General and the Lead on the ACT Accelerator. We have Dr Kate O’Brien, Director of Immunisation, Vaccines and Biologicals. And online we are joined by Dr Mariângela Simão, Assistant Director-General for Access to Medicines and Health Products.

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Especially for the situation in Ukraine, we’re joined by colleagues from the European region and there is Dr Heather Papowitz, the Incident Manager for our European Regional Office. There is also Dr Jarno Habicht. He is the Head of Office for our office in Ukraine. And here, in the room, we have Dr Ibrahima Socé Fall. Sorry for that. We have Dr Adelheid Marschang, the Senior Emergency Officer for the Health Emergencies Programme. With this, let me now hand over to the Director-General for the opening remarks.

TAG    Thank you. Thank you, Christian. Good morning, good afternoon and good evening. WHO is deeply concerned about the unfolding humanitarian emergency in Ukraine. WHO is on the ground, working with our partners to respond, to assess the impact of the conflict on the health of Ukraine’s people and its health system, and to deliver essential medical supplies from our hub in Dubai.

The first shipment will arrive in Poland tomorrow, including 36 metric tonnes of supplies for trauma care and emergency surgery to meet the needs of 1,000 patients, and other health supplies to meet the needs of 150,000 people. Prior to the conflict, WHO distributed emergency supplies to 23 hospitals, although our prepositioned supplies in Kyiv are currently inaccessible.

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There is an urgent need to establish a corridor to ensure humanitarian workers and supplies have safe and continuous access to reach people in need. To support our response, WHO has so far released US$5.2 million from our Contingency Fund for Emergencies. Our needs for the next three months are US$45 million for Ukraine and US$12.5 million dollars to support neighbouring countries to care for refugees. Anyone can contribute to support our response through the WHO Foundation appeal page, by going to www.who.foundation and clicking on donate.

We are also deeply concerned about reports of attacks on health facilities and health workers. We have received several unconfirmed reports of attacks on hospitals and health infrastructure, and one confirmed incident last week in which a hospital came under heavy weapons attack, killing four people and injuring ten, including six health workers. We are currently in the process of verifying several other incidents.

The sanctity and neutrality of health care, including of health workers, patients, supplies, transport and facilities, and the right to safe access to care, must be respected and protected. Attacks on health care are in violation of international humanitarian law.
Prior to the conflict, Ukraine had experienced a recent surge of cases of COVID-19. Low rates of testing since the start of the conflict mean there is likely to be significant undetected transmission. Coupled with low vaccination coverage, this increases the risk of large numbers of people developing severe disease.

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Critical shortages of oxygen will have an impact on the ability to treat patients with COVID-19 and many other conditions. At least three major oxygen plants in Ukraine have now closed and we are seeking ways of accessing oxygen from neighbouring countries and ways to deliver it safely to where it’s needed.

Mass population movements are likely to contribute further to transmission of COVID-19, potentially increasing pressure on health systems in neighbouring countries. As of yesterday, the UN High Commissioner for Refugees reported that more than 870,000 refugees have left Ukraine and we expect that number to increase rapidly.

WHO is supporting neighbouring countries to address key health issues among refugees and forcibly displaced persons, including mental health and psychological assistance, as well as treatment for diseases including HIV, TB and cancer. WHO remains committed to meeting the health needs of the people of Ukraine.

Now, to COVID-19. It’s encouraging to see that deaths from COVID-19 are now declining globally and in most regions, and it's pleasing to see some countries being able to relax restrictions, without their health systems being overwhelmed. But, it's far too early to declare victory over COVID-19.

There are still many countries with high rates of hospitalisation and death, and low rates of vaccine coverage. And with high transmission, the threat of a new and more dangerous variant remains very real. We continue to urge all people in all countries to exercise caution, and we urge all governments to support their people to protect themselves and others.

00:07:54
The only sustainable way out of the pandemic is to reach high vaccine coverage in all countries. Globally, 56% of the world's population has been fully vaccinated but only 9% of the population of low-income countries. We are now overcoming many of the supply and delivery constraints we faced last year, with more than 1.3 billion doses of vaccine delivered by COVAX, and the supply outlook for this year is positive.

We must now turn our attention to addressing the crucial question of how we turn vaccines into vaccinations, how we ensure all countries have enough tests, enough oxygen to treat patients and enough PPE to keep health workers safe. And we call on all governments to continue with surveillance, to track the virus, as well as testing to make sure patients receive the right treatment.

To achieve all our targets, we are calling on all countries to fill the urgent financing gap of US$16 billion for the ACT Accelerator. Germany has become the first country to pledge to meet its fair share, with a generous contribution of US$1.22 billion. Vielen dank, Germany, and we look forward to other countries following your lead.
We must also remember that the effects of the pandemic go far beyond the death and disease caused by the virus itself. In particular, COVID-19 has taken a heavy toll on mental health. A new WHO report estimates that in the first year of the pandemic, the global prevalence of anxiety and depression increased by more than 25%.

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The greatest increases in depression and anxiety were found in places that were the most affected by COVID-19, where infections were high and social interaction was restricted. Our review found that females were more affected than males, and younger people, especially those aged between 20 and 24, were more affected than older adults.

This increase in the prevalence of mental health problems coincided with severe disruptions to mental health services and underscored chronic underinvestment in mental health, leaving huge gaps in care for those who need it most. By the end of last year, some services had been restored but too many people remain unable to get the care and support they need.

WHO has worked with partners to lead an interagency response to the mental health impacts of COVID-19 by disseminating guidance, tools and resources for responders and the general public, and by supporting countries to integrate mental health and psychosocial support in their response. Christian, back to you.

CL Thank you very much, Dr Tedros. Now, we come to the question and answer session and please raise your hand with the Raise Your Hand icon in order to get into the queue. And I believe I owe you the title of Dr Socé Fall, who we have with us. He is Assistant Director-General for Emergences Response here, at WHO, at the Emergencies Programme. So, apologies for this and we start right away with the first question and that goes to Michael Bociurkiw, from CNN Opinion. Michael, please unmute yourself.

00:12:00
MB Good afternoon. Can you hear me?

CL Very well. Please, go ahead.

MB I’m talking to from the city of Lviv, in Western Ukraine. Director-General, I ask this question of you with the utmost respect. As you may recall, I used to work for UNICEF. I was a spokesperson globally for a while and also in places like OBET [?]. I’ve been hearing from staff in various UN agency office here in Ukraine and elsewhere asking me or bringing to my attention that in those statements, including the one you mentioned today which, of course, is very useful and the world needs to hear, that the name of the aggressor, Russia, is nowhere to be found.

I’ve also found this in statements with the UNICEF Executive Director, also UNHCR, and I realise that in times like this it is very difficult to call out a Member State but as we all know and verified by international news organisations and others that children’s hospitals have been targeted, schools have been targeted. Places which should be safe haven for children have been targeted.
When I was a spokesperson for UNICEF, whether it was the Myanmar generals or warring spies in the Middle East, we would call them out. So, my question is this, and sorry for rambling on a bit, but have we reached a point where these types of unforgiveable actions are happening before our very eyes and, again, verified by credible parties, that we are not able to call out a Member State? Thank you very much.

00:13:46
CL  Thank you very much and I believe we start with Dr Mike Ryan.

MR  Thanks for your commentary. We work all around the world every night and every day in the service of people affected by conflict and the conflict that is generated by so many aggressors around the world, be it in international or national conflicts.

There’s no doubt in this case that the military operations, invasion, whatever you want to call it, in Ukraine is causing untold suffering to the people in Ukraine. WHO does not want to be drawn into the politics of that process but there is no question and the DG has always made it clear that he has always been on the side of peace. He speaks about health for peace and peace for health. He speaks that there can be no health without peace. He has always done that.

What we try to do is honour the organisation’s commitment to standing beside those who are suffering and leave the politics of punishing perpetrators to others who are better capable of doing that. But, that is not to say that we don’t condemn aggression on civilians at every point and we’ve seen this and we’ve called out attacks on healthcare, not only here but in Syria and other places, and we have taken a very strong position on attacks civilians and attacks on healthcare.

We are not politicians, we’re a healthcare organisation, but the Director-General has been clear each and every time we have come across a situation like this to speak for the need for humanitarian access, for people to stop fighting, for peace to be put in place so health can be preserved.

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So, I don’t think WHO is in any way unclear on our position on this, and from our perspective we call on the parties and particularly call on the government of Russia to reconsider its position in the light of the suffering that is being generated in Ukraine.

CL  Thank you very much, Dr Ryan. The next question goes to Sophie Mokoena, from South African Broadcasting Corporation. Sophie, please unmute yourself.

SM  Thank you. The question is directed to Dr Tedros. Dr Tedros, as the head of the global organisation on health and your concerns around the conflict in Ukraine, have you been able to speak to the authorities from both countries, particularly at the head of state level, raising your concern around allowing humanitarian assistance or that corridor and also the emergency supply, so that the vulnerable can be assisted, who are in this case women and children but also people in the diaspora from different countries who are now struggling, particularly on the border.
Have you been able to speak to President Putin and President Zelensky to say we need a passage or a corridor so that we can continue with health at a time when the world is struggling with the pandemic? I don’t know whether history is repeating itself, 1918, the Spanish flu, it was just immediately after the world war.

00:17:43
CL   Thank you very much, Sophie, and Dr Tedros, please.

TAG  Thank you, Sophie, for that question. We haven’t spoken to them yet but it is very important to do that. Our first shipment is arriving tomorrow. Of course, today in my statement I have indicated that we will need a corridor to support the needy. Since we are now sending the supplies from Dubai and other hubs that we have, we will engage authorities in order to get access.

We had a meeting yesterday of UN agencies and one of the challenges we have identified is access problems. This has to be addressed and the right authorities should be contacted in order to give access. Although tomorrow’s flight will be the first one, we will have more and there will be a need for access to those who need our support. Thank you.

CL   And Dr Ryan, please.

MR   Can I just supplement? I think the question you’ve asked about humanitarian corridors is very important and I know that UN OCHA, under the leadership of Martin Griffiths, and Red Cross, and others are really engaged with that priority now, which is to assure humanitarian corridors for access for aid. We’ve got a warehouse full of supplies in Kyiv and we need to get those out.

We’ve got oxygen supplies ready to come in from outside. We’ve got, as DG said, the planes landing in Poland with very specialised medical supplies. We’re talking surgical equipment, debridement equipment, resuscitation equipment, major trauma equipment. We have prepositioned those supplies, as the DG said, in a number of hospitals.

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Again, maybe to remind people listening in, WHO is not going into Ukraine. We have always been in Ukraine. We have been in Ukraine for years working with the government on the health system, on the health system development, on the crisis since 2014 in Donetsk and Luhansk.

We have engaged in mass casualty management and major surgical training in hospitals all over Ukraine over the last number of months. Adelheid and others may wish to speak to that or Heather, who is online. We have been preparing and working with the Ukrainian health authorities.

We have a very deep and the DG has a very deep and strong relationship with ministries of health all over the world and, not least, with the Ministry of Health in Ukraine. Our primary purpose now is to sustain and preserve the health system in Ukraine, that it may serve the people of Ukraine, and we will do everything in our power to make that happen.

But, as you said, we cannot do that if we cannot get there and surge and support our staff. If we cannot bring supplies in, if we cannot bring oxygen in, if
we cannot distribute the supplies we already have in the country, then we are blocked. So, humanitarian access, corridors, moments of peace, anything that can be done to create a situation where we can move supplies, move patients, move other things, will be hugely beneficial at this point.

00:21:00
But, right now, in the chaos of what is happening there, it is very hard to see how that can be achieved in the coming days and that’s why the tragedy unfolding for the people of Ukraine is so avoidable and so unnecessary.

CL Thank you very much for this and I’m looking into the virtual room. Dr Heather Papowitz, Incident Manager for Europe, has indicated she wants to maybe add.

HP Thank you. It was put really well. Just to add that we are there in Ukraine and even though there’s access issues, we’re still working directly with the government through cell phones. Any way we can, we’re coordinating partners. The health cluster is very active. We’re conducting risk assessments and really doing what we can, even if we’re not able to move around. So, we’re still trying to support as much as we can, access to emergency care. I don’t know if Jarno wants to add a little bit more.

CL Yes, please. Dr Jarno Habicht, Head of Office for Ukraine, please.

JH Thank you and thank you to Dr Tedros, Mike, Heather. Yes, we have been working with Ukraine and we are working now and we continue to work. For the arrivals tomorrow that Dr Tedros also mentioned, we have agreement to use logistics as much as possible what is available from authorities to ensure that we are getting all those goods to the hospitals closest to where the needs are.

But, the corridors and protecting the healthcare workers is the most important. In the past days, my main discussions with the Minister of Health is how do we ensure that healthcare workers are protected. So, it is about humanitarian law, it is about protecting the healthcare workers who have been through last two years treating COVID, ensuring that there is access to care and now this will put them under huge stress.

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Many of them, with whom I talked yesterday, are working from the shelters, have repurposed their hospitals. We have a number of cities, especially in the east, where hospitals and the cities are isolated and, in those places, it is necessary to have oxygen in the coming weeks. So, it’s avoidable and very important that their access is ensured as soon as possible. Thank you.

CL Thank you very much all. We move to Denise Roland, from The Wall Street Journal. Denise, please unmute yourself.

DR Hello. Hi. Thanks very much for taking my question. It’s on Ukraine, as well. I’ve seen the WHO highlight a problem with oxygen supplies, that this is running out in some places. Are there any other specific medical supplies or drugs that are in shortage or already run out?

I’ve also heard concerns from WHO about the polio vaccination campaign that was underway in Ukraine prior to the fighting and I was curious about what
steps you are taking on the ground there to reinstate that. What is actually possible at the moment? Thank you.

**00:24:33**

CL  Thank you very much, Denise. We will go to Dr Habicht, the Head of Office in Ukraine for specifying here. Thank you.

JH  Thank you. There are three things to mention here. One is on oxygen. Oxygen is particularly needed in some of the hospitals which are getting isolated. There, we need oxygen for the treatment and for that one, again, the same safe passage because under the current situation it’s difficult to find drivers who are willing to drive and to bring the oxygen from some of the factories which still have reserves. But, as was said before, three of the factories are now closed as well. So, there are reserves still, which is positive news, but we need to ensure that oxygen reaches to the hospitals where the patients are.

When we talk about specific medicines, it really varies from hospital to hospital. Those hospitals which are isolated will have need for different type of medicines but also more and more the trauma kits because this is what we see from violence and the needs are different. There is no time to treat chronic diseases but the key is to ensure lifesaving treatment. The situation varies from east to west and where the military offensive takes place.

The third on the IPV that was taking off from 1st February to do the catch-up campaigns, it started from the western oblasts. So, the public health authorities are trying to do their best in Rivne, in Zakarpattia, in other oblasts too, still continue, but it is becoming very, very difficult. Thank you.

CL  Thank you very much for this very good picture here and we go to Dr Adelheid Marschang here, the Senior Emergency Officer at WHO.

**00:26:37**

AM  Thank you, Christian, and in complement to what Jarno has already said, just to highlight that we are reviewing the situation and the health risks on a daily basis and indeed we have looked into specifically what medicine shortages we may be facing and we do have indications that we may have or face imminent shortages of cancer medicines, insulin.

As Jarno had highlighted non-communicable chronic diseases are and an issue, that the lack of insulin and not having access to diabetes supplies can result, really, in grave situations for the people with some type of diabetes. We are looking into that and trying to set up a tracking system that will inform us of the specific needs and medicine shortages.

We also see that as the lines of controls are changing and health facilities are changing in their way of working possibly, that we will face also issues with getting supplies to them in the near future. Over.

CL  Thank you very much for that. The next question goes to Mose Apelblat. He is from The Brussels Times. Mose, please unmute yourself.

MA  Thank you very much. I would like also to come back about Ukraine. You mentioned the surge in infections before the invasion started, the war,
and we know what has also been said before, previously, that the vaccination rates in both Russia and Ukraine are very low.

**00:28:27**
As you said also that now, during the war, there is almost no testing going on. So, I wonder is it possible or have you already done it, to estimate or predict how the war, if it continues without any ceasefire soon, how will that influence the COVID-19 situation in Ukraine when it comes to infection rates and the number of people severely ill who will need treatment at the hospitals, which I suppose now are overwhelmed by people with war injuries who have been bombed. Also, you mentioned that people are fleeing on the roads and so on. There is a lot of mass gathering and so on. How will all that affect the situation in Ukraine?

CL Thank you very much, Mose. You’re asking about the vaccine rates on COVID and the situation for COVID and the outlook there in the countries. Let’s go to Dr Jarno Habicht again, the Head of Office, and then we’ll elaborate further. Thank you.

JH Thank you. When we look to the COVID trend and the way that started in Ukraine in the beginning of February, it reached the peak in middle of February. It started in the beginning and reached the peak in the middle of February. We saw that actually, from all the COVID hospital beds only 35% were occupied. So, let’s look at this way, this time it was milder than all the previous waves that we saw in the autumn and spring 2021. At the same time, the oxygen issue, because we still have a lot of vulnerable and more elderly people in the hospitals who need oxygen support, so in those territories where the military offensive takes place and where hospitals are getting isolated and where we don’t have access.

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But, also, it’s not only about oxygen. It’s also about electricity. It is also about the medicines. There, it is difficult. We don’t have exact numbers but also, as was said by Adelheid and others, we are tracking the situation in the best possible way.

On vaccination coverage, it is varied. When we look to Kyiv city, then Ukraine reach 65% of both doses vaccination but where is the vulnerably? It is Donetsk and Luhansk where the vaccination was reaching only to the 20%. So, we see huge variation.

If I think back two weeks, what we discussed, we were preparing how to really go from village to village. We’d just selected 200 villages to reach those who are vulnerable, the 65-plus population. So, we are concerned, especially for those who are 65-plus and to ensure that they have vaccination coverage.

But, in the current circumstances, we need to assess, we need to ensure that there is a safe path of the healthcare workers to those households, those people and these are the negotiations that need to take place at a very high level. Thank you.

CL Thank you very much. Dr Socé Fall, Assistant Director-General, Emergencies Response, please.
Thank you, Christian. To complement our representative, the impact of the conflict on COVID-19 will be very big because we have seen a huge decrease in terms of capacity to test. Last week only we have seen more than 80% reduction in the number of PCR tests performed in the country and now the other issue is the disruption of health services.

In terms of medical management for COVID, we already talked about oxygen supplies but the risk to see very high case fatality rate as we have seen in other conflict-affected countries like Yemen where we have more than an 18% case fatality rate. So, making sure that we have continuity of services because the health workers also will leave the hospital when it’s not safe. It is very complex and we are at risk of seeing people dying from a condition we can really treat and this really the early part. Thank you.

And Dr Ryan, please.

Just to add. I think the estimate just last week there were about 2,000 people on high-flow oxygen for COVID in Ukraine. There’s 2,000 people that need oxygen to survive and that number hasn’t changed and in fact, if anything, that number has gone up because we have people with injuries, people undergoing surgery who need oxygen. We have children with childhood pneumonia, we have women in difficulties in labour.

So, oxygen is not just live-saving in COVID. Oxygen is lifescaping, full stop, and you need it when you need it. You can’t wait till tomorrow for oxygen. You can’t wait till next week. You can’t be put on a waiting list for oxygen. You can’t stand in a queue for oxygen. Oxygen saves your life right now and when you need it, you need it, and Ukraine needs that.

That’s just one example, as Socé has said, but it’s a very clear example that if we do not get oxygen into the system and other critical drugs, people will die needlessly. Well, they’re dying needlessly to start with but there is a secondary level of needlessness.

When you see the images, and we’ve all seen them here ourselves, and some of have been in this game a long time and we’ve developed very thick skins, but when you see nurses mechanically ventilating infants in basements of hospitals, even the toughest of us, we struggle to watch that and those heroes who are there, those mainly women, might I add, in those basements who are taking care of those kids.

But, if you’re a 65 or 70-year-old in an ICU, no one can carry you down the stairs to the basement, so many patients in adult ICUs cannot be moved and they’re been cared by doctors and nurses while the bombs fall around them.

So, it’s really important that we don’t just break this down into supplies and break this down into commodities that we have to deliver and corridors and we speak in these very abstract terms around what is needed.

People’s bodies and people’s bones are being broken. People’s lives are being lost and there isn’t a health service available to be able to deliver lifesaving care and we can’t supply that health service at the moment. So, something
has got to move and something has got to change to create the conditions in which that can happen.

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As we’ve seen with insulin, again, you can’t wait for your insulin. In fact, those planes that are arriving today and tomorrow have pretty good supplies of insulin on them, so that’s one product that we definitely need to get into the country.

So, I do think we need to step back and also admire and, really, I just could not believe the bravery of those frontline health workers and they’re a shining example to the world of what the health system should be doing everywhere.

CL Thank so much for this. We move on to Priti Patnaik, from the Geneva Health Files. Priti, please unmute yourself.

PP Good afternoon. Thank you for taking my question. We know that the pandemic is far from over but is the WHO under pressure to consider declaring the end of the pandemic some time in 2022, particularly because COVID-19 vaccines production will reach a surplus soon and this will inevitably have an impact on the discussions at the WTO around the TRIPS waiver?

It will be good to know the circumstances under which the organisation will declare an end to the pandemic that will also have an impact on the contracts of pharmaceutical companies on pricing and patents and so on. Thank you.

CL Thank you very much, Priti, and we move to Dr Maria Van Kerkhove, COVID Lead.

MK Thanks. I will start and others, I’m sure, will come in. I think we would like nothing more than to say that this pandemic is over but unfortunately we’re not there yet with the fact that we are still seeing incredibly intense transmission of Omicron worldwide. This variant has quickly replaced Delta in circulation and detection around the world.

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Many countries have passed their peak of transmission of Omicron but many have not and we have seen, in number of countries, the amount of death that has been reported from Omicron has in fact been higher than it was in their Delta wave that they experienced, and this is because of the sheer volume of cases that we’ve seen from Omicron.

And even though, intrinsically, it is less severe than Delta, the number of people that have required hospitalisation and have died from Omicron has been higher in a number of countries and this is due to a number of factors. One is because of the sheer volume and the burdening of the healthcare systems around the world that are fragile from past waves of infection.

Second is because we have not reached the vaccination coverage levels that we’ve needed in all countries and, in particular, reaching those who are most vulnerable. In the countries that have seen higher amounts of death in the Omicron wave compared to Delta, we’ve actually seen that this is in fact in populations who are not vaccination, who have not received the full course, people who are of older age, people with underlying conditions.
We’ve used this word avoidable a lot today. This is also avoidable. So, reaching the vaccination coverage, the 70% that the Director-General has outlined of reaching 70% of all populations in all countries, it’s who within that 70% that is really critical.

The SAGE recommendations have been very clear on who we need to target in all countries. These are people of older age, these are people with underlying conditions, these are our frontline workers. And, in fact, we have not reached all of those individuals in all countries.

So, that is our target, that is who we are aiming to reach in all countries and no matter what is happening out there in the rest of the world, we still need to push vaccination coverage as best we can, while at the same time doing everything that we can, recognising the challenges that all countries are facing right now and the fact that they’re in different situations, to also drive transmission down with the tools that we have. So, it’s both sides of that equation.

CL Thank you very much, Dr Van Kerkhove. Dr Bruce Aylward, please.

BA Thank you very much, Christian. There are two parts to that question, of course, and I think the first one about the end of the pandemic, like Maria highlighted, this is not a function of vaccination coverage, it’s what is happening with the epidemiology and the virology that drives this.

Remember that the surge we are seeing now of Omicron is just the most recent surge of this virus, so it is going to be a function of time and the control measures that are going to tell us when we are approaching the end of the pandemic.

Important point, as Maria says, is we have the knowledge, we have the tools to get there only if we apply them everywhere. Vaccination rates become really important because the higher we can get the vaccination, the faster we’re going to get there and drive this.

But, there was second part of your question and that was about the vaccine supply being secured and I think we need to be clear here. We’re in a situation right now where, yes, we do have a lot of vaccine, increasingly a lot of vaccine that is available. That vaccine is not in the arms of the people that need it everywhere as Maria highlighted.

One of the appeals the Director-General led ten days ago was for the additional financing that’s needed to make sure that the vaccines turn into vaccinations, that the tests turn into actual testing results, that the oxygen, etc, actually gets to the people that need it and that requires another $16 billion. So, there is also a price tag to getting us faster to the end of the pandemic.

The last point was just in terms of that supply. While we have supply, we still have that problem we started the pandemic with and that is that the control of that supply is really in very few hands and the only way that we’re going to be able to ensure security globally in the future is exactly as you highlighted and
that is the more geographically and fairly-distributed means of production as well, and we are not there yet.

00:41:16
Important work has been done. You saw over the last few weeks, some very important announcements about the new WHO mRNA hub in South Africa. There are many spokes now off of that hub, a huge effort. It’s a bit of a Manhattan Project in some regards, a moonshot to try and get additional capacity built out around the world as rapidly as possible to be able to manage that aspect as well.

CL Thank you, and Dr Kate O'Brien, please.

KO I want to amplify some of the things that Maria was referring to. The 70% target is the target for achieving the goals related to vaccination and reducing transmission but most importantly reducing disease that is severe and death. I'll give you an example. It’s not 70% of just anybody in the population. It really is about those who are most in need of vaccination, to protect them directly from disease and we’re still quite a distance from that.

An example from the Africa region, with 23 countries, where about 35% of the health workers have been fully vaccinated. Similarly, for those who are older adults about 25% of older adults fully vaccinated and similar numbers, a little bit lower, for those with underlying medical conditions.

The real emphasis in every country is about getting 100% coverage of those who are most needing the vaccine, 100% coverage of health workers, 100% coverage of older adults, 100% coverage of those who have underlying medical conditions on the way towards a 70% coverage of the whole population. So, this is really where the focus has to be. This is what will take the pressure off the health system because that’s what is really underlying the cases that are in hospital and the deaths that are occurring. Thanks.

00:43:15
CL Thank you much all. Next question goes to Abdullah Hassan, from Morocco News. Abdullah, please unmute yourself. Abdullah, do you hear us? Please, unmute yourself. Yes, please go ahead.

AH Thank you very much. Thank you very much for having given me the floor. Thank you very much. I would just have a question.

CL Abdullah, can I ask you to repeat your question, the key part and slow please, because the interpretation has not worked? Let’s try again.

AH Thank you very much for having given me the floor. I would like to ask a question on the WHO’s availability to supply victims with anything they might need and what will the WHO do regarding any epidemics that might come about from this crisis? Thank you.

CL Thank you very much and I assume we’re talking about the situation in Ukraine. Dr Socé Fall, please.

IS Thank you very much. I will reply in French because we had some problems with interpretation but I think I’ve understood the message. I think it’s important to recall that the WHO has been working with Ukraine already to
respond to epidemics such as COVID-19 but also to other epidemics such as the vaccine-derived polio.

00:45:37
The infrastructure was already in place to be able to face these emergencies and also to deal with a certain number of refugees in this humanitarian context. We are implementing a system of alerts and surveillance for this emergency situation. We are also working with the many different hospitals that we have geolocalised to be able to get as much information as possible.

We know that this is a very difficult task. We must, therefore, bolster our efforts to be able to detect epidemics and prevent epidemics but, as you know, when a vaccine programme is interrupted, for example against measles, then the risk of having an epidemic increases as well, and this is always conditioned by humanitarian access. Without access, there will be a lot of deaths unfortunately and people will lose their lives. Thank you.

CL Thank you very much Dr Socé Fall. The next question goes to Jamey Keaten, from the Associated Press. Jamey, please unmute yourself.

JK Thank you for taking my question, Christian, and nice to see you all. I believe my question must be for Dr Habicht. I would appreciate some more detail about the needs of the supplies that you’re providing. Director-General Tedros mentioned that there are other supplies to meet the needs of 150,000 people.

Could you be specific about that? What exactly supplies are they? Are they specifically geared to the types of trauma that have been sustained by civilians and others there, and does it tell you anything about the types of weaponry that may be used in the fighting, in particular? Thank you so much.

CL Thank you very much, Jamey, and, yes, we move to Dr Jarno Habicht, from the Ukraine office.

00:47:48
JH Thank you. The first that was mentioned, what was pre-positioned, were the trauma and surgical kits. Also, what are coming in are the standard kits that WHO has, which are also aiming for the surgery trauma and all the aspects that also Mike was describing before. So, these are the first deliveries but we are looking also to very specific aspects like tetanus antitoxins, which are very, very important as well, what was mentioned before to address the needs to non-communicable diseases, be it insulin that is needed, hypertensive medicines which are very much needed but also various goods and medicines related to sexual and reproductive health, maternal and child health, etc.

So, these are the standard kits that WHO has put together and to ship them now to Ukraine but also to other places where they are needed. So, these need to get there in place. Currently, we have not collected the statistics, what is happening in every surgery room, because we are really supporting the frontline healthcare workers to ensure that they are providing the lifesaving treatment and support. Thank you.

CL Thank you, and looking at Dr Papowitz, if she wants to add something.
Thank you. I just wanted to add a little bit on the refugees coming into surrounding countries. Right now, as the Director-General said, we have 870,000 people, and that’s probably already changed by now, coming into countries at the border and other countries.

The health interventions in the countries where people are moving are also important. As people were in Ukraine, they had less access to health care because of COVID, even more constrained access to healthcare due to the conflict. So, they’re coming into the countries already at a more vulnerable point, so when they arrive, they also need access to primary healthcare for all of the things that Jarno just mentioned.

But, also looking at some of the disease control, as they come in we have to really scale-up surveillance in the surrounding countries for polio, for measles and also for COVID and make sure that we prevent them. So, looking at providing vaccines for measles, for polio and for COVID-19 is paramount but also, if people are going to be crowded in certain areas, to look at the water sanitation and hygiene to prevent diarrhoeal diseases. So, everything that is happening in Ukraine is also affecting the other countries. It’s a real regional crisis. I just wanted to add that. Thank you.

And Dr Ryan, please.

Just on that, the supplies that are going in now are again being more specifically designed for the situation as it has unfolded and escalated. The equipment list in terms of what is landing today include sutures, skin graft equipment, equipment for doing major surgery, unfortunately equipment for doing amputations, for bone grafting, for bone wiring, for all of that. And I think this gives you the graphic nature of what’s happening.

These are ordinary civilians being broken and the health system is going to have to put the back together again and they need this very specialist equipment for debriding wounds and much, much else. That’s why we have to now obviously shift from just being general supplies to the health system to supplying the health system what it needs to save patients’ lives who have been injured as innocent bystanders in a horrific conflict.

So, we will continue to focus on that. We will continue to focus on getting those demands directly out of the system. We have a surveillance system in place and again I would like to recognise the extraordinary leadership of Dr Jarno, his team on the ground. Our national and international staff who have been in Ukraine are outstanding individuals and they’ve stood and done tremendous proprietary work that we can now build on and continue to be in contact on a minute-to-minute basis with our staff and with the authorities on the ground.

We need further support in that. We need further financial support. We need further logistics support in order to be able to continue to supply the health needs of the Ukrainian system but increasingly, unfortunately, these health needs are moving more and more towards battle wounds and people being
caught up in a horrific conflict and all of the horrific surgical consequences of that for patients all over Ukraine.

**00:53:08**
CL Thank you very much for these pictures and explanations. We move on to Ari Daniel, from the NPR, National Public Radio. Ari, please unmute yourself.

AD Hi, there. Thank you so much for this discussion. In Ukraine, it sounds like there is not yet a humanitarian corridor and that you’re urgently requesting that. But, can you clarify just how much access you do have? You mentioned you need more but are you not really able to move the supplies in at all?

CL Thank you. I think we start again with Dr Habicht, from the country office.

JH Thank you. We can get goods in and that’s the good news and we have good collaboration with the authorities. There is a protocol in place, how to ensure that our good are moving from Poland to Ukraine. Further, there are warehouses to use in cooperation with where the direct military offensive is not taking place, how to move the goods. So, there is certain access.

But, as the situation evolves that access is decreasing and the challenge is that where the major needs are for the surgery, trauma care, what Mike described so well, there we don’t have access. So, we can get kits to the country but are they getting there where they are most needed in the health system? That’s the question. And that’s from where Dr Tedros also started, that we had pre-positioned some of the goods but currently those warehouses are not accessible. Thank you.

CL Thank you. I think we have time for one more question. That goes to Adrianna Rodriguez, from USA TODAY. Adrianna, please unmute yourself.

**00:55:09**
AR Thank you so much for taking my question. It’s another one regarding COVID in the situation in Ukraine. Obviously, currently there is insurmountable devastation and suffering happening right now, but is there also a concern of increased COVID transmission followed by severe disease and possible more death in the upcoming weeks, not only in Ukraine but in neighbouring countries? Why or why not? And if we are worried about this possible consequence, what can be done? Thank you.

MR Any time you disrupt a society like this and put literally millions of people on the move then infectious diseases will exploit that. People are packed together, they’re stressed and they’re not eating, they’re not sleeping properly. They’re highly susceptible to the impacts, first of all, of being infected themselves and it is much more likely that disease will spread.

So, what might be for the rest of the world a, inverted commas, mild variant, could be a very different experience for someone who is in that situation. We see this all the time in refugees. We see this all the time around the world. We see this in the Middle East. We see this in Africa.
The consequences of infectious disease in displaced people, in refugees who have been, as I said, on the move, overcrowded, stressed, without proper nutrition or sleep, infection diseases exploit that. So, there’s no question that the disease, COVID-19, will exploit that in the coming weeks and there are fixes to that. I will leave Maria and maybe Bruce to speak to that but, first and foremost, to ensure that everybody is vaccinated.

And, as Jarno said, Ukraine had been doing quite well in the vaccination area but still had a significant number of people to cover, and we need to try and ensure at least that refugees coming out of Ukraine are offered proper vaccination and, as Socé said, not just for COVID-19 and Heather spoke to it, for other diseases.

But, within Ukraine, we also have to continue to make our efforts to support not only prevention but also in terms of lifesaving interventions and our Clinical Lead, Janet Diaz, is working with Heather and the team to see how we can prioritise getting antivirals in this particular situation.

This may be one situation where the available therapeutics maybe more lifesaving than in other situations, so we’ve been prioritising Ukraine over the last 40-72 hours for extra supplies for therapeutics for COVID-19 including the newer antivirals. So, maybe Maria can speak to that or Bruce.

Just to supplement what Mike has said. Obviously, it’s a challenging situation. We’re seeing the same images you are and people need to the best that they can at the moment, recognising the challenging situation that they’re in.

This virus will exploit the current situation. It has. It’s shown us over and over again in the last couple of years that it will take advantage of any crowding. And when there aren’t systems in place, when there isn’t surveillance, when there isn’t distancing, when there isn’t the use of masks, it will exploit that. So, the best people can do is all we can ask right now.

We would like for vaccination coverage to continue, vaccines to continue, recognising that they may not be possible right now but it needs to be pursued where individuals are, as best as they can. If they have access to masks, to continue to wear masks where they can, if that’s even possible, to prevent the onward spread amongst themselves, their families, their loved ones, who they’re coming in contact with.

I think we all recognise the challenges but it doesn’t mean we give up and it doesn’t mean we stop trying. So, no matter where people are and the situations that they’re in, we will be there to support and people who are crossing the borders into other countries, they need to be cared for in those other countries.

Every single life matters. Every single life and we need to work as hard as we can to not only end the conflict but to end COVID-19. So, wherever you are, wherever you’re sitting and watching this right now, you also have as role to place, because the intensity of spread that we’re seeing around the world is
far too high. 60,000 reported deaths last week, that we know of, down from the week before but it’s still far too high in the third year of this pandemic.

00:59:40
So, even though you may be far away from the conflict, you have a role to play in this because the virus is spreading. So, please play your part. Wear a mask, get vaccinated, be educated about what your own risk is and lower your risk and support the people who are going through this conflict in Ukraine.

CL And Dr Aylward, please.

BA Thank you, Christian. Adrianna, to your point first, as Mike said, infectious disease exploit ruthlessly the conditions created by war on two fronts. They increase of the transmission of these disease as you’ve heard from Mike, the crowding, the conditions, etc. They also increase the probability of increased deaths.

More people are vulnerable in these settings and there is less care available for them. It is as simple as that. What can we do about it? Number one, stop the war. If you want to stop the infectious diseases, stop the risk, stop everything else, as Mike said, you stop the war. We have to be super clear on that as everything is dealing with consequences.

The second thing you do, though, in that setting as it unfolds, is you protect your healthcare systems. Healthcare systems are sacrosanct in war. They’re protected by international law. You’ve got to protect your services. The third thing, then, is you try and prioritise your vaccination for your vulnerable, your vaccination for your healthcare workers. As Mike said, you try and address the oxygen shortages and take care for people.

So, you’re not helpless. There are things that can be done but you need the space to be able to do those. Most importantly, stop the war. Secondly, protect your services. And, thirdly, prioritise the most vulnerable. Right now, we can’t do any of those three, which makes it more challenging. We can try do a lot. There is a lot of bravery and heroism ongoing, as Mike highlighted, but so much more needs to be done.

01:01:31
CL Thank you all so much for these important words and we’re slowly coming to the hour. Before I give the floor back to Dr Tedros for his final remarks, I want to give the chance to Dr Jarno Habicht again, the Head of Country Office in Ukraine to close with his remarks. Thank you.

JH Thank you. Really, three things. First, thank you for hearing about Ukraine. First, humanitarian access and humanitarian law and respecting that is what we need to ensure that we can support Ukraine and its health system.

Second, really, protecting the health facilities and healthcare workers. They are the heroes. They have been always heroes, the nurses, doctors, technical staff who are moving the canisters of oxygen around. It’s hard work but we need to protect them. So, that’s extremely important, that they feel safer, that they can provide the care.

And the third, if that situation currently and the military offensive continues, then the situation that we will see when we meet in a week, two weeks,
months or two months’ time will be much worse that we discussed today. Thank you.

**01:03:02**

CL Thank you so much, Dr Habicht and courage out there. I am also looking at Dr Heather Papowitz, the Incident Manager for Europe, for the wider context. Heather, please, if you want to add something.

HP Thank you. I guess I’ll just echo what everybody else had said so far and I just want to say that the support for this response has been outstanding. We’ve had people volunteer from all over the organisation, from outside the organisation. We’ve had people offer support. We’ve had emergency medical teams from everywhere offer support. So, it’s been a real effort across the whole organisation and with our partners and donors.

It’s heartwarming to see during this extremely sad and difficult time, how everybody is pulling together to really support the people of Ukraine and to help support the surrounding countries. So, I just want to say thank you to everybody for really, really getting out there and trying to help.

CL Thank you so much, Dr Papowitz, as well. I want to thank everybody for a great discussion today and all the journalists and of course we will have Dr Tedros’ remarks right after the press conference, and the full transcript of the briefing will be posted on the WHO website tomorrow morning.

Any questions, please either send to us at Media Inquiries or WHO/Europe Press Office. I want to thank all panelists for an extremely interesting briefing today during very challenging times. Dr Tedros, over to you.

TAG Thank you. Thank you, Christian. Tomorrow, March 3, is World Hearing Day and so many of us take it for granted but hearing is a precious and fragile gift. WHO estimates that more than one billion people aged 12-35 years risk losing their hearing due to prolonged and excessive exposure to loud music, video games, movie theatres, and more. This can have devastating consequences for their physical and mental health, education and employment prospects.

**01:05:31**

For World Hearing Day, WHO has issued a new international standard for safe listening at venues and events. This new global standard includes six recommendations, including a maximum average sound level of 100 decibels to ensure venues and events limit the risk of hearing loss to their patrons. We urge all governments, venues and event organisers to adopt and implement this new standard. Thank you for joining us and see you next time.