

Media briefing on COVID-19

Virtual Press Conference 7 June 2020

Speaker key:

TJ	Tarik Jasarevic, Spokesperson, WHO
TAG	Dr Tedros Adhanom Ghebreyesus, Director-General, WHO
SS	Dr Soumya Swaminathan, Chief Scientist, WHO
MS	Dr Mariangela Simao, Assistant Director-General, WHO
BA	Dr Bruce Aylward, Senior Advisor, WHO
MR	Dr Michael Ryan, Executive Director, WHO
MVK	Dr Maria Van Kerkhove, Technical Lead, WHO
TM	Terry Moran, BAC
MD	Marcus Dobyasin, Verdens Gang
JC	Jamil Chade, Geneva press corps, Brazil
RM	Robin Millar, Agence France-Presse
IS	Isobel Sarkov, FA News Agency
SM	Sophia Mokwena, South Africa Broadcasting Corporation
LB	Latika Bourke, Sydney Morning Herald
SA	Simon Ateba, Today News Africa

00:00:28

TJ Hello to everyone, and welcome to a regular WHO Press Briefing on COVID-19. My name is Tarik Jasarevic and I'm happy to be back with all of you. Today we will have a simultaneous interpretation in six UN languages, plus Portuguese and Hindi, and we have a number of speakers available to answer your questions.

With us here we have Dr Tedros, WHO Director-General; Dr Mike Ryan, who's Executive Director of Health Emergency Programme; Dr Maria Van Kerkhove, Technical Lead on COVID-19; Dr Soumya Swaminathan, our Chief Scientist; Dr

Mariangela Simao, Assistant Director-General Access to Medicines and Health Products, and Dr Bruce Aylward, Senior Advisor to the Director-General and the Lead on ACT-Accelerator. We also have online, Derek Walton, who is our legal counsel in case some questions may be relevant to him. With this I will hand the floor to Dr Tedros for his opening remarks.

TAG Thank you, Tarik, and welcome. Good morning, good afternoon and good evening. Globally, we continue to see encouraging signs in the trajectory of the pandemic. The number of new cases of COVID-19 reported to WHO has now declined for six weeks in a row, and deaths have declined for five weeks. However, we still see a mixed picture around the world. The number of deaths reported last week increased in three out of WHO's six regions, Africa, the Americas and the Western Pacific.

00:02:19

Increasingly, we see a two-track pandemic. Many countries still face an extremely dangerous situation, while some of those with the highest vaccination rates are starting to talk about ending restrictions. In countries with the greatest access to vaccines, we're seeing a decline in mortality among older age groups. In these countries, the public health and social measures that have helped to protect people are being eased, but they must be eased cautiously and adjusted in line with viral circulation and response capacities.

With the increased global transmission of variants of concern, including the Delta variant, lifting restrictions too quickly could be disastrous for those who are not vaccinated. But many countries don't have that option because they don't have enough vaccines. In these countries, the continued use of tailored public health measures is the best way to suppress transmission. The inequitable distribution of vaccines has allowed the virus to continue spreading, increasing the chances of a variant emerging that renders vaccines less effective.

Six months since the first vaccines were administered, high-income countries have administered almost 44% of the world's doses. Low-income countries have administered just 0.4%. The most frustrating thing about this statistic is that it hasn't changed in months. Inequitable vaccination is a threat to all nations, not just those with the fewest vaccines. Several countries have made significant pledges to share doses lately.

00:04:33

We're grateful to those countries, and we look forward to those pledges being fulfilled in June and July. At the World Health Assembly, I called for a massive global effort to vaccinate at least 10% of the population of all countries by September and at least 30% by the end of the year. To reach these targets, we need an additional 250 million doses by September, and we need 100 million doses just in June and July. This weekend, the leaders of G7 countries will meet for their annual summit. These seven nations have the power to meet these targets.

I'm calling on the G7 not just to commit to sharing doses, but to commit to sharing them in June and July. I also call on all manufacturers to give COVAX first right of refusal on new volumes of vaccines or to commit 50% of their

volumes to COVAX this year. COVAX is the best way to distribute vaccines quickly and equitably. Sharing vaccines now is essential for ending the acute phase of the pandemic, but it's also clear that, in an emergency, low-income countries cannot rely solely on imports of vaccines from wealthier nations.

Investing in local production is critical for COVID vaccines and for producing routine immunisations and other health products. Two months ago, the African Union launched the Partnership for African Vaccine Manufacturing, and several countries are making progress. I hope that some manufacturing sites will be identified and at least close to producing vaccines by the end of this year. Boosting manufacturing does not happen overnight, but the sooner we invest, the sooner production can start.

00:06:53

At the World Health Assembly, Member States adapted the resolution, asking WHO to further support countries to scale up local production. WHO will support countries to help identify bottlenecks, provide solutions and develop production acceleration plans. Two months ago, WHO also issued a call for expressions of interest to establish an mRNA technology transfer hub to facilitate increased global production of mRNA vaccines.

We have received expressions of interest from a number of companies interested in transferring their technology and from a number of countries wanting to receive the technology and set up production plants. We're conducting a technical review, and we'll soon engage in discussion with Member States and partners to start implementation.

We continue to call on companies with mRNA technology to share it through the COVID-19 Technology Access Pool. The result can be a win-win for both the owner of the knowhow as well as for public health. The biggest barrier to ending the pandemic remains sharing, of doses, of resources, of technology. This week marks 40 years since the first cases of AIDS were documented by scientists. Four decades later, HIV can be treated, but there is still no vaccine and no cure.

Just 18 months after COVID-19 first emerged, we have many effective tools to prevent, detect and treat it. As for HIV, the real test is not developing the tools. It's using them where they are needed most. Tarik, back to you.

00:09:00

TJ Thank you very much, Dr Tedros. We will now open the floor for questions. I will remind journalists that you can ask questions in one of six UN languages and also in Portuguese and Hindi, and if you want to ask a question, please click on the Raise the Hand icon. Also, please make sure that you ask only one question so that we can get as many as we can in one hour that we have. So, we will start with ABC, and we have Terry Moran online. Terry, unmute yourself.

TM Yes, thank you very much. This is a question for Dr Tedros. What can the World Health Organization do, Dr Tedros, to compel China to open up the full records of what happened in the Wuhan Institute of Virology so that the investigation can be completed? What can the World Health Organization do to compel China to come clean about what happened in Wuhan? And if the

World Health Organization cannot persuade China to be open and transparent, who can?

MR Thank you for the question. I may just remind you that WHO doesn't have the power to compel anyone in this regard or in other regards, and in that sense, WHO doesn't have the power to investigate or enter countries without the express permission and cooperation of that country. That is the basis, on which the organisation is established and its constitution. It's a Member State organisation, and in that sense, 194 Member States agree on the rules. So, from that perspective, WHO has no powers to compel.

00:10:53

What we do is, we work through cooperation, we work through consensus, and that has worked extremely well for WHO in polio eradication, in smallpox eradication, in dealing with multiple, multiple outbreaks and emergencies that occur every year. We get remarkable cooperation from vast majority of countries in engaging in outbreak investigations and outbreak response and emergency response. We will continue to work with all parties, especially in the case of COVID origins.

It is very, very important that the world understand what the origins of SARS-CoV-2 was. It is important for now. It's important for the future, in terms of, preventing further pandemics. It is not always easy to determine that. From many, many other diseases, it has taken years of study in order to be able to even understand the basics of that. So, it is not an easy task, and we will continue, in the second phase, to propose the necessary studies to take our understanding and knowledge to the next level.

We fully expect the cooperation and input and support of all of our Member States in that endeavour. So, just to remind you again, WHO does not have the power to compel any Member State. We work through cooperation. We work through consensus, and that has worked for us and for our Member States for 70 years.

TJ Thank you very much, Dr Ryan. We'll go to next question. That's Marcus Dobyasin [?] from VG Newspaper from Norway. Marcus, unmute yourself.

00:12:41

MD Thank you. Good afternoon. Our newspaper recently put out a story detailing how middlemen located in the United Arab Emirates is selling Sputnik vaccines to, amongst others, Guyana, Ghana and Pakistan at \$19 to \$22.5 per dose. That's around double what the Russians are charging in direct deals. The Ministry of Finance of Ghana and the Vice President of Guyana explains the decision to buy at such a steep mark-up with finding themselves in a situation where they weren't able to find any other way to procure enough vaccines.

Finance Minister Ken Ofori-Atta goes on to say, and I quote, you are confronted with the good guys from the West not giving you any assurance of supply, and you have 30 million people to save the lives of.

TJ Can we get a question, Marcus, please? Can we just get to the question?

MD Yes, this is the question. I was asking, what is the WHO's reaction to middlemen profiting from a lack of vaccines that is caused by uneven distribution?

TJ Thank you very much. We will start with Dr Simao.

MS Let me start and maybe colleagues can complement. First of all, let me say, Marcus, that first, the advice of WHO is that countries use vaccines that have received emergency use listing by WHO, which are now eight vaccines. Second, we have received concerns from countries, not only, you're citing the Gamaleya vaccine right now, the Sputnik, but we have received similar concerns regarding other vaccines with intermediates selling it at a much higher price than what it's being actually sold by the manufacturers.

00:14:34

Two things to be aware of. First of all is that the vast majority of manufacturers are selling only to public entities or to international procurers, which is, in this case, of the COVID vaccines, is COVAX, and to the procurement agencies, UNICEF and PAHO. The other thing to be taking into account, so what we have advised back to countries is to contact the manufacturer to make sure that the intermediate is legal, because there is also the other side of this, because there is a lot of substandard and falsified COVID products being commercialised out there.

So, you need to know the provenance. Where is the precedence? Where is this product coming from? Who is selling? And where did it register? And has it been listed by WHO? So, there are several things that need to be taken into account into this. During the last World Health Assembly, now that ended last week, we did have a long discussion on substandard and falsified medicines and vaccines circulated in the market.

And internet sales are the way that these procurers reach out to either individuals or governments. So, our advice is, check with the manufacturer, check the legality of the transaction, and then you make an informed decision. And please make sure that you're buying vaccines that are certified by WHO. Thank you.

TJ Thank you very much, Dr Simao for this important message. We will now go to Jamil Chade from Geneva press corps covering Brazil. Jamil, unmute yourself, please.

00:16:29

JS Thank you, Tarik. Can you hear me?

TJ Yes, very well.

JS Yes. This is a question to Dr Tedros. As you pointed out, the world lives in a double track in this pandemic. The situation in Brazil is not a comfortable one at all, but at the same time, the country decided to host Copa America, one of the largest tournaments, obviously, without public. But in your opinion, and I know WHO cannot tell the government what to do, an event to happen or not to happen, but in face of all that is happening in Brazil, is it a good idea to have an extra event, and a football event, in the country? Thank you so much.

MR Thank you for the question, and, yes, you are correct, WHO is not in a position to make decisions like this on behalf of host countries or organising committees. We provide risk assessment advice to all mass gatherings who request that, including religious gatherings and sports gatherings. Certainly, the large international sporting events are complex. They require a great deal of planning. They require a lot of risk assessment and a lot of risk management, understanding that risk can rarely be reduced to zero.

But getting risk to as close as possible to zero requires a very methodical, very well-planned and very well-implemented set of risk management measures.

00:18:10

So, we would advise that any country undertaking such a mass gathering, especially in the context of community transmission, be extremely careful about ensuring that they have the proper risk management in place. And if that risk management cannot be guaranteed, then certainly, countries should reconsider their decisions to host or run any mass gathering if they adequate risk management is not in place.

If a mass gathering event, because of a lack of risk management, has a potential for further exacerbating spread, then, obviously, countries need to take that into account. But again, it is the decision of a sovereign state. It is the decision of organising committees to make decisions in order to proceed. But we would, obviously, ask that all parties involved in organising mass gatherings ensure that they have adequate risk management in place to avoid such events becoming, themselves, problematic in terms of disease transmission.

TJ Thank you very much, Dr Ryan. We will go to the next question, Robin Millar [?] from Agence France-Presse. Robin?

RM Yes, thank you. The Delta variant is now dominant in the United Kingdom, and the authorities there recognise that it's 40% more transmissible than the Alpha variant, which was the previous dominant variant. How can the UK Government determine whether or not it's right to go ahead with lifting all the remaining restrictions, as they're considering doing on June 21st? Thank you.

MVK Thanks for the question. I'll begin. So, you're reporting... Again, the question is similar to the previous questions that Dr Ryan has answered, in terms of, taking a risk-based approach.

00:20:03

The Delta variant is indeed more transmissible than the Alpha variant, and it is spreading in the UK. It's spreading in more than 60 countries right now around the world. As the virus spreads, the more variants will be detected, and we are seeing these worrying trends of increased transmissibility, increased social mixing, relaxing of public health and social measures, and uneven and inequitable vaccine distribution around the world.

Those four factors are a really dangerous combination around the world, and so, when countries are taking, when leaders are taking, decisions about adjusting measures, they need to take into account many of these factors. The virus that is circulating, the amount of virus that is circulating, the capacities

to be able to respond, which include the surveillance systems that are in place. The ability to rapidly detect cases, provide clinical care for cases, isolate cases so that they don't have the possibility to spread to others, to carry out contact tracing. To ensure that people who are in quarantine are supported, are able to do so, so that they, if they are infected, do not pass the virus to others.

It's the same combination of interventions that are required. It's just, as measures are adjusted, countries need to be at the ready. A constant state of readiness right now around the world is what we need. No matter where you are, in every country, every country really needs to remain ready to detect because, as you've heard the Director-General say, no one is safe until everyone is safe. And virus variants are circulating.

00:21:43

The SARS-CoV-2 virus, whether it's a variant of concern or not, is a dangerous virus. It can spread between people if we allow it to. So, as vaccination is rolling out around the world, it will take time to reach all of those who are in need, and we are very grateful for the donations that are coming in for COVAX to be distributed evenly and equitably. We do need decisions that are made to be done based on data. They need to be adjusted carefully, slowly and gradually.

And we do need the public to remain at the ready as well, because as measures are adjusted, we may take two steps forward, we may take one step back, but we need to be, still, patient as we sort this out. As we bring COVID under control around the world, all of us need to be patient as we work through this. So, we advise the same. Take a controlled way in looking at the adjustment of the measures. Take into consideration the circulation, the variants that are circulating, the capacities to respond, the engagement of communities, and step by step.

TJ Thank you very much, Dr Van Kerkhove. We will now move to our next question. That's Isobel Sarkov [?] from FA News Agency. Isobel, please unmute.

IS Yes, good afternoon. Thank you, Tarik. My question is on Chile. Two days ago, Chile had 9,000 new cases of COVID-19, which was the second highest number since the beginning of the pandemic.

00:23:27

And the situation in the health system is very worrying with 95% of occupancy in the ICU system. So, as you know, they have a very high rate of vaccinations, 55% of eligible population with both doses, 74 with one dose. So, my question is, first, why is this happening in Chile? Is it anything to do with the fact that most vaccines used have been SinoVac vaccine? Is there any reason to fear about the effectiveness of this vaccine? And what is the risk that this happens in other countries with high rates of vaccinations that are opening their activities and trying to get, again, into the normal life? Thank you very much.

TJ Thank you very much, Isobel. I understand there are several questions. One of them is effectiveness of vaccines and the situation in Chile. Dr Van Kerkhove?

MVK Yes, so I'll start, and others will come in on this. The first thing I want to say is, Chile is facing a challenging situation, as are many countries in South America, and we, and the world, remain in solidarity with countries that are facing challenging situations. And I think all of us need to really make sure that even if the pandemic feels like it's over for some of us, it's not over for the world. What we do need to take into account for Chile and for all countries is that vaccines and vaccination is one part of the solution.

So, this is an incredibly powerful tool that we've added to our repertoire of being able to deal with this pandemic, but the other measures need to be carried out as well.

00:25:20

So, as vaccines are rolled out, they're normally rolled out in a phased approach, starting with those who are most at risk, those who are most vulnerable, and then working through different parts of the population, depending on the national vaccination strategy plans that are developed by all countries. But we also need to take into account the other measures that can prevent infections, that can reduce the spread of those who are infected, make sure that they don't develop a severe disease and die.

And we have a lot of those tools at hand. So, we have to stay that course in that comprehensive approach of reducing the spread. This involves individual level measures. It's the hand hygiene. It's the wearing of the masks, respiratory etiquette, making sure that we spend more time outdoors than indoors, make sure that improve good airflow, making sure that our communities are engaged so that we, as individuals, know what our risk is throughout our day, and we take measures to lower that risk.

So, all of that needs to remain at hand as vaccinations are rolled out, and it will take time for vaccines to have the impact that we expect, first to reduce morbidity and mortality and then to have an impact on reducing transmission, but that will take some time.

SS Yes, just to add to what Maria was saying, and this is very important for countries as they are rolling out vaccination programmes, we know that, to have a high level of protection, you need two doses of the vaccine given at whatever interval is recommended for each of the vaccines.

00:26:59

And it takes two weeks after the second dose to really get that immunity built up. And then you need a large number of people in the population vaccinated in order to start building up those levels of herd immunity or population immunity, at which point, you start seeing substantial reductions in transmission.

So, the first things you should start seeing really, as you start protecting the elderly and the ones with comorbidity and healthcare workers in a country that starts vaccination programmes is to start seeing reduction in deaths before you start seeing reductions in cases. In fact, you might still have cases occurring among the younger groups, among the unvaccinated, but if deaths are not going up, then that's a good sign because it shows that you've protected the most at-risk groups.

The second thing we have to be aware of is that while these vaccines do reduce the chances of infection, they are not 100%. And so, even if you've had two vaccines and you are protected from getting severe disease and ending up in the hospital, you might not be protected from getting the infection and passing it on to others. And there is a tendency, or there's a natural tendency for people to think, once they've had the vaccine, that they are protected. And there is a tendency to drop your guard and to stop taking all the measures like the mask wearing and the distancing that one would have done otherwise.

So, maybe this is just, sort of, a wakeup to those populations and countries where vaccination rates are going up but still haven't reached the point where people can actually drop their guard and so on.

00:28:43

And as Maria was saying earlier, for every country, regardless of how high the vaccination coverage, the introduction of variants, which some of them are not only more transmissible but can evade the immune protection that's elicited by vaccines and could result in infections, even in those people who are vaccinated.

Again, potentially, even if there's infection, hopefully doesn't result in severe disease, but it means a transmission can continue in the community. So, it's really important for the public health agencies to keep track of all of these indicators that Maria mentioned and for people to remain careful for some time to come. Thank you.

TJ Thank you very much, Dr Swaminathan and Dr Van Kerkhove. We will now move to next question, and it's Sophia Mokwena from South Africa Broadcasting Corporation. Sophia, if you can hear us, please unmute yourself.

SM Yes. I just want to ask a question around access to vaccines. Dr Tedros has indicated or given stats, in terms of access to vaccines to low-income countries and the high-income countries. The low-income countries are reliant on AstraZeneca, and they were hoping Johnson & Johnson will assist, in terms of availing doses, but the US Food and Drug Administration has put a stop to rolling out Johnson & Johnson. Have you, perhaps, received any update, in terms of when are they going to lift this suspension?

00:30:31

Because poorer countries were really, really hoping that Johnson & Johnson will be available for countries such as South Africa, and now we are left with Pfizer only. We can't even use AstraZeneca.

MS So, thank you, Sophia. Let me start and then my colleagues can complement. First of all, let me say that the Johnson & Johnson vaccine has received an emergency use listing by WHO, so South Africa does not depend on the FDA approval to use it. And South Africa, I believe, has the emergency use authorisation for the J&J. In the sense, on the AstraZeneca, we know that the FDA is not assessing the dosage because they do have lots of other vaccines available in the US.

But just to the comment that J&J has, both of them, AstraZeneca and Johnson & Johnson, have received authorisation by WHO and are being used in COVAX and also in different countries worldwide. I don't know if Bruce wants to...

BA Thank you, Mariangela and thank you, Sophia. The big challenge that we're having and the question you asked reflects that bigger issue of just the global supply of vaccines. Right now, the majority of vaccines in the world are made by either SinoVac or Sinopharm or Pfizer or AstraZeneca or Moderna. Those are the big producers right now, in terms of, absolute volumes. And most of the big producers are producing in multiple sites as well.

00:32:19

So, there may be a restriction on one place or another, Sophie, but the big problem that we still have routes back to what we talked about earlier, and that is the fact that most of the vaccine is contracted either by high-income countries right now, or it is being reserved for the countries producing the vaccines themselves.

And that's the reason our big appeal, going into the Global Health Summit that the G20 countries held, and now, again, going into the G7 Summit, which is coming up this weekend, is for the sharing of those doses that have been contracted with COVAX so that we can get more doses of AstraZeneca, of the Pfizer vaccine and other vaccines that have had WHO EUL out as rapidly as possible. Because almost every company is still having challenges with some of their supply and production issues, and that's the reason that we still have shortage and we still need to be working across all countries to optimise the supply.

That's what's behind the advocacy. It's behind what the Director-General called for in his remarks today, and that is for the sharing of a quarter of a billion doses, 250 million at least, to help vaccinate people in low-income countries during this crucial period, June, July, August, September.

JT Thank you very much, Dr Aylward as well as Dr Simao. We will now go to the next question. That's Latika Bourke from Sydney Morning Herald. Latika, please go ahead.

00:34:01

LB Thank you. Thanks a lot. A question for the panel. How long are the zero-COVID strategies that some countries are pursuing viable for, given the draconian measures that they require and that vaccines are now being rolled out? Is there a threshold or a test that the WHO recommends for when those settings could be changed, ie, a herd immunity threshold, or even more simply, when everyone has been offered the jab?

JT Latika, could you, please, speak slowly and repeat the question? I'm not sure we understood properly.

LB Okay, sure. Sorry about that. So, the question is, how long are the zero-COVID strategies that some countries are pursuing viable for, in WHO's opinion, given, obviously, all the other measures and lockdowns and restrictions that they require and that vaccines are being rolled out? So, does WHO have a recommended threshold or a test for these countries as to when those settings could change, ie, herd immunity, or even when everyone in that country has been offered a vaccine?

MVK I could start. So, thank you for the question. So, several countries are adopting different strategies for dealing with the COVID-19 pandemic. Our

strategy that we outlined last year is about suppression of transmission, about saving lives and saving livelihoods, and this remains the main focus of our strategy, ending the acute phase of the pandemic, controlling COVID so that societies can open up, livelihoods could get back online.

The strategies and the way that countries actually implement that depend on a combination of factors. And some countries that are island states may be able to approach a more stringent approach in terms of getting that zero-COVID.

00:35:53

But really what we want to do is control transmission, bring transmission down to such a low level that it can be managed by the surveillance that's in place, that vaccination can be rolled out to protect individuals so that we do not see morbidity, we do not see mortality associated with this particular virus. And that is within our reach with the vaccinations that we have at hand, with the vaccines that are available, even to date, if those are used appropriately.

And the way that countries will adjust their measures, adjust their strategies, depends. Many are using a phased approach, in terms of when they reach a certain level of threshold of a test positivity or if they look at ICU capacity or hospital capacity. If they look at, if they want to reach zero cases or moving from community transmission to clusters of transmission, from clusters of transmission to sporadic transmission, from sporadic transmission to no transmission, that's always been the goal of taking a stepwise approach to suppressing this spread of this virus, to preventing infections, to preventing morbidity and mortality.

So, the adjustment of that and the changes of the strategy depend on that combination of factors, the surveillance that's in place, the capacities at hand, the access to vaccine and vaccination. And those will be adjusted accordingly.

MR If I could just supplement, because I think it is a genuine dilemma for countries who've worked so hard to keep their virus transmission low, to keep their death rates low. They have protected their populations.

00:37:28

Their communities have committed within their borders to a massive effort to protect their system, to protect their elderly or older and vulnerable populations, but always being at risk of the disease being reimported and sparking a major epidemic.

And we've said it, as long as the majority of your population remains susceptible to infection, there's always a chance of the disease taking hold. And we've seen that happen in a number of low-incidence countries. And it is tough for countries to continue to keep low incidence in the context of so much community transmission in other countries. That is a very tough thing.

So, it is a difficult decision now for many countries who've managed to keep a very low-, or zero-COVID strategy in place for so long, to open up again with the possibilities and, in fact, the probability that disease may be reimported from other countries, in which the disease is not under control. And in that situation, countries will have to maintain a very, very highly alert surveillance

system, have a very switched on population and will need to increase their vaccination levels.

At the end of the day, high levels of vaccination coverage are the way out of this pandemic, and right now, it's not 100% clear from the data where the figure for vaccination coverage should be in order to fully affect transmission. But I'm looking at my colleague Soumya. It's certainly north of 80% coverage to be in a position where you could be significantly affecting the risk of an imported case, potentially generating secondary cases or causing a cluster or an outbreak.

00:39:15

So, it does require quite high levels of vaccination, particularly in the context of more transmissible variants, to be on the safe side. So, countries with very low incidence, with zero-COVID or with low COVID situations are going to have to, like every other country. And there is this sense that countries with very high incidence need the vaccine most urgently. Well, in one sense, they do need the vaccine most urgently because they have a disease that's pretty much out of control.

But those countries who've put the effort in and who have really focused on keeping COVID at the lowest level, who have protected their population, they also need the vaccine as well because they've managed to protect their populations, and now they have a very susceptible population, and they have equal right. And this is what the DG speaks about equity. It's about ensuring that everyone is equally at risk in this. And it's not just related to the number of cases you have. It's related to the absolute risk to your population.

And there are many situations where countries have kept disease at very low level, and because of that success, have highly susceptible populations, and therefore, they need vaccination just as much as countries who have higher incidence.

TJ Thank you very much, Dr Ryan, Dr Van Kerkhove. Now we'll go and hear from our friend Simon Ateba who will introduce himself. Simon, please go ahead.

SA Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC.

00:40:50

The Biden Administration announced last week that it was sending the first batch of 5 million doses of COVID-19 vaccine to African nations under the WHO initiative COVAX to be shared by the African Union/Africa CDC. I would like to get an update from you. How many doses have been received so far? How far can 5 million doses go or last, and has the WHO given some guidelines to the Africa CDC on how to share those vaccines evenly and equitably across the continent? Thank you.

TJ Thank you very much, Simon. Dr Aylward?

BA Hi, Simon. Thank you very much for the question, and it's an opportunity just to recognise and thank the United States' people in government for its commitment to share doses and for kicking off the dose

sharing at such substantial numbers. I think, as most of you will have seen, last week, President Biden announced that they will be contributing 80 million doses to the vaccination of people in other countries in the month of June with 75% of that going through COVAX.

And the plan for the initial 25 million was released last week at the same time, and we're grateful for that. That's a great start and great leadership in highlighting the importance of sharing doses and doing that rapidly. And as you highlighted, Simon, a proportion of those doses will go to the African Continent. So, we're still working out with the US Government for the release of the vaccines through COVAX, and that work is ongoing to move them as quickly and expeditiously as possible.

00:42:45

In terms of how far 5 million doses can go, it can go very far when it comes to protecting, especially healthcare workers and highest-risk populations. And also, very, very important to help countries initiate vaccination in some places and start the scale-up of vaccination. So, every dose counts. Every dose is helpful. And clearly, in settings where the number of doses shared so far, and in the African Union, if I remember correctly, the number of doses that have gone there through COVAX is about 25 million, so this would be about another 20% on top of that, and that would be an important contribution. Although still, like you highlight, many more needed.

In terms of, the guidance given, we work closely with Africa CDC, and in general, we're all working to that same guidance, of course, that, number one, we're trying to prioritise healthcare workers, trying to prioritise older populations. And as we look at donations, we try and look at what does coverage look like across countries already, what is the absorptive capacity of the different countries, in terms of how they're able to absorb and use doses, and also what's the situation they're facing, in terms of that risk.

So, with the donations, we look at our standard allocation criteria, and then we have a little bit of flexibility to also look at how to put them to best possible use. And so, that's a general guidance that we use, Simon, across all countries and that we continue to work with, irrespective of whether it's within Africa or other parts of the world.

00:44:29

JT Thank you very much, Dr Aylward. We will conclude this press briefing with this question and this answer. As always, we will send you audio file from the briefing soon after, and a transcript will be available tomorrow. And I will now hand over to Dr Tedros for his last message.

TAG Yes, thank you, Tarik, and thank you to all who have joined today. And see you in our upcoming pressers. Thank you.