COVID-19
Virtual Press conference
21 June 2021

Speaker key:
TJ Tarik Jasarevic
TAG Dr Tedros Adhanom Ghebreyesus
CR President Cyril Ramaphosa
SS Dr Soumya Swaminathan
MR Dr Michael Ryan
BA Dr Bruce Aylward
MK Dr Maria Van Kerkhove
SM Sophie Mokoena
SA Simon Ateba
RM Robin Millard
JL Jérémie Lanche
TD Tomo Diguchi
SJ Sara Jerving
KG Katharine Gemmell
NO Naomi O’Leary
DM David McKenzie
JZ John Zaracostas

00:00:04
TJ Hello to everyone following us today, either through Zoom or through a number of WHO social media platforms. My name is Tarik Jasarevic and I welcome you to this regular COVID-19 update with a special focus today on the establishment of the first mRNA technology transfer hub for COVID-19 vaccines. We will hear about this not only from Dr Tedros but also from our distinguished guests that we have today that Dr Tedros will introduce and who will be with us either live or with recorded messages.

Before I give the floor to Dr Tedros, I will just remind journalists that you will need to click the raised-hand icon in order to get in a queue for having one
question only. And you can ask questions in six UN languages plus Portuguese. We have simultaneous interpretation in those six languages and Portuguese but also Hindi.

00:01:09
Here in the room besides Dr Tedros, WHO Director General, we have Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Soumya Swaminathan, our Chief Scientist, Dr Bruce Aylward who is Special Advisor to the Director General and Lead on ACT-Accelerator. Dr Mariangela Simão is also with us, who leads Access to Medicines and Health Products here at WHO. We may have other WHO experts either present in the room a little bit later or online if need be. So I will give the floor to Dr Tedros for his opening remarks and to also introduce our guests today.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. First of all, I would like to thank His Excellency, President Ramaphosa, for joining us today for this important announcement. Your Excellency, welcome, and we look forward to your remarks in a few minutes.

Globally, newly reported cases of COVID-19 have now declined for eight weeks in a row and deaths have declined for seven weeks in a row. This is good news. But new infections and deaths remain high globally. Last week, more than 2.5 million cases and almost 64,000 deaths were reported. That is 250 cases and six deaths every minute that we know of.

The rate of decline in most regions has slowed and every region has countries that are seeing a rapid increase in cases and deaths. In Africa, the number of cases and deaths increased by almost 40% in the past week, and in some countries, the number of deaths tripled or quadrupled.

00:03:20
While a handful of countries have high vaccination rates and are now seeing lower numbers of hospitalisations and deaths, other countries in Africa, the Americas and Asia are now facing steep epidemics. These cases and deaths are largely avoidable. There are several reasons for this increase, including the increased spread of variants of concern, more social mixing, ineffective use of public health and social measures and vaccine inequity.

The inequitable access to vaccines has demonstrated that in a crisis, low-income countries cannot rely on vaccine-producing countries to supply their needs. We have seen it before with HIV, when people in low- and middle-income countries couldn’t access life-saving antiretroviral treatment. We have seen it with diabetes, where insulin is priced high despite having been around for more than a century.

The COVID-19 pandemic has shown that relying on a few companies to supply global public goods is limiting and dangerous. To boost manufacturing, WHO has continued to call for the sharing of knowhow, technology and licences and the waiving of intellectual property rights. Enhancing local production of health products has been an area of focus for WHO for several years, but the pandemic has brought it into even sharper focus.

Just a few weeks ago, the World Health Assembly adopted a landmark resolution on strengthening local production of medicines and other health
In April, WHO issued a call for expressions of interest to establish technology transfer hubs for COVID-19 mRNA vaccines. Tech transfer hubs are training facilities where manufacturers from low- and lower/middle-income countries can receive training in how to produce certain vaccines and the relevant licences to do so.

mRNA technology has been in development for decades and is the basis for at least two safe and effective COVID-19 vaccines. It’s potentially easier to scale than other vaccine technologies and could be faster and easier to adapt to variants of concern.

Following our call for expressions of interest, we received more than 50 proposals, about half of which were from companies or institutions interested in receiving technology and half were interested in providing the technology or acting as a training hub, or both.

Today, I’m delighted to announce that WHO is in discussions with a consortium of companies and institutions to establish a technology transfer hubs in South Africa. The consortium involves a company called Afrigen Biologics and Vaccines, which will act as the hub both by manufacturing mRNA vaccines itself and by providing training to a second manufacturer called Biovac. In time, Afrigen could provide training to other manufacturers in Africa and beyond. The Africa Centre for Disease Control and Prevention will provide guidance through the partnership for African vaccines manufacturing.

WHO is facilitating this effort by establishing the criteria for the technology transfer, assessing the applications, developing standards and providing ongoing support and training. We are now in negotiations with several companies that have indicated interest in providing their mRNA technology to the hub. This selection will be based on how advanced the technology is, in terms of clinical efficacy data and on the terms under which the company is willing to share its technology.

In the coming weeks, we will continue to assess proposals for other tech transfer hubs for mRNA and other technology platforms. It’s important to emphasise that this is an important step that will yield results in the medium-term. In the short-term, we need to do everything possible to increase the equitable production and distribution of vaccines through COVAX.

To say more about the South African hub, it’s my great honour to be joined by His Excellency President Cyril Ramaphosa of South Africa. President Ramaphosa, thank you so much for joining us today again. And you have the floor.

Thank you very much, Director General of the WHO, Dr Tedros Ghebreyesus and Your Excellencies who are in attendance and ladies and gentlemen. This is really a joy to join you, Dr Tedros, in this landmark announcement because today marks an important milestone towards the
achievement of one of the critical objectives of the African Union’s Agenda 2063, the Africa we want.

00:09:21
The ability to manufacture vaccines, medicines and other health-related commodities will help put Africa on a path to self-determination. Through this initiative and others, we will change the narrative of an Africa that is a centre of disease and poor development. We will create a narrative that celebrates our successes in reducing the burden of disease, in advancing self-reliance and also advancing sustainable development.

This will enhance our capacity to take responsibility for the health of our people, for the health of Africans. We will be able to plan for the entire value chain, from training a critical mass of young people, enhancing and maintaining our supply chain and ensuring the efficient use of medicines. As South Africa, we intend to pursue these objectives in close cooperation with other countries on the continent, enhancing regional trade and investing in science and innovation.

Now, debates around improved access to medicines, diagnostics and vaccines have been ongoing for many years but they have reached their high point now as we are dealing with COVID-19. They’ve reached a high point because there is inequity and inequality.

The countries of the North with more developed economies now have even more than 50% of their citizens vaccinated and the countries in the economic developing world are still struggling. Those in the North, as you correctly said, Dr Tedros, are now having lesser and lesser hospitalisations. And us in the South are still struggling, struggling for access to vaccines.

00:12:16
And the vaccines that are made in their billions in the countries in the North, we do not have access to them, and other countries in the North have a huge surplus. And we’ve been saying vaccine nationalism must come to an end because this pandemic, we are facing together, all of us around the world. And it is just not equitable and not fair that some people in certain countries, and because they come from rich countries, their lives are worth much more than the lives of those in poorer countries.

We need solidarity. We need equitable access. But we also have called for a waiver, as you correctly said which the WHO supports, of the TRIPS measure to enable all countries, those that can, to be able to have the wherewithal, the IP, to be able to manufacture vaccines.

Today is historic, and we see this as a step in the right direction. But it does not detract us from our original proposal, put together by India and South Africa, that we should see a waiver of TRIPS at the World Health Organization. And we would like the negotiations that are taking place there to proceed with speed because, as you correctly said, Dr Tedros, people in Africa are facing a rising wave of infections.

In South Africa, we are facing a third wave which seems to be more severe than the first and the second one. And the only defence that we have is to have vaccines. We therefore thank the WHO for taking this bold step and
commend member states for moving us from discussions to real work and realistic development. This is the start of the process.

00:15:01
As we work together to respond to this grave global crisis, we see this as laying a firm foundation for the achievement of health security for the world’s most vulnerable people. In the achievement of this goal, we will not fail. We thank you once again for this opportunity. With this investment of technology, knowledge and expertise, we will go beyond the development and manufacture of vaccines into a new era of innovation and progress.

And this initiative should never be seen as just being an initiative that will benefit South Africa. We want it, and we will make sure that it benefits the entire African continent. We will be working with the Africa CDC. They will guide us. They will help us. And of course, we will be working with the WHO for guidance, for advice and also for new technologies as we move forward. So we would like to thank you. This is the first on our continent and we really are grateful for the step that has been taken. Thank you very much, Dr Tedros.

Thank you. Thank you so much, Your Excellency President Ramaphosa. Thank you for your continental and global leadership. Thank you for your leadership specifically on the IP waiver. And today’s launch is a great step forward for South Africa and for the world. I hope this will be a key moment for increasing production capacity in Africa for COVID-19 vaccines, but also for future vaccines.

France has been a strong supporter of local production, and His Excellency President Emmanuel Macron has personally committed his time and resources to work with WHO and our partners to achieve this goal. President Macron could not be with us in person, but he has sent us this video message.

My deep thanks to France and President Macron for their support. Merci beaucoup, Your Excellency. WHO’s primary focus remains supporting countries to suppress transmission, save lives and end this pandemic. At the same time, we must all use this opportunity to prepare for the future by building capacities for our children and their children. Tarik, back to you.

Many thanks, Dr Tedros. Many thanks to President Ramaphosa and to President Macron for his recorded message. I understand that His Excellency President Ramaphosa will stay with us for a couple of minutes to take any questions. We also apologise for technical difficulties we had at the very beginning with the sound as well as with the recording.

So with this, we will open the floor to questions from media. Again, please, one question per journalist only so we can get as many as possible in the time we have. So we will start with the South African Broadcasting Corporation. I understand we had two reporters on the line, but we will start with our friend, Sophie Mokoena. Sophie, please unmute yourself. Sophie, can you unmute yourself, please?
Thank you. Thank you. The question is directed to President Cyril Ramaphosa. President Ramaphosa, as you indicated, the numbers are quite high and I think that this brings hope to South Africans in particular. Can you briefly tell us the importance of this techno transfer hub during this difficult time on the continent and in South Africa, where we are experiencing a third wave?

00:21:47
CR
Well, thank you very much, Sophie. This is a historic initiative. It’s one of the first of its kind, which we welcome because right in the midst of the pandemic, the world has been able to demonstrate that it can respond. 300 days, soon after, I think, no, it was even 100 days or so after the outbreak of the pandemic, we were able to see vaccines coming to the fore. I may not be exactly right with the number of days. But we saw vaccines coming to the fore.

And we, from Africa, have been calling for the capability, the capacity that needs to be transferred to Africa so that we can also make our own vaccines. It’s been shown now that we just cannot continue to rely on vaccines that are made outside of Africa because they never come. They never arrive on time and people continue to die. And we’ve therefore called on the waiver, as I spoke about, but also technology transfer.

So this is a phenomenal step. But it is a step that needs to be taken as we move to the realisation of what we’ve proposed, which is the waiver of the TRIPS IP. But we are going to utilise this opportunity. It is a valuable opportunity. It is a technology transfer, it is a knowledge transfer and it’s going to give us the capacity that we need. And we already have Biovac in South Africa that has demonstrated that, yes, it can make vaccines. And this technology transfer is then going to lift our capability to a higher level for our continent.

00:23:56
And once we reach a level where we can make our own vaccines, we will be doing so for the people of Africa because that is where the greatest need is. We’ve got 1.2 billion people, 60% or 70% of whom are now waiting for vaccines, and only 2% have been vaccinated. And this for us is going to give us a real good chance and we should be able to have these vaccines manufactured as quickly as possible. So it is a great move, it is historic, and we welcome it with both arms.

TJ
Many thanks, Your Excellency, for answering this question. We will now move to Simon Ateba from Today News Africa. Simon, please unmute yourself.

SA
Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington DC. And this question goes to President Cyril Ramaphosa of South Africa. Mr President, South Africa has made more progress than many other countries in Africa when it comes to vaccines. However, with more than 1.8 million cases and almost 60,000 fatalities, South Africa accounts for nearly 40% of all the cases and deaths in Africa. And right now, there is a third wave on the way in your country.
But looking forward, where do you think South Africa will be by December of this year? When may we see the first mRNA vaccine manufactured in South Africa? And what type of mRNA technology transfer assistance do you expect to receive from the United States? Thank you.

00:25:52
CR Yes, you are absolutely right, we are facing rising infections, and you’re absolutely right, with more than 60,000 or almost 60,000 people who have lost their lives. It’s at 58,000 and a few hundred. So that is a great concern to us. This is the third wave, as I said, which seems to be much more vicious than the earlier waves of infections.

We obviously are committed to bringing the infections down and we continue to pass on the message about all the measures that are important to bring down COVID-19. Social distancing, wearing of masks, washing of hands and all that the World Health Organization has been beaming to us, we are sending that as messages to our people.

Now, vaccine availability is going to be a great boon for us. And that is why we are saying we’d like to receive more and more vaccines. They are coming in in short numbers and we want more and more vaccines because that is the only defence that we will have against COVID-19.

Now, this technology transfer, as I said, is really going to boost our capability to fight COVID-19. We expect that with the wisdom, with the capability that is going to be transferred to us right from the WHO and the various other partners. We’ve got world-class partners who are going to be working with our companies here. And they are committed to giving us the assistance we need and they are treating this pandemic as an emergency. And when people act under an emergency, I find that they are able to achieve a great deal. So we expect that a great deal will be achieved.

00:28:14
I will not be able to give a timeframe of when all this will be possible, but we would like it to happen yesterday. And those who will be working at it, I will go myself and meet them, shake their hands and tell them that I want this to happen yesterday, not tomorrow. And I think that will fuel them, that will encourage them to realise that we’ve got to work to defend the people of South Africa, but more importantly, also the people of our African continent.

So, through this, we will be working to fight the pandemic on the African continent where we are also seeing rising infections.

So this for us is really a great moment. It’s a historic moment. It’s a moment that we want to utilise to good effect because on the African continent, we’ve got capabilities. They just need to be ignited. We’ve got expertise. It just needs to be unlocked. And through this, we are going to unlock it, we are going to utilise it to good effect. Finance will be made available and we are going to want to work with all the partners involved on this to make this a reality. So, we’re grateful that we have arrived at this.

But we still have a long way to go. We want to see a waiver process happening so that real intellectual property can be transferred. And we’ve put a timeframe to it. We have not said to the great pharma companies and the
various other countries, we have not said, do it forever. We say, do it for a limited time as we are fighting this pandemic. So there is a benefit in doing it to save lives. And we are not even saying we want companies to make profits. We’re saying, let us work together to save lives. And this is the beginning of that process.

00:30:29
TJ Many thanks, Mr President. We will now go to Robin Millard from Agence France-Presse. Robin, please unmute yourself.

RM Thank you. Yes, if I could just ask a bit more about the hub. Perhaps if you could tell us a bit more about just how this hub is going to work and how quickly you’d like to see it get started and fully up to speed. Thank you.

SS Thank you. Thank you so much for that question. And it’s great to see both President Ramaphosa and President Macron be so enthusiastic about this. I think it’s a new approach, a new model, bringing together the private sector, the public sector, investment banks, academics, universities, regulatory agencies and, of course, WHO trying to facilitate and coordinate all of this.

What we hope will happen as a next step will be that we will be looking at the different technologies that are on offer. As you remember, this was a call just for mRNA technologies. And we have several options on the table mainly from smaller companies and biotechs, though we are also in discussions with the larger companies that have proven mRNA technology and we’re hoping very much that they will come on board.

00:32:05
So the timelines of when vaccines can be produced in the country will depend on whether there’s a tried and tested technology that can be much more easily transferred to the facility in South Africa which, by the way, already exists. There’s already a pilot plant there. So all we would need is to put in some equipment and then train the workforce there locally on the new process, of course, sourcing all the raw materials and things that are going to be needed for this. In that situation, we could even expect to see, within nine to 12 months, vaccines being produced in Africa, in South Africa.

There are other options, which is to take technologies that are a little bit more upstream, that are earlier in the development pathway. This would of course mean that you then have to go through the process of running the Phase Two and Three clinical trials. Some of these candidates have completed Phase One and are quite encouraging. But we know that unless you complete clinical trials, you’re not really sure about efficacy and safety. So that will take a little longer.

But the good thing is South Africa has huge capacity in clinical trials, in R&D and the regulatory agency there is very much very strong and up to speed with all of the requirements. So that’s why I think the hub was selected to be in South Africa, because we had a number of criteria against which the applications were ranked. And certainly on the African continent, this consortium fulfilled many of the criteria that are needed.
So I think we would like to take it step by step and within the next few weeks, we should be able to provide further details on the technology and when the work actually will begin. But obviously, we would try to do it as quickly as possible. Thank you.

00:34:07
TJ  Many thanks, Dr Swaminathan. Jérémie Lanche from Radio France Internationale. Jérémie?

JL  Thank you, Tarik. Good morning, everyone, or good afternoon. I would like to know, we know that technology transfer usually takes time, so the question is, how historic is today really when compared to an IP waiver? You said that Africa would be able to produce vaccines within the next nine to 12 months with this hub. I’d like to know if you had an IP waiver, would it be faster even more? Thank you.

SS  I can start and maybe others would like to add. I think the IP issue really becomes a barrier when there are patents that are filed in the country. And as far as we know, for mRNA technology, there are no patent IP barriers right now on the African continent and in other LMICs. So we believe that that’s not going to be a barrier just now for us to go forward.

And one of the partners that we have in this endeavour is The Medicines Patent Pool. They bring their expertise. They’ve done the landscaping of where there are barriers to mRNA technology. Of course, there are a number of components that go into vaccines, so we would have to do a much more thorough analysis. But we don’t believe that currently for the hub planned in South Africa, that there’s going to be a major barrier.

00:35:47
TJ  Many thanks, Dr Swaminathan. I understand that His Excellency Cyril Ramaphosa had to leave us, so we will continue this press briefing without him. And we also just sent you the press release on the issue that we are discussing today. So next question comes from Kyodo News. And with us is Tomo Diguchi. Tomo, can you please unmute yourself?

TD  Hi, Tarik. Can you hear me?

TJ  Very well. Please go ahead.

TD  Thank you. About a month to go for the Olympic Games in Tokyo, and the Organising Committee today have decided to accept up to 10,000 audience per venue. Does WHO think this is a reasonable and rational decision? And doesn’t WHO worry that the Olympics might trigger another global resurgence of COVID-19? Thank you.

MR  Thank you. Yes, we’re aware of that decision today and we’re following up with the IOC and with Japanese authorities. We’ll be having
another call with them and their taskforce this week to consider this new decision regarding attendance at the Olympics. That will be further to a final decision on the actual attendance later. This is a provisional assessment of the numbers that could attend. And what we are glad of is that the rates of disease have fallen persistently and consistently in Japan over the last number of weeks.

00:37:59
And it is interesting looking just at numbers. The rate of disease in the last week in Japan has been 80 per million residents. In the same week, the rates in the USA have been three times higher. In Brazil, 30 times higher. In the UK, 11 times higher. In Russian, nine times higher. France, three times higher. And in the Netherlands, five times higher. So I think it is important that we really look at the background and underlying epidemiology of disease.

It is also very important and we continue to engage with the task force, the Partners Task Force, with the independent scientists, with ourselves inputting into the decisions of the Tokyo Committee, the Japanese government and the IOC. And we will continue to input questions and queries regarding risk management and procedures and risk assessment for the Games.

And as I say, we will have a further meeting with them this week, again looking at measures from diagnosis to screening to surveillance to physical distancing, ventilation and many other matters in relation to the Olympics themselves. But again, I think it is important to note that the incidence rates in Japan have fallen consistently over the last number of weeks and compare favourably with the transmission of disease in many other countries who are currently hosting major events.

TJ  Thank you, Dr Ryan, for this. We will move on to Sara Jerving from Devex. Sara, the floor is yours.

00:39:44
SJ  Thank you so much. Are the tech transfer discussions involving Pfizer or Moderna? And what are the points of discussion with these companies on this new initiative? And do you anticipate that the South African companies would produce existing vaccines or be developing new mRNA vaccines? Thank you.

TJ  We are not... The sound was really not good. Sara, can you try one more time? And speak slowly.

SJ  Sure. Thank you. Are the tech transfer discussions involving Pfizer or Moderna? And what are the points of discussion with these companies on this new initiative? And do you anticipate that the South African companies would produce existing vaccines or develop new mRNA vaccines?

SS  Thank you for that question, Sara. So as I said before, it’s obviously much easier to transfer a technology that’s proven, that’s gone through clinical trials, that’s proven to be safe and efficacious. And you mentioned the BioNTech-Pfizer and the Moderna vaccines as the two mRNA vaccines that are at that point and, in fact, that have been used, hundreds of millions of doses, worldwide.
Yes, we are talking to the companies. And in fact, you might have seen already an announcement from BioNTech’s CEO, Dr Uğur Şahin, where he actually talked about a commitment to building capacity in Africa and to manufacturing his vaccine in Africa.

00:41:22
Now, very often, that starts initially with a fill and finish kind of arrangement where the bulk product is taken and then there’s a company locally that does a fill and finish. That’s often the first step. But then that would be followed by technology transfer over a period of time. So this is what he announced.

Now, obviously, we will be talking and we’ll be negotiating and getting into more specifics with both the companies and come out over the next couple of weeks with more details. But we’re very hopeful that they have the capacity, they have the interest, they have the knowhow and they have the right intentions.

On whether you can do both, yes, you can do both. It’s obviously faster to get going with the known tried and tested one. That’s why I said in an optimistic scenario where everything goes well and you have a transfer of a known technology, it could start within 12 months. It should be quite feasible to do that.

However, if you’re putting in a new technology and having to take it through the clinical development pathway, then it’s going to take a little bit longer to both standardise and do the local GMP manufacturing but then also take it through initially the Phase Two and Three trials and then scaling the manufacturing.

00:42:42
So both approaches could be started. There’s no reason why you can’t have both because it’s also important, I think, for innovation to happen in Africa and for them to have their own mRNA vaccines for the future, not just for COVID but potentially for other diseases as well. Thanks.

TJ  Many thanks, Dr Swaminathan. Next question, John Zaracostas from The Lancet. John. John, can you please press the unmute button? I think we lost John Zaracostas. Maybe we can come back to him at some point. Let’s try a reporter from Bloomberg. We have Katharine Gemmell. And I’m sorry if I mispronounced the name. Could you please unmute yourself?

KG  Hi there. Hi there. Thank you very much for doing this today. Yes, it’s Katharine Gemmell from Bloomberg here. I was just wondering, do you know how many countries globally have run out of the COVAX doses or have used more than 90%?

TJ  Thank you. Maybe Dr Aylward can try.

BA  Sure. Hi, Katharine. It’s Bruce Aylward. In terms of the exact numbers, we’ve now shipped a vaccine to over 131 countries. 80 of these countries are what we call AMC countries, or Advance Market Commitment countries. And the remainder are self-financing countries. And in total, we’ve shipped almost 90 million doses. It’ll be 90 million at the end of this month. As you can
anticipate, that is not sufficient vaccine for anywhere that number of countries.

What we’re hearing is a mix of things, Katharine, some countries saying that they’ve run completely out of vaccines and others saying that they are holding back some vaccine to have just in case the other shipments are delayed or continue to be delayed. So it’s a bit of a mixed picture. But I would say of the 80 AMC countries, at least well over a half of them would not have sufficient vaccine to be able to sustain their programmes right now. We would know that for a fact.

The challenge, Katharine, comes because some countries are receiving bilateral donations or else they have bilateral deals that they’re using to try and supplement these. And for that reason, they’ve tried to make other alternate arrangements.

And this is the tragedy, of course, because in some cases, they’re using vaccines that aren’t their first preference. In other cases, they’re paying prices that they probably shouldn’t be paying for these vaccines from the little bit we know about these. And, of course, they’re continuing to distort the market and affect the equity in terms of who gets vaccines and when.

So it’s a little bit difficult to give you an exact number. If we look at what we are hearing from countries on a day-to-day basis, well over half of countries have run out of stock and are calling for additional vaccine. But in reality, it’s probably much higher, Katharine.

So, apologies I can’t give you a firm answer on that. If we actually... I was going to say, if we turn it around the other way and say who is saying that they have enough vaccine, I think it was one or two countries that were prepared and every single one of the other ones are asking for... One could approach it that way, Katharine, and you’re well over your 90% who are demanding additional vaccine.

Thank you. Thank you, Dr Aylward. The next question, Naomi O’Leary from The Irish Times. Naomi, go ahead, please.

Hello. Thank you very much for taking my question. My question is given the spread of the delta variant in countries which have an increased... Quite a relatively high level of vaccinations done already, how much of a concern is the spread of this variant? And how much of a threat does it pose to efforts to combat the pandemic and hopes of easing health restrictions? Thank you.

So, thanks very much for the question. I’ll start and others may want to come in on this. So the delta variant is of great concern for us because this is one of the variants of concern that are circulating around the world. Our ability to understand where this variant is spreading is dependent on the sequencing that is available around the world.

And so far, we know that 92 countries have the delta variant that is circulating, 80 countries of the B1617.2 and an additional 12 countries which
have the B1617 but they haven’t further subtyped it. We don’t know the sub-lineage that’s circulating there.

**00:47:40**
This variant has demonstrated increased transmissibility. It is more transmissibility than the alpha variant, which is the B117, which spread rapidly around the world. This delta variant is spreading rapidly around the world as well.

If it has an opportunity to spread, given that we have increased social mixing, the relaxation of public health and social measures or the inappropriate use of public health and social measures, and what I mean by that is relaxing too soon or too quickly, it doesn’t mean the lifting of a lockdown or an all-or-nothing, it means that adjustment isn’t done as carefully and controlled as possible, and given that we don’t have full vaccination, it will spread.

We know that there is a recent suggestion from one study in Scotland, suggesting that there’s an increased risk of hospitalisation. But that is some preliminary work that’s done from one country and that needs to be further studied to better understand impacts on severity. We don’t have an indication of increase in mortality from the delta variant, but again, we’re still studying this variant as it’s circulating around the world.

In terms of vaccine effectiveness, we do know that all of the variants of concern, including the delta variant, the vaccines remain effective against severe disease and death, and so this is a very good sign. But we need two doses to be administered to have the full level of protection. We do see reduced efficacy with the one dose and so we really need those who have received their first dose to receive that second dose.

**00:49:12**
What is really critical is that our public health and social measures still work against the delta variant, but they may need to be administered for a longer period of time to be able to have the same level of control as we’ve seen for other variants. And if we have the uneven amount of tools around the world, some countries only have public health and social measures, other countries have public health and social measures plus vaccine, and so it’s not really a fair fight against this delta variant.

But the good news is that the public health and social measures, the individual-level measures, hand hygiene, avoiding crowded spaces, wearing of a mask, making sure you have clean hands when you put on and take off a mask and dispose of that mask properly, disinfect that mask properly, making sure that you have good ventilation, spend more time outdoors as opposed to indoors in settings where you’re able to do so, all of those measures remain incredibly critical at reducing the spread. And of those countries that have access to the vaccine, people need to have their second dose to have the full level of protection.

So we’re still learning. But we are concerned about the delta variant that is circulating. If it has an opportunity to spread, it is really spreading quite rapidly in a number of countries.
Thank you. Thank you, Dr Van Kerkhove. We have time for one, potentially two questions if we go fast. So let’s try to hear from David McKenzie from CNN. David, if you are with us, please unmute yourself.

00:50:48
DM Thank you so much. Sorry, there seems to be a bit of a feedback. I have a question for the Director General. The technology transfer as well as the... Apologies for that. The technology transfer as well as the push to get more vaccines out to poorer [sound slip] is definitely laudable.

But what is your feeling, Director General, about the fact that the talk of solidarity is still largely talk and so many countries don’t have access to vaccines? You and your colleagues are painting a pretty dire picture in terms of the rates of vaccination. So what is your message [sound slip] about excess vaccines?

TJ David, we are really sorry but the sound is really bad. So I don’t know if... Can you please repeat one more time? If it’s possible to be close to the microphone so we try to get your question.

DM No problem. I’m wondering what the message is now. Given that these solutions, including trying to change TRIPS as well as get technology transfer, are both medium-term to long-term solutions, what is the message to those countries that have excess vaccines right now on what they should do with it?

TJ I think we were able to understand. So maybe Dr Aylward can start.

BA Sure. Thanks, Tarik. So I think, first, we need to be clear. If you ask any country, do they have excess vaccines, they will say no, we don’t have excess vaccines. They’re absolutely essential for us and for what we’re trying to do in terms of vaccinating our country.

00:52:45
But what we are saying is when you look at who you are vaccinating in the country, once you’ve gone beyond your healthcare workers, your older populations, your populations with comorbidities who are at risk of severe disease, hospitalisation or death, once these populations have been vaccinated, at that point to ensure that you are sharing doses.

And there was a wonderful proposal, I think it was by the Wellcome Trust, that laid out a proposal for the G7 even that said as you get into these populations, you should increase the proportion of your doses that you’re sharing so that areas with less access can catch up and especially cover their healthcare workers, etc. So we ideally wouldn’t want to wait. The idea of solidarity is that you’re not waiting for excess doses. You’re sharing your doses now as you start to cover your highest-risk populations.

Otherwise, if we wait for excess doses, I’m sorry, I didn’t catch your name when you spoke, but we may never get there because countries will always say, well, we need to give booster doses, we need to go to lower age groups, we need to do this, we need to do that. So the issue is sharing now so that we
can ensure the highest-risk populations everywhere are covered and we get out of this crisis together.

00:54:09
MR If I may just add and maybe link the answer that Bruce gave with the answer that Maria gave, because I think this is the race we’re in. The virus, and particularly the delta virus, demonstrates that convergent evolution. Many, many variants have emerged, but they were emerging very similar attributes. It’s like picking a lock, a combination lock. Some of the viruses have picked some of the numbers, some of the other viruses have picked the other numbers, but no virus has really found that combination of transmissibility and lethality. The delta variant is the most able and fastest and fittest of those viruses.

What we’ve been saying and what Dr Tedros has been saying for nearly a year now is that when we did get vaccines, we had to make sure we distributed them equitably. When we got the data on these vaccines, it was very, very clear that they were highly protective against hospitalisation and death. And as Maria has said, they remain so for all of the variants. We have a very, very short window of time to get our most vulnerable protected, and we haven’t done it. We have not used the vaccines available globally to provide global protection to the most vulnerable.

And as Bruce said, when you ask countries the question, they say, well, we’re going to vaccinate according to our priorities, and our priorities are our own citizens. And that’s fair enough. But there is a huge number of people globally who still remain susceptible to severe disease and potential death from this virus. And the technology transfer work and all of that will help in the medium term but it will not deal with the immediate problem which is getting vaccines into people now.

00:55:54
And therefore, putting the two issues together, we really, really do need... This virus, as I say, the delta variant, the other variants but this particular delta variant, is faster. It is fitter. It will pick off the more vulnerable more efficiently than previous variants. And therefore, if there are vulnerable people left without vaccination, they remain even at further risk.

All of these viruses have been lethal in their own regard. This virus has the potential to be more lethal because it’s more efficient in the way it transmits between humans and it will eventually find those vulnerable individuals who will become severely ill, have to be hospitalised and potentially die.

And we can protect those people now. With relatively small transfers of vaccine from the global supply, we can protect those vulnerable people, those frontline workers. And the fact that we haven’t, as the Director General has said again and again, is a catastrophic moral failure at a global level.

TJ Thank you very much, Dr Ryan and Dr Aylward. So this was a question from David McKenzie, and we apologise for having a bad connection. Let’s try one more time to hear from John Zaracostas from The Lancet. And that will be the last question for today. John.

JZ Can you hear me there, Tarik?
00:57:16
JZ Yes. Good afternoon. Yes, I’d like to follow up on what Dr Ryan just mentioned. Do we know this new delta variant, how much it has lowered the efficacy of the effective vaccines? I’ve read some reports, some that were in the mid-90s and now in the high 80s. And secondly, what about strengthening health systems in the meantime, and also therapeutics? Are we going to face a summer of discontent if we let our guard down, as Dr Tedros has said many times? Thanks.

MK So I can start and maybe Soumya wants to come in with some of the details or others want to come in with some of the details. Yes, there is a study, a recent study that came out in The Lancet that was published that looked at the reduced titres’ neutralisation from the alpha, beta, gamma and delta variants, showing a reduction in neutralisation on the delta variant. Not as much as the beta variant, which is the variant that was first detected in South Africa, the B1351, but still a reduced efficacy.

Having said that, these vaccines are still highly effective. They produce enough antibodies to protect against severe disease and death. That’s a really important message that we want to make crystal clear. While we are seeing some reduced efficacy, they are still effective at preventing severe disease and death, including against the delta variant. But as I said previously, we need individuals to receive both doses.

And I know that’s a challenging thing, given we have the uneven distribution and the limited number of vaccines. But if you have received your first dose, please go back and have that second dose when it is offered to you. This is about when it’s your turn and getting that vaccine, while at the same time donating vaccines to those who need it most.

00:59:05
The goal of COVAX, the goal that WHO has been saying around the world is that we need those who are most at risk for severe disease, those who are most exposed, our frontline health workers, to receive those vaccines to be protected.

And so there are a lot of studies that are underway, John. We’re working with a global network of scientists through our R&D Blueprint for Epidemics, through all our technical networks, through academic partners to be able to get these studies underway and to look at studies in the lab, to look at real-world efficacy studies as well.

But this data is coming in fast and furious. And it is really interesting to see the information coming in and to WHO to be working with partners around the world to consolidate that, to look at what does this mean for our vaccines now and in terms of next-generation vaccines, the vaccines that will be produced into the future.

The good news is, so far, the vaccines work against the delta variant. But there may be a time when we have a constellation of mutations that arise in a variant where our vaccines actually lose their potency. And that’s what we
want to make sure that we prevent. So as much as we can, the best prevention is preventing infections in the first place.

**01:00:17**

So again, vaccines are incredibly powerful, but we have other tools as well. Do what you can around the world, if you’re listening, to prevent yourself from getting infected and to take all of the measures that you can to prevent any onward spread, should you be infected. And so we have to get this message out of vaccines and, not vaccines only.

And just a last note to say thank you to all of the member states, all of the researchers out there who are conducting sequencing, all of the people who are out there that are scientists and public health professionals, that are carrying out these studies, that are sharing these results with WHO and partners in real time so that we can make the best decisions going forward about any future vaccines.

SS Hi. Yes, I agree with what Maria has said. And what we really need are studies coming from countries using a standardised protocol and definitions. Because we’re seeing a lot of reports coming out, preprints. Each one is using a slightly different definition of clinical endpoints and measuring. Some are measuring hospitalisations, some are measuring moderate disease, some are measuring just symptomatic infection. And so it gets a little confusing.

But I think the bottom line is that most of the studies are showing that the vaccines in use are protecting people from getting severely ill with COVID. And so it’s important that with all the different vaccines that are being used out there, that we continue to get this data on effectiveness and also look at the breakthrough infections to see which variants are seen to be a better chance of breakthrough. But at this point, it’s important I think for as many people as possible to get the vaccines.

**01:02:01**

You mentioned therapeutics and other approaches, and I think this is really important as well. It often gets forgotten in all the discussion on vaccines which take centre stage. So it is critical that we continue to develop those therapeutics.

It was encouraging to see the results from the RECOVERY trial which reported that the Regeneron monoclonal antibody combination works even in hospitalised patients in a group, subgroup of patients who were seronegative to begin with. So they had not generated their own antibodies and were given the monoclonal in the first week, before they’d developed their own antibodies. And it was able to show a reduction in mortality in that group.

But of course, this is a subgroup. And while this is very encouraging because this is the first study to show impact of monoclonal antibodies in hospitalised patients, the previous studies have all shown that it can reduce the risk of disease progression and hospitalisation, but again, this is only available and accessible to people in high-income countries.

So whether it’s for outpatient treatment, to prevent disease progression or, in this case, treatment of hospitalised patients, unfortunately, monoclonal antibodies have a huge access problem, and both the cost and the availability
at this point, in most countries around the world, is not going to benefit patients.

01:03:30
We hope that this is also one of those technologies that can undergo technology transfer and that we can diversify production of monoclonal antibodies for the future, again, for COVID and other diseases. But we’re also looking forward to more trials going on of inhaled therapies as well as of antivirals that are in the pipeline now.

Several companies have small-molecule antivirals. And that would really be a game-changer if there were a highly effective antiviral that could be given to people early in the course of disease. But this is why the clinical trials and the research on therapeutics needs to continue. Thanks.

BA Thanks, Tarik. John, just a quick point on the issue about variants and the efficacy of vaccines because there’s two ways you can approach this. And there’s been some very nice modelling work that’s been done to show that even if you lose a substantial amount of efficacy of some of these vaccines, you will still have a huge impact on serious disease, as Maria said, and deaths at a population level.

So the crucial thing is we should be worrying much more about getting access to the vaccines that exist today, getting them into as many people as possible than whether or not they’re going to work against every one of the variants that are out there. And I know you’re well aware of this because that led to your second question about the health systems part of it.

01:05:00
And this is the crucial thing as well. We now have got to look at, as we’re rolling these things out, investing as well in the system that’s going to be needing to deliver these, we need financing for in-country delivery because that’s what’s going to mobilise the huge surge of workforce that’s needed to deliver these vaccines, especially in areas of weak systems.

But also areas with high systems or strong systems. You’ve seen in many countries, Europe, the US, elsewhere, just how many additional people were needed to drive those vaccination campaigns and run them and administer them, the same issue in lower-income countries. And that same workforce is crucial to deal with many of the barriers and challenges that we might have toward getting the high coverage that’s needed. So that’s a crucial piece of it as well.

And then to the last point, you mentioned the therapeutics. But I come back again and again to the issue of diagnostics. We talk always about the vaccine equity gap, and the huge gap between the high- and low-income countries. But if you look at the testing rates as well, they’re huge as well. In the low-income countries, testing is about five for 100,000 population, five people per day per 100,000. In the low/middle-income countries, if you remove India, it’s about ten. Then you get to the 100 when you get to the upper/middle-income countries and then 500-plus in the high-income countries.

And as a result, when you look at a map and you see the areas with lots of disease or not, you really have to ask, are you seeing the whole picture?
Because that’s often held up as an issue around the vaccines and who needs them. But what we really need is equity across all of these tools, and then systems that can deliver them, like you highlighted.

**01:06:44**

TJ    Thank you, Dr Aylward, Dr Swaminathan and Dr Van Kerkhove. With this, we will conclude today’s press briefing. I would like to apologise once again for technical difficulties we had at the beginning of the briefing with the sound, but also with the recording of President Macron. With that, and a reminder that we will send you the audio file tonight and a transcript will be available tomorrow from this press briefing. We have sent you the press release on the launch of this first hub. With that, I’ll hand to Dr Tedros for his closing remarks.

TAG    Thank you. Thank you, Tarik. And I would like to thank again President Ramaphosa and President Macron for joining us today and for their leadership, and also to you, our media colleagues, for joining. And see you in our upcoming presser. Thank you.

**01:07:54**