COVID-19

Virtual Press conference
1 March 2021

Speaker key:
CL Christian Lindmeier
TAG Dr Tedros Adhanom Ghebreyesus
SI Simon Ateba
SS Dr Soumya Swaminathan
MS Dr Mariangela Simao
BA Dr Bruce Aylward
MR Dr Michael Ryan
JE Jenny Lei Ravelo
BA Bayram Altug
MK Dr Maria Van Kerkhove
KOB Dr Kate O’Brien
LA Laurent Sierro
RO Robin Millard
DU Duyang
TR Translator
ES Esmir Milavic
LI Lisa Schnirring
MC Maria Cardim
SF Dr Soce Fall

00:00:43
CL Hello, good morning, good afternoon, good day and welcome to today's global COVID-19 press conference out of WHO headquarters in Geneva. My name is Christian Lindmeier and I am welcoming you to today's briefing. We have simultaneous interpretation as always in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi available.
On the podium today we have of course Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Mariangela Simao, Assistant Director-General on Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Senior Advisor to the Director-General and Lead on the ACT Accelerator, Dr Peter Ben Embarek, WHO Expert on Food Safety and Zoonosis and International Leader of the WHO-convened global study of the origins of SARS-CoV-2.

And online we are joined by Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals. With this I hand over for the opening remarks to Dr Tedros.

TAG Thank you. Thank you, Christian, and welcome. Good morning, good afternoon and good evening. Today Ghana and Cote d'Ivoire started vaccinating health workers against COVID-19, becoming the first countries to start vaccination campaigns with doses supplied through COVAX.

A further 11 million doses will be delivered this week. Between now and the end of May 237 million doses of vaccines will be allocated to 142 participating economies and countries in COVAX. Tomorrow COVAX will publish the first round of allocations covering the majority of economies participating in the COVAX facility.

It's encouraging to see health workers in lower-income countries starting to be vaccinated but it's regrettable that this comes almost three months after some of the wealthiest countries started their vaccination campaigns and it's regrettable that some countries continue to prioritise vaccinating younger, healthier adults at lower risk of disease in their own populations ahead of health workers and older people elsewhere.

Countries are not in a race with each other. This is a common race against the virus. We're not asking countries to put their own people at risk. We're asking all countries to be part of a global effort to suppress the virus everywhere.

WHO and our partners in COVAX will continue to work day and night towards our vision of seeing vaccination start in every country within the first 100 days of this year. There are now 40 days left. We can only realise this vision with the support and co-operation of all partners.

Even as vaccines continue to roll out we urge all governments and individuals to remember that vaccines alone will not keep you safe. In the past week the number of reported cases of COVID-19 increased for the first time in seven weeks. You remember that I reported the virus was on a decline for six
consecutive weeks but for the first time in seven weeks we have a COVID increase.

Reported cases increased in four of WHO's six regions; the Americas, Europe, South-East Asia and the Eastern Mediterranean, while we don't report increases in Africa and Western Pacific. This is disappointing but not surprising. We're working to better understand these increases in transmission. Some of it appears to be due to relaxing of public health measures, continued circulation of variants and people letting down their guard.

00:06:06

Vaccines will help to save lives but if countries rely solely on vaccines they are making a mistake. Basic public health measures remain the foundation of the response. For public health authorities that means testing, contact tracing, isolation, supported quarantine and quality care.

For individuals it means avoiding crowds, physical distancing, hand hygiene, masks and ventilation. This is a global crisis that requires a consistent and coordinated global response and we must remember that for millions of people COVID-19 is just one threat they face on a daily basis.

As I mentioned on Friday, today Sweden, Switzerland and the United Nations are hosting a high-level pledging event for Yemen, seeking to raise more than US$3.8 billion for more than 20 million Yemenis in need of urgent humanitarian assistance.

More than five million people are now at risk of famine and already half a million children under five could die from hunger in the coming weeks unless they receive urgent treatment. We thank those donors who have made contributions so far. These contributions must be sustained.

00:07:57

We're also concerned about the reported arrest of health workers in Myanmar, that could affect the response to COVID-19 and the delivery of other essential health services. And in Ethiopia the ongoing conflict in the Tigray region has put many health facilities and hospitals out of action. We're deeply concerned about the risk of diseases due to lack of food, clean water, shelter and access to healthcare.

Finally today marks Zero Discrimination Day, a day to draw attention to the numerous barriers that stand between people and the health services they need. All over the world inequality, stigma and discrimination are and have always been drivers of disease of all kinds and it's a timely reminder to maintain our focus on health equality for World Health Day this year, with the theme of building a fairer healthcare world.
Ultimately health is not just a matter of science and medicine. It's a matter of human rights. Christian, back to you.

CL Thank you very much, Dr Tedros. We will now open the floor for questions. Let me remind everyone to raise their hand in order to be put in the queue and also let me remind everyone to please only ask one question.

00:09:47

If we have time at the end, which I don't assume, we will happily come back to you. The first question is from Sophie... We don't have her on; sorry. Simon Ateba from Africa News Today.

SI Thank you for taking my question. This is Simon Ateba for Today News Africa in Washington DC. Dr Tedros has mentioned that Ghana and Cote d'Ivoire today became the first two countries in Africa to administer COVID-19 under the COVAX facility.

I would like to have feedback; how is it going, are there any reasons why those two countries were chosen and what is the next phase of vaccination in Africa after Ghana and Cote d'Ivoire?

Finally can you update us on how the vaccination efforts are taking place in the Tigray region in Ethiopia with all the crisis going on there? Thank you.

00:10:55

CL Thank you, Simon. A couple too many questions. Let me start with Dr Swaminathan, Chief Scientist, please.

SS Thank you very much, Simon. Yes, I can start and my colleagues can come in. We're delighted, as Dr Tedros just mentioned, that the first vaccination campaigns have started using vaccines supplied through COVAX.

As you know, the COVAX facility was set up in order to accelerate the development of as many vaccines as possible so that the world has a diverse supply of different vaccines to choose from and to suit different conditions and also to ensure that there is access to everyone around the world.

So this is just the beginning and, as you heard, we will have increasing delivery of vaccines this coming week. We know that there'll be at least 11 million doses being shipped from the Serum Institute of India to countries, not just in Africa but in other parts of the world as well.

We will also have shipments going out from the AstraZeneca facility in South Korea so in the coming weeks we hope to see more and more people, priority groups, healthcare workers and other high-risk groups in countries being vaccinated, getting protected.

00:12:15
We've seen early data from countries where vaccination campaigns started two months ago the impact that this is having on reducing hospitalisation, reducing death, particularly in the older age groups, amongst the vulnerable. We've even seen very encouraging data on reduction of infections among healthcare workers who have received a vaccine.

So these are still early days but the signs are encouraging, the safety profile is encouraging, about 250 million doses have been given worldwide and so far there have been no major safety signals so that's reassuring as well and we're getting more vaccines coming through phase three trials and hopefully will get into the COVAX facility.

As you know, the J&J vaccine and the Novovax vaccine both have agreements with the COVAX facility to supply doses. So of course we're in a rush, we are in a hurry, we would like even more vaccines to go out so that people can get vaccinated earlier but it think this week marks the beginning of what we hope will be the start of a massive vaccination campaign and, as you can imagine, this is the largest vaccination campaign the world has ever seen.

00:13:32

So we should not minimise also the preparations that countries need to make, the fact that adult vaccine programmes do not exist in many countries, that health systems really need to gear up and do many things to prepare themselves, not the least of which are training people, making sure the cold chain is there, making sure that the regulatory approvals are in place.

We also have specific requirements on indemnification and liability that countries need to sign. I'll turn it over to my colleague, Dr Simao, to explain why certain countries are in the list. There's a reason for this.

MS Thank you, Simon, and thank you, Dr Swaminathan, for the explanation. The issue of why some countries are receiving it earlier than others is related to two things. One of them is the preparedness because it's not only... We have, I think, more than 60 purchase orders already issued by UNICEF and by PAHO to different countries to address the needs of different countries.

However some of the countries had all of the documentation ready beforehand so these two countries received it last week and we have, I think, maybe 11 receiving it this week coming up and in the next two weeks a large number coming up.

You know that after you have the emergency use listing by WHO you also have to have the regulatory authorisation at country level and you also have to have what we call an indemnification liability signed by the country that's going to receive the vaccines and this takes some time.

Fortunately most countries now are up and ready to move with the documentation and we should see by the end of March all 142 countries that
are part of the COVAX facility and eligible for the AstraZeneca vaccines receiving vaccines in the next weeks upcoming.

CL Dr Aylward.

BA Yes, Simon, thanks for the question. Your phrasing was interesting; why were certain countries chosen? In fact we’re not choosing countries. What we’re doing is taking countries in the order that they are prepared and the shipment can go; it’s as simple as that so, as Mariangela and Soumya mentioned, we have 15 more countries that'll be shipped this week. 14 of those will be on the African continent; that's at a minimum and then we have another similar number that will go out next week.

00:16:23

We're hoping to bring a number of those forward. So when you ask about the challenges to getting them out, part of it is the in-country challenges but part of it is just getting so much vaccine labelled, packaged, shipping space and getting it shipped. It's a massive logistical operation that UNICEF and PAHO, the Pan-American Health Organization, are managing right now.

You asked a question as well about accessing conflict-affected areas. Part of the detailed planning for every single country, every single area involved in the roll-out of these vaccines is to look at how do we ensure all populations are reached everywhere. Indeed this was even a concern of the Security Council last week, which passed a resolution ensuring that all countries prioritise all areas.

So this is part of what we call the national vaccines deployment plan of each country to make sure all areas can be reached. With that hopefully we've given you a bit of a flavour of the challenges at the national level to be prepared but then at the international level to manage the demand.

00:17:39

CL Thank you very much. For the second part of the question we go to Dr Ryan.

MR Thanks, Simon. Yes, the situation in Tigray in Ethiopia remains of grave concern. There's been disrupted access to water, to sanitation, to food, to safe shelter and to essential health services including commodities and drugs that are life-saving. There's also been disruption of the COVID-19 intervention.

WHO has worked to provide essential supplies to cover 450,000 people - that's less than 10% of the population - for three months but several health services including maternal and child health services have been very, very disrupted and drug supplies remain critically low.

The Ministry of Health is working with health cluster partners to try and make that situation better but many are also living in overcrowded conditions in
displacement camps with a greater risks of diarrhoeal and other diseases including sexual and gender-based violence.

00:18:50

The overall risks of diarrhoeal disease, malaria and other important infectious diseases will continue to rise as the population remains in these circumstances. Our primary aim as an organisation wherever we work is to ensure that all people have access to the basic essential human right of access to basic healthcare.

Within this situation in Ethiopia, in Tigray, whether it be in Yemen, whether it be in Syria, whether it be in Libya, Somalia, South Sudan our primary concern is to ensure the human beings, Ethiopians who live in Tigray are given that basic access.

We will work with the Ministry of Health, we will work with health cluster partners and anybody else who can help us to provide better access to the population there.

So from our perspective we are very concerned. A number of the factors, particularly the malnutrition status; people already had issues of malnutrition before and particularly water and sanitation. This is a recipe for epidemics, it's a recipe for malaria particularly in malnourished children; the risk of malaria and malnutrition and those of you who've worked in situations like that know what terrible and awful bedfellows malnutrition and malaria are.

00:20:23

So there are significant, growing and extending risks to the health of people in the region and we will continue, as I say, to work with our partners in the NGOs, in the health cluster. We currently have staff based in Mekelle and we are completing a full survey of all the health facilities that we have access to in order to assess the absolute functionality of those centres.

But safe to say is the majority of healths services in the region are disrupted and not capable of delivering the essential healthcare package that is currently life-saving.

CL Thank you all very much. The next question goes to Jenny Le Ravelo from Devex. Jenny, go ahead, please.

JE Hi. Thank you for taking my question. First of all congratulations on the first deliveries of vaccines in the past week. I wanted to ask about the use of vaccines as a diplomatic tool so donations of vaccines are being made to low and middle-income countries.

00:21:33

I wanted to ask if WHO as co-lead of COVAX see this as complementing the work of COVAX or undermining the work of COVAX.
Also just very quickly I want to ask, of the 1.3 billion doses targeted for COVAX AMC countries for 2021, how much of those have already been paid for, knowing that purchase is dependent on supply and funding availability? Thank you.

CL Thank you, Jenny. I think, Dr Aylward... Are you...? Thank you.

BA Thank you, Christian. On the issue of how much of the doses are paid for, at this point we still have a financing gap for the COVAX facility of about $3 billion. There were very generous contributions you saw announced at the G7 just over ten days ago, if I remember correctly, which brought additional financing.

The important thing there is that that financing will allow us to procure all of the vaccines that we currently have contracted right through the second quarter and into the third quarter so we still have time to be mobilising the additional resources that are needed to be able to get to the full 1.3 billion and even more that we are looking for this year.

On the first question about donations, you saw back in December we announced the mechanism now for ensuring that countries can donate vaccines through COVAX if they have surplus or additional amounts. There are a number of principles that were outlined, including that those vaccines would have to have WHO emergency use listing or from a stringent regulatory authority they would have to have approval and a number of other major principles you saw outlined.

But the reason we put that in place was to try and further our goal of the most equitable access to vaccines possible and, as we're seeing now in the roll-out of vaccines around the world, we continue to have a highly inequitable situation.

Nearly a quarter of a billion doses of vaccines have been administered as of today and they've been administered in 104 countries and territories which means that almost the same number have not received any vaccines.

For vaccine donations to have the greatest possible impact we co-ordinate them through a mechanism - and there's only one global mechanism; that's the COVAX facility - we're going to have the greatest possible opportunity to ensure that those are equitably allocated.

For various reasons some countries will be doing donations bilaterally and we continue to be in conversations with them to look at how we align that with the COVAX facility to ensure again the most equitable roll-out possible. There're a lot of good intentions still in that regard but we have not optimised the situation so far.
CL Thank you very much, Dr Aylward. The next question goes to Bayram Altug Anadolu agency. Bayram, please unmute yourself.

BA Thank you, Christian, for taking my question. It's very good to hear from you again after a long time. Actually, I have a short question; can you see an end in sight for this pandemic by year's end or is it likely to continue through 2022? What is WHO's new update on this issue? Thank you.

CL Dr Ryan, please.

00:25:30

MR I think there might be a few people with comments to make on this. I think it would be very premature and, I think, unrealistic to think that we're going to finish with this virus by the end of the year but I think what we can, if we're smart, finish with is the hospitalisations, the deaths and the tragedy associated with this pandemic.

So WHO's singular focus at the moment is to keep transmission as low as possible, to suppress that transmission which will help prevent the emergence of variants and will also reduce the number of people who are sick and arrive in hospital and more importantly to get as many people as possible vaccinated, particularly those in the front line and those who are vulnerable so we can take the fear and the tragedy out of the pandemic.

The questions remain. I believe we're beginning to see data, important and significant data that shows that many of the vaccines do appear to impact and adjust the way in which the virus transmits and decrease the risk of individuals being infected or passing on that infection.

That is really, really encouraging and we need to look obviously at that data more, we need to see how each vaccine does that but that is very encouraging and if the vaccines begin to impact not only on death and not only on hospitalisation but have a significant impact on transmission dynamics and transmission risk then I believe we will accelerate towards controlling this pandemic.

00:27:01

I think we have to separate in our minds the issue of us being in control of the virus and the virus being in control of us. Right now the virus is very much in control. We've seen some good weeks over the last six weeks. We've seen some good news about the roll-out of vaccines and equally at the same time we still this week see the flattening-out of that progress and potentially disease increasing in a number of countries and again we still face a huge challenge in rolling out vaccines equitably and fairly to those who most need them around the world.

So it's much better to be in the situation we are now than we were ten weeks ago when we didn't have vaccines moving around, when we had the disease
continuing to rise so we're in a much better position than we were but nothing is guaranteed.

I think, as I say, it would be premature to begin talking about dates. We need to look at numbers. We need to focus on what our targets are. We should be targeting getting hospitalisations down to the lowest number possible, targeting getting deaths down to the lower number possible, targeting getting cases down to the lower number possible. When we get to those low numbers we'll be in control and not the virus.

MK Just to add to that, we won't predict the future but what we can say is that we've outlined the next 12 months in terms of our strategic preparedness and response plan and what we've done is we've issued this last Wednesday; it's on our website. We've added an additional pillar to the overall global plan to suppress transmission, save lives, save livelihoods and that is vaccination.

So it's all of the elements that have been outlined since February 4th 2020; looking at active case finding, contact tracing, cluster investigation, isolation and clinical care of all cases, supported quarantine of contacts, reducing your individual actions to make sure that you keep yourself and your loved ones safe with physical distancing, with hand hygiene, with wearing of masks, with avoiding crowded spaces, good ventilation - open up your windows - etc.

00:29:10

All of that needs to remain in place while we roll out vaccines. We are seeing encouraging trends in terms of reduction in incidence but if the last week tells us anything it's that this virus will rebound. We need to have a stern warning for all of us that this virus will rebound if we let it and we cannot let it.

We've all been in a position previously where we've got transmission down to very low numbers and we cannot allow it to take off again especially as we have vaccines rolling out and especially as more vaccines are coming online and as COVAX is starting to distribute the vaccine around the world.

So what you can do is you can limit your contacts with others, you can limit who you come into contact with outside of your home, outside of your immediate family, of the people you live with.

Many countries right now are starting to open up schools again. We need to prioritise the opening-up of schools while we reduce the possibility of increasing our infection risk and that means we reduce social mixing with other families, it means we prioritise opening schools while we still sacrifice our social gathering with others. We can continue to do that virtually while schools get opened.

00:30:28

We can make sure that we keep our distance from others; make sure that you wear a mask with clean hands and that you wear an appropriate mask over
your nose and your mouth with a good fit, with good filtration and that you dispose of that mask appropriately if it's a single-use mask or you clean that mask if it's a fabric mask.

Make sure that you avoid crowds; please continue to avoid crowds. In the area where we live we've had a couple of weeks of really beautiful weather, unseasonably warm weather and we see a lot of people wanting to pretend that it's summer in the northern hemisphere but we still need to reduce our contact with others. This will not allow the virus to spread amongst others.

So if you’re a case you need to isolate; if you’re a contact you need to quarantine; if you are vaccinated make sure you still follow those public health and social measures that are in place until we learn more.

00:31:20

While we are seeing some good news with the vaccine in terms of reduction in hospitalisation and severity and potentially in transmission risk there’s still a lot to learn of these vaccines and not everybody has the vaccine so please continue to keep yourselves safe and keep your loved ones safe. We cannot allow the virus to resurge.

CL Thank you. We also have Dr Kate O'Brien joining online. Kate, please.

KOB Yes, I just want to add to what Maria was explaining that it really is incredibly important at this time when the vaccine is rolling out in so many countries that this is not the time to allow transmission to increase.

As we are increasing viral transmission that puts a risk to the vaccines and so especially at this time when vaccines and coverage is low, is ramping up and is going to continue to ramp up in all countries beginning with vaccination in many African countries and other countries that have not started vaccination yet, this is absolutely the time to make sure that transmission does not start to increase.

That's the thing; anywhere where the virus is transmitting and transmits in increasing numbers is going to increase the chance that there are changes to the virus that would also put the vaccines at threat.

00:32:48

So this is really, really important, that as vaccines are rolling out people continue to pay attention and be as vigilant as they possibly can to assure that transmission is as low as it possibly can be and that gives the vaccines their best possible opportunity for impact as well. Thank you.

CL Thank you very much. I'm looking around the room. One more; Dr Swaminathan, please.

SS A very quick point just to add to what Mike was saying; I think the goal of COVAX was to bring an end to the acute phase of the pandemic by the end
of 2021. We know we cannot completely eradicate the virus by the end of the year but we can reduce hospitalisations, deaths and severe illness but we can only do that if people at risk around the world get a vaccine and at this point of time they're not.

00:33:39

So again just to remind that that's what COVAX was set up to do. If we can share the vaccines we have equitably to vaccinate the 20% of the population approximately that are at risk of getting severe illness and death we can stop those bad outcomes from happening.

While then as production increases we can then expand the vaccination campaigns to cover healthier, younger adults so that we can really start bringing down transmission. But I think our goal really should be to protect people's lives and do it as quickly as possible by sharing the vaccines that we have today.

CL Thank you all. Next question goes to Laurent Sierro from the Swiss News agency. Laurent, unmute yourself, please.

LA Thank you, Christian, thank you for taking my question; a question on the variants that you mentioned at the beginning of the press conference. In your weekly epidemiological overviews, there are a number of countries where we can find the variant and then there are national breakdowns on the share of the new variants among the new cases.

Do we have a broad idea of that share worldwide, of the share of the variants among the new cases? Thank you.

00:35:04

MK Thanks for the question; it's a really great question. Our teams are tracking the circulation of different variants of concern and also some variants of interest that have been reported and identified from a number of countries.

Our ability to track these variants of concern really depends on the surveillance that's in the countries and also the genomic sequencing that is taking place in countries. These variants are detected through full genome sequencing and we know globally while sequencing has increased over the last year and there are more than 600,000 full genome sequences that have been submitted to publicly available database those sequences are really coming from a handful of countries.

WHO is working through our regional offices and our country offices, through our partners around the world, our different laboratory networks to increase genomic sequencing worldwide. We're linking with different pathogen groups, with the vet sector, with private and public partners to be able to increase our ability to see where these variants are.

00:36:09
So we're limited in terms of our ability to detect this worldwide. Trying to account for this, we are working with partners to see how we can support countries in doing full genome sequencing in the countries themselves by either tapping into laboratories like our GISRS network, our global influenza surveillance and response network, as well as our SARS-CoV-2 lab network, our polio network, etc.

If we can't find that ability in country, we're looking to see how we can support that through a partner lab and we have mechanisms in place to be able to share samples to do that. So, this is something that we are looking and have been working on to increase globally. We will continue to do so but it is dependent on our ability to do the sequencing.

We also issued working definitions last week of what is a variant of interest and what is a variant of concern depending on the mutations that are identified and any changes or perceived changes in epidemiology or severity. So there's a global system that is in place to not only track variants of interest and variants of concern but also to study them to better understand what potential impacts they have on any diagnostics, therapeutics and vaccines.

00:37:26

So this is a work in progress and we're making sure that we are taking appropriate steps to improve genomic sequencing, which will help not only for SARS-CoV-2 but also for any infectious pathogen worldwide.

CL Thank you very much, Dr Van Kerkhove. Next question goes to Maria Cardim, Correire Braziliense, Maria, please unmute yourself. Apparently, she's dropped off. Then we go on to Robin Millard from Agence France Press. Robin, please unmute yourself.

RO Thank you. Dr Tedros, just following on from your opening remarks, a growing number of wealthy nations, among them Israel, UAE, Britain and the USA have now administered first vaccine doses to well beyond just healthcare workers and the extremely vulnerable, over-80s.

00:38:42

CL Let me look around the room. Maybe Dr Aylward.

BA Thank you, Christian. That's such an important question and it's a theme that we've spoken about earlier today and on previous days. Our collective goal, everyone's, is to get out of the acute phase of the pandemic as rapidly as possible, to get the pressure off our healthcare systems, to get our societies open and functioning again like normal so we aren't wearing masks and physically distanced, and to get our economies fully functional again as well.
The fastest way to do that, the most efficient way to do that is to ensure we protect our healthcare workers and we protect our older populations, our people with co-morbid conditions, which we've talked about multiple times now. That's going to be the fastest way to get out of this epidemic.

It's not our recommendations; it's every study, whether an economic analysis of the situation or otherwise, that's shown that the best possible return on any country's investment is to ensure that those same populations are protected everywhere.

That's difficult; it's difficult for leaders in countries that have access to vaccines and more substantive numbers of vaccines with tremendous expectations of populations on those leaders. But again the recommendation of the World Health Organization, our allocation principles and the principles on which the whole COVAX facility and the response is anchored is to make sure we roll out these vaccines in the most equitable manner possible.

00:40:26

Indeed when we set up the COVAX facility what we said in negotiation with all the participants is that we would roll the vaccine out first to up to 3% of the population to cover the healthcare workers and then an additional proportion right up to 20% of the population to be able to cover those at highest risk of severe disease or illness or death, as Mike laid out.

That remains our position and I think there's more and more evidence that that is the best way to roll out these products. We can't tell individual countries what to do. We make our recommendations and countries will, we hope, come together, as the Director-General's been calling for again and again, to make sure we roll these out in the most equitable manner globally.

00:41:16

CL Dr Simao, please.

00:41:16

MS I'll be very brief, just complementing because there are two things at hand here. One is the solidarity and the understanding that no-one is safe until everyone is safe and that means that all countries should be vaccinated.

I would say that the second thing that needs to move this agenda, the equitable vaccine immunisation agenda is related to self-interest because it's not enough that you cover your population because you won't be able to reach enough coverage to actually close down your country and be free of this disease.

On the other hand by vaccinating the priority groups you are protecting the health systems and you're averting deaths and this is what we need across the world. So I would say it's not only about solidarity but it's very much in every country's self-interest to ensure there's equitable access to vaccines in the world.
Thank you very much. Dr Swaminathan.

Just to add to what Drs Aylward and Simao just said, there are scientific reasons why we should do this because you don't want viruses transmitting and mutating and creating new variants in some parts of the world while in other parts of the world people think they're protected but they may not be if the variants evolve to the extent where the vaccines become ineffective.

The second are the moral and ethical arguments and then there are the economic arguments as well where it's clear that unless everyone is protected around the world that global economic recovery cannot start.

There are things countries can do; the high-income countries can donate vaccines; after they're finished vaccinating their high-risk groups they could provide some proportion of the vaccines they have to the COVAX facility for distribution in other countries.

And they could help with scaling up manufacturing and production capacity. There are many facilities around the world that are probably capable of manufacturing some of these vaccines. What is needed is technology transfer and transfer of know-how and if we can move on that, if we can identify those facilities in countries that have spare capacity and the companies which have the technology, especially on the new platforms, are able to transfer that within a few months we can ramp up production to meet the demands of the world.

So there are many actions that can be taken now and we should seriously think about moving on some of those. Thank you.

Thank you very much. The next question goes to Duyang from the Xinhua Agency. Duyang, please unmute yourself.

Can you hear me?

Yes. Please.

Thank you for taking my question. My question is, has the global pandemic reached a turning point with the administration of vaccinations? What are the issues or hidden dangers to be watched out for after the restart of social activities? Thank you.

Dr Van Kerkhove, please.

I can start with that. I think the biggest worry that I have is a relaxation of the individual-level measures as we see them roll out, a complacency. I know everyone is very excited about the introduction of vaccines and vaccinations as they roll out and they should be because this scientific
achievement of having multiple safe and effective vaccines that are capable of reducing hospitalisations, are capable of reducing severe disease and death is astonishing.

00:44:59

But we need to make sure that as these vaccines are rolling out - we keep hearing that not all countries have access to the vaccine, not all vulnerable populations, not all front-line workers have access to the vaccine yet, it will take time.

So in the time it take to roll out we still as individuals, as government leaders, as leaders in our communities need to provide supportive and enabling environments so that individuals can still carry out these measures as we open up societies.

As we get schools back online, as some businesses start to open up we need to ensure that as individuals we take steps every day, that we know what our risk is and we lower our risk and that is about physical distancing, it's about avoiding crowds. It's about doing the things that we need to do every day to feed our families, to put food on the table and to make sure that we have an income whole holding back on some of the things that we want to do.

00:45:56

I know that's very hard but all of us are in the same position up here, as you are as well. If we can stay the course, if we can continue to the public health and social measures we can drive transmission down, we can drive transmission down to very, very low levels as we roll out the vaccines, while we are making the world safe.

That for me is one of the biggest worries that I have. If we look at some of the mobility data we are seeing some slight ticks up in mobility, which means people are out and about and they're moving around.

While we understand this because some of the transmission is still remaining low we have to continue to make sure that we do everything we can to limit the number of contacts that we have outside of our home.

So for me it's about staying the course, it's being vigilant, it's being persistent, being determined to do what we can to keep transmission low, keep ourselves safe and our loved ones safe.

CL With this we come to the next question. I'd like to go to Abdella Wahassan from Morocco News and I think we will need translation here in the room for that.

00:47:05
Good day. Thank you very much for having given me the floor. My question is linked to vaccination. Is it possible to ensure the broadest possible coverage for vaccination? Thank you.

Dr Aylward, please. Thank you for the question.

Yes, thank you for the question. Yes, absolutely, it's possible to ensure the broadest possible coverage but only through global co-operation on this. If you look at any of the maps that are widely available on the internet today what you see is a very different picture around the world and it's not the picture that we want to see, it's not the picture that's going to get us out of this pandemic because we're seeing parts of the world where we've got much better coverage but more use of the vaccine than other areas.

So fundamental to getting to, let's say, an equitable distribution around the world is going to be the success of mechanisms like the COVAX facility - in fact that's the only one - which is designed to ensure the equitable roll-out so we truly get global coverage.

At the beginning that coverage is going to be low because we're going to be constrained in the amount of vaccines that can be made. As Maria said earlier, it's a miracle that we have these vaccines already but we have relatively limited quantities so it's going to take some time to get to coverage that'll cover all of the healthcare workers and then all of the older people at greatest risk, etc.

But there is enough vaccine in the world to be rolling it out in a way that could protect the highest-risk populations and hopefully get us out of this acute phase of the pandemic as rapidly as possible but it's going to require that commitment to the goal of equitable distribution.

Over time - again Dr Swaminathan mentioned earlier, there is a lot of work going on now to how can we expand production even further to get to higher levels of coverage around the world because there won't be enough vaccine to cover everyone this year but there will be enough, as Mike and others said, to make a big dent in this epidemic if we use this vaccine smart.

That's the most important thing; use it in a smart way, use your weapon in a way that is going to have the greatest possible impact.

Thank you very much. We go for one more question to Esmer Milavic from N1 Bosnia. Esmer, please unmute yourself.

Hi. Thanks for taking my question. My question is, in light of what we just addressed when it comes to vaccine and everything else, many are discussing COVID passports or COVID certification. What is WHO's stand at this point on potential options, how we can manage those passports or
certifications? Because we see the different areas such as the European Union and countries are discussing all these options. How to avoid discrimination or having someone left out because of different regulation in a different area or country? Thank you.

MR Thank you. Yes, it is an important consideration. In the last emergency committee meeting the emergency committee at that time advised against the requirement for vaccine certification as a requirement for travel, understandably given that vaccines were not widely available.

As we see vaccination become more and more widely available in society clearly there will need to be considerations around how public health, social measures, individual behaviours can be adapted according to that. But as we do that we have to keep in mind the very important human rights issue; if you don’t have access to a vaccine then should that affect your rights as an individual?

00:51:27

There are important ethical and human rights considerations when it comes to that as well. We have a working group, an internal task force working with external partners on the public health and the policy considerations for our member states when it comes to adapting public health measures in the light of vaccine introduction, and also a group working with the project on the electronic or the e-certification of vaccination.

We are looking at different options for that but certainly WHO would be in a position to provide some kind of global clearing house and looking at blockchain and other technologies for the provision of private keys and other mechanisms by which governments can at some point verify vaccination status of individuals as they potentially move around the world.

But again taking into account that in the absence of universal access to vaccination there are serious human rights and ethical issues regarding the application of restrictions on travel on that basis and again going back to this idea of getting as many people vaccinated as possible.

00:52:43

So we will be working with our member states and providing them with advice. Each and every member state has a sovereign duty to its own population and makes its own national health policies. We will try inasmuch as we can to provide advice, recommendations for governments to make proper decisions based on science and evidence and in the context of ethics and human rights being preserved.

You'll see advice coming from WHO in that regard in the coming days and weeks and just while I have the floor, I can’t remember who said it but we were talking about turning points a few minutes ago. I think someone once said that a turning point is the moment of naked acceptance of the truth.
So when we talk about turning points we need to accept the naked truth that vaccines need to be distributed in an equitable fashion. If we get that done then we are at a turning point. Until that is achieved we haven't turned any corners.

CL    Dr Aylward, please.

BA    Just to complement Mike's point, I think we all understand the interest about vaccine passports and the like but again, to Mike's last point, just to reinforce it, it's all about the equitable access, making sure we get these products to the right people and we do not want to do anything that would create an incentive that all of a sudden people are looking for these vaccines for reasons other than the fact that they're treating people and exposed healthcare workers to people with the disease or older people or others who're at highest risk of dying from this disease.

We want to make sure that those are the people that get vaccinated and anything that might compromise that goal is something that we have to think about very, very carefully.

CL    Thank you very much, both. We come to probably the last question from Lisa Schnirring | CIDRAP Lisa, unmute yourself, please.

LI    Hi. Thanks for taking my question. Just a quick one about Ebola and I want to thank your African regional office for all the updates with cases. I see there's a little up-tick in Guinea, an increase by six cases or so over the weekend to 15 and I'm just wondering if you have any information on where those are from, if they're from the more remote area or from cities. Any information you could share would be helpful. Thanks so much.

00:55:25

CL    This goes to Dr Ryan, please.

MR    Thank you. I think we have Dr Soce Fall online as well; he may have joined and Soce can supplement. We have as of yesterday 17 cases, 13 confirmed and four probable, in Guinea. The most recent cases are in the Gouéké in N'Zerekore area; they're not outside that area so the disease remains in that sense contained in these areas although surveillance is being ramped up in other areas and in surrounding countries.

We now have 20,000 doses of vaccine in country and over 1,100 gene expert cartridges have arrived for the diagnosis of the disease, including drugs from Regeneron and from INRB in Congo for the treatment of cases.

We've been beefing up our presence on the ground with national experts and WHO experts. We now have 65 WHO staff on the ground.

00:56:37
I think the key issue right now is getting those contacts and contacts of contacts vaccinated. We've identified approximately 500 contacts and 99% of them are currently tracked and followed so we're doing well in terms of contact tracing and in rolling out vaccination we've over 1,100 contacts and contacts of contacts vaccinated and again our thanks to the leadership of Dr Sekova and his teams in Guinea and the Ministry of Health teams in Guinea who are driving this response with the support of partners.

Our Director of Strategic Health Operations, Dr Michel Yao, and our Regional Emergency Director, Dr Salam Gey, are on the way to the region as well to provide further support. We're deploying more support for risk communication and community engagement activities including supporting the Ministry of Health with their socioanthropology and other issues.

So the response is moving. We are concerned about the surrounding countries and we've carried out readiness assessments in the surrounding countries and find that all countries require support in order to increase their preparedness benchmark, in order to be ready for any possible introduction.

Again we're deploying laboratory PCR-based diagnostic capacity to all of the surrounding countries and are in the process of finalising a regional response plan with all of those countries through our African regional office.

So yes, the increase in the number of cases is concerning. What is good is that we are on the ground and tracing and tracking all of the contacts. It is absolutely important that we have exhaustive investigation of each chain of transmission and quality vaccination of contacts and contacts of contacts as well as maintaining good infection prevention and control in surrounding health facilities in all of the surrounding countries as well as strong community engagement practices underpinning the whole response.

So we're confident at this point that the Governments are very alert, they're moving, they're investing in their own capacities with the support of international partners but we're not out of the woods yet by any means. We need to remain collectively extremely vigilant for any further chains of transmission to be detected. I'd just give the floor to Dr Soce if he has anything to supplement.

CL Yes, indeed, we have Dr Soce Fall, Assistant Director-General for Emergency Response, with us online. Dr Fall, please.

SF Thank you. Thank you, Mike. Just [inaudible]. Can you hear me?

CL It's interrupting but it's okay. Go ahead, please.

SF Just to say that we're expecting to have [inaudible] on this but there has been more work to find any additional [inaudible] and it's good that we are finding alive cases, meaning that the surveillance and investigation is working
very well. We need to make sure that we don't have secondary cases from these cases because we have detected them early enough and identified all contacts and vaccinated them in a timely manner. So we expect to see additional cases but the good thing is that we have an experienced team working with local communities and engaging with community leaders like religious leaders, traditional leaders to make sure that the community are in [?] the response. So we continue seeing cases but we are confident the responses were set up including in neighbouring countries. Thank you.

01:00:32

MR Can I just supplement for DR Congo and the resurgence of disease in North Kivu; there are currently eight confirmed cases including four deaths and we have had no new reported cases since 22nd February.

CL Thank you very much. With this we've come to the end of our briefing and before I hand over for the final comments to Dr Tedros let me just remind everyone we'll be sending out the audio files and the Director-General's remarks right after the press conference and the full transcript will be posted on the WHO website tomorrow morning. For any other questions or follow-ups please contact mediaenquiries@who.int

Dr Tedros, please.

TAG Thank you. Thank you so much, Christian. As I said in my statement, it's very good news that Ghana and Cote d'Ivoire have started vaccination but in our campaign, in WHO's campaign the target is to start vaccination in all countries within 100 days of this year and we're left with 40 days. I hope the world will push to make sure that we achieve this goal of starting vaccination in all countries in the next 40 days.

Again thank you so much to all who have joined us today and back to you, Christian. Thank you.

CL Nothing more to add. Thank you very much and goodbye.

01:02:14