Hello, good day wherever you're listening to us today. It's Friday, 15th March [sic] 2021. Apologies for the delay. We had some urgent last-minute changes I hope you can all accommodate. Thank you. My name is Christian Lindmeier and I'm welcoming you to today's COVID-19 press conference with a special focus on the equitable vaccine roll-out in cities.

We have simultaneous interpretation available in the six official languages, Arabic, Chinese, French, English, Spanish and
Russian, plus Portuguese and Hindi. Today's press conference will include three special guests representing the C40, a network of the world's megacities, to discuss equitable vaccine roll-out in cities.

It's my pleasure to announce Adjei Sowah, Mayor of Accra, Ghana; Claudia Lopez, Mayor of Bogota, Colombia; Yvonne Aki-Sawyerr, Mayor of Freetown in Sierra Leone. Welcome. Now let me introduce to you the participants here in the room. We have of course Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director of WHO's Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Bruce Aylward, Special Advisor to the Director-General and Lead on the ACT Accelerator, and we have Dr Rogerio Gaspar, Director for Regulation and Pre-Qualification.

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We have a couple of colleagues online; for example also Dr Soce Fall, Assistant Director-General for Emergency Response. With this I hand over to the Director-General for the opening remarks and welcome.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. After six weeks of declining cases in January and February we're now on track for a fourth consecutive week of increasing cases. For the moment the number of deaths is still declining but at a slower rate. Cases are increasing in most regions. These are worrying trends as we continue to see the impact of variants, opening up of societies and inequitable vaccine roll-out.

As you know, WHO's global advisory committee on vaccine safety met this week to review the data on blood clots and low platelets among some people who received the Oxford AstraZeneca vaccine. The committee has concluded that the available data do not suggest any overall increase in clotting conditions following administration of the Oxford AstraZeneca vaccine.

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As a result the committee has recommended that the AstraZeneca vaccine's benefits outweigh its risks with tremendous potential for preventing infections and deaths from COVID-19. The committee's full statement is available on WHO's website and has been sent to media.

We understand that people may have had concerns about the safety of the Oxford AstraZeneca vaccine. The question with any
pharmaceutical or vaccine is whether the risk of taking it is greater or less than the risk of the disease it's meant to prevent or treat.

In this case there is no question; COVID-19 is a deadly disease and the Oxford AstraZeneca vaccine can prevent it. It's also important to remember that COVID-19 itself can cause blood clots and low platelets.

We urge countries to continue using this important vaccine. The AstraZeneca vaccine is especially important because it accounts for more than 90% of the vaccines being distributed through COVAX.

While I'm pleased that almost 150 countries have now started vaccinating we still face serious barriers in ramping up production and distribution. This afternoon I spoke to leaders from Eastern Caribbean states. Although most of their countries have succeeded in preventing large numbers of infections and deaths their economies, which rely heavily on tourism, have been decimated.

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They had a clear message; we need vaccines and we need them now. Next week I'm planning to speak with my sister, Dr Ngozi, Director-General of the World Trade Organization, to discuss how we can overcome the barriers we face to boost production.

Vaccine equity is particularly important in cities, especially where people live in crowded conditions and the risks of transmission are high. Cities are places where health can either be nourished or destroyed.

Yesterday I had the honour of addressing the C40 network, which connects 97 of the world's biggest cities, representing more than 700 million people. Although its main focus is climate change and air pollution the C40 cities recognise that vaccine equity is essential for controlling the pandemic and driving a healthy and green recovery.

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I would especially like to thank the Mayor of Los Angeles, Eric Garcetti, for signing WHO's declaration on vaccine equity in his capacity as chair of the C40 network. In response to COVID-19 the WHO Healthy Cities Network has enabled cities to share experiences and lessons learned and to support the implementation of regional and national response plans and the WHO strategic preparedness and response plan.
WHO is also part of the Bloomberg Partnership for Healthy Cities which is offering cities support for vaccine preparedness and distribution. Today we're honoured to be joined by the Mayors of three major cities. First it's my honour to welcome His Excellency, Mohammed Adjei Sowah, the Mayor of Accra in Ghana and the Vice-Chair of the C40 network. Your Excellency, thank you so much for joining us today and you have the floor.

AS Thank you very much, the Director-General of the World Health Organization and we thank you for participating in our closed-door meeting yesterday where you explained to us about the vaccine distribution across the globe.

I'd like to speak briefly about what happened in Accra. Ghana received 600 doses of vaccine on 24th February and by 2nd March we started the distribution of the vaccines. We had a couple of eligible people that took the vaccine; front-line security, health workers, executive legislature and other people that took the vaccine. The vaccine is to be taken in two phases; first jab and second jab in eight weeks.

But it was important for us as political leadership also to show that indeed the vaccines are safe so the first person to take a vaccine was the President and all of us as political leaders, religious and traditional leaders have taken our turns to take the vaccine.

It's also important to state that Accra has a population of five million and we've taken only 300,000 doses of vaccine. Hence there seems to be a high shortage of the vaccine but the first phase is almost over and some of the centres that we have have already run out of the vaccines.

We are calling for fair and equitable distribution of the vaccine globally so that we'll always have the vaccine in all the areas because Accra has a transient population of about two million. Meanwhile the vaccination has started in two regions, Accra and Comansi [?].

Meanwhile as people also troop into Accra, two million people, they may be carrying the virus and they have to take it back and that's where our concern is. Our concern also is that this transient population that moves in and out could be the virus carriers and they may be spreading it across the country.
We are also working actively on the vaccine hesitancy among our population and through media and all of us as political, traditional and religious leaders, taking our turns to talk to our people. So it appears that appetite for the vaccine has gone up high.

It is informative and instructive also to note that the pandemic could be dealt with comprehensively through equal access and proportionate distribution of the vaccines. We are calling for equity, else global effort to reach out to each health community will elude us.

We are recommending two things for us to consider. One is to prioritise the sharing of the surplus doses procured by rich countries. That will help us so that we can get more of the vaccine.

The second recommendation also is that we accelerate the technology transfers of vaccines for other manufacturing countries also to take up so that we can have more of the vaccines and then we will be able to reach herd immunity as quickly as possible.

These are key things that we are looking at and we are hoping that as we move on in our conversation I will share more experience. We thank you for this opportunity.

TAG Thank you. Thank you so much, Your Excellency and thank you for the support of the C40 network for vaccine equity. Now it's my honour to welcome Her Excellency, Claudia Lopez, the Mayor of Bogota in Colombia. Your Excellency, buenas dias and you have the floor.

TR Good afternoon. It's a great pleasure to be here speaking to you from Colombia. I would like to thank the WHO for this invitation. This is a great honour for us. We have a problem that we need to overcome right now and that is the equitable and fair distribution of vaccines through the COVAX facility and through other vaccine mechanisms.

This is of vital importance. We also need to increase the global production capacity. The vaccine achievements have been a miracle and we have managed to do this within one year; we have managed to produce safe vaccines in one year to fight against COVID-19.
Nonetheless we see that right now there is a lack of global production capacity so that there is greater access and whilst we do not have that capacity we will still have inequities in distribution.

I think in the short and medium term we should focus on the following concrete proposals. First of all we need to have more areas where we can produce vaccines and this needs to be done with the pharmaceuticals so that we can share the knowledge and increase our production capacity.

This has to be done with capital cities but what we need to do is ensure that we have a purchase contract and transfer of technology in the short and medium term; this fill-and-finish kind of contract.

Then in the long term what we need is to ensure that different countries and cities have the knowledge, have the technology so that they can produce different types of vaccines, not only COVID vaccines.

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We need technology transfer for this so that we have the capacity to develop different kinds of vaccines as well. Colombia and Bogota was able to produce vaccines for different diseases up until 2001 but because we did not have sufficient investment in research and biotechnology we lost that capacity and we can see the impact of this loss of knowledge.

Bogota is the capital of Colombia and we are proud that here in the city we have the best public and private universities. Bogota produces 25% of GDP for the whole country. It has a very strong scientific and academic community and public sector and we have four pharmaceuticals; we have the Chinese vaccine, the Sputnik vaccine, AstraZeneca and Johnson & Johnson.

We would like an agreement which includes fill and finish in the short term, producing the vaccine in the short and medium term as well as technology transfer so that we can produce new vaccines here in Bogota.

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We would also like to ask the WHO to make this type of agreement possible. This type of agreement should be made possible with various different capitals across the world. Bogota is ready for this. We have the scientific capacity. We have the ability to create alliances across the public and private sphere...
and we have the public and private financial resources to create these alliances.

So we have the hub here in all of the Americas in terms of our geographical location which would make logistics easier but we need public investment in this. We have the public investment necessary but if we need more investment then we will invest more.

But we believe that the WHO could help us reach this kind of agreement with these four pharmaceutical companies. That is not because we doubt the other pharmaceutical companies but it's because these are the ones that are using the technology that we could adopt and adapt here in Colombia in the short and medium term to produce different types of vaccines, not only COVID vaccines.

I think that that is what we need to do in the short term and the WHO needs to help us so that we can do this in other cities because we can build alliances not just between countries but between capital cities and then we can have great public investment so that we can launch these initiatives.

This will then increase global production capacity because that is how we're going to overcome the inequitable access to the vaccines across the world. I have another suggestion as well. Bogota in Colombia works with the Ministry of Health. We have a bioethical plan for vaccinations but more than half of people who are infected with severe coronavirus are over the age of 60 and we look at the different age ranges, ranging from 80 to 60 to under 40, to look at the risks.

However we will have to vaccinate more than six million people in order for us to reach herd immunity but we do not have the same number of vaccines available and with this rhythm we will not reach our targets. We have a vaccination plan but we need to have a universal mass vaccination plan which has no obstacles.

This is not just for bioethical reasons, which we agree with. We need to do this because there is a lack of vaccine. We do not have enough vaccinators either so this is also another problem which is faced by our vaccination plan. So we do not have enough vaccines but if we had enough vaccines - and I'm sure that the Ministry of Health would lift all sorts of barriers but we do face the risk of a third wave.
As the WHO has said, it is vital that before May - and I say this for Latin America - we have vaccinated everybody over the age of 60 and all healthcare professionals. That means we need 2.6 million doses in the next couple of months.

If we have not vaccinated those other 60 or healthcare professionals then we will face a serious challenge because this will have an impact on whether we are going to have another wave or not.

We also need to ensure that children can go back to school and we also need to go back to economic recovery of our countries. Children need to go to school, they need to be in the classrooms. We need to educate these young people and we also need to take into consideration that women are facing unemployment because whilst children are not in school women are not working.

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So we also need to prioritise these groups and that is to say teachers after the first two priority groups that it mentioned. It is vital that we do this so that vaccination goes hand-in-hand with economic recovery. These are our concrete proposals.

We need to first of all vaccinate people over the age of 60 and healthcare professionals so that we can avoid a next wave and we also need to agree - and we as Bogota are ready - that we need to have agreements that are reached as soon as possible with AstraZeneca, Johnson & Johnson, Sputnik and the other vaccine from China.

We need to ensure that we have the fill-and-finish contracts and that we can produce vaccines here in Colombia later on for other kinds of diseases. Thank you.

TAG    Muchas gracias, Your Excellency, and thank you once again for using your voice to call for vaccine equity. Last but not least it's my honour to welcome Her Excellency, Yvonne Aki-Sawyerr, the Mayor of Freetown in Sierra Leone. Your Excellency, welcome and thank you for joining us. You have the floor.

00:22:21

Thank you so much, Dr Tedros, and thank you very much to C40 for giving us as representatives the chance to share some reflections. As was said, I'm the Mayor of Freetown and here in Sierra Leone the roll-out began just this week, on Monday. We have currently 296,000 doses, which will need to be split into two of course because they're double doses so that represents a very small percentage of the overall population.
Although there are more vaccines expected in country the challenge that has been expressed by my colleague mayors is one that we face as well in the city of Freetown but it's also a challenge which we all know is facing the entire continent of Africa, where the orders for vaccines currently stand at about 38% of what is required.

As we met yesterday - and again thank you, Dr Tedros, for joining that closed-door meeting with C40 mayors - it's been really fascinating to hear the experiences from across the world, to hear the experiences of those who really, like Los Angeles, are able to talk about a mass vaccination roll-out in contrast to some of us where it's a roll-out but can you use the word mass in that context?

To have conversations around vaccine hesitancy, something that's really, really key so that even where you have the vaccines you still have challenges with having acceptance of the vaccines by members of the population.

Different ideas are being shared by mayors, different experiences and we are learning from each other how to overcome that hesitancy. But perhaps what I'd like to focus on most is this question of inequity and what will be the long-term impact in respect of the ability for us as cities and of course as countries also to ensure that this green and just recovery that everyone's been talking about actually happens.

Green is an element which will require financing. Just is an element which requires equity. What we don't want to see - and I was very interested in what Dr Tedros said about his meeting just now with the Caribbean island leaders - is greater inequity being driven by the inequity of a vaccine roll-out and this is really a possibility.

A country like ours and a city like mine has not seen the devastation in numbers from a health perspective that other people, other cities have experienced around the world. To date we've had 2,222 confirmed cases in Freetown. Of course we know that testing could have been more and therefore the numbers could have been more but that notwithstanding, we're still talking about 2,000-plus cases and 80 deaths.

You'd almost think that COVID had passed us by but it hasn't because the economic impact has been significant and what we
face and what other countries and cities in emerging economies that don't have the access to the vaccine in the same way as countries who are ordering five times what they require, three times what they require and holding on to these; what we face is economic exclusion and greater inequality.

We face a risk of being in a situation where vaccine proof, vaccine passes are needed for travel. That could have an impact on - certainly will have an impact on tourism because if you have a vaccine pass you're not going to come as a tourist to a country where there're very low levels of vaccination.

Similarly when it comes to value chains this is again an area where we could see our countries being excluded, we could see our cities being excluded.

So on behalf of C40s and speaking as a mayor from a city in the global south which has really seen this disparity played out and we are very concerned about how it will move from a disparity in a vaccine roll-out to reinforcing inequalities, reinforcing economic exclusion and thereby putting everyone at risk.

I say everyone at risk because we all talk about leaving no-one behind, we talk about the sustainable development goals and we all know that with climate change and climate action we can't afford to leave anyone behind.

With the vaccine roll-out we really can't afford that either because climate change, climate action needs to be financed. Reinforcing inequality in the vaccine roll-out, reinforcing inequality of economic positions will make it harder and harder for those of us in emerging economies to be able to pay for the really desperate climate action that we need to put in place, whether it's from adaptation or mitigation angles and this will have an impact on everyone.

So in closing I'd just like to say again, we're so grateful that the COVAX is seeking to have an equitable distribution of the vaccine. We want to reiterate the importance of this happening because if we don't then we will not overcome this outbreak, this pandemic, it will just continue to move around the globe.

Ultimately those who are holding on to vaccine, those who have more than they need will find themselves no better off because, as has been said by the medical experts, variants will arise, the virus will continue to spread. So this is the time for us to be
determined to ensure this equity happens, equity on the vaccine roll-out and ultimately equity in terms of economic opportunities. Thank you.

CL Thank you. Thank you so much, Your Excellency, for your leadership and thank you to all three mayors for giving us your time today. Finally this Sunday marks the International Day for the Elimination of Racial Discrimination. 2020 will not only be remembered for the pandemic; it will also be remembered as the year when issues around racial injustice were brutally exposed. Like vaccine equity, racial equity must be an essential part of our shared recovery from COVID-19. Christian, back to you.

00:29:16

CL Thank you very much, Director-General, and thank you very much to our guests. I'll open the line for the questions now. As usual please if you want to ask a question or be put into the queue for the questions raise your hand with the raise your hand signal. We'll start with Sophia Mkwena from SABC South Africa, please. Sophia, unmute yourself.

SO Thank you so much. The question is directed to the DG in particular. There were concerns on the continent on how Tanzania is handling the COVID-19 pandemic in terms of sharing information and transparency. To date we haven't seen any reports in terms of the impact of the pandemic in that country. We now have a new President.

Dr Tedros, what is your view, do you think there will be a time when Tanzania will open up and really be transparent about the impact of COVID-19 in that country?

00:30:32

TAG Thank you so much. First of all I would like to use this opportunity to express our condolences and also sympathy to the people of Tanzania and the family of the late President Magufuli, from myself and all my colleagues in WHO. Also I would like to congratulate the new President on her appointment and we - I have already stated this earlier today actually - look forward to working with the new President very closely and help them in any way possible.

This virus has affected the whole world and no country can say that they don't have the virus. I think working together and stamping this virus out of every country will be very important and it starts with sharing information and also taking all the right measures to control the pandemic.
CL Thank you very much, Director-General. With this we move to the next question and that's Simon Ateba from Today News Africa, please. Simon, unmute yourself.

SI Thank you for taking my question. This is Simon Ateba, Today News Africa in Washington DC. Dr Tedros said the other day that even after COVID-19 is defeated the trauma associated with it may linger for years to come. Here in the US President Biden signed his $1.9 trillion American rescue plan a few days ago that includes billions of dollars for mental health this year, next year and beyond.

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Is this an example that other countries should follow around the world? How should countries begin to prepare now to deal with what will come after COVID and what type of trauma are we talking about? Thank you.

CL Thank you very much, Simon. Let me give this to Dr Ryan, please.

MR Simon, yes, thank you for raising that. Certainly those countries that are not only investing in ending this phase of the pandemic but looking to the future recovery; this is really important, that both are seen as part of planning now. We comment all the countries that are both looking to ending the pandemic and to the welfare of their citizens and the recovery of their citizens not just physically but emotionally and spiritually as well.

The Director-General spoke to faith leaders this morning not only about the mental and physical healing but the healing that people need from within as well so this is a very, very grave crisis we've seen going forward.

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We've seen not only the pandemic of the virus; a pandemic of misinformation and hate in many cases and also a growing mental strain on people both in terms of the socio-economic impacts; the impact of tragedy and loss, the loss of being able to move about and do your normal daily activities; the isolation and marginalisation that many people have felt.

So in order for countries to recover there is going to have to be a plan for that. Health services need to come back online, mental health services need to be invested in. They were massively underinvested in before this pandemic. They were already the Cinderella science of health and I think we need to recognise that
mental health is a major part of our capacity to recover from this pandemic.

So yes, we need to plan for that recovery not just economically but as communities, as society. The Director-General has said many times, we cannot leave anyone behind. We're doing that already through the way in which vaccines are being distributed. We're seeing lots and lots and lots of people being left behind and as Yvonne said - greetings, Yvonne; I think we last worked together in the front lines of Ebola response in 2014 and 15 in Freetown - there's a second inequity brewing because there's not only the inequitous situation with relation to vaccine distribution but if then the distribution of vaccine results in people not being able to move or people being restricted in their social and economic activity not because of a choice to take a vaccine or not but by not having simple access to that vaccine that will introduce further inequity both between countries and for individuals within countries.

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So I do think we need to look now towards a plan that gets us beyond the pandemic as a major public health problem and recognise that there's a lot more to heal than just bodies.

MK If I could just come in very briefly and mention that WHO with partners have issued a lot of different types of advice and guidance on how to deal with coping with this pandemic for people of all ages, whether they're children and releasing a book to talk about how children are coping with the uncertainties of what's happening right now, with schools being closed and maybe losing a parent or a grandparent to this disease, all the way up through older ages.

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Under the leadership of Devorah Castell and others at WHO and again with partners around the world, looking at how we are coping with the stress during the pandemic, mental health and psychosocial considerations during the outbreak itself and beyond, looking at the impact on mental, neurologic and substance use during the pandemic.

There's a whole series of guidance materials that WHO has issued to help support with this and think, now, how do we help people now because all of us have been impacted by this pandemic. All of us have been either impacted directly by losing a loved one or the uncertainties of losing jobs, not going to
school and just really not understanding how much longer we're going to have to deal with this.

So the time to invest is now, the time to ensure that part of the recovery includes mental health and put those investments in now. We've offered some support in this and again we're working across many different partners; it's in all different languages, it's for all different age groups.

But as an individual if you need help reach out; as an individual reach out to loved ones and check in on them every day, use the technology that you have to reach your loved ones.

We say physical distance, we don't say social distance and that's on purpose because we need to find ways to connect with our loved ones around the world and as an individual find something that makes you happy every day. Whatever that may be, find some joy in every day and take some time for yourself.

It's okay not to be okay right now but reach out. Reach out for some help and those of you; contact your loved ones and make sure that they're okay.

Thank you very much. I would like to ask Yvonne Aki-Sawyerr, the Mayor of Freetown, if she wants to add here.

Thanks. As I mentioned, the context here has been different but yet there are similarities. It's been different from the health angle and it's as Mike said - and yes, great to see you, Mike - there's been such an underinvestment in health facilities and when it comes to mental health that was already there.

Where the mental health challenge is coming here; it's not so much isolation because we've not been in the position of lock-downs for protracted periods of time. We've had two three-day lock-downs and that's as extensive as it's been. We have had curfews but it doesn't create the same impact.

But there is still a huge pressure which comes from the economic toll so the idea that we need to be investing in mental health and mental care comes back to the point that I made earlier; there need to be finances.

It's really a chicken-and-egg. Where you have an under-resourced health sector beforehand with very, very little by way of mental health support and then you have economic pressure, we must get ourselves to a position where the economies can
grow, where our economy can grow so that you can really talk about investing in healthcare and mental health otherwise we're not really going to move from here. Thank you.

TAG I would like to add, I'm glad the mayor raised the economic side of it. We had a meeting today with the leaders of many Caribbean countries and I remember the presentation or the statement from the Prime Minister of Antigua and Barbuda, His Excellency, Prime Minister Brown. He said his country actually lost 18% of its GDP just last year alone and they expect the same impact this year so, as the Mayor said, the economic impact on countries actually has a ripple effect on other social issues or health issues including mental health.

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So the economic recovery will be very important. As she has said, it will be a chicken-and-egg. When people cannot have job opportunities, cannot have employment, cannot have some way to sustain themselves then even having a mental health programme in the package may not help.

So some countries may be able to allocate funding to recover in a comprehensive way addressing the health issues, the economic issue and so on but many countries will have difficulty in recovery because they don't have the resources or the economic capacity or they will not be able to allocate money to their economic sector to recover.

That's why the involvement of the international financing institutions will be very, very important and one thing that was proposed by the Caribbean countries is for international financing institutions to be open to concessional borrowing. Of course the donor countries, high-income countries will also have the obligation to help the developing world to recover so the economic support, financial support will be very important and the recovery can only be a recovery if it's addressed in a comprehensive way. Thank you.

00:42:07

CL Thank you very much, all. I believe we have one question for the Mayor of Bogota and I'll call on Alejandro Riano from the online magazine MeWisconsin.com. Alejandro, if you're there please unmute yourself.

TR Thank you very much. Mayor, in your proposal what you're saying is that we need to have a production capacity to have [sound slip] in 2001 the research stopped in Colombia.
Perhaps you could ask for a team made up of Colombian scientists to be created so that they can help. Is there a political option for this?

CL Alejandro, I have to apologise. As you started speaking unfortunately the Mayor dropped off because I understand she had to leave for somewhere else and unfortunately this is not a question that we can refer to any other of the Mayors; it's a very Bogota-specific one. Apologies again and I'll have to go to the next question and that would be from Helen Branswell from Stat News. Helen, please unmute yourself.

00:43:33

HE Thank you very much for taking my question. I think it would be for Dr Simao or Dr O'Brien if they're on the line. Much of the world's population may end up being vaccinated with the vaccines that have been produced by Chinese manufacturers or Russian manufacturers. Have any of those vaccines been submitted for EUL listing to WHO? If not is WHO encouraging them to put doses in and getting any kind of indication of whether they will be coming? Thank you.

CL Thank you, Helen. I'll ask Dr Rogerio Gaspar, Director for Regulation and Pre-qualification here in the room, to take this.

RG Thank you very much for the question. Answering directly to the two cases that were referred on the so-called Chinese vaccines, Sinopharm and Sinovac, they have been submitted through the EOL mechanism, through WHO. They are currently under assessment, as was referred to under previous meetings.

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WHO conducted site inspections since January on the manufacturing sites in China with all the difficulties going through the quarantines, as was reported at that moment in time. We are in the middle of the evaluation with a list of questions to both companies to solve some of the issues detected during the GMP inspections.

Those issues are being solved so it's assessment ongoing and we hope to conclude the process at some point during the month of April. Concerning the Gamalaya Institute products, there have been a number of discussions with the Gamalaya Institute and the company representing it and currently the status is that the complete documentation for EUL has not yet been submitted.

But in the meanwhile our pre-qualification team has been looking at different parts and components of the data that was submitted
but I have to refer that the complete set of data has not yet been submitted to WHO. Thank you.

CL    Dr Bruce Aylward, please.

BA    Hi, Helen, and thanks for the question. As I think we've mentioned on previous occasions, WHO encourages all manufacturers of COVID-19 vaccines that may prove efficacious and safe in the battle against COVID to be submitted for consideration for emergency use listing so while Rogerio referred to two, three specific products in fact we encourage all manufacturers.

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We've even put in place a special process. Rogerio's team have actually put in place and called for expressions of interest so that we could do rolling submissions as early as possible, as early as they become available because our goal is to ensure that every safe, efficacious, quality-assured product can be assessed and made available to the world's population as rapidly as possible.

So, Helen, an extremely important question that you raised because we're seeing everywhere, we heard from the Mayors just now, from Yvonne and the others about the tremendous demand for these vaccines.

So we're trying to look at every single product as rapidly as possible and I would go back again and reiterate the plea the Director-General has made to manufacturers since last year to engage with that process, submit those products as rapidly as possible and the data so that we can ensure that they're fully assessed as rapidly as possible.

00:47:09

Thanks again; a super-important question especially in this time when there simply is not enough vaccine to meet the demands and needs of the world.

CL    Thank you both very much. With this we move to Corinne Gretla from Bloomberg. Corinne, please unmute yourself.

CO    Hi. Thanks for taking my question. It's just a super-quick one on the timing of the publication of the origin study report. Is that still slated to be published next week as far as you know or is it looking maybe more likely to be the following week?

CL    I believe we have Dr Peter Ben Embarek, WHO Expert on Food Safety and of course the International Lead of the WHO-
convened global study with us online. Dr Ben Embarek, please go ahead.

PBE Thank you. Yes, we're still working on the report and, as you can imagine, it's a complicated process having the entire team, international team and Chinese team around the globe. We are working with different time zones so each time we are working on a part of the report it takes time to get everybody on board so there is nothing unusual in that it takes time to finalise such a long and big report.

00:48:46

There is also of course the fact that we have to translate everything back and forth between English and Chinese so it takes time but we are hoping and we are well on the way to be able to release the report next week but again without 100% clarity. Thank you.

CL Thank you very much. With this we'll head to Stephanie Nebahe from Reuters. Stephanie, please unmute yourself.

ST Actually that was my question also regarding the timing of the report, whether you thought it would still be issued in March because my understanding is that there's been a lot of back-and-forth and that the timing has been delayed again. Do you expect it in March then?

CL I think that was just answered. Dr Ben Embarek said most likely next week without a 100% guarantee and that would just work with the timeline. Thank you and I'll go for the next question; that's John Zaracostas from the Lancet. John, please go ahead.

John, please unmute yourself. I don't hear from John Zaracostas. We'll move to the next person. That's Nina Larson from the AFP. Nina, please unmute yourself.

00:50:29

NI Hi, can you hear me?

CL Very well.

NI Thank you. Thanks for taking my question. Following the recommendations from the EMA and also now the WHO a number of countries have now said they'll resume vaccination with the AstraZeneca vaccine but I'm wondering how concerned you are that confidence in this vaccine in Europe and beyond may have been undermined by these on/off decisions that countries have made, if you could say something about that. Thank you.
Thank you very much. Dr Bruce Aylward, please.

Thank you very much for the question. Any time you roll out a vaccine like this to millions and millions of people there are going to be coincidental and other events that are going to happen in parallel with its roll-out and this has been the case with almost all products.

What the populations are generally looking for is that these get properly assessed, properly evaluated so that their confidence can be assured and it's interesting. I spoke to a number of people, as you can imagine, about this issue, a number of people from the more general population, meaning not us working in the response.

Their general sense was, great. They actually had a greater confidence in the product because it had gone through such scrutiny in the last week in particular through the EMA processes, through WHO's processes as well.

Again, as we've said from the very, very beginning, we would continue to look at any signal whatsoever to evaluate these products so of course there's going to be concerns that populations will have but I think that the speed with which countries have taken on board the findings and then rapidly reinstituted the vaccination hopefully will help to assure populations that indeed they should go forward with the vaccination.

It's a great vaccine, it's one of the most important products in the roll-out of these vaccines globally so yes, always a risk that there will be a hit but generally what people are really looking for are these things being properly assessed, properly evaluated and that's really been the case with this vaccine.

So hopefully populations globally are going to have even greater confidence that these vaccines are being properly scrutinised. I don't know, Rogerio or Mike, if you have anything you'd add.

Yes, probably not going through the details of the data and referring everybody to the declarations on the website of the European Medicines Agency and also WHO since this afternoon after the GACSO [?] committee met today.

Just to reinforce the increased level of international collaboration between the different regulatory authorities, during the entire
week there were a number of expert meetings both at the European Medicines Agency and through WHO with cross-participation of expertise between those two groups.

This has been enlarged to other regions. Just reported today at the committee for example there were reports not only from the VGBase, global database on safety of vaccine and medicines but also the participation of the authority from India, where one of the important products that was being assessed is manufactured.

00:53:58

So the most important message here is this for the regulatory system and for the life cycle management of medicines or vaccines. This is a normal situation. It will happen every time that a medicine has some reports, be they fundamental or not. The system works like this.

The exposure that it has currently is because of the intensity of the exposure with COVID-19 of course and some shortage of vaccines in some regions also. But the main message to take home is that the system is working, the assessment is being done, information is being updated both by EMA to the summary of product characteristics of the product that is approved.

We are continuing with our regulatory process because EUL needs also now to integrate with authorities from India and Republic of Korea about some changes on the information package for the two vaccines that are produced under the EUL.

00:54:54

So this is a normal situation under control by the regulatory authorities and with total transparency in terms of the communication of the events. Thank you.

CL Thank you very much. We'll have Dr Ryan.

MR Just one point because I think a situation like this also should cause us all to reflect and think. We've got very concerned population out there waiting for their vaccines. These events and incidents occur. We have systems in place that we need to place faith in and they've come through.

But we also have to look - even you, our media; you play a hugely important role in identifying issues, in identifying successes, in identifying shortcomings. But there was a tremendous media explosion around this event when there was very little information around that and I think many political leaders came under intense scrutiny, they were being asked
constant questions, there wasn't a definitive answer and many chose that precautionary principle of shutting down the use of vaccines which potentially further undermined the confidence in that vaccination.

00:55:57

I remember, I think, at the last presser here the first five questions at the presser were about AstraZeneca vaccine so we all have to look at this and see how we can all do better in future; how can we get information out quicker that's more definitive; how we can trust in those regulatory agencies which have proven themselves again and again and again.

But also how we communicate around these issues especially, as Rogerio said, this happens with new products but we're all operating in a new environment. This happened before but we didn't have this intense 24-hour media cycle, this intense scrutiny.

It's a very important part of the cycle to have that scrutiny but it is generating unwanted effect because in the end we get to the end of this and resolve; you've written your articles, the EMA have written their press statement, so have WHO.

But what we've been left with in the aftermath of that is very confused people who now have some doubts in their minds and that's the awful outcome of this and all of us need to look, all of us including you, our colleagues in the media, at what part we play in that process and how we can find better ways to do this in future.

00:57:05

CL Dr Maria Van Kerkhove, please.

MK Thank you. I know it's a lot of answers to one question but it's an important one and I just wanted to acknowledge the concerns of people so we've talked about the vaccines itself and the process itself. These are safe and effective vaccines and it's important that vaccination continues.

But I think it's important that we acknowledge that people have questions, that people have concerns and this is normal, this is natural, this is good but you need to make sure you find information from good sources so that any fear that you may have or questions that you have you find the right information to answer those questions.
So it's good to question, it's good to ask but it's good to get the right information. We have seen these are safe and effective vaccines and vaccination is a critical part of ending this pandemic, as is physical distancing, cleaning your hands, making sure you avoid crowded spaces, opening up a window, practising respiratory etiquette.

**00:57:59**

All of this plays a role and vaccination is an incredibly powerful tool that we have now added to our toolkit so ask the questions, demand good answers but find good sources of information and know that the processes are in place to look and to challenge and to make sure that we have safe and effective vaccines that are out there.

CL Thank you very much for these really important qualifications. We've come to the end of our cycle of questions, we've reached the hour. Before I hand back to Dr Tedros for the final comments I would like to ask the Mayors for any final comments or, Dr Tedros, if you want to invite them personally. Let's look for the Mayors.

Freetown, please.

YAS Thank you. I just want to reiterate what we've been saying earlier on and which has come up a number of times; the importance of us not overlooking the economic impact that this inequitable distribution could result in so really just putting the onus back onto those countries, those economies, WHO and its partners to continue to appeal for us not to make the wrong decision.

**00:59:23**

This roll-out has to be equitable. I think it was Dr Tedros who said yesterday that we need to ensure that every country has some vaccine rather than some countries having all the vaccines. That can't be underestimated because the economic fall-out, the economic inequality, economic exclusion will continue to compound problems of migration, climate inaction and the unrest and challenges that come with deep economic inequity.

Let us not let this pandemic result in the opposite of a green and just recovery. A green and just recovery's what we need. An equitable roll-out of the vaccine is going to be a key part of making sure we get there. Thank you.
CL Thank you so much, Yvonne Aki-Sawyerr, Mayor of Freetown, Sierra Leone. I'll hand over to Adjei Sowah, the Mayor of Accra, Ghana.

AS Thank you very much. I associate myself with the comments made by my colleague, Mayor Aki-Sawyerr of Freetown and I want to add that it's extremely important in these times as we experience this pandemic that equity becomes our hallmark in everything that we do because we are not living in normal times and what we are experiencing currently, that some countries have more vaccines than necessary while others do not have, is completely unacceptable and it's unfair.

01:00:57 Hence I'm appealing to the WHO to use all powerful means that you have and all stakeholders including the media, mayors and political leaders to add their voices for the equitable distribution of the vaccine. Africa is currently experiencing no vaccines that had been able to be given to us and that is not fair at all.

I'm also adding that in order for us to get more vaccines there are many manufacturing companies and this is not a time to many money; this is a time to save lives. I would like to quote our President, Nana Addo Dankwa Akufo-Addo when he says that at this moment we do not know how to bring back lives but we know how to bring back the economy, hence every effort that we have to be able to save lives should be that.

I want to add my voice to the fact that we need to accelerate the transfer of technologies so that other manufacturing companies that are in any part of the world including Ghana should be given the opportunity to manufacture the vaccines for us in our various countries so that we can have more and vaccinate more people, we can reach health immunity as early as possible and we can go back to a normal life.

01:02:28 I want to say that at this moment the companies that had the vaccines; if there's an opportunity to compensate them we should do so but we shouldn't be focusing on how to make money out of the vaccine at the moment.

I hope that your meeting with WTO next week should be more fruitful. South Africa and India made the effort. It was not successful but we should keep knocking and pushing. I hope that it will be successful. Thank you.
Thank you very much, Mayor Sowah. As I mentioned before, Mayor Lopez from Bogota is unfortunately not with us online any more so before I hand back to the Director-General for the final remarks let me remind everyone that the sound recording from today's press briefing and the statement will be issued right after this briefing and the whole briefing will be online, the transcript will be online as of tomorrow. Director-General, please.

Thank you. Thank you, Christian. I would like to borrow from what Mayor Sowah said; keep pushing so we will keep pushing. I fully concur with what you said, Mayor Sowah and Mayor Aki-Sawyerr; I fully concur with what you said so I think that will be enough instead of adding more.

You have said all the things that should be said and thank you so much. I would like to thank all the Mayors, Mayor Sowah, Mayor Aki-Sawyerr and Mayor Lopez, for joining us today and look forward to continuing to work with you not only on vaccine equity but on health cities, climate change, air pollution and the other agenda that we have together.

Thank you also to the media who joined us today and all colleagues in the presser and our interpreters. Bon week-end. Thank you so much.