COVID-19

Virtual Press conference

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Speaker key:

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SO	Sophie

00:00:00

CL Hello and good day to wherever you're listening to us today. It's Monday 17th May 2021. My name is Christian Lindmeier and I'm welcoming you to today's global COVID-19 press conference with a special focus on the sixth UN global road safety week, which is 17th to 23rd May. We have a very special guest today and that's Ms Zoleka Mandela, the South African writer and activist and road safety advocate.

Simultaneous translation is again provided in the six official languages, Arabic, Chinese, French, English, Spanish and Russian

as well as in Portuguese and Hindi. Now let me introduce the participants here in the room today. We have of course Dr Tedros Adhanom Ghebreyesus, WHO Director-General. We have Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme.

We have Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Special Advisor to the Director-General and the Lead on the ACT Accelerator, Dr Rogerio Gaspar, Director for Regulation and Pre-qualification, Dr Etienne Krug, Director for Social Determinants of Health, and we have Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals. Hello and welcome to you all.

00:01:57

Again apologies for the late start of our briefing today and therefore with no further ado, Dr Tedros, the floor is yours.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. For the second week in a row there has been a global decline in cases and deaths from COVID-19. There is a huge disconnect growing where in some countries with the highest vaccination rates there appears to be a mindset that the pandemic is over, while others are experiencing huge waves of infection.

The situation in a number of countries continues to be very concerning. The pandemic is a long way from over and it will not be over anywhere until it's over everywhere. Even some places that have previously done very well at containing COVID-19 are seeing dramatic increases in cases, hospitalisations and deaths.

New variants of concern, fragile health systems, reduced implementation of public health measures and supply shortages of oxygen, dexamethasone and vaccines are all compounding the current situation.

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But there are solutions to these problems. Where cases are rising now is the moment to ensure people are adhering to public health measures including physical distancing, the wearing of masks and preventing large gatherings.

Even where cases have dropped genetic sequencing is critical so that variants can be tracked and measures are not eased prematurely. WHO has been responding to the surge in cases in India and other hot-spots. However demand is currently so high that WHO needs immediate funding in order to sustain its

technical and operational support to all countries, especially the most affected, involved in the present wave.

In 2020 donors very generously contributed to the strategic preparedness and response plan. However in 2021 the current response plan is underfunded and the vast majority of that is ring-fenced by donors for specific countries or activities.

This is constraining WHO's ability to provide an adaptable and scalable response in emerging hot-spots. WHO requires urgent funding to the current response plan, which would allow us to scale up support for countries and support the ACT Accelerator.

Flexibility of that finance is key, not just so that we can respond quickly to the emergency needs in several countries including Nepal but so that we can work to save lives and livelihoods where it's most needed in a rapidly evolving situation.

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On vaccine supply I want to reiterate the statement that was released by UNICEF overnight, which outlines the huge shortfall in vaccine supply to COVAX. The surge in cases has compromised global vaccine supply and there is already a shortfall of 190 million doses to COVAX by the end of June.

COVAX works and has so far delivered 65 million doses to 125 countries and economies but it is dependent on countries and manufacturers honouring their commitment. While we appreciate the work of AstraZeneca, who have been steadily increasing the speed and volume of their deliveries, we need other manufacturers to follow suit.

Pfizer has committed to providing 40 million doses of vaccines with COVAX this year but the majority of this would be in the second half of 2021. We need doses right now and call on them to bring forward deliveries as soon as possible.

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COVAX partners are in discussion with Johnson & Johnson to receive doses in the second half of 2021 but this has not been finalised and we do not know when they will advise. Moderna has signed a deal for 500 million doses with COVAX but the majority has been promised only for 2022. We need Moderna to bring hundreds of millions of these forward into 2021 due to the acute moment of this pandemic.

Once the devastating outbreak in India recedes we also need the Serum Institute of India to get back on track and catch up on its

delivery commitments to COVAX. Furthermore we need high-income countries that have contracted much of the immediate global supply of vaccines to share them now.

I call on manufacturers to publicly commit to helping any country that wants to share their vaccines with COVAX to lift contractual barriers within days, not months. We also need manufacturers to give the right of first refusal to COVAX on any additional dose capacity and we need the large vaccine manufacturers to enter into deals with companies like Teva, Incepta, Biolyse and others who're willing to use their facilities to produce COVID-19 vaccines.

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Only by working through COVAX can we quickly get vaccines to those health workers who have been on the front lines of this pandemic for more than a year. We need to collectively set ambitious goals to at least vaccinate the world's adult population as quickly as possible. No-one is safe until we are all safe.

Due to lock-downs and people working from home mobility decreased in the pandemic. This has led to fewer road crashes overall. However because people often drive at higher speeds when there is less traffic the number of deaths did not decrease to the same degree.

When speeds are lowered the risk of death and injury reduces exponentially. This week marks UN Global Road Safety Week and we're seeking to garner policy commitments at national and local levels to deliver 30kph speed limits in urban areas and generate local support for low-speed measures overall.

Today I'm pleased to be joined by Zoleka Mandela, who is the Global Ambassador for the Child Health Initiative, to outline the effort to ensure every child has a healthy journey to school. Zoleka, the floor is yours.

00:10:20

ZM Thank you. Good afternoon. I'd like to thank Dr Tedros and the WHO for hosting and including the important issue of road safety in today's briefing. As Dr Tedros has said, this is an issue of high relevance for COVID-19. Throughout the pandemic as cities around the world have locked down as the traffic dropped we have seen a different reality where road traffic injury has been briefly lowered, where our air was made cleaner and our communities in some ways became more liveable.

Of course we need our cities to be fully functioning again but what our campaigning has been focused on is how we can take some of these temporary benefits and make them more permanent. Our call to action launched today is for low-speed streets in every community all around the world.

I lost my daughter, Zenani Mandela, to road traffic injury. She was killed on a Johannesburg road and had just celebrated her 13th birthday. I have never recovered from this and my family has never recovered from this. No family ever does.

Today and every day 3,000 children and young people are killed or injured on the world's roads. This is a crisis which is man-made and one that is entirely preventable. What we need is a big shift. We need 30kph streets where children, the old and the vulnerable mix with traffic. We need this in every single community and in every neighbourhood around the world.

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This week we're pushing for 30kph commitments. Governments have been stepping forward. Spain has committed to 30kph in its cities, the whole of the Brussels region has been going 30 and there's work for low-speed streets all around the world from Bogotá and Mexico City to Lusaka, Kigali, Ho Chi Minh City and others but we need more.

This is a global agenda and it is critical for climate and the sustainable development goals. On my continent the majority of children walk to school. The poor in particular have to get by on foot. Yet most roads in Africa especially where vehicles are travelling at higher speeds don't even have a safe footpath.

What makes it worse is that we actually need more walking and cycling if we're going to fight climate change but there's nowhere near enough investment in this, even when we've seen the benefits during COVID-19.

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So this is urgent not only for the climate but it's also urgent for our health and actually urgent for our rights and the rights of our children. My grandparents knew quite a bit about fairness and human rights and today I'm striving to keep their legacy alive.

The poor and the vulnerable are forced to breathe toxic air and to have their children face speeding traffic every single day. Basic life-saving measures need to be put in place. Is it really too much to ask?

So I call on all leaders at all levels to please join the call to action launched today. With partners around the world and at the Child Health Initiative we will be taking this campaign forward in a new advocacy hub which has 30kph streets as a key demand.

As we respond to and recover from COVID-19 please make our streets more liveable, help people get to work and to school safely, help them lead healthier, more productive lives. Our streets are for the people. Our streets are for our planet. Our streets are for life. Thank you.

CL Thank you. Thank you, Zoleka. Thank you for sharing tour reflections on the need for action to reduce traffic speed and improve road safety. Thank you so much for your leadership. Together we're building momentum towards the launch of the global plan for the decade of action for road safety 2021-2030. We have made great progress but with your support and partners around the world we can do a lot more. Zoleka, thank you so much again.

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Over the weekend United Nations Secretary-General Antonio Guterres warned that the situation in the occupied Palestinian territory and Israel could potentially unleash an uncontainable security and humanitarian crisis.

The health situation is also highly concerning and in the recent escalation of conflict dozens of incidents involving health workers and health facilities have occurred. Furthermore COVID-19 testing and vaccination has been severely impacted. This creates health risks for the world as a whole.

Protection of health workers and health facilities is an imperative in all circumstances. It's essential that the norms of international humanitarian law be fully respected. In particular health workers and infrastructure should always be protected and I call for leaders on all sides to ensure respect for these vital humanitarian laws. Christian, back to you.

00:16:39

CL Thank you very much and thank you very much, Dr Tedros. On the sixth UN Global Road Safety Week the hashtags for social media are #StreetsForLife and #Love30 if you want to join. With this let me open the round of questions and if you want to get into the queue, the already quite long list of interest, please push the raise your hand icon on the screen. We'll start with Jason Bobien from NPR. Jason, please unmute yourself.

JA I just wanted to ask about COVAX, how you would assess where things are at the moment. Do you feel it's successful and do you think it's going to hit its target of getting 20% of people vaccinated in these countries that it's working in?

CL Thank you very much, Jason. I'll hand over to Dr Bruce Aylward, please.

BA Thank you, Jason. When we set up the COVAX facility nearly a year ago now the goal was to put in place a mechanism that could ensure that we could pool the risks associated with the development of vaccines, pool procurement so that we could send a strong signal to industry about how much vaccine would be needed in the world and procured to take away some of that risk, and also to be able to collaborate on the distribution of those vaccines.

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So if we look today at where we are the COVAX facility, as the Director-General said in his opening comments, definitely works. It's distributed already over 65 million doses but more importantly to over 120 countries and nearly a quarter of those countries would not have been able to start vaccination if it had not been for the COVAX facility. That mean that they did not have donations from friendly countries or they had not set up bilateral deals to be able to buy vaccine.

So some of the most needy countries in the world were able to access doses because of the COVAX facility so in terms of getting the countries started, yes, the COVAX facility has been definitely a success but that was not our ultimate goal. Our ultimate goal was, as you said, to get to 20% coverage this year, even higher if possible in all countries and to roll out vaccine at the same time and we're not there yet.

That's not because the COVAX facility doesn't work; it does. It's because, as the Director-General laid out in his comments, there are challenges with the financing of the COVAX facility to a certain degree but even if you have money right now you can't actually buy the doses.

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So the bigger challenge now is to be working with manufacturers to prioritise COVAX and COVAX contracts, to work with countries that actually have contracted doses to allow some of those doses to flow to COVAX with the support of manufacturers because of

the contractual arrangements needed and to do that very, very quickly.

But there's absolutely no question that if that supply can be secured, can be freed up COVAX facility is a great mechanism for getting doses very quickly, very rapidly and very equitably in a fair manner out to all countries because now we're starting to vaccinate younger populations, non-risk populations in terms of severe disease in many countries that can afford to do so.

Healthcare workers, older populations in much of the world do not have access to product and our big concern right now, as was highlighted by the executive director of UNICEF overnight, is that that gap could get bigger if we are unable to get doses redirected into COVAX to be able to close that gap.

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So are we on track to meet the 20% by the end of this year? Right now that goal is at risk because we had a gap of over 150 million doses already up to May and that could get greater still going into June.

That could be made up; again that was an important statement by UNICEF overnight, that there is enough supply in higher-income countries that they could achieve their targets, still donate doses to COVAX and we could catch up and make sure that 20% of doses get...

So we determine our future right now. It could be a self-fulfilling prophecy that we don't get to 20% but with the strong commitment of countries and entities that control the contracted doses right now to redirect those we could definitely see still 20% of populations, even more, vaccinated this year through COVAX.

CL Thank you very much, Dr Aylward. We'll go to Simon Ateba from Today News Africa. Simon, please unmute yourself.

SI Thank you for taking my question. This is Simon Ateba with Today News Africa in Washington. The US Secretary of State, Anthony Blinken, lambasted the Governments of Ethiopia and Eritrea at the weekend over what he described in his own words as a continuing atrocity and denial of humanitarian access into the Tigray region in Northern Ethiopia.

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The US Government is not ruling out sanctions but without access to the region what is the coronavirus situation in Ethiopia region in general and in the Tigray region in particular? Are

vaccines being administered there and does the WHO have access? Thank you.

CL Thank you very much, Simon. I'll give to Dr Mike Ryan, please.

MR Yes, I'll speak specifically to the situation in Tigray and my colleague, Maria, may be able to look up the numbers specifically on Ethiopia today. You're correct, Simon; access is the key issue in Tigray. Access to victims in Tigray remains highly unpredictable and this is due to the hostilities and it's a huge barrier to access to the populations that need our help.

The continued reports of atrocities and attack are disrupting any attempts so the majority of health facilities are either destroyed or inaccessible to the population. We're seeing rising risks of cholera, measles and other outbreaks.

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We have also issues of continuing to get vaccines in. We have approved vaccine doses for northern Ethiopia for cholera vaccination and we need to get those doses in there and we need to plan those campaigns to avert a cholera disaster.

It's still a huge number of people; there're 4.5 million people in Tigray and 3.8 million of them are in need of health assistance. That's the overwhelming majority of the people in an area. There are two million internally displaced people, 63,000 refugees crossed the border into Sudan.

We thank our operational partners on the ground; we have many and we're certainly trying to carry out operations in about 57 of the 93 [unclear] through our ad-hoc mobile health and nutrition teams but this is not enough.

We need scale-up and co-ordination and leadership and we need access and this is about access, access and access because unless we have safe access to populations who are protected and are not being attacked... We can deal with the current situation if we get that access and if hostilities can be reduced but it is impossible to deliver sustainable humanitarian aid in the context of the ongoing conflict and the ongoing atrocities and you've seen it all laid out in many different fora. Thank you. Maria.

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MK If I could just briefly comment on the COVID situation, just to say that we're limited by the surveillance that is able to be conducted in challenging situations so as of the week of March

29th there were around 14,000 cases being reported per week and now we're seeing around 3,600 cases reported per week, about 100 deaths per week.

So this is something, our ability to detect trends, our ability for countries to find cases and carry out public health actions associated with COVID is limited by the capacities to be able to do so so we are supporting the country, as Mike has said, but through our regional office and country offices for COVID as well as for other diseases that are circulating, other viruses that are circulating there as well.

TAG Thank you. I think parts of the issue are addressed. Thank you, Simon. That's a very important question. As we speak the situation in Tigray, Ethiopia is, if I use one word, horrific, very horrific; 4.5 to almost five million people need humanitarian aid; 91% need food aid and many people have started dying because of hunger and severe and acute malnutrition is becoming rampant.

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As Mike said, hundreds of thousands of people have been displaced or expelled from their places and more than 60,000 fled to Sudan. Rape is rampant. I don't think that scale was seen anywhere else in the world actually. Health services destroyed, looted and the majority of them are not functioning. There is indiscriminate, unprovoked killing.

From this what you would expect is the majority of people now residing in Tigray, Ethiopia; I don't think they even worry about COVID so COVID is the least of their concerns; actually it's not even their concern and there is no service of course but it's not even a concern now because the chances of dying from all the issues, all the problems I have just outlined is really high.

Compared to that COVID is nothing.

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So I think for the most part we're not even in a position to discuss COVID, to be honest, because there are more pressing issues. So the solution is de-escalating, stopping the conflict and trying to address issues through political means, peaceful means. There is always a way. Where there is a will there is a way. The same is true in any area where there is conflict; if leaders could commit to resolving things peacefully it can be done.

But the conflict and all the things that I have said actually affect the health of the population seriously and that's the situation and

I don't think COVID is, to be honest, an issue. I would like to put it that way. Thank you.

CL Thank you very much. Let me move on with Raymond from the Malaysia Business Insight. Raymond, please unmute yourself and one question per journalist, please.

RA Hello gentlemen, everyone. Thank you. It's Malaya Business Insight. Sorry to point that out. We ended the decade for road safety from 2011-2020 and we're moving into the new global action for road safety until 2030, kicking it off with this 30kph road safety campaign.

I think the action is very laudable but I have a question on implementation and that is how strong will be the policy actions that we will take in order for this to be truly successful in the same light as the successes of the previous campaign for road safety which included road engineering and education and things like that? Thank you.

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CL Thank you very much, Raymond. I'll maybe first ask Dr Etienne Krug, Director for the Social Determinants of Health, for this.

EK Thank you very much for the question. As you said, we're at the beginning of a new decade of action with a very clear objective of reducing deaths on the road by 50% by the end of 2030. To do that we do need strong measures. We know what needs to happen; it's a question of good laws and enforcement; it's a question of better quality of vehicles, infrastructure, better trauma care and above all political will at the highest level because the response needs to be carried out in different sectors.

The health sector has a role but it's also about the transport sector, it's about enforcement so police, education, etc, and that needs to be co-ordinated from the highest level of government.

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So we do hope that these measures are going to be implemented and we'll do everything we can on the WHO side to support governments in doing that because these are the known measures.

But in addition we also want to see a modal shift and with that we mean moving away from a car-based transportation system to one that's much more healthy, which includes walking, cycling

and public transport. This is better for our health in terms of preventing injuries and deaths but also better for the environment, better for physical activity which has an impact on non-communicable diseases.

To be able to walk and cycle safely in our cities we need to reduce speed, which is a major risk factor and that's why today with the Global UN Road Safety Week we are kicking off a big campaign on speed in general but in particular on speed in our urban areas and that's why we're calling for the law of 30, a 30kph speed limit in urban centres where cars, bicycles and pedestrians mix. Thanks.

CL Thank you very much. Let me look at our special guest, Zoleka Mandela, if she wants to add anything.

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ZM Hi. Thank you so much. I t think it's important to remember that particularly in regions like mine in Africa the majority of our children use their legs, they walk to school and that it's the vulnerable and the poor who are constantly having to interact with very high speeds of traffic, especially being in developing countries.

I think it's so important to stress the importance of attending to the need of reducing speed and showing that, just as Etienne was saying, wherever it is that there are vulnerable users engaged with the road there's a speed of no more than 30kph because, as we know, more than 30kph is a death sentence.

I think these are very easy solutions and I think our governments and our leaders really need to take into consideration that we continue to lose so many of our young people, so many of our young children. Every single day 2,000 children and young people are killed or severely injured and I think it's important to remember that with speed we'll continue to save lives.

I think it's important for our leaders to most importantly put into place life-saving measures that are going to ensure that we save more lives and it's not just about our children but it's for future generations to come because it is a basic human right for our children and for our young people to be able to thrive and to survive.

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CL Thank you so much; #love30

We'll continue with Imogen Foulkes from the BBC. Imogen, please unmute yourself.

IM Thanks, Christian. Can you hear me okay?

CL Very well. Go ahead.

IM It's back to the COVAX vaccine sharing that Dr Tedros talked about at the beginning. How hopeful are you, what kind of conversations have you been having with countries where they're really talking now about starting to vaccinate the children, the under-16s in the next weeks and months?

CL Possibly let me start with Dr Bruce Aylward and then others may want to chip in.

BA Hi. Thank you for the question. We're actually very hopeful about the possibility of donations or large-scale donations to the COVAX facility over the coming days hopefully, weeks at the longest because we don't have months, quite frankly.

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We are in discussion with all of the major countries that have contracted substantial numbers of doses and with all of them we're looking at where they are in their vaccination today and when they may be able to start sharing in real time.

I'd like to emphasise that in speaking to everyone no-one has surplus doses or excess doses of vaccines, everyone says, we're using the doses that we have that are released, that are authorised for use in our country. What we're trying to do is look at, how can we make sure that part of the doses that we do have can go to other areas where they're needed.

As you will have seen recently, France, New Zealand, Belgium recently, UAE, if I remember correctly, and other countries - an increasing number of countries; Spain, Portugal, the US even - have all expressed a desire to be able to donate doses. Some already have done so; Sweden, I meant to say as well; I'm sorry, I'm going to forget some now.

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That's a very different situation than we were in a month ago so that is progress and what we're hoping now is that these pledges of donations can rapidly change into actual shipments of vaccines to countries that need them.

As we look forward to the Global Health Summit hopefully there will be further donations in that regard and then forward to the G7 after that - there are a number of major events coming up - or even before that obviously.

We'd like to emphasise as well, as the Director-General said in his statement, that it's not simply the countries that hold the contracts that we need the help from. We also need the help from the manufacturers, suppliers because they have contracts in place that would need to be adapted and that could take a long time. We need them to be able to do that very, very rapidly so that any country - it would be fantastic if manufacturers were to say, any country that wants to donate vaccines to COVAX, we're going to make sure that you're able to do that as rapidly as possible, within days, not weeks or months of signalling a desire to do so.

We're moving in the right direction. We're not moving there fast enough and we're not moving there at large enough volumes an at this point enough of the world is vaccinated in the high-income countries in terms of healthcare workers and the highly at-risk populations and we feel they can be sharing and most of them want to be able to.

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We are now working with them and hopefully they can work out the modalities of that as rapidly as possible.

CL Thank you and I'm looking at Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals.

KOB Let me just add a couple of points to the ones that Bruce made. Authorisation of vaccines for use in children, either adolescents or younger children, does open a pathway for safely protecting children who may have underlying conditions that put them at significant risk of COVID.

But I think the important thing is that in the WHO SAGE population prioritisation moving to the immunisation of people who are at very low risk of disease is much further down the prioritisation list than immunising those at highest risk of disease.

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I think this is the big issue, that we're at such a different place; in some countries we're pursuing immunising people at very low risk for the purpose of trying to interrupt even further transmission while at the same time there are countries who are

still at the beginning of protecting those at the very highest risk of disease.

So I think, as Bruce has said, the big message here is it's time to share doses. It's really about timing of use of those doses, not necessarily that any programme should stop in any country but just accelerating and using some of the doses that are available to share with countries who can get on with immunising their most high-risk populations and in due course further protection of those who are at very low risk to pursue this goal of interrupting transmission.

CL Thank you very much. Next question goes to Jamie Keaton from the AP. Jamie, please unmute yourself.

JA Hi. Thank you very much for taking my question, Christian. I'd like to go to some reporting that we had last week about the Congo. Dr Tedros months ago, you said that you were outraged at sexual abuse allegations and that WHO would quickly and transparently find out the truth and punish those involved.

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Seven months later, why is it that the Associated Press has published more details about the sexual abuse in Congo than WHO? What did you and Dr Ryan know about these allegations and when did you know about them? Thank you.

CL For the technicalities of how the independent commission works let me hand over to Dr Nedret Emiroglu who's the Co-Chair of the WHO Secretariat to the Independent Commission. She can maybe explain a bit how the Commission works and that would tie in to your question.

NE Thank you. Thank you very much for the question. I'd like to start by saying that we at WHO are all appalled with these reports. As you know, when we have been informed the first step was to establish an independent commission who is going to investigate and do the fact-finding inquiries as well as looking into the prevention of sexual exploitation and abuse in response to [unclear] Ebola outbreak in DRC.

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I want to underline that I don't want to talk on behalf of the Commission but I would like to give you an update on the work they do and they issued a press release on 15th May, on Saturday. The contact details of their communication officer are

in the press briefing, the media release that they have and I request you to contact them in case you have further questions.

But in a nutshell this is the first time that the United Nations system is working with an independent commission on investigating and looking into the sexual exploitation and abuse. I want to underline that they are independent of WHO, they are impartial so they have their own secretariat, they have their own staff who are based in DRC Goma, the co-ordinators since March.

They are working with an external supplier, an independent external firm that they have selected, who are extremely experienced in the investigation of similar sorts of events and coming out with the recommendations as well.

So the multidisciplinary team of experts or this external firm is in the field now, in DRC. They started the investigation as of 1st May and the Commission, as you will see in the media release, is expecting to finalise its work and submit its final report to the Director-General at the end of August 2021.

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All these cases are being transferred to them. They have information from various different investigations and reports and WHO is going to take the actions in line with the recommendations of the Commission.

But of course meanwhile we are doing everything to be able to accelerate and implement the current policies, strategies, procedures and actions and I'm not going to get into the details but we'll give you a few highlights.

One of them is that we're aligned fully with the UN system so we are looking into a survivor-centred approach in all the reporting, investigation, deployment, staff training, all aspects of the work. One of the stronger elements recently has been embedding a dedicated focal point for prevention of SDA in all WHO field operations as well as strengthening the community engagement and putting a mechanism for reporting and investigation, which is also including DRC.

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Then a new policy emphasises strongly preventing and addressing the abusive conduct and also raising awareness and training for everyone who works for WHO or with WHO. Maybe I could stop here. Thank you.

CL Thank you very much, Dr Emiroglu. That leaves us just a few minutes for one last question from Sophie Mokwena from SABC. Sophie, please unmute yourself.

SO Thank you very much. Sophie Mokwena from the South African Broadcasting Corporation. The Director-General spoke about the challenges of a conflict in terms of derailing healthcare services. I just want to find out, on the Middle East question, the Palestine and Israel conflict, how has this conflict affected the operations of the WHO in that region, particularly during this pandemic, this man-made pandemic of conflict?

Also I want Zoleka to respond to that because in our country, South Africa, her grandfather stood for justice and he was at the forefront, fighting for the liberation of the Palestinians.

CL Thank you very much. We'll have a short reply from Dr Ryan if possible.

MR I think Dr Tedros has clearly highlighted this issue very specifically. WHO continues to work and has worked for years with all health actors in Israel and in Palestine and has worked very, very well to be able to try and bring both sides together on matters of mutual interest; the health of people, the health of citizens.

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This should be a central issue in everyone's concern and I think the DG has clearly raised the issue that in the context of conflict the health of civilians, their lives need to be protected and the healthcare that's provided to them needs to be protected and all attacks on healthcare need to cease immediately and access for people to appropriate health services needs to be guaranteed.

So I think we will continue to work with all those who wish to work to support people in need and people whose physical and mental health is affected by this devastating conflict.

CL Thank you very much, Dr Ryan. That ends our question-and-answer session for today. Thank you all very much and sorry to those we couldn't get to. We will be sending the audio file and Dr Tedros' remarks right after the press conference and the full transcript will again be available as of tomorrow.

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For any further questions please send an email to mediaenquiries@who.int and don't forget the hashtags, #StreetsForLife and Love30 and now to Dr Tedros to close.

Actually we're closed. Thank you very much, unless you have some closing remarks.

TAG Yes, sorry, Christian. I was running to another meeting actually so that's why I was thinking about moving from here to the Paris Peace Forum, which is starting in five minutes. Thank you so much to all for joining us today and special thanks to Zoleka Mandela for joining us and thank you for your advocacy, for your leadership. Also thank you to all colleagues from the media who have joined today and see you in our upcoming presser.

I think still the Friday is not settled because we will be starting a meeting of our Governments but hopefully we will see you on Friday. Thank you.

MR Sorry, just to add because I think it's important to say this, the staff of this organisation and I'm sure all the member states truly appreciate the way in which the Director-General has led us across all 194 countries in the face of so many emergencies and particularly COVID. We understand and you've seen today - I wondered if hearts could break any more, listening to Zoleka speaking about her lost child or our chief speaking about the horrors of the situation in Tigray, Ethiopia.

I think both ends of that spectrum truly show how people must go on and we just thank our chief for continuing to provide leadership across the whole world at a time of such personal loss and tragedy.

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