

# COVID-19

## ACT Accelerator Technical Update and Virtual Press conference 26 June 2020

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PS	Peter Sands
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BA Good morning, good evening and good afternoon, ladies and gentlemen. My name is Bruce Aylward. I am the co-ordinator of and lead the ACT Accelerator hub and I'll be your moderator for today's discussions. As you've seen from the line-up that we shared with you previously we're going to have some introductory remarks from the Director-General of WHO. We'll have comments from our Special Envoys for the ACT Accelerator and then we will have specific comments from one of the leads for each of the four pillars that anchor and drive the work of the ACT accelerators to drive and develop new solutions for COVID-19.

Today's press briefing is being transmitted in six languages so you should be able to see on the bottom of your Zoom channels the interpretation box that'll help you find the right language as needed. With that I would like to hand over to the Director-General of the World Health Organization, Dr Tedros, for opening remarks.

TAG Thank you. Thank you, Bruce. Good morning, good afternoon and good evening. Yesterday we celebrated the end of the Ebola outbreak in the Democratic Republic of the Congo. Many of the same public health measures that have been successful in stopping Ebola like case finding, isolation, testing, contact tracing and respectful care are the same measures that countries are now deploying against COVID-19.

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But we have also had a tool in the fight against Ebola that we do not yet have for COVID-19; an effective vaccine. Without it there is no doubt we would have more cases and more deaths. It's clear that to bring COVID-19 under control and to save lives we need effective vaccines, diagnostics and therapeutics in unprecedented quantities and at unprecedented speed.

And it's clear that because all people are at risk of COVID-19 all people should have access to all the tools to prevent, detect and treat it, not only those who can afford to pay for them. Two months ago I joined President Emmanuel Macron, President Ursula Von Der Leyen and Melinda Gates to launch the Access to COVID-19 Tools Accelerator, a global initiative between multiple partners to ensure equitable access to life-saving tools for COVID-19.

Ahead of a major pledging event tomorrow led by the European Commission and Global Citizen in support of the ACT Accelerator I'm delighted to be here today to announce further details about how the ACT Accelerator is working and how we're ensuring that together we live up to commitments we have made.

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The principle of equitable access is a simple thing to say but a complicated thing to implement. It requires active collaboration between governments, industry, health organisations, civil society and communities. Vaccines, diagnostics and therapeutics are vital tools but to be truly effective they must be administered with another essential ingredient which is solidarity. I thank you.

BA Thank you very much, Dr Tedros. With that I would like to hand the floor over to Sir Andrew Witty, who's a special envoy for the ACT Accelerator and will provide an overview of how ACT is set up, how it's operating and other details. Andrew.

AW Bruce, thank you very much and thank you, everybody, for joining today's important briefing. I won't take very long but it's a great privilege to have the opportunity to help support this initiative and to work with the many scientists, physicians and other experts in trying to accelerate the delivery of effective tools to deal with the COVID crisis.

The ACT initiative is an unusual, almost unprecedented initiative in both its ambition, its scale and the way in which we're trying to operate.

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Ambition has to be huge; the world has never seen a challenge on the scale of the pandemic. You only have to see the heartbreak in so many families, in so many countries across the world as the health burden, the personal burden of this disease becomes increasingly apparent and you don't have to look very far down your own high street to see the impact on the economy. If you look at the IMF and the predictions this year for a decline of up to almost 5% in GDP globally that's an unprecedented level of economic impact really in history and we recognise - I think, everybody - that to deal with those challenges the ambition needs to be as unprecedented as the challenge.

The ACT's structure is also unusual because what it aims to do is to bring together pre-existing organisations, highly competent, highly specialised organisations, many of whom you're going to hear from in the next few minutes, to work together without creating new bureaucracy or new structures that aren't necessary but in a way where we co-ordinate together more than perhaps we would normally do.

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So the ACT effort aims to mobilise, it aims to co-ordinate and it aims to be transparent to ensure that each of the different teams who are working - and there are thousands of research teams across the world working on this mission - has the best chance of being part of a much bigger, higher objective set of goals.

When we think about the goals of this of course we want to accelerate COVID tools - exactly in the title - but we also want to do that in a way which is equitable and which makes sure that we don't leave behind those countries and those populations, those people, those villages who may just not have the economic strength of the high-income countries.

So it's really important as a point of principle that we're looking for ways in which we can develop speed, urgency, excellence in terms of product development and also do that with an eye right from the very beginning to try and ensure that we're

delivering a global response and not simply a response for those fortunate enough to have high economic wealth today.

That of course makes this an extremely challenging set of objectives and it's a challenging process to be developing scientific innovation, to be accelerating for example clinical trials, to do things much more quickly than they've ever been done before and at the same time to think through policy development to ensure that if indeed we are successful that each of the breakthroughs which we hope to be able to stimulate really can then be made available globally.

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There are four pillars within the ACT's structure; vaccines, therapeutics, diagnostics and health connectors, really in that last case helping to think through the gaps that exist in many of the low/middle-income countries to really start to embrace how to deal with an epidemic or pandemic of this scale.

That's a very quick overview of what we're trying to achieve at ACT. It is unprecedented; it requires tremendous open-mindedness from the participants within the structure. It requires tremendous collaboration and it requires a real focus of scientific excellence as well as the principles of delivering that excellence for the many as we think about everybody across the world who needs it so equity becomes super-important.

**00:09:56**

I'm going to stop there, Bruce, hand back to you and let you introduce the pillars. Thank you.

BA Thank you very much, Andrew, for bringing the ACT Accelerator to life. What we'll do now is go through each of the pillars in turn; we're going to go through diagnostics, therapeutics, vaccines and then the health connector. We'll have one of the co-leaders in each one of those pillars provide you with a sense of how they work, what they're aiming towards and where they are in that work.

I'd like to start by introducing Dr Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to talk about the work of the diagnostics pillars. Peter.

PS Thank you, Bruce. First of all, I confess, I'm not a doctor but it's very nice of you to call me one. I have the privilege of co-leading the diagnostic pillar of the ACT Accelerator Partnership on Diagnostics with Katerina Bohm [?], who's the Chief Executive of FIND, the Foundation for Innovative New Diagnostics.

The Partnership, like the other partnerships, combines a mix of international organisations - WHO, UNICEF, UNITAID and so on - regional organisations - the Africa CDC for example - civil society, industry and these people have come together as a partnership and have identified four key areas on which we need to make rapid progress if we are to accelerate the development and production of new diagnostic tools and achieve equitable access.

### **00:11:33**

The first of these is a workstream on R&D of tests and digital tools and the objective there is to accelerate development of high-performing, affordable, rapid diagnostic tools and create robust digital data and analytic solutions.

The second workstream is on market readiness and the objective there is to prepare markets to accelerate implementation through regulatory support, market shaping and manufacturing scale-up.

The third is to supply and through pooled procurement ensure equitable distribution of tests and supporting the costs of test procurement and deployment in low and middle-income countries unable to shoulder that burden on their own.

### **00:12:18**

Then the fourth workstream is on country preparedness; strengthen health systems and particularly to build country laboratory and testing capacity and preparedness to ensure that they can rapidly and effectively implement tests.

This pillar is up and running. The members of the ACT diagnostics pillar through the diagnostics consortium are procuring and supplying several million COVID-19 tests to low and middle-income countries every month and are already engaged with country partners on strengthening laboratory capacity.

However we need to do much more. The overall need for the pillar is \$6 billion for the next 12 months and that is a combination of extra money we need to accelerate the R&D and market preparedness and the money to help low and middle-income countries procure and deploy this.

Of that two billion is kind of needed right now and to underscore the urgency, for many low and middle-income countries lock-downs are not sustainable. Households don't have the wherewithal to continue without working. Countries, governments don't have the ability to compensate for lost income.

Coupled with that the clinical care facilities are extremely limited. Many African countries for example have very, very limited ICU capacity so the real strategy towards containing the epidemic is through testing, tracing, isolation and the starting point for that is very rapid roll-out of very large numbers of tests.

### **00:14:04**

The partnership has some very specific targets. We want to ensure the acceleration of high-performing antigen RDTs and point-of-care molecular tests. We want to accelerate regionalised production including in low and middle-income countries. We want to help see the development of a non-proprietary test result reader and interoperability.

Ultimately we want to see at least 500 million tests delivered in low and middle-income countries over the next 12 months and we need at least 10,000 healthcare workers to help in that delivery. That therefore is what the diagnostics pillar is doing. Thank you, Bruce.

BA Thank you very much, Peter; thank you, Dr Peter, for that overview. With that we'd like to move to our next pillar, which is the therapeutics pillar. Ladies and gentlemen, as you'll appreciate, the work across all these pillars is highly interrelated and together they create the package that is essential to controlling this disease and reducing the risk of it ongoing as rapidly as possible.

**00:15:12**

To speak to the therapeutic pillar I'm delighted to introduce Dr Philippe Duneton, who is the Executive Director of UNITAID and one of the Co-Leads of that pillar. Philippe.

PD Thank you. Thank you, Bruce, and thank you, Peter. I'm delighted to explain what we are doing as the therapeutic partnership. We are colluding with the Wellcome Trust and Paul Schroeder [?]. It's important to understand that for the response to COVID-19 we need different type of tools; we need vaccines, we need tests and we need therapeutics. It's a complement that will allow us to really fight the disease.

Our goal is within the year to have 245 million courses of treatment and to make this available with equitable access, as was mentioned by Dr Tedros. We are thinking about several use cases and types of situation where therapeutics will make a difference. Of course we may use therapeutics to prevent the infection, also to treat the early stages, to prevent cases becoming severe but also to treat severe cases so there are three broad indications and, as you know, we are working on different assumption with different types of molecules, small molecules, chemical ones and of course some of them...

**00:17:02**

We hope that we will find a repurposed drug and we have already an example with dexamethasone; I will come back to that. But also we may have to look to biologics that are quite promising like a monoclonal antibody which will be a little bit longer to develop but still potentially very effective.

Who we are; as described by Peter previously we are several organisations organised on very specific tasks that we will want to perform in parallel to be fast, effective and not to lose time. So we have the Wellcome Trust and the Bill and Melinda Gates Foundation that have set in fact an accelerator for therapeutics before the creation of ACT.

We are united working on market preparedness and we have the Global Fund for deployment at the country level. Of course this partnership is not limited to this entity but we have also the representative from the civil society; of course from industry; a very strong partnership with WHO because we need WHO for the regulatory pathway, to help to define the best pathway for regulation but also guidance for the countries and equitable allocation and WHO will speak about it very soon.

**00:18:33**

What are we doing? The first aim is to co-ordinate a rapid evidence assessment for all the therapeutic candidates and again you see that we want to match the use cases with the potential therapeutics that are in development. So we have direct interventions supported by the Gates Foundation and Wellcome Trust but we have also to look at all the clinical trials in the world, so around 2,000, and to screen which is the best evidence.

The second is of course to facilitate the entry of this medicine so to assess the barriers in terms of regulatory barriers but also capacity of production, to increase and to make sure that we have the volumes that can meet equitable access.

Of course deployment of medicine in all countries is a priority and we want to prepare all the steps that allow us to move very quickly. One example of what we can do is with dexamethasone; as you know, Oxford University has issued an article confirming that dexamethasone, a corticoid, is effective for the people who are affected and need oxygen or ventilation with a direct impact of decreasing the mortality.

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Of course as soon as we get the evidence we have been working to assess the market, what could be the need and to work with the Global Fund, the Foundation and of course the Wellcome Trust and UNICEF to see the market effect we can have to buy and we're currently, less than ten days after the issue of the data, organising procurement but also thinking how to support countries to have access to this product.

Of course in that case the situation that we will face of course as soon as we have medicines is also the situation at country level; that will be a challenge because in that case of course access to oxygen for example is not the same in all the countries so we need to work with the countries and other initiatives to increase access to oxygen in that case.

So what do we need? To achieve our goal to have 245 million courses of treatment we need \$7.2 billion, of which 3.8 billion are needed immediately and this is important because if we don't have the results we may have to face delays in the future so the cost of inaction now is quite important to take into consideration.

**00:21:38**

In fact we need to have one billion now to complete the R&D. We need around 0.4 for market preparedness and 2.5 for deployment because of course we need to anticipate the need in terms of procurement and start to work on the way we will support countries to have access to the drug when and as soon as we get evidence that we can push therapeutics in a way. Thanks and over to you.

BA Thank you very much, Philippe. I'd just remind our journalist colleagues, there're a lot of numbers being shared with you in terms of the need and this is quite intentional in advance of the really important events being produced and

hosted by the European Commission and the Global Citizen Forum in support of the battle against COVID-19 and development of new tools.

But recognising the bewildering number of numbers we're also going to post a consolidated investment case on our website so you'll be able very easily to find the numbers relative to each one of the different pillars and the investments needed for them to be successful as quickly as possible.

With that I would like to hand over to our next pillar and presenter. This is going to be Dr Soumya Swaminathan, who is the Chief Scientist at the World Health Organization and one of the Co-Leaders of that important vaccines pillar. Soumya, over to you.

**00:23:08**

SS Thank you, Bruce, and greetings to everyone. I'm going to speak on behalf of the vaccines pillar. We call ourselves COVAX and this is co-led by WHO, by GAVI, the vaccine alliance, which of course is well-known for having provided access to life-saving vaccines to millions and millions to children, and CEPI, which is a relatively newer organisation set up in 2016 which is the Coalition for Epidemic Preparedness Innovation, set up to develop vaccines for the priority pathogen diseases.

So what do we hope to achieve and why do we need a vaccine? We've seen very clearly now from the pandemic and the way it's progressing that despite having huge impact both on health and on the economy of countries the studies that have been done show that only a small proportion of the population have acquired any kind of immunity to this virus and so the only way to prevent further spread and transmission and to break that cycle would be to have an effective and safe vaccine that's available to people all over the world.

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So the COVAX facility really aims to accelerate the research and development and manufacturing of vaccines. Just as a background, the shortest time it's taken for a vaccine to be developed so far globally is five years; that's what it took for the Ebola vaccine. A Zika vaccine was developed in about two years but it never had the opportunity to be tested more widely but in general it takes eight to ten years for a vaccine from when the research begins to when it gets into people.

We want to shorten that timeline to as short as possible; we mean for 12, a maximum of 18 months. That would be unprecedented and can only happen through a global collaboration between scientists, academics, small companies, larger companies, the big pharma industry as well as member states, philanthropies, private and public sector, civil society to make sure that we put in place everything that's needed to be able to test as many vaccine candidates as possible.

The good news is we have over 200 candidates at some stage of clinical development. About 15 of them are actually now in human clinical trials so if

we're able to accelerate that and at the same time set up manufacturing capacities, invest in scaling up manufacturing - because normally it's a step-by-step process; first you prove that a vaccine works, then you go in and invest in manufacturing and that usually takes a couple more years to get enough doses.

We don't have time to wait so we have to invest in manufacturing in advance for many different types of vaccine candidate so that we can scale up to millions and billions of doses as soon as possible.

Then very importantly is the equitable access; we can do the R&D, we can manufacture the doses but if it doesn't get to the people who need them the most then it's of no use. Obviously this virus has affected all countries, all populations and therefore a vaccine ideally and from an ethical standpoint - should also be available across the world, particularly to people who are at risk of mortality.

We know that the front-line workers, the elderly, people who have other comorbidities and other vulnerable groups in different countries - we've seen clearly that there's a disproportionately higher risk of dying from this infection.

#### **00:26:56**

Then of course we also want to ultimately stop transmission and that's the only way to protect livelihoods and protect the economy. It's estimated now that about \$375 billion are lost every month and it's a huge economic challenge for countries across the world.

Therefore to come to what we need now, what the COVAX pillar needs immediately is \$11.3 billion in the next six months. We will need an additional 6.8 billion in the next 12 months, a total of 18.1 billion until the end of 2021.

We also need in addition to this the commitment of high-income and upper-middle-income countries to purchase up to a billion doses from the COVAX facility. The COVAX facility is being set up by GAVI with the partners as a means to both pool the risk for countries who are investing in vaccines and also pool demand so that manufacturers have an advance commitment, they know how many doses the facility will buy from them and therefore there's an incentive to produce that.

So what will this investment get the world? We hope to have two billion vaccines available by the end of 2021, which will be fairly and equitably distributed across the world. This will allow us to accelerate the vaccine research and development by investing in the largest portfolio of vaccine candidates possible.

#### **00:28:35**

It will accelerate vaccine production through global at-risk manufacturing and procurement pooling and it will accelerate equitable access to vaccines through fair allocation and through large-scale immunisation programmes.

So as we do all of this of course countries will need to prepare and I think that will be addressed when we think about the health systems pillar. Thank you. Back to you, Bruce.

BA Thank you very much, Soumya. With that I would like to go to our next presenter and the final pillar of the ACT architecture. It's actually a cross-cutting structure, our health systems connector and to explain that to you I'm delighted to hand over to Dr Muhammed Pate, who is the Global Director of Health, Nutrition and Population at the World Bank. He also holds the hat of the Director of the Global Financing Facility for Women, Children and Adolescents. Muhammad, over to you.

**00:29:34**

MP Thank you, Bruce. The Health Systems Connector Working Group is co-led by the World Bank and the Global Fund along with WHO. It comprises membership from the Bill and Melinda Gates Foundation, GAVI, UNICEF, UNITAID, France, IFRC and others.

We've already had global solidarity; now let it be translated into tangible actions at the country level. We need to respond to the primary crisis of the COVID-19 pandemic and mitigate its secondary impact by delivering new tools quickly.

Andrew has mentioned already the global economic impact estimates of the IMF. The pandemic is already threatening to push between 71 million and 100 million people into extreme poverty. It is also triggering heavy secondary crises because of widespread disruptions in access to reproductive, maternal, newborn, child and adolescent services.

Therefore more and better investments are necessary now to create stronger, more resilient health systems, to save lives and prevent reversals in the recent progress in improving population health outcomes all over the world, ensuring that everyone everywhere can access safe, quality and affordable healthcare.

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The health systems connector of the ACT is a transversal working group and supports the three pillars that you have heard already by ensuring that the new tools developed can be efficiently and effectively deployed in country health systems and local communities in the battle against COVID-19.

We're building on the current efforts of our respective organisations, supporting governments to help them strengthen their healthcare delivery systems to be able to deliver the ACT Accelerator tools.

Without the country health systems diagnostics, therapeutics and vaccines cannot be deployed and will not reach the people who need them the most. So to ensure an effective approach we have several workstreams that are focused on protecting front-line health workers, dealing with the clinical care standards and how they will be deployed, the integrated data management to know where we are going in terms of translating the tools into action at the country level, the health financing

issues, community engagement, which is an essential part of the overall effort, the role of the private sector in service delivery, not only in the tools development but also in service delivery, and addressing key elements of the supply chain.

**00:32:06**

All of these are focused on the downstream and not duplicating the efforts of the three pillars that you have already heard. We are now in the process of developing roadmaps for various country contexts to deliver the ACT tools when available. In order to have realistic roadmaps we are grounding our approach at the country levels, starting quickly with an identified set of countries which we'll work with in a bottom-up manner to validate the global estimate models.

We will look at what it will take to deploy the tools, the capacity gaps, the human resources, the financing dates [?], the information, as I mentioned, the supply chain as well as the service delivery models in this new world of the COVID-19 pandemic.

Ultimately it is countries and their leaders and communities that will have to step up to ensure delivery of the tools. We are mobilised in this collective effort among the leading health organisations including the World Bank and the Global Financing Facility and it provides us all an unprecedented opportunity to sharpen focus on the importance of translating global commitments into tangible actions at the country level. Let's turn this crisis into an opportunity for countries to build back stronger, faster and more inclusive health systems and economies. Thank you. Over to you, Bruce.

**00:33:29**

BA Thank you very much, Muhammad, on the essential role of the health systems connector to make sure all of these tools really get to the people they must if we're to save lives, reduce severe diseases and get our societies and economies working again in the near term.

Ladies and gentlemen, to our journalist colleagues, one of the things you've heard repeatedly about ACT and the establishment of ACT is that fundamental goal not only of developing tools but making sure that they get used in a fair and equitable manner across the globe, across populations in this fight against COVID-19.

Within ACT the World Health Organization is leading the work on access and allocation and the person leading that is the Assistant Director-General for WHO's Access to Medicines and Health Products division, Mariangela Simao, who I'm delighted to introduce as our next speaker. Mariangela.

**00:34:22**

MS Thank you, Bruce. Good morning and good afternoon to everybody. As you have heard, WHO and partners are working tirelessly to ensure that at the end of the day there will be timely and equitable access to COVID tools. This pandemic is very pervasive. It requires a very different approach; we are talking

about an all-countries approach as no country will be free of COVID-19 if the situation is not under control elsewhere.

But we also must be realistic because initially we will have considerable constraints on supplies and it will not be possible to have full demand attended immediately. That's why WHO is developing a framework to guide the fair allocation of limited resources so that those who need them most urgently have access in a timely manner regardless of where they live and their ability to pay.

The equitable access framework hinges on five principles that were discussed already with member states. First is transparency which improves efficiency and accountability. Second is the selection and allocation according to public health needs; that's quite important.

#### **00:35:39**

We need to have in place flexible regulatory and procurement approaches to expedite the availability of products. We need a collaboration framework to accelerate and scale up the response and that's where ACT-A comes into the picture. We also need ethical values too that reinforce the principle of equal rights of all populations to access these public health tools.

In addition we need to ensure that the products and tools are affordable, that they are safe, efficacious and quality-assured and to understand which role each of them will play in helping end this pandemic.

We know of several constraints right now and we must deal with them at the same time and some are uncertainties. The first one is knowledge about disease epidemiology and pathophysiology. You know that this is evolving; as we work through the six months of this pandemic we are learning as we move ahead.

The second is the characteristics of the new products and the timing and availability. We still don't know which products will prove to be safe and effective and the settings in which they will need to be used.

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Given the supply constraints that we envisage WHO is working with member states and partners to develop what we're calling a sequential allocation model to achieve the best possible public health impact. We will present a draft framework to member states for comments at the beginning of July and we are aiming for a fair allocation mechanism to be in place by the end of August.

At this initial stage we are focusing on vaccines because we are hopeful that one or more vaccines may be ready in the next year and we understand it will take some time to ramp up production of safe and effective products so we need to set priorities for the initial phase, knowing that eventually as production increases more people will be able to benefit from a vaccine.

A lot will of course depend on the characteristics of a successful product and by that we mean which population will be protected or not, what we call the

immunogenicity and the safety profile of the vaccine, the cold chain requirement, etc. Once we know more about the products WHO's expert group on immunisation, which is SAGE IG [?], will develop guidance for usage in countries.

Meanwhile we're using a working assumption to develop a framework that sets an initial public health goal of reducing mortality, protecting health systems and ultimately improving the well-being of the population and reducing the impact on society and the economy.

#### **00:38:40**

For now what we know is the global data showing that adults over 65 and those people who have comorbidities are at higher risk of dying from COVID-19 and together with healthcare workers who are at the front line in the fight against COVID these groups represent less than 20% of the global population so prioritising these groups for any initial allocation of vaccines could have an enormous impact on the course of the pandemic.

We will also take into consideration the country's vulnerability and trend from COVID. We'll assess both based on the epidemiologic data and other agreed metrics and allocation will be adapted to country health systems and population factors.

But it's important to highlight that limitations in countries' health system capacity will not limit allocation and deployment of the COVID product. WHO and partners will provide support to offset any weakness in countries' supply system to ensure appropriate and timely use of these products because we had experiences in the past where countries with weaker supply chains at country level had a delayed introduction of vaccines. We want to offset that from the beginning.

#### **00:40:02**

This work on vaccines, as was described by Dr Soumya, is being developed in collaboration with GAVI and CETI and this is very important because equitable access and allocation of vaccines across countries and populations with high risk ultimately depends on having safe and effective products available so we need to combine our efforts to achieve this.

This framework will be tested and adjusted; we think that it has to be adapted as we move forward in consultation with experts in countries but our driving ambition remains the same; to end the pandemic, to protect all people, especially the most vulnerable, who are at risk and help societies get back to normal as best as possible. Thank you very much.

BA Thank you very much, Mariangela, for bringing this so fundamental an aspect of the work of ACT alive for our journalist colleagues on the line. With that, ladies and gentlemen, we've come almost to the end of our speakers but I'm delighted to introduce Dr Ngozi Okonjo-Iweala, who is our other Special Envoy

for the ACT Accelerator, to provide some closing comments before we take a few questions to try and clarify outstanding issues. Dr Ngozi, over to you.

**00:41:21**

NOI Thank you very much, Bruce. Thank you. Today we have set out the ambitious and rigorous thinking on the work of each pillar in the ACT Accelerator. We have also published a consolidated investment case for three of the pillars and, as Bruce said, we'll shortly have this loaded on the website of the WHO.

A total need of \$31.3 billion has been estimated through scenarios and assumptions discussed within the pillars and contained within their own separately published and costed plans. Total need is estimated for low and middle-income countries over 12 months for therapeutics and diagnostics and 18 months for vaccines.

**00:42:11**

At this point the estimates do not include the health systems connector. Since its launch on 4<sup>th</sup> May many governments and companies have signalled commitment to the ACT Accelerator and made financial pledges. To date contributors have committed a total of \$11 billion, of which 3.4 billion was for the three product pillars and an additional 1.7 billion for the health systems connector of the ACT Accelerator.

Building on that progress the diagnostic, therapeutic and vaccine pillars of the ACT Accelerator will need an additional \$27.9 billion including 13.7 billion to cover urgent needs. These plans today represent a strategic intent and big ambition to which we must rally. In the coming weeks the ACT Accelerator will add to what you see today with a roadmap to show how partners will do it.

I want to reiterate the point that Andrew Witty made at the start of this meeting that this is an investment worth making more than any other we can think of. The value proposition is clear; a faster end to the pandemic. If we don't rally now the human costs and economic pain will deepen so though these numbers sound big they are not when we think of the alternative.

Just think of the trillion of dollars that have had to be spent in order to stimulate our economies back. If we spend billions now we'll be able to avoid spending trillions later. COVID-19 is a crisis that affects all of us. No-one will be safe from COVID-19 until everyone is safe. The time to act is now and the way to act is together. Thank you, Bruce. I hand back to you.

**00:44:21**

BA Thank you very much, Ngozi. Ladies and gentlemen and journalist colleagues, we've taken a great deal of your time to lay out the fundamentals of ACT, to explain what it is, explain its ambition, explain how it operates but it's an enormous endeavour and it's an extremely ambitious endeavour, as you heard as well, and I'm afraid it does take time to both explain that and to introduce you to

the people who are leading this, as you can hear on a day-to-day basis, an extraordinary group of people.

So I'd like to thank all of them for participating and presenting, I'd like to thank you for your patience as we've walked you through the ACT Accelerator and I do hope that this will be the first of a number of events over the coming months as we try to keep you abreast of this important work because quite frankly, ladies and gentlemen, the ACT Accelerator must be successful. The stakes are extremely high.

**00:45:17**

The last thing I would like to do is just remind you again, part of the reason for today's briefing was both to provide you the update of where we are and of the needs of the ACT Accelerator but also to do this in advance of the extraordinary events that will be held tomorrow, hosted by the European Commission and by Global Citizen in the fight to end COVID-19.

So there will be the summit that will be hosted by the President of the European Commission and will be streamed live from, I believe, 3:00pm Central European Time tomorrow. Then we have the remarkable concert that will be hosted by Dwayne Johnson and put together by the Global Citizen, which will start at 8:00pm Central European Time tomorrow evening. All the details, all the time zones are on the fabulous site that Global Citizen have put together, for those of you looking for those details.

With that I'd like to thank you all again for listening and we do have time for some questions and can carry on as needed. I will now hand over to the World Health Organization's media person, Ms Fadéla Chaib, who will moderate the questions. Fadéla.

FC Thank you, Bruce. Good afternoon and thank you, journalists, for your patience. I am Fadéla Chaib from the media office. Welcome to our press conference that you are following through Zoom and our different social media platforms. Just to remind you, we will take one question per journalist to allow as many questions as possible and don't forget please to raise hand. This will enter you into the queue to ask questions. Please don't forget to mute yourself if you want to ask a question.

**00:47:04**

We have interpretation in six languages. Please tell us to whom you would like to address your question; as you can see, we have several participants. We will start with one question, I think, from Stefano Valentino. Stefano, can you hear us?

ST Yes, I can hear you. Can you hear me?

FC Yes, perfectly. Go ahead, please.

ST Thank you for letting me ask the question. I also sent the question by the chat but I can repeat of course. I really appreciate all the speeches and I would like

to ask the question to the expert who deals with [unclear] vaccines. Sorry, I don't remember the name.

**00:48:01**

As far as is said, there is not an agreement yet concerning the legal terms to collect patent rights and ensure that vaccines produced by pharmaceutical companies can be licensed to subcontractors or manufacturers.

Most of the vaccines, by the way, are developed by big pharmaceutical companies which hold the patent rights, as with the distribution licensing rights. How will you make sure that all these large producers which normally produce vaccines for profit will provide affordable vaccine, accept waivers from their exclusive rights so that that vaccine can be distributed everywhere at accessible prices?

By the way, as far as I understood, most of these pharmaceutical companies are not even members of the Accelerator and they didn't take part in the launch event in June. How can you deal with that?

FC Thank you, Stefano. Dr Swaminathan.

SS Yes, it's a very good question because there are usual practices in drug and vaccine development but that's exactly what we're trying to change now through the COVAX and when I said collaboration, it's a collaboration of not just the public sector but very much the private sector.

**00:49:39**

The International Federation for Pharmaceutical Manufacturers Association, the IFPMA, as well as the DCVMN, which is the Developing Country Vaccine Manufacturers Network, have been involved closely right from the beginning in the discussions and they also sit on the CCM, which is the COVAX management committee.

There has been tremendous commitment from the private sector because they see this also as their proper social responsibility and I think that this concept of a vaccine for COVID as a public good has very much been embraced by everyone.

So I think we've had really very constructive engagement and discussions and the fact that most of the manufacturers are now in discussions with the vaccine pillar, with CETI, with GAVI and ourselves and we have this dialogue constantly about what we can do to support them in advancing the research and development there's been, we've seen tremendous collaboration in terms of companies coming together to share their scientific knowledge, to share resources like adjuvants so companies which are traditionally rivals have actually agreed to share their resources to produce a successful vaccine.

**00:50:56**

So I think we're seeing a lot of goodwill and more than goodwill; it's a lot of practical steps really that are happening and as we go through now and we make these advance market commitments the other thing is to make sure that the

manufacturing for vaccines is also spread out around the world because that actually helps in decentralising production and making also access easier to populations.

So vaccine manufacturers are also tying up with companies which have the capacity to manufacture large volumes in Asia, in Africa so that the maximum number of doses can be produced. So I'm very hopeful and optimistic that this is going to be an unprecedented kind of a collaboration which will lead to a vaccine in record time, more than one vaccine hopefully, and that also accepts a model for the future on how we look at product development for diseases which are essentially a public good.

As the Director-General says very often, people's health is really everybody's business and concern. You cannot have economic development without addressing health issues and so this is very fundamental. I don't know if anyone else wants to add to that.

**00:52:16**

FC If not I will ask Bianca; Bianca, can you hear us?

BI Yes, can you hear me, Fadéla?

FC Yes, very well. Go ahead, please.

BI Thanks a lot for attention. My question is about Brazil. When the ACT Accelerator was launched Brazil was not part of it and I would like to know at this point what is the participation of Brazil? Brazil being now the centre of the pandemic in South America what's the participation of Brazil in such an important project?

FC Thank you, Bianca.

BI Yes, I don't know if Soumya, Mariangela or [inaudible], I don't know...

TAG It's okay, thank you. Obrigado. Brazil has already requested to join the ACT Accelerator and we welcome that so that's the status now.

FC Thank you, DG. We will now move to another question from Priti. Priti, can you hear us? Priti?

**00:53:37**

PR Hi, can you hear me?

FC Yes, perfectly, thank you.

PR This question is on the WHO allocation framework. I had two clarifications. One is whether the framework will determine allocation of health products not only within countries but also between countries. Secondly does WHO have the power to enforce these allocations?

FC Thank you, Priti. Who wants to take this question. Mariangela.

MS Thank you, Priti. It actually is a very good question because the allocation framework that we're discussing with member states is focusing on priority groups and we are working with member states and we've received a lot of feedback on approval regarding the priority populations to be addressed across all countries.

But evidently it will require a lot of adjustment to be able to actually address the specific needs in different countries so it's both things; it's within countries and across countries. WHO does recommendations for countries but at the end of the day it will require adjustments to the country context; small countries, big countries with different epidemics; they may have different needs.

**00:55:15**

When we say for example we are prioritising populations over 65, in Africa the population over 65 is different from the population over 65 in Japan. So the framework will work, will try to be very adaptive for the different epidemiological contexts in each country in which are the groups that are being more affected. Thank you.

FC Thank you, Dr Simao. Do we have other participants who want to add something? If not we will go to the next question from Natasha, The Economist. Go ahead, Natasha.

NA Hi. Would it be fair to say that the Astra vaccine has the largest level of global commitment both financially and geographically at the moment? I guess the question is for Dr Swaminathan.

SS Sorry, Natasha. Could you please repeat that?

**00:56:23**

NA Yes. Is it fair to say that the Astra vaccine from AstraZeneca has the largest level of global commitment at the moment both financially and geographically in terms of different countries backing it?

SS Yes, I think that's accurate, correct.

NA So would it be fair to say that at the moment it is leading the world, it is one of the world-leading vaccine candidates if not the world-leading vaccine candidate?

SS Certainly in terms of how advanced they are and the stage at which they are they are, I think, probably the leading candidate because, as you know, they've already advanced into phase two trials. We expect to see results very soon from those human studies and are already planning phase three trials in many, many countries so it's possible that they will have results quite early.

We do know that Madonna [?] vaccine is also going to go into phase three clinical trials probably from the middle of July and so that vaccine candidate is not too far behind but I think AstraZeneca certainly has a more global scope at the moment in terms of where they're planning their vaccine trials.

**00:57:49**

I just want to add a point about that; I think there is an advantage for companies to look at mechanisms where you could actually plan to do clinical trials in multiple countries, in multiple settings and WHO would be very happy to facilitate that kind of approach.

It's important that the trials that are done are of good quality, that they're properly randomised clinical trials of adequate size so that we can learn about both efficacy and safety and that they are measuring the right endpoints and they use standardised case definitions and standardised laboratory assays to assess the immune responses or immunogenicity.

So those are the kind of standardisation and harmonisation protocols that we've been working at WHO to develop through our expert networks and these are now available to all companies, to all developers to use. We're working with SEPI also to provide that kind of guidance and assistance to anyone who might want advice for future development and also to try and synchronise on and collaborate on doing a trial similar to what we did for therapeutics.

**00:59:04**

The solidarity trial for therapeutics has been successful because we used an approach of going out around the world and setting up trial sites and as the disease has moved across the world we've continued to enrol patients and that then helps you to achieve your objectives in the first place.

A similar approach for vaccines should be seriously considered and discussed now. Thanks.

FC Thank you, Soumya. I don't know if others would like to add. Sir Andrew, do you want to add something?

AW Yes, I'd like to make a couple of comments. First of all there is a tremendous amount of effort going in from many, many companies and universities on a variety of vaccine programmes, many of which have very different vaccine profiles.

Until we start to see data coming in from the significant human trials - and as you've heard from Soumya there are probably ten or 15 vaccines which are already at that phase - until we start to see that data come in it's really difficult to differentiate whether we have a vaccine that's going to work well, whether some are going to work better than others, what the exact profiles are of those vaccines.

**01:00:23**

So it's important to think about the world effort here really as a portfolio of research efforts. The good news is it's quite a diversified portfolio so that you have a variety of different technologies being deployed, a variety of different scientific targeting mechanisms to try and essentially prevent the virus from infecting people.

That's a really good thing to have at this very early stage but it's also just really important to remain quite humble in the sense that until we start to see success this is all very much still an experimental phase.

Clearly once we do start to see success then everybody's energy needs to be deployed behind those approaches that work and ensure that we can scale those things up as quickly as possible, that we can demonstrate safety and efficacy as quickly as possible.

But it's really important to see this as a diversified portfolio of research and it's also important to acknowledge that maybe for the first time this is really a truly globally diversified portfolio so of course there are really significant contributions being made by the traditional large pharmaceutical companies, often from the West, but we've got very active research programmes coming from China, we're seeing similar being spun up in India and a very wide number of other countries represented within the broader population of about 200 early-stage vaccine research projects which are going on.

So it's just important to remember that and at any given time there will always be a vaccine or two which is in the front of the race. Hopefully they're going to be the ones that work; they may or may not be. It's important not to lose sight of the big, diversified pool that's moving along one after another and that's what makes Soumya and GAVI and CEPI's job so complex because you're trying to keep track of such a broad range of opportunity and ensure that we're investing in developing the right ones as quickly as possible.

It's still very early days in this journey. We may be super-lucky, which would be terrific, and have an early win but we also need to be ready for things taking, as you heard, 12 to 18 months to make something happen and even if it took 12 to 18 months that would be, without precedent, the world's fastest development of a vaccine. Thank you.

FC Thank you, Sir Andrew. Any other addition? Bruce, do you want to speak?

**01:03:14**

BA Sure, a quick comment, as Andrew and Soumya really laid it out but one of the things that's been very interesting and important to bear in mind about the vaccines is that there're a a number of different platforms, five or six different major platforms on which these vaccines are being produced and different parts of the world are investing more heavily in different ones of them.

Hence, as Andrew said, it really is very, very hard to cite them as a lead on anything right now because all of these platforms are using different approaches. Many of them are now in clinical trials and it's going to be some time until we understand what the most promising of those will be.

The other thing we need to be careful about is just because we know what is sometimes announced publicly about who's making a contract with whom there

may be lots of others that we're not aware of always in real time and as public so I think we want to be quite cautious in picking any front-runners at this point. There are lots of positive things happening out there.

**01:04:20**

FC Thank you, Bruce. We will move now to a journalist from Sweden, Isaac Crono. Can you hear us, Isaac? Isaac, can you unmute yourself, please? If not we will...

IS Hello, can you hear me now?

FC Yes, go ahead, Isaac.

IS Hello.

FC Yes. Swedish radio. Can you unmute yourself?

IS Hello.

FC Yes. We can hear you. Go ahead, please.

IS Can you hear me?

FC Perfectly. I think there is a kind of problem. We will try to come back to you, Isaac. Now we will go to Gabriela Sotomayor. Gabriela.

IS Hello, can you hear me now?

FC Gabriela and then we come back to Isaac.

**01:05:25**

TR Can you hear me correctly? Very good afternoon; very pleased to see you, Bruce. My question is on the testing part of the accelerator. To date we have no vaccine, which is the major obstacle. What we do have are a number of tests and trials so we do have trials. My question then is, what's the WHO's ideal view with regard to lab testing, what pattern, what methods need to be used?

Perhaps, maybe you're not going to establish something obligatory; I know it's not a word you particularly enjoy but what about one country doing a lot of trials and in other countries there aren't so many trials? This has consequences for citizens but also for others so what would you see as your ideal situation with regard to countries looking to conduct trials, maybe so many per thousand citizens? What would you suggest to lead to safe access to vaccines? Thank you very much.

SC Bruce, would you like me to answer in Spanish?

TR This is an excellent question. The WHO is recommending that countries try to detect virus at a molecular level. We're currently producing target product profiles which are able to detect antibodies and antigens.

**01:07:23**

With regard to allocation of molecular tests, it's also currently being studied. The WHO is part of the consortium for diagnostics project. The number varies greatly

with regard to production capacity. As Mariangela was explaining, depending on country needs that will vary.

FC This question was answered by a participant from FIND. His name is Sergio Carnova. We will send his name later on. We will go now for a last question; I think I will ask Jon Cohen from Science to ask the last question. Thank you. Jon, can you hear us?

JO I can hear you. Can you hear me?

FC Perfectly, yes. Go ahead, please.

JO You mentioned the Chinese vaccine companies and there was an announcement this week that Sinopharm has made an agreement to start phase three trials in UAE so I think you're quite right to be very careful about saying who's ahead of anyone else.

But I think there's a dearth of information about the Chinese vaccine efforts and I'm wondering how connected you are to their efforts.

**01:08:55**

They have another phase three trial that they're projecting to do in Brazil. Can you tell us anything about the phase three trials that China is planning to do and whether you're connected to those?

FC I think that Sir Andrew would like to intervene here. Or Dr Swaminathan can start.

AW Maybe, Soumya, you should start and then I'll be happy to add.

FC Okay, Soumya first.

SS Yes, thank you, Jon. We have been in discussion with the Chinese companies and, as you know, there are at least four of them that are ready for scaling into phase - going from phase two to phase three trials.

**01:09:46**

A couple of them are whole-virus-inactivated vaccines and then there's also some unit protein vaccine candidate. We've had some preliminary discussions both with Sinovac and with Cansino as well as with the Beijing Institute of Biotechnology on further collaborations and we're in the process of exchanging documents, of signing confidentiality agreements with them so that we can review their dossiers and both provide advice and support and also try to facilitate the conduct of clinical trials, particularly with respect to the points I made earlier; to make sure that the trials are conducted in the right settings with the right size, the right endpoints, making sure that the lab assays are standardised and harmonised.

A lot of work is now being done with CEPI also on the enabling sciences to ensure that the support to companies can be provided especially when it's a question of supply of standards for the neutralising antibody assays and so on.

So we are in discussion with multiple Chinese manufacturers. We've also had in-depth discussion with some of the Indian vaccine development efforts. Those are a little bit behind the Chinese but there're some very good efforts going on and we're looking forward to working with those companies as well. So I think as far as the Indian companies are concerned they're of course involved also in manufacturing because they have capacity for large-scale manufacturing but there are also a lot of innovative vaccine development programmes going on that we will look at and similarity for other countries as well.

**01:11:36**

We're aware of efforts in Brazil and Nigeria. We're open to discussion with scientists from different countries who are engaged in these efforts and also with pharmaceutical companies.

FC Thank you, Soumya.

SS Maybe Andrew wants to add.

FC Yes. Sir Andrew.

AW Yes, not very much to add at all but certainly, just to confirm it, Soumya and I and others from ACT and WHO spent an extremely productive set of Saturday mornings with both China manufacturers and regulators as well as Indian manufacturers and regulators on different occasions to review what they were doing and exactly, I was impressed by the manufacturers' engagement, their interest to outreach, to look for advice and support in how they can continue to accelerate their own development.

**01:12:27**

As you just heard from Soumya, that is exactly very welcoming of that type of collaboration and I think given that what we're trying to achieve here in the vaccine pillar is really so unprecedented - and again I just want to reiterate, until we actually see success we have to continue to invest in a diversified approach. The more shots we have to try and thread this particular needle the better.

This is a virus that we didn't know much about six, nine months ago. We're learning more about it every single day but it's still relatively new and the vaccine approaches have yet to be proven and therefore having this diversified approach makes a ton of sense.

I think it's great that we've got four or five Chinese and then manufacturers elsewhere in the world joining in this quest and we certainly look forward to collaborating with any and all of those to help ensure that the work is done to the highest standard and as quickly as possible and contributes to the tools that we hope can then be made equitably available across the world. Thank you.

FC Thank you, Sir Andrew. Before wrapping up this press event are there any final words from our different speakers? Mike Ryan?

**01:13:47**

MR I just want to make a clarification because there may have been some misunderstanding of a question from one of our colleagues. I want to speak a little bit about diagnostics. I really welcome and value the work that we've done with FIND, with the Global Fund and others on the diagnostic part of this portfolio so I just want to make it clear in case there's a misunderstanding.

We're not beginning now with the diagnostic process. The ACT is about scaling up, it's about increasing access, better use and making sure we have the best possible tools in the right quantities, in the right place, using the right kind of innovation for the job we have to do in the next six months.

But working with academic institutions around the world and in Germany in particular laboratory assays for these diagnostics were published in mid-January. We began specifying manufacturing processes in mid-January as well. Validation of producer, procurement and dispatch to 159 labs around the world went ahead in late January; I believe a dispatch began on February 2<sup>nd</sup> and we've been supplying PCR-based diagnostics to hundreds of labs ever since then with partners in the field.

**01:14:59**

Our colleagues particularly in the Global Fund and the Clinton Health Access Initiative, UNICEF and others have worked together both to procure individual PCR-based testing, high-throughput testing for Abbot and Roche systems, working with colleagues at Gilead - not Gilead; at Sefid; sorry - on the Gene Expert diagnostic platform.

So I think we've been maximising the value and use of all of the diagnostic platforms that we have. We need to develop new types of tests. We need to accelerate access to those tests and I think the diagnostic area - and I would particularly like to recognise our colleagues in FIND; we've been working with FIND since again mid-January and working with them on the identification and validation of new suppliers for PCR-based testing and many of those suppliers are now in the global supply chain.

We'd like to thank our colleagues in the supply chain taskforce who've worked together as a single procurement consortium and have procured millions of tests for different labs around the world using different platforms.

**01:16:00**

We've put aside any sense of competition or difference and worked together in what has been a broken global market to deliver. The ACT Accelerator allows us to now have a chance to further accelerate, develop and innovate so we can meet the diagnostic needs in the coming months.

FC Thank you, Dr Ryan, for this precision. Any other speaker who wants to make any last comments? Bruce?

BA I think the last thing we'd like to do together is just thank all of our journalist colleagues and friends for taking so much time today to listen to the

story of what ACT is, where it stands and the progress that it's making. As we've talked about, it's an extraordinary coalition of organisations and we've spoken of the role of many of these.

What we didn't mention, which I think is so important, is the role of civil society as we go forward as well and perhaps that's one of the topics we can pick up in a future discussion because at the end of the day civil society has played such an incredible role in this response and Mike speaks frequently to it in his briefings and Dr Tedros and similarly they will be so important for the solutions that we're trying to put together and get into the hands of people who need them everywhere.

FC Thank you, Bruce. We will send you the audio file in a short while and you received also the press release and you will receive the DG's address. Thank you and have a nice weekend. Thank you from Geneva. Bye.

TAG Okay. Thank you, Fadéla. Shukran jazeelan and bon week-end. Thank you. See you on Monday.

**01:18:05**