

## **WHO Director-General's opening remarks at the media briefing on COVID-19 - 6 January 2022**

Happy New Year!

The dawn of a new year offers an opportunity to renew our collective response to a shared threat.

I hope global leaders who have shown such resolve in protecting their own populations will extend that resolve to make sure that the whole world is safe and protected.

And this pandemic will not end until we do that!

Last week, I asked everyone to make a New Year's resolution to get behind the campaign to vaccinate 70% of people in every country by the middle of 2022.

And on top of that, to ensure that breakthrough treatments, as well as reliable tests, are available in all countries.

To end the acute stage of the pandemic, the highly effective tools science has given us need to be shared fairly and quickly with all countries of the world.

Vaccine inequity and health inequity overall were the biggest failures of last year.

While some countries have had enough personal protective equipment, tests and vaccines to stockpile throughout this pandemic, many countries do not have enough to meet basic baseline needs or modest targets, which no rich country would have been satisfied with.

Vaccine inequity is a killer of people and jobs and it undermines a global economic recovery.

Alpha, Beta, Delta, Gamma and Omicron reflect that in part because of low vaccination rates, we've created the perfect conditions for the emergence of virus variants.

Last week, the highest number of COVID-19 cases were reported so far in the pandemic.

And we know, for certain, that this is an underestimate of cases because reported numbers do not reflect the backlog of testing around the holidays, the number of positive self-tests not registered, and burdened surveillance systems that miss cases around the world.

While Omicron does appear to be less severe compared to Delta, especially in those vaccinated, it does not mean it should be categorized as 'mild'.

Just like previous variants; Omicron is hospitalizing people and it is killing people.

In fact, the tsunami of cases is so huge and quick, that it is overwhelming health systems around the world.

Hospitals are becoming overcrowded and understaffed, which further results in preventable deaths from not only COVID-19 but other diseases and injuries where patients cannot receive timely care.

First-generation vaccines may not stop all infections and transmission but they remain highly effective in reducing hospitalization and death from this virus.

So as well as vaccination, public health social measures, including the wearing of well-fitting masks, distancing, avoiding crowds and improving and investing in ventilation are important for limiting transmission.

At the current pace of vaccine rollout, 109 countries would miss out on fully vaccinating 70% of their populations by the start of July 2022.

The essence of the disparity is that some countries are moving toward vaccinating citizens a fourth time, while others haven't even had enough regular supply to vaccinate their health workers and those at most risk.

Booster after booster in a small number of countries will not end a pandemic while billions remain completely unprotected.

But we can and must turn it around. In the short-term we can end the acute stage of this pandemic while preparing now for future ones.

First, we must effectively share the vaccines that are being produced.

Throughout most of 2021 this was not the case but toward the end, supply increased.

Now it's crucial that manufacturers and dose-donating countries share delivery timings ahead of time so that countries have adequate preparation to roll them out effectively.

Second, let's take a 'never again' approach to pandemic preparedness and vaccine manufacturing so that as soon as the next generation of COVID-19 vaccines become available, they are produced equitably and countries don't have to beg for scarce resources.

A few countries have provided a blueprint for how high-quality vaccines and other health tools can be mass produced quickly and distributed effectively. And now we need to build on it.

WHO will continue to invest in vaccine manufacturing hubs and work with any and all manufacturers who are willing to share know-how, technology and licenses.

I'm encouraged by some of the vaccines currently going through trial where innovators have already committed to waiving patents and sharing licenses, technology and know-how.

It reminds me of how Jonas Salk did not patent his polio vaccine and in doing so saved millions of children from the disease.

Let's also invest and build the public health and health systems we need with strong surveillance, adequate testing, a strengthened, supported and protected health workforce, and an empowered, engaged and enabled global population.

And finally, I call on citizens of the world, including civil society, scientists, business leaders, economists and teachers to demand that governments and pharmaceutical companies to share health tools globally and bring an end to the death and destruction of this pandemic.

We need vaccine equity, treatment equity, test equity and health equity and we need your voices to drive that change.

Equity, equity, equity.

No place is this message of equity more true than in countries or regions dealing with humanitarian crises and conflict zones.

In these areas, tackling the pandemic, as well as keeping health services on track is extremely challenging.

The base requirement for lifesaving intervention is humanitarian access.

And we are on the ground in every humanitarian crisis and in all instances have found ways to reach populations with aid and supplies.

For example, in Afghanistan, until recently, over three quarters of health facilities reported stock-outs of essential medicines and there was a threat to sustaining health workers in their posts.

But as of December, over 2,300 health facilities had received new supplies and 25,000 health workers have been paid ensuring the functionality of 96% of the health system through a joint WHO-UNICEF effort.

In Ethiopia, WHO was able to dispatch 14 metric tonnes of medical supplies to Afar and 70 metric tonnes to Amhara in December.

In Tigray, WHO has not been permitted to deliver medical supplies since mid-July of last year.

This is despite repeated requests from WHO to provide medical supplies to the Tigray region, which would help meet some of the humanitarian and health needs in Tigray.

Even in the toughest periods of conflict in Syria, South Sudan, Yemen and others, WHO and partners have had access to save lives.

However, in Tigray the *de facto* blockade is preventing access to humanitarian supplies, which is killing people.

At the top, I spoke of how the New Year is a time to renew.

I urge all leaders and key stakeholders in conflict to remember that those who work for peace are the heroes history remembers.

We need health for peace and peace for health.

To build trust and save lives, a good starting point is to ensure humanitarian and health corridors are open in all conflict zones so international agencies and civil society groups can do what they do best – save lives.

And to those celebrating Orthodox Christmas tomorrow, may your homes be filled with peace, happiness and good health.