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**Statement by**

**Tedros Adhanom Ghebreyesus**

**Director-General of the World Health Organization**

on the occasion of the  
first part of the 2021 Ordinary Session  
of the Council of Europe Parliamentary Assembly

(Strasbourg, 25-28 January 2021)

Mr Rik Daems, President of the Parliamentary Assembly of the Council of Europe,  
Ms Jennifer De Temmerman, Rapporteur of the Resolution,  
Excellencies, honourable members of the Parliamentary Assembly of the Council of Europe,

Thank you for inviting me to join you today.

Let me start by commending the Parliamentary Assembly for your commitment to keeping the COVID-19 pandemic response at the top of national agendas.

I also commend the report under discussion today for its emphasis on international cooperation for the fair and equitable distribution of vaccines, which was echoed in the Council of Europe's recent statement.

And I commend the resolution you will discuss today, which recognizes COVID-19 vaccines as a global public good.

It is in times of crises such as these that our higher principles are most important.

This pandemic has tested us like never before, and now, even as we have developed vaccines in record time, it is testing us again.

Vaccine equity is not just a moral imperative. Ending this pandemic depends upon it.

This fundamental principle is one that many European governments and the European Commission recognized with their support of the Access to COVID-19 Tools Accelerator.

For the last nine months, this landmark partnership has been laying the groundwork for the equitable distribution and deployment of life-saving tools.

We have new rapid tests that provide results in less than 30 minutes, which are being rolled out soon.

We have identified dexamethasone to treat severe disease, which is being stockpiled for use in low and lower-middle income countries.

And the development and approval of safe and effective vaccines less than a year after the emergence of this new virus is a stunning scientific achievement. It gives us all a much-needed source of hope.

One vaccine now has WHO emergency use listing, and three are authorized for emergency use by stringent regulatory authorities.

WHO is working to expedite the regulatory review of several other vaccines for emergency use listing, in collaboration with national governments and regional bodies such as the European Medicines Agency.

COVAX has now secured two billion doses from five producers, with options on more than one billion more doses for 2021 and early 2022. We expect COVAX to make its first deliveries next month.

In short, COVAX is ready to deliver what it was created for.

I want to thank our partners Gavi and CEPI for their exceptional work to bring us to this point.

Together, we have overcome scientific barriers, legal barriers, logistical barriers and regulatory barriers.

But even as the first vaccines begin to be deployed, the promise of equitable access is at serious risk.

We now face the real danger that even as vaccines bring hope to those in wealthy countries, much of the world could be left behind.

Some countries and companies are making bilateral deals, going around COVAX, driving up prices and attempting to jump to the front of the queue.

COVID-19 vaccines are now being administered in 50 countries around the world, nearly all of which are wealthy nations. Seventy-five percent of doses have been deployed in only ten countries.

It is understandable that governments want to prioritize vaccinating their own health workers and older people first.

But it is not right that younger, healthier adults in rich countries are vaccinated before health workers and older people in poorer countries.

The situation is compounded by the fact that most manufacturers have prioritized regulatory approval in rich countries, rather than submitting full dossiers to WHO for Emergency Use Listing.

We must work together to prioritize those most at risk of severe disease and death, in all countries.

The emergence of rapidly-spreading variants makes the speedy and equitable rollout of vaccines all the more important.

A me-first approach leaves the world's poorest and most vulnerable people at risk.

It is also self-defeating. These actions will only prolong the pandemic, the restrictions needed to contain it, and the human and economic suffering.

A study published this week by the International Chamber of Commerce Research Foundation found that vaccine nationalism could cost the global economy up to 9.2 trillion US dollars, and almost half of that – 4.5 trillion dollars – would be incurred in the wealthiest economies.

Prompt and equitable dose sharing is critical if we are to overcome this pandemic.

While many European countries have made generous financial contributions to COVAX, funds to complete the purchase of the two billion dose target are still needed.

It is just as important that COVAX receives timely donations of extra doses of vaccine that so many countries have secured.

This is another critical means by which COVAX can equitably allocate vaccine doses to protect additional populations.

To put it bluntly: many countries have bought more vaccine than they need. It is critical that COVAX receives those extra doses soon, not the leftovers many months from now.

Lives depend on it.

We need urgent action from governments, vaccine producers and the global community to walk the talk on vaccine equity.

My request to all countries is to act in solidarity. Only by working together can we bring this pandemic to an end.

I have five critical actions countries must take:

First, to prioritize: We need to protect the COVAX Facility and ensure it can work as envisaged. WHO must be provided with vaccine data at the same time as other regulators, so that provision of vaccines to all countries can be sped up;

Second, to act in fairness: Excess doses should be shared, or countries should suspend their rights to access COVAX doses, once they have vaccinated their health workers and older people, to allow other countries to do the same;

Third, to be accountable: All partners must live up to the promises they have made and do everything possible to increase volumes of approved vaccines, including through increased production, technology transfer, and licensing;

Fourth, to be ready: All countries need to ensure that the regulatory and logistical mechanisms are in place to roll out and scale up tests, treatments and vaccines, and ensure that no dose is wasted;

And fifth, to be transparent: We call on countries with bilateral contracts – and control of supply – to be transparent on these contracts with COVAX, including on volumes, pricing and delivery dates.

Parliaments have a critical role to play, in both advocacy and community engagement, in keeping government accountable, in countering misinformation, and in allocating adequate budgets for policy priorities.

Finally, I'd like to note that WHO's Emergency Committee, convened under the International Health Regulations, has determined that requiring proof of vaccination for international travellers does not make sense at the current time.

Travellers are not considered a high-risk group, nor is there any evidence that vaccines reduce transmission.

My friends, 2021 can be and should be a year of renewed hope, when we overcome the acute phase of the pandemic.

Together, we must ensure that vaccination of health workers and older people is underway in all countries within the first 100 days of this year.

We have 74 days left. Time is short, and the stakes could not be higher.

Every moment counts.

I wish you a fruitful discussion.

I thank you.