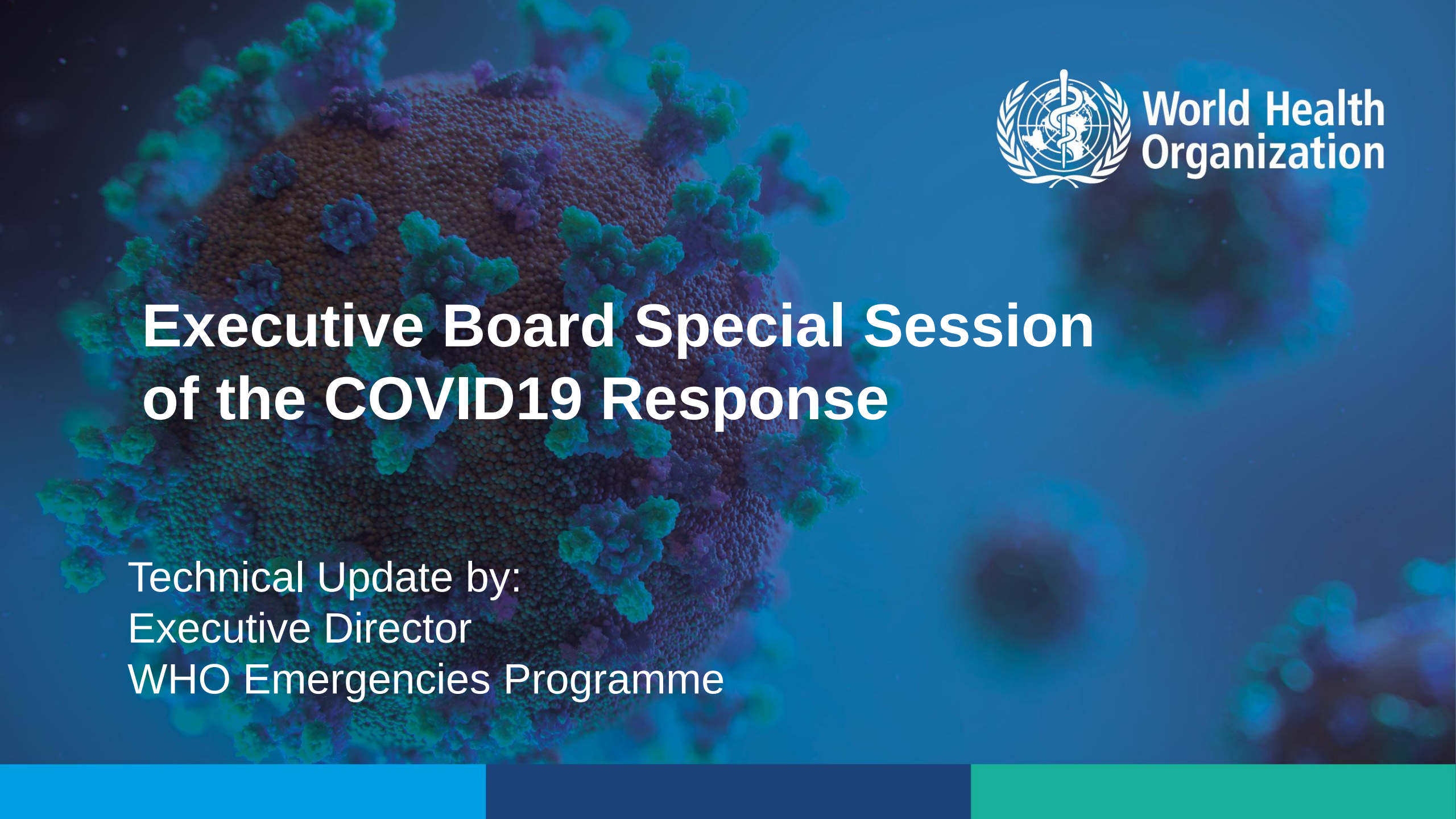
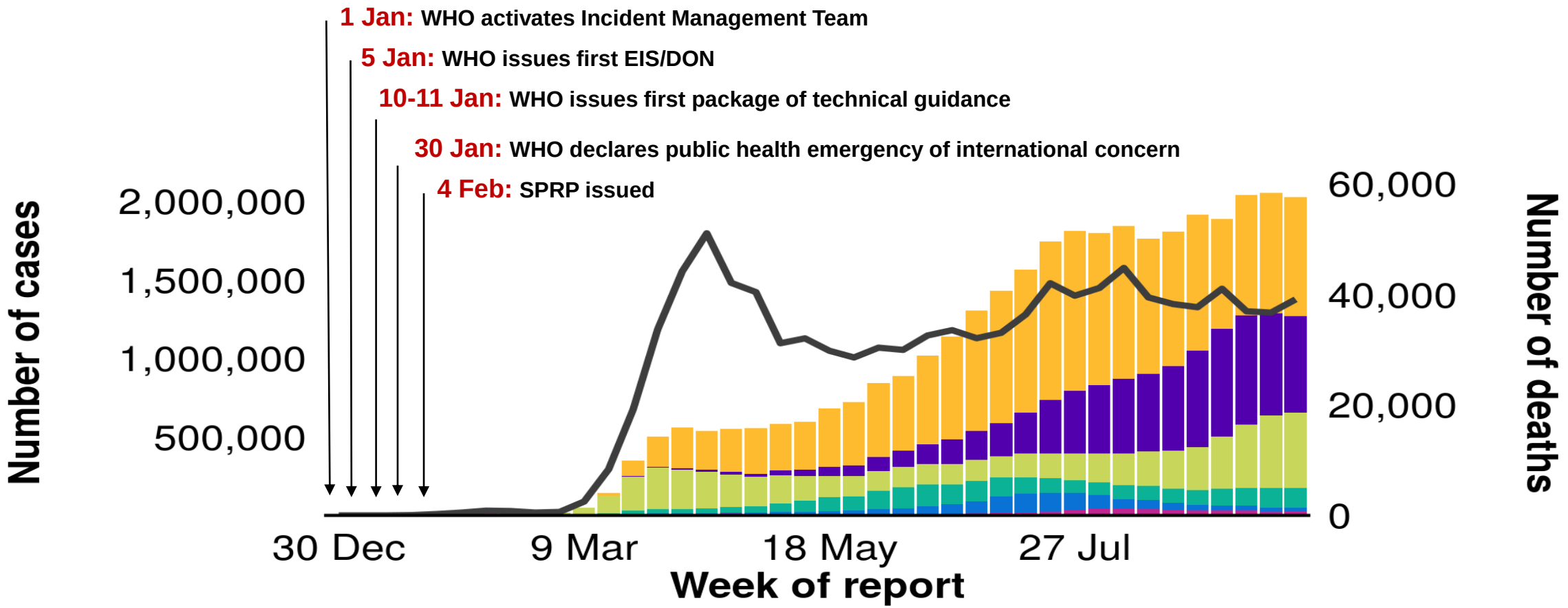


World Health Organization

# Executive Board Special Session of the COVID19 Response

Technical Update by:
Executive Director
WHO Emergencies Programme

# COVID-19: current epidemiological situation




**>33 million confirmed** cases globally

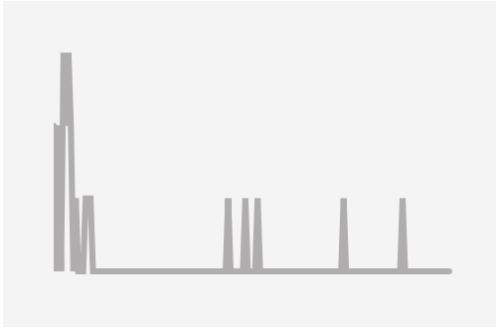
**>1 000 000 deaths** reported



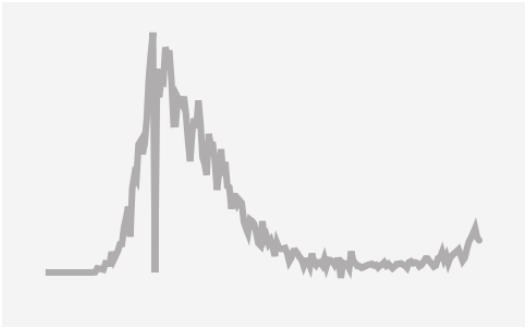
As of 4 October 2020

# COVID-19: countries currently facing different transmission situations

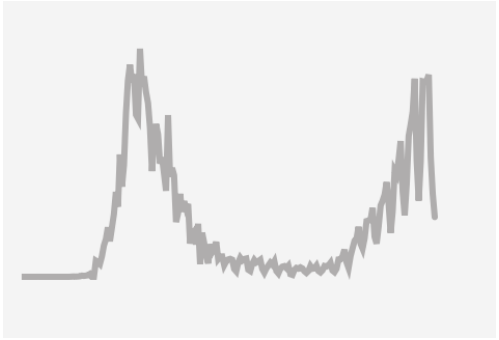
**Countries that have avoided large outbreaks**



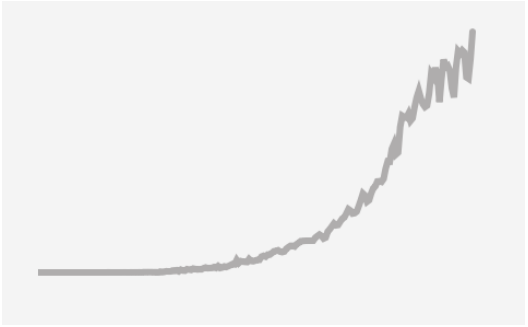
**Major outbreak brought under control**



**Major outbreak brought under control, but are now seeing resurgence**



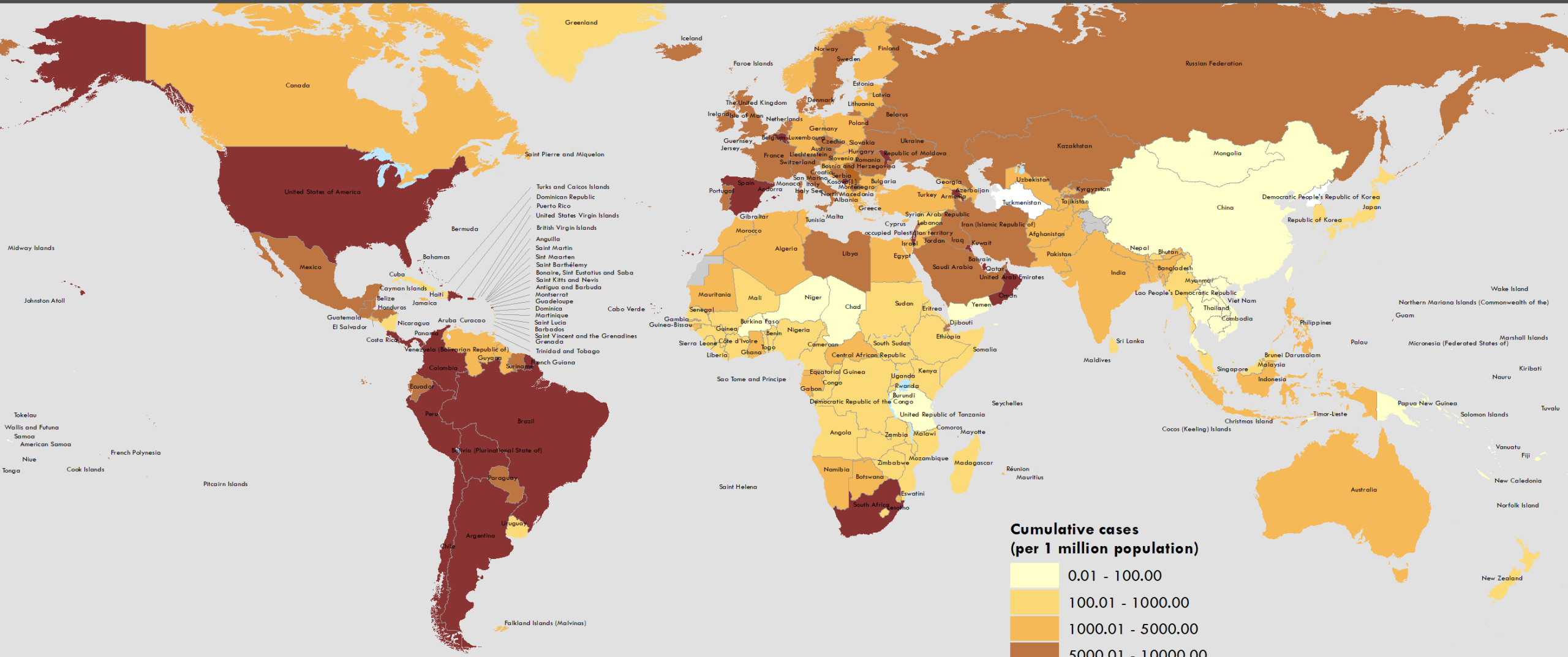
**Intense and ongoing transmission**



# COVID-19 cases per 1 million population

## As of 04 October 2020 10:00AM CEST

World Health Organization




**Cumulative cases (per 1 million population)**

- 0.01 - 100.00
- 100.01 - 1000.00
- 1000.01 - 5000.00
- 5000.01 - 10000.00
- > 10000.00
- No reported cases



***Data Source**: World Health Organization,*
*United Nations Population Division (Population prospect 2020)*
***Map Production**: WHO Health Emergencies Programme*

Not applicable

0 70 140 km

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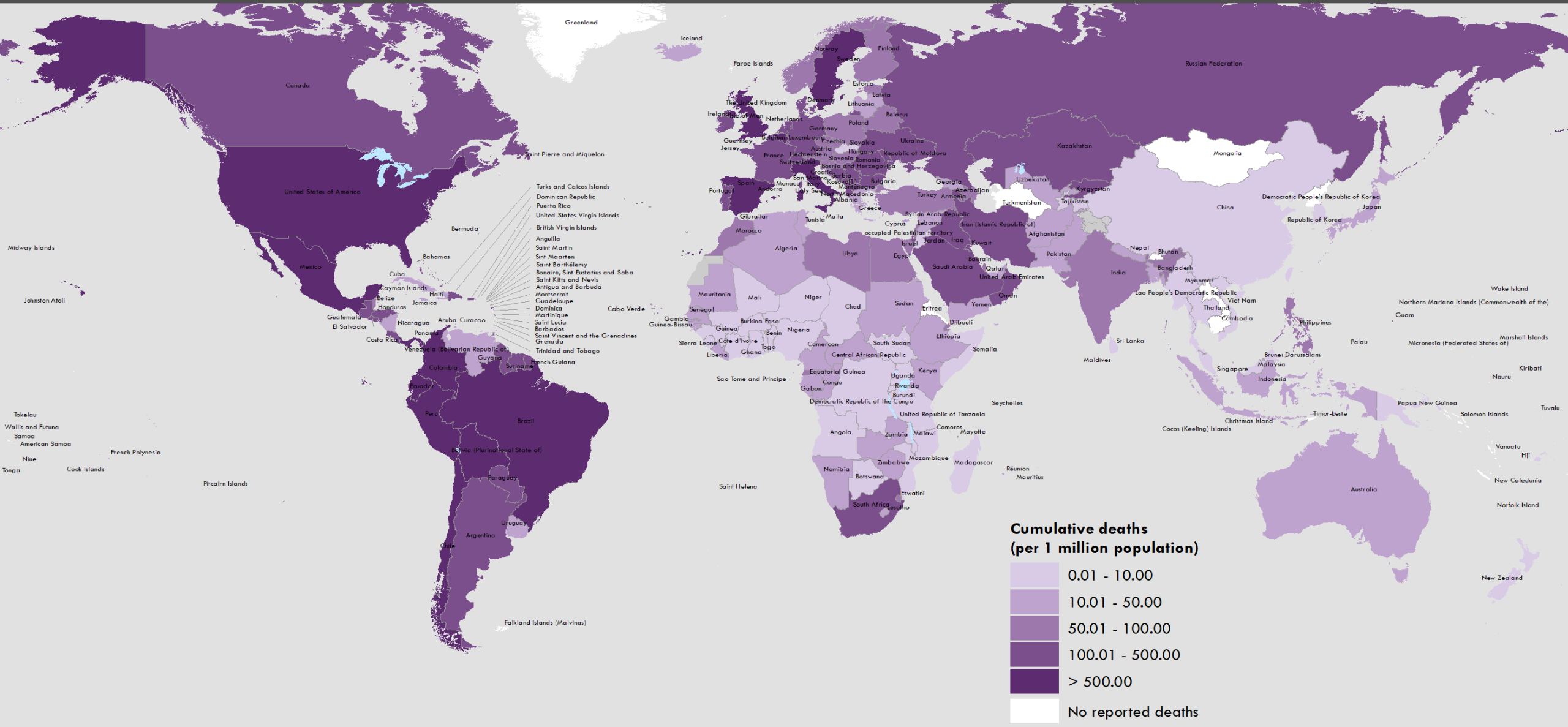
*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.*

# COVID-19 deaths per 1 million population

## As of 04 October 2020 10:00AM CEST

World Health Organization




**Cumulative deaths**
**(per 1 million population)**

- 0.01 - 10.00
- 10.01 - 50.00
- 50.01 - 100.00
- 100.01 - 500.00
- > 500.00
- No reported deaths

***Data Source***: *World Health Organization,*
*United Nations Population Division (Population prospect 2020)*
***Map Production***: *WHO Health Emergencies Programme*

Not applicable

0 2,300 4,600 km

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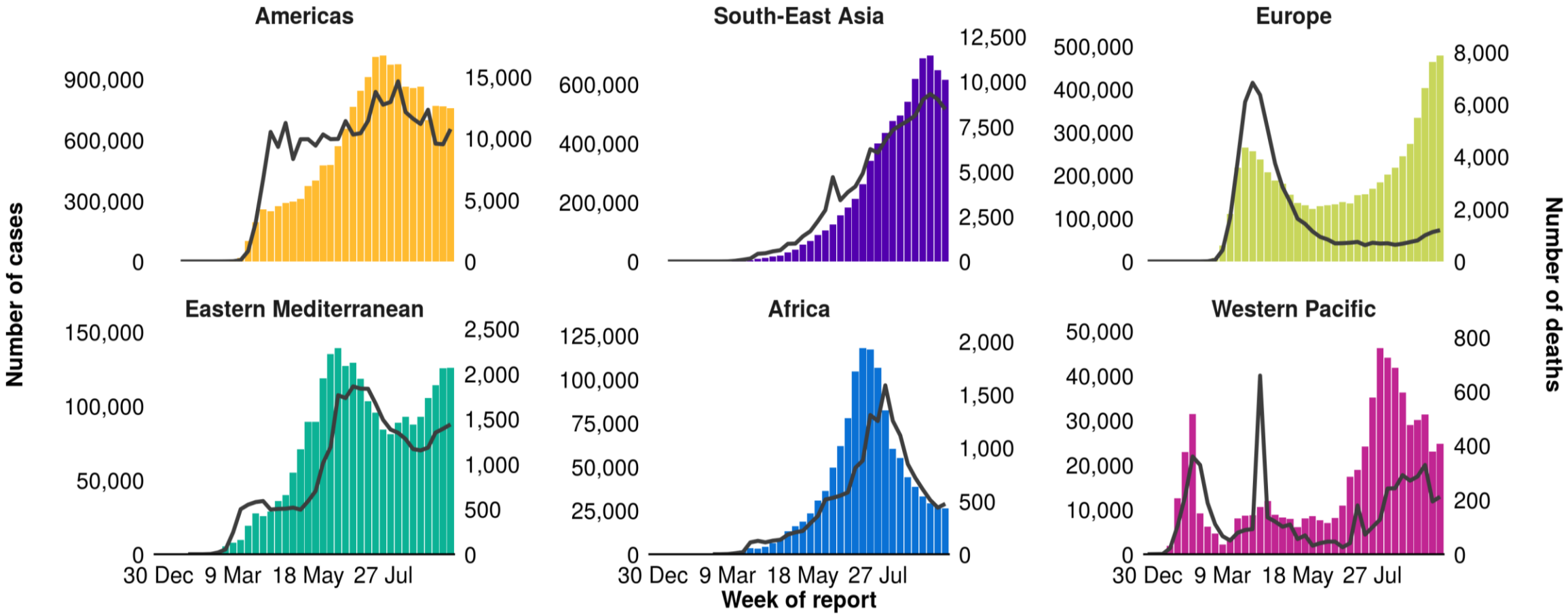
*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.*

# Weekly situation by WHO region

(as of 4 October, 10H CEST)



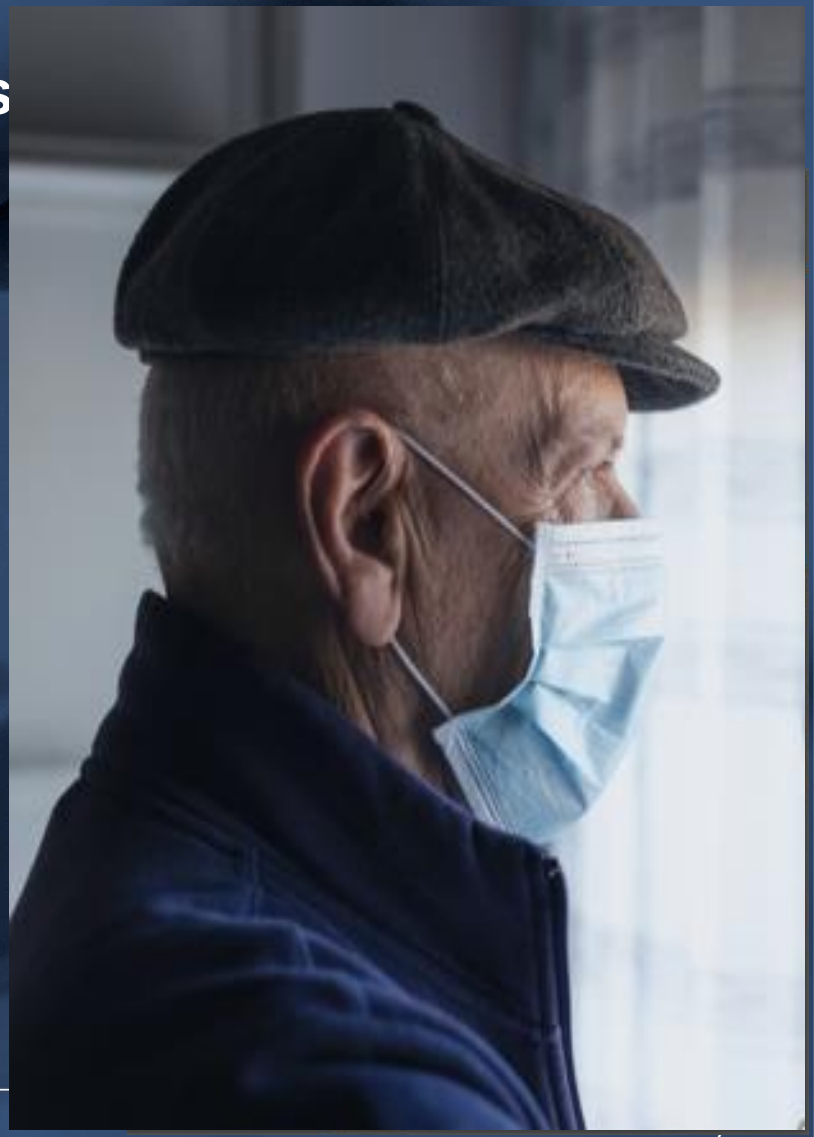

** Data are incomplete for the current week. Cases depicted by bars; deaths depicted by line. Note different scales for y-axes.*

Promote health Keep the world safe Serve the vulnerable

World Health Organization

# WHO global strategy for COVID-19:

## Reduce Transmission, Protect the vulnerable, Save Lives



### The global strategic objectives:

- **Mobilize** all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.
- **Control** sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts.
- **Suppress** community transmission through context-appropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.
- **Reduce** mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations.
- **Develop** safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.

# Putting COUNTRIES at the HEART of the GLOBAL RESPONSE

## HEALTH

Strategic Preparedness and Response Plan (SPRP)

## DEVELOPMENT

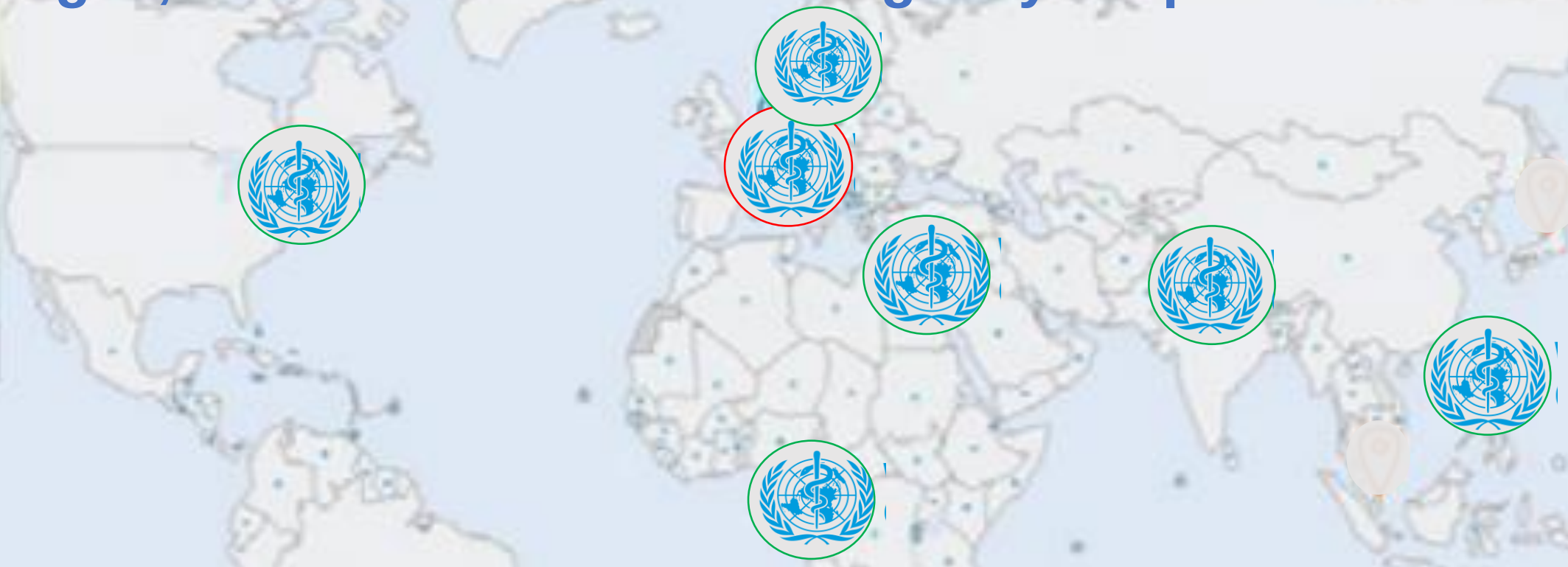
UN Socio-Economic Framework

*(and other country socio-economic plans)*

## HUMANITARIAN

Global Humanitarian Response Plan (GHRP)

# WHO Transformation:
# Agile, Scalable Platforms Emergency Preparedness and Response



194 Member States

Presence in 150 countries

Over 7000 WHO staff

One goal: GPW13

World Health Organization

# COVID-19 Partners Platform (PP) country-centered readiness and response with global coordination – an example of solidarity

COVID-19 Partners Platform

Web-based platform enables real time scale-up with over 5500 government, UN entities and partner users

## Planning & Monitoring

Collaborative planning & tracking of activities based on current guidance

**144** **Countries** have administrative users on PP including 111 countries uploaded national plans and 106 countries used the **Action Checklists**

## Dynamic Costing

Transparent sharing of resource needs when funds not available in-country

**88** Countries have shared **resource needs** across 9 pillars of health representing US$9.1B

## Visibility

Providing visibility of donor funding committed to the response

**740+** Donor contributions recorded, representing US$7.5B

## Requesting Supplies

Facilitating the request of critical supplies through the Supply Portal

**90+** Countries are using the **Supply Portal**

# Impact through partnerships

Countries with **Country Preparedness and Response Plan** aligned to SPRP

Countries with functional national **coordination mechanism**

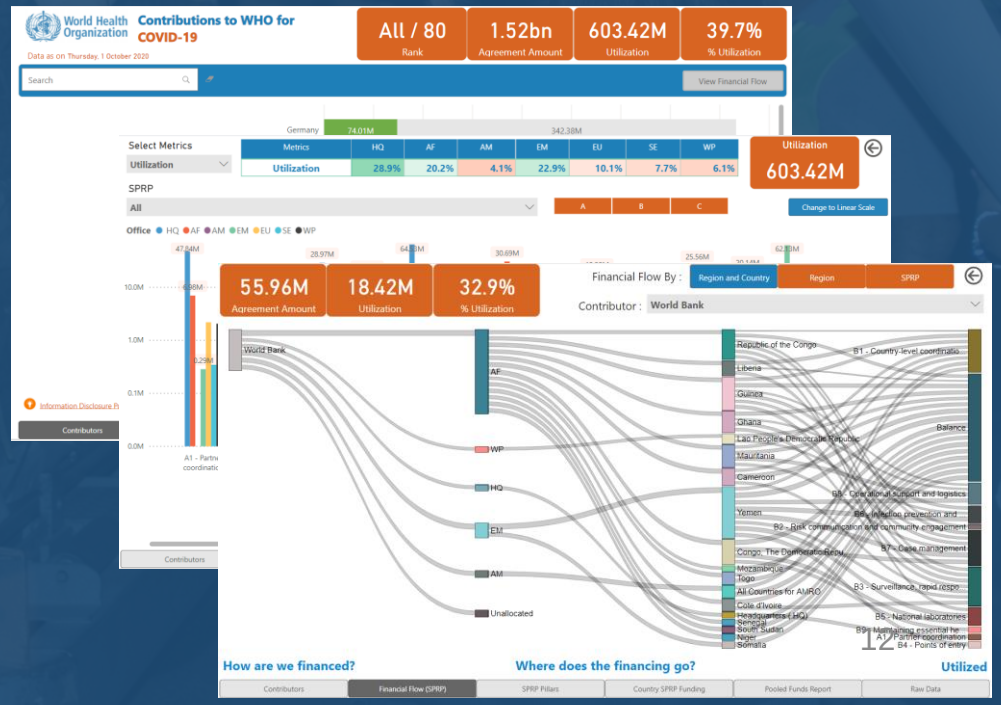
Countries planning, coordinating and requesting resources **Partners portal**

# Solidarity in funding

**US$1.7B**
asked

| | |
|---|---|
| Unprecedented global support | **Largest number of donors ever supporting WHO's COVID response** |
| 79 different donors and 285 awards | **Member States, philanthropies, foundations, private sector, multilateral institutions, etc.** |
| Success story: The Solidarity Response Fund | **Over 618,000 individuals, private sectors companies contributed and committed US$ 237 million** |

| DISTRIBUTION BY LEVEL | DISTRIBUTION OF FUNDS (%) |
|---|---|
| COUNTRY LEVEL | 64% |
| GLOBAL SUPPLIES FOR MS | 17% |
| REGIONAL LEVEL | 7% |
| INTER-REGIONAL | 1% |
| HEADQUARTERS | 11% |
| TOTAL | 100% |



Note: UNCMT alphabetical order

# One coordinated response

UNCMT –
23 UN entities across
26 UNCMT meetings
9 areas of work

IASC –
18 agencies

COVID-19 adapted system-wide scale up protocols

World Health Organization

# WHO's normative function: leading policy & technical guidance

**Generating knowledge and guiding policy and action through:**

- HQ-Regional leadership
- STAG-IH
- SAGE
- WHO CC Network
- Technical Advisory Groups
- Specialised Expert Networks
- Publication Review Committee (PRC)
- Guidelines Review Committee (GRC)

- Surveillance
- Clinical management
- Laboratory
- Supply & logistics
- Modeling
- Infection prevention & control

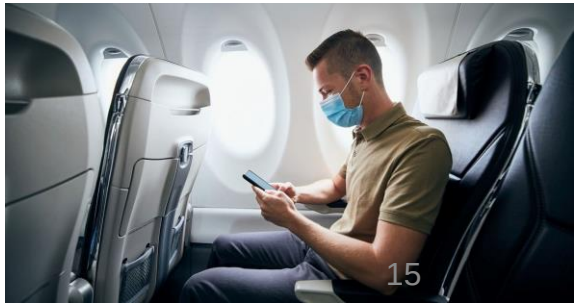
**Thousands of experts, and virtual meetings**

| | | |
|---|---|---|
| Critical preparedness, readiness and response actions for COVID-19 | Surveillance, rapid response teams, and case investigation | Surveillance, rapid response teams, and case investigation |
| Country-level coordination, planning, and monitoring | Clinical care | Infection prevention and control/WASH |
| The Unity Studies: Early Investigations Protocols | Essential resource planning | Guidance for schools, workplace and institutions |
| Risk communications and community engagement | Virus origin/Reducing animal-human transmission | Points of entry/mass gatherings |

As of 12 May 2020

# Translating **Technical Knowledge**…

…Into **Action**



# SCIENCE DIVISION Collaboration with IMST to SUPPORT TO COVID-19

- **Established a critical COVID-19 response new fast-track review mechanism to ensure the coherence and quality of interim guidance and other outputs, providing approval or critique to technical teams within 24 to 48 hours. These processes will also support the ACT Accelerator pillars**

- **Established the Evidence Collaborative for COVID-19, a network to coordinate reviews among more than 100 partners, ensuring harmonization of evidence synthesis, timely access to evidence and reduction of research waste.**

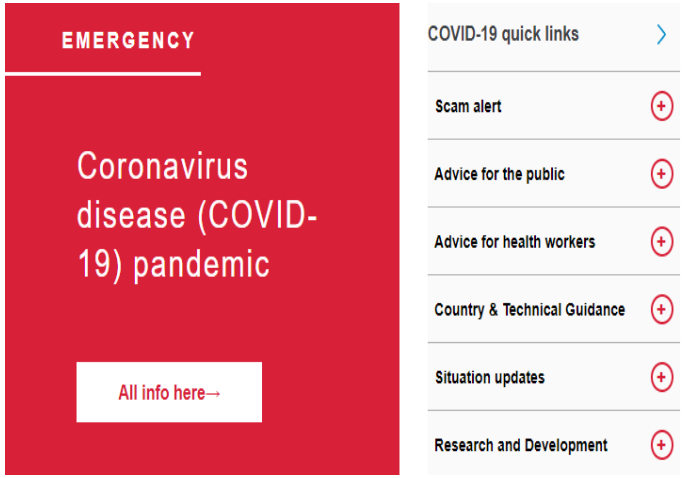
- **The WHO Library has launched a COVID-19 database with more than 90,000 open-access citations across 7 languages - and growing – with 3,000 active users per day.**

# COVID-19: Expedited WHO Guidance and Publications

**To ensure:**

- strategic publication of technical documents and their appropriate and timely dissemination
- quality assurance despite the accelerated process
- consolidation of guidance by theme

- 24-48 hour review turnaround
- 600+ drafts reviewed
- 200+ publications
- HQ and Regional Committee
- 4 to 9 million downloads per month



# Data at the heart of action

World Health Organization

## Coronavirus disease (COVID-19)

### Situation Report – 113

Data as received by WHO from national authorities by 10:00 CEST, 12 May 2020

**Highlights**

WHO has published a new guidance on Considerations for school-related public health measures in the context of COVID-19 as an annex to earlier guidance on adjusting public health and social measures published on 15 April 2020.

WHO has issued a Statement on Tobacco use and COVID-19. Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases. A review of studies by public health experts convened by WHO found that smokers are more likely to develop severe disease with COVID-19, compared to non-smokers. WHO urges researchers, scientists and the media to be cautious about amplifying unproven claims that tobacco or nicotine could reduce the risk of COVID-19.

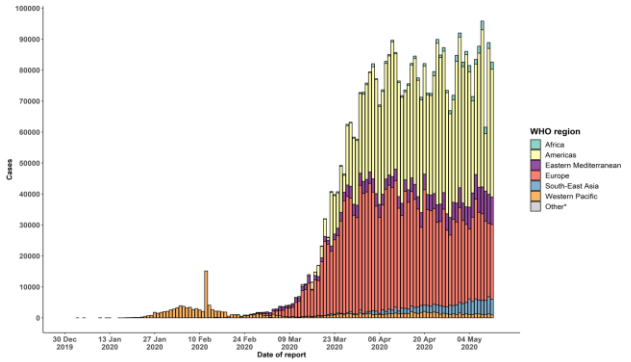
The Director-General Dr. Tedros in his media briefing yesterday, urged a slow, steady, lifting of public health and social measures (so called lockdowns), which is key to stimulating economies, while also keeping a vigilant eye on the virus so that control measures can be quickly implemented if an upswing in cases is identified.

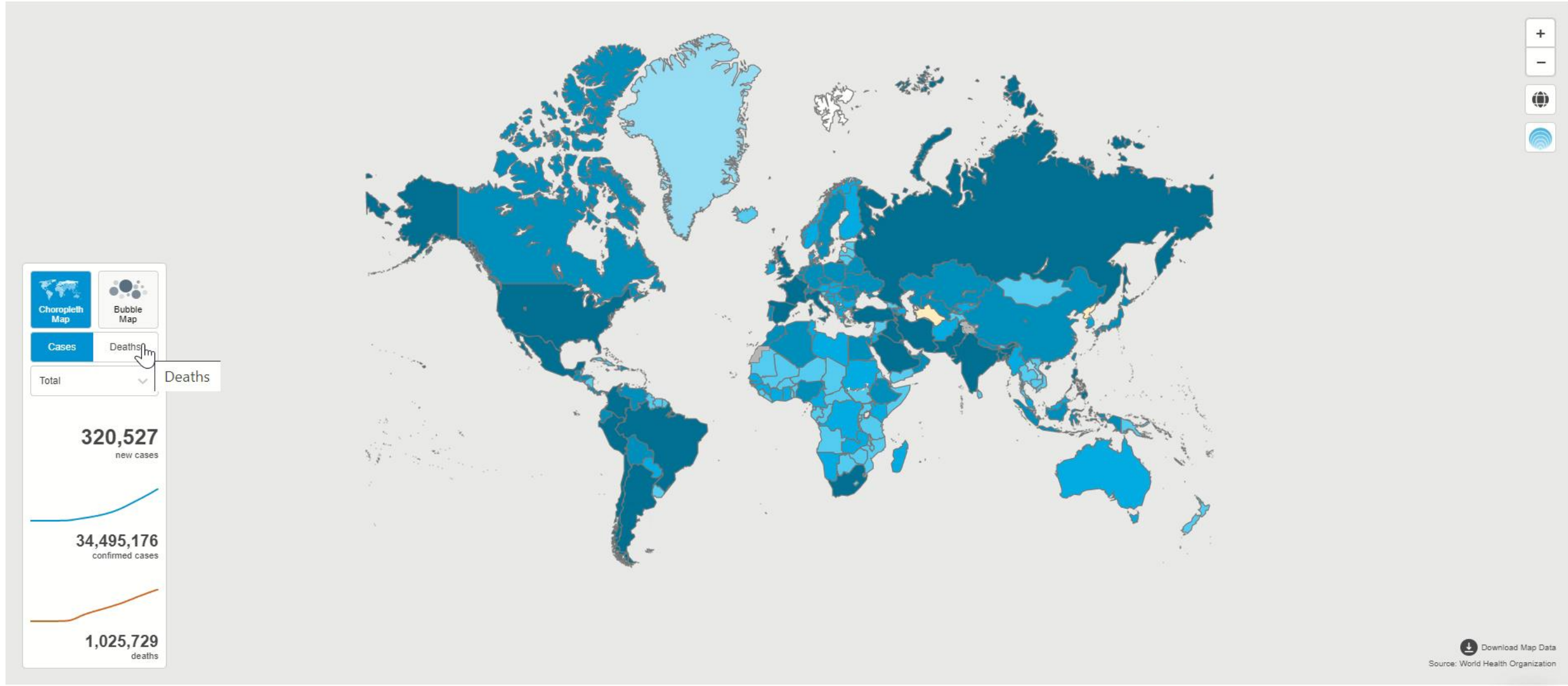
In the 'Subject in Focus' below, WHO Operations and Support Logistics (OSL), in collaboration with a technical network of universities, architects, biomedical engineers and other health experts, is working to support the establishment of COVID-19 treatment centres, self-quarantine and community facilities at the request of countries seeking technical guidance in setting up such facilities.

**Situation in numbers (by WHO Region)**

Total (new cases in last 24 hours)

| | | |
|---|---|---|
| **Globally** | 4 088 848 cases (82 591) | 283 153 deaths (4 261) |
| **Africa** | 46 829 cases (2 296) | 1 449 deaths (34) |
| **Americas** | 1 743 717 cases (41 266) | 104 549 deaths (2 675) |
| **Eastern Mediterranean** | 274 027 cases (8 863) | 9 138 deaths (125) |
| **Europe** | 1 755 790 cases (24 184) | 157 880 deaths (1 277) |

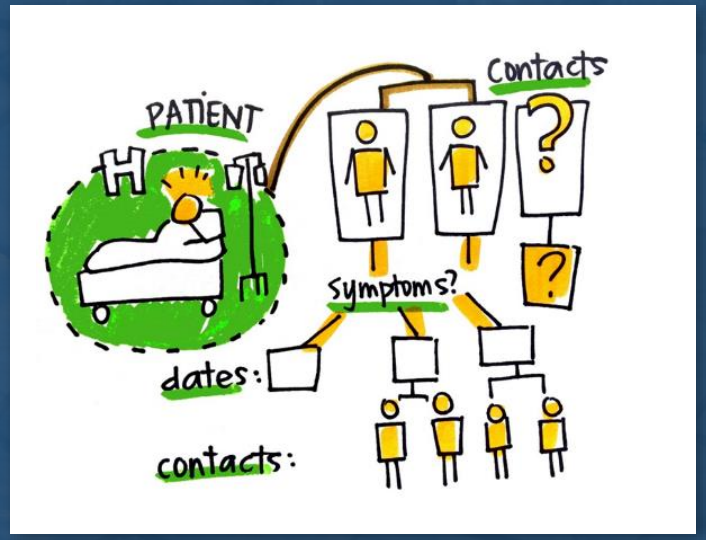





**Globally**, as of **3:12pm CEST, 3 October 2020**, there have been **34,495,176 confirmed cases** of COVID-19, including **1,025,729 deaths**, reported to WHO.

# Working with countries to develop & use public health tools

**Unity Studies:** protocols to collectively better understand the key drivers of COVID-19 transmission




50 countries implementing studies

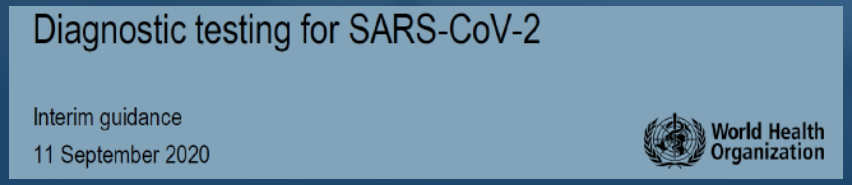
58% of countries are **low- and middle-income**

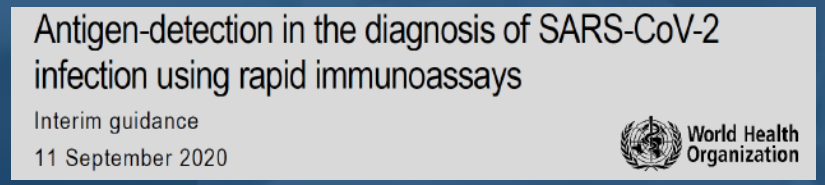


As of 30 September 2020

# Scaling up country laboratory capacity

**Convene laboratory experts from around the world to develop guidance, create standards and share experience**




**134 countries, 12 webinars: a forum for sharing knowledge**

**Mobilize global networks to surge capacity**

GISRS GLOBAL INFLUENZA SURVEILLANCE & RESPONSE SYSTEM

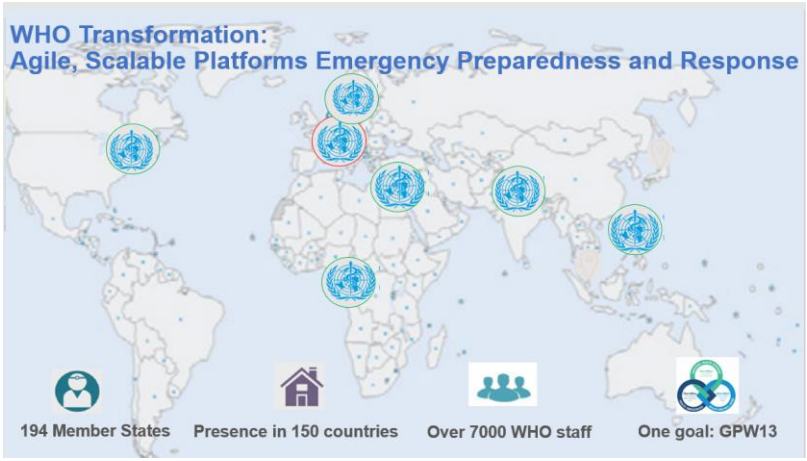
**COVID-19 Lab community of practice platform:**

- 191 active users: national and WHO laboratory focal points

Countries with COVID-19 testing capacity

**Provide diagnostic supplies, training & quality assurance programmes**

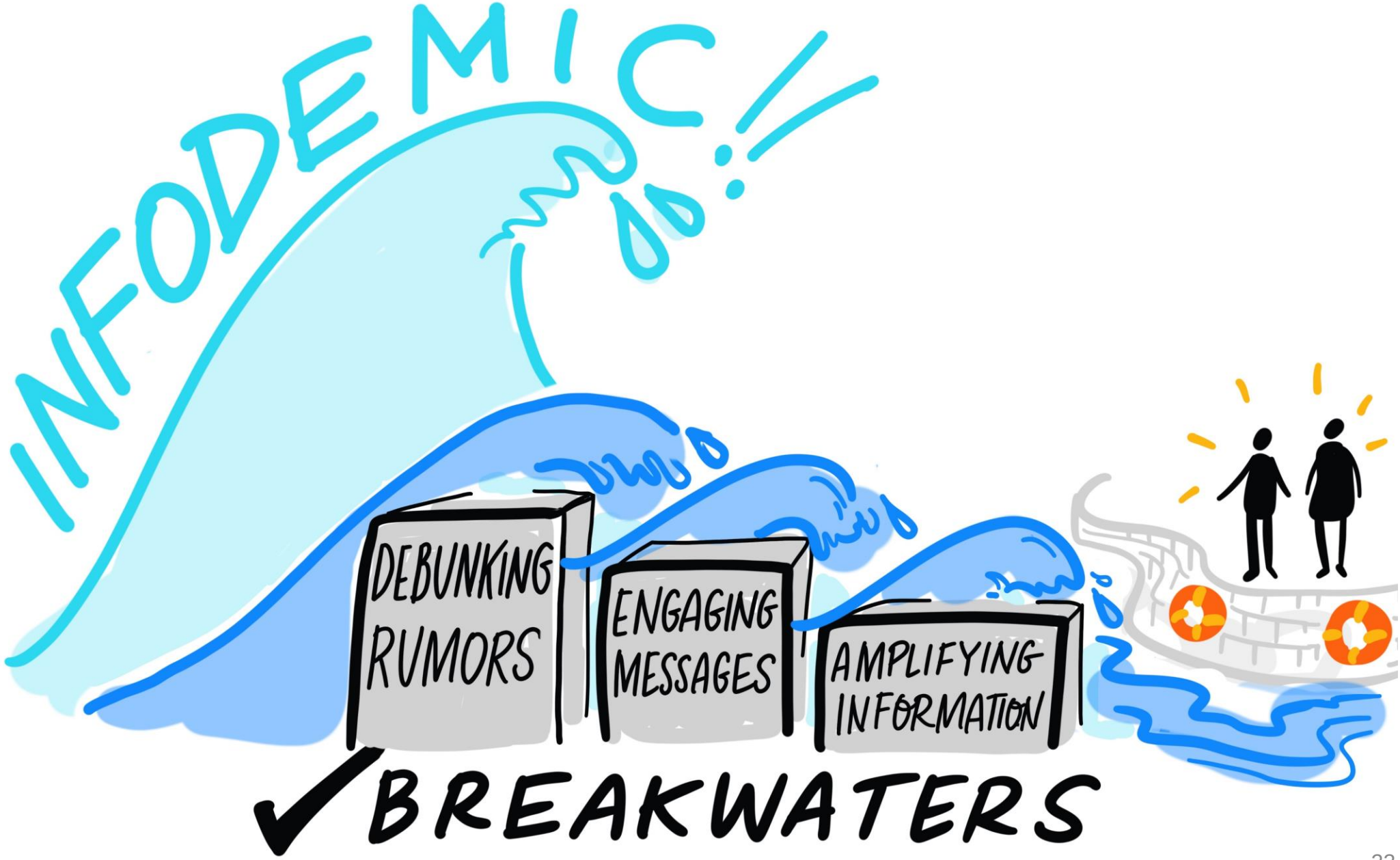
# WHO Technical Missions and Surge Support




**WHO Regional Technical Support Missions to 106 countries**



World Health Organization

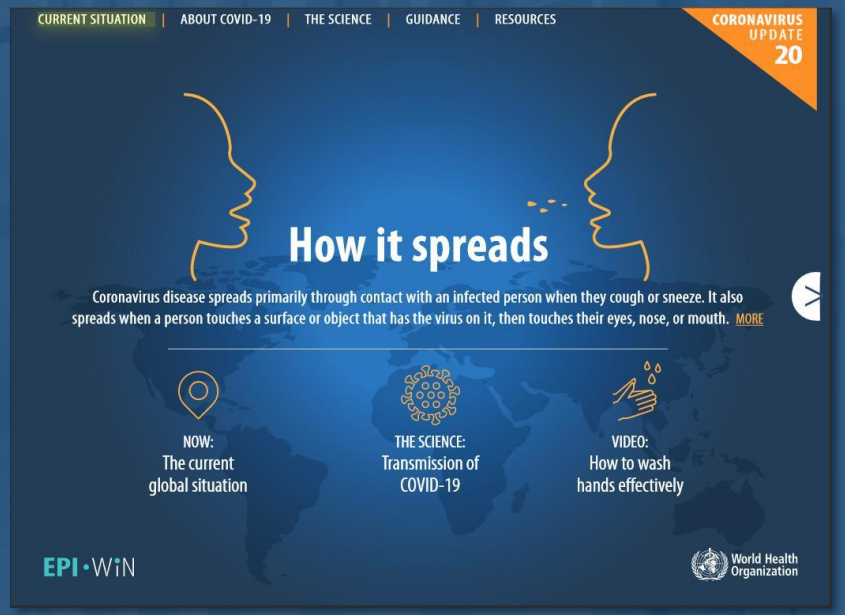

INFODEMIC!!
DEBUNKING RUMORS
ENGAGING MESSAGES
AMPLIFYING INFORMATION
✓BREAKWATERS

# Distilling knowledge and managing infodemics

**30** Animations and videos

**51** Mythbusters

**52** Infographics




**36** Regular slide set updates

# A Collective Service for Risk Communication and Community Engagement

## Using knowledge to engage and empower communities

Note: in alphabetical order

BILL & MELINDA GATES foundation

GOARN Global Outbreak Alert and Response Network

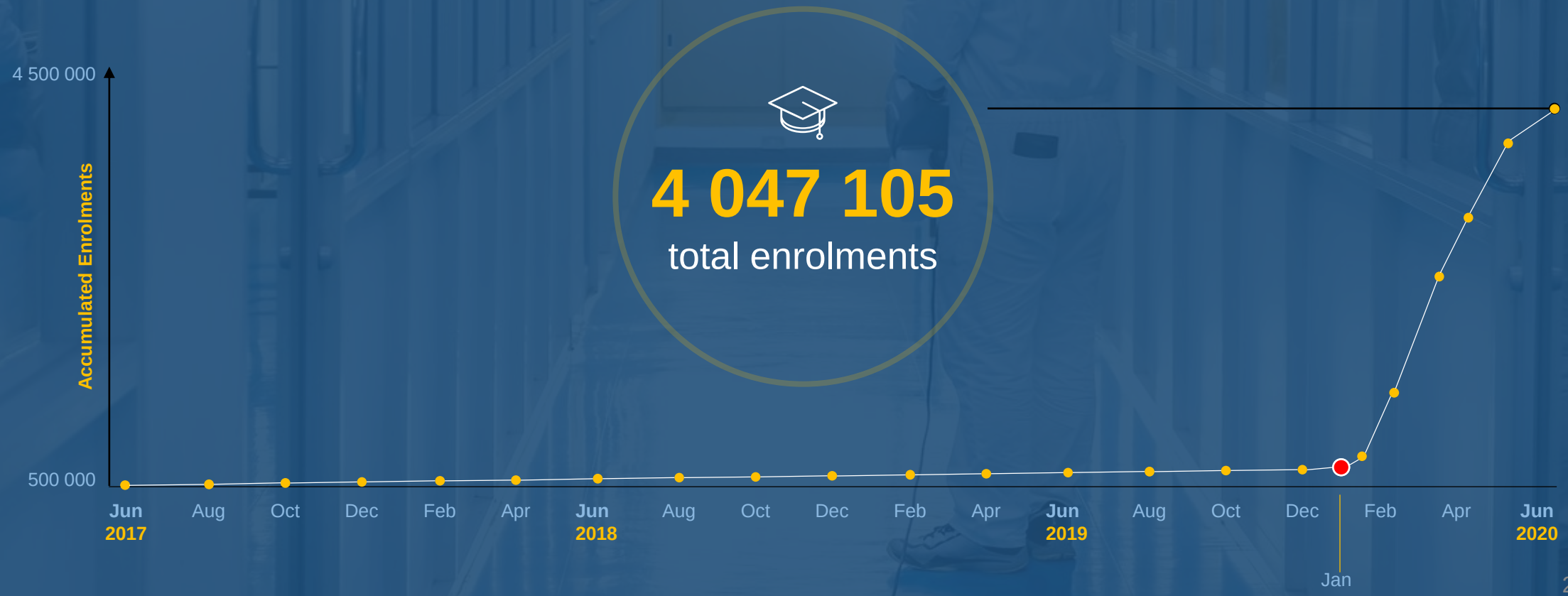
IFRC

unicef

World Health Organization

# Capacity strengthening and support

**OpenWHO was launched in 2017 for pandemic preparedness**

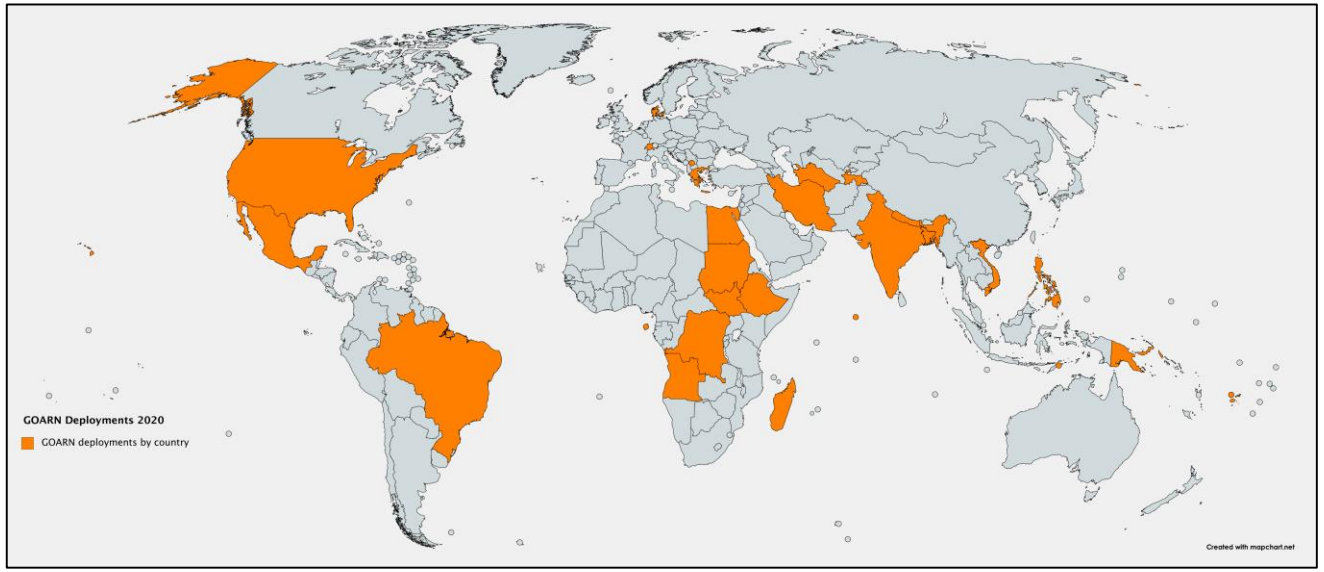



**4 047 105**

total enrolments

# GOARN Partners Support

GOARN | 2020 YEARS
Global Outbreak Alert and Response Network




GOARN
Global Outbreak Alert and Response Network

**143 deployments in 2020 of which**
**113 COVID-19 operations**

# Surge support

**Total:100 international EMTs (as part of the classification system)**

**>50 international missions**

**51 nationally mobilized EMTs with capability to deploy internationally**

**>670 local teams supported by EMT**

# COVID-19 Supply Chain System: End-to-end approaches to serve country needs

## 01 Standards & Processes

For a quality supply chain:

- Technical specifications & training
- Demand consolidation & validation
- Large-scale procurement, price negotiation
- Logistics: allocation & delivery

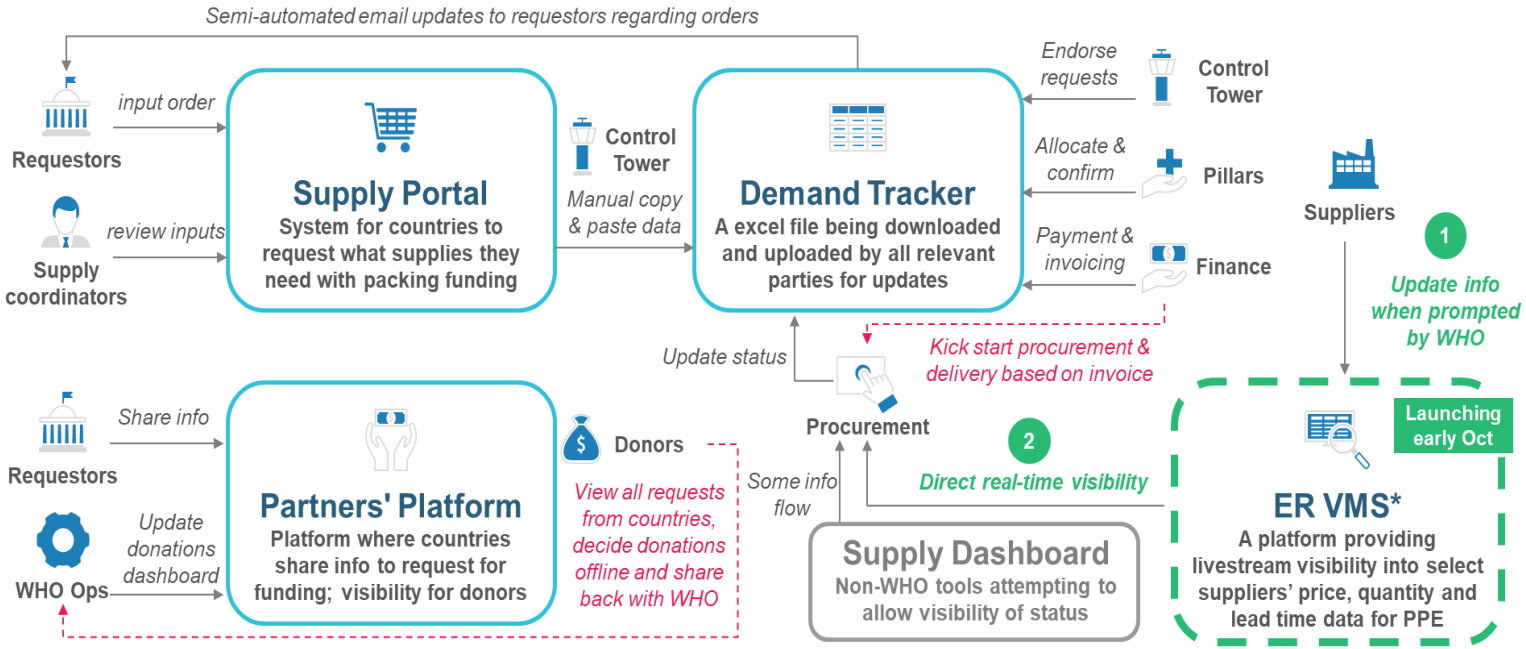
## 02 Digital platforms & tools

For operational workflow:

- Supply Portal & Demand Tracker
- Shipment Dashboard
- Vendor Management System (in process)

## 03 Funding mechanism

Partners Platform for planning, resourcing, and donor/stakeholder visibility into country needs




*ER VMS = Emergency Response Vendor Management System

# Unprecedented action to provide countries access to essential supplies

**~419M** essential equipment provided to frontline health workers

Including ~387M PPE, ~32M Diagnostics and ~262K Biomedical equipment

**174** countries

# Working with partners to find solutions in real-time

# Scaling Up Case Management Capacity

## Technical Guidance
Global organizations depend on WHO Technical Guidance

**28** Technical guidance & specification packages, education platform & webinars

**20+** companies w/ **35+** products validated

## Market Access
WHO continues outreach to over 80+% of the market

**$1.25B**
Biomedical equipment sourced

**$250+M**
Biomedical equipment validated and available

## HealthOPs
WHO provides technical and operational guidance for COVID19 health facilities

**2,000 Beds**
Supported for COVID19 across
**20+ countries**

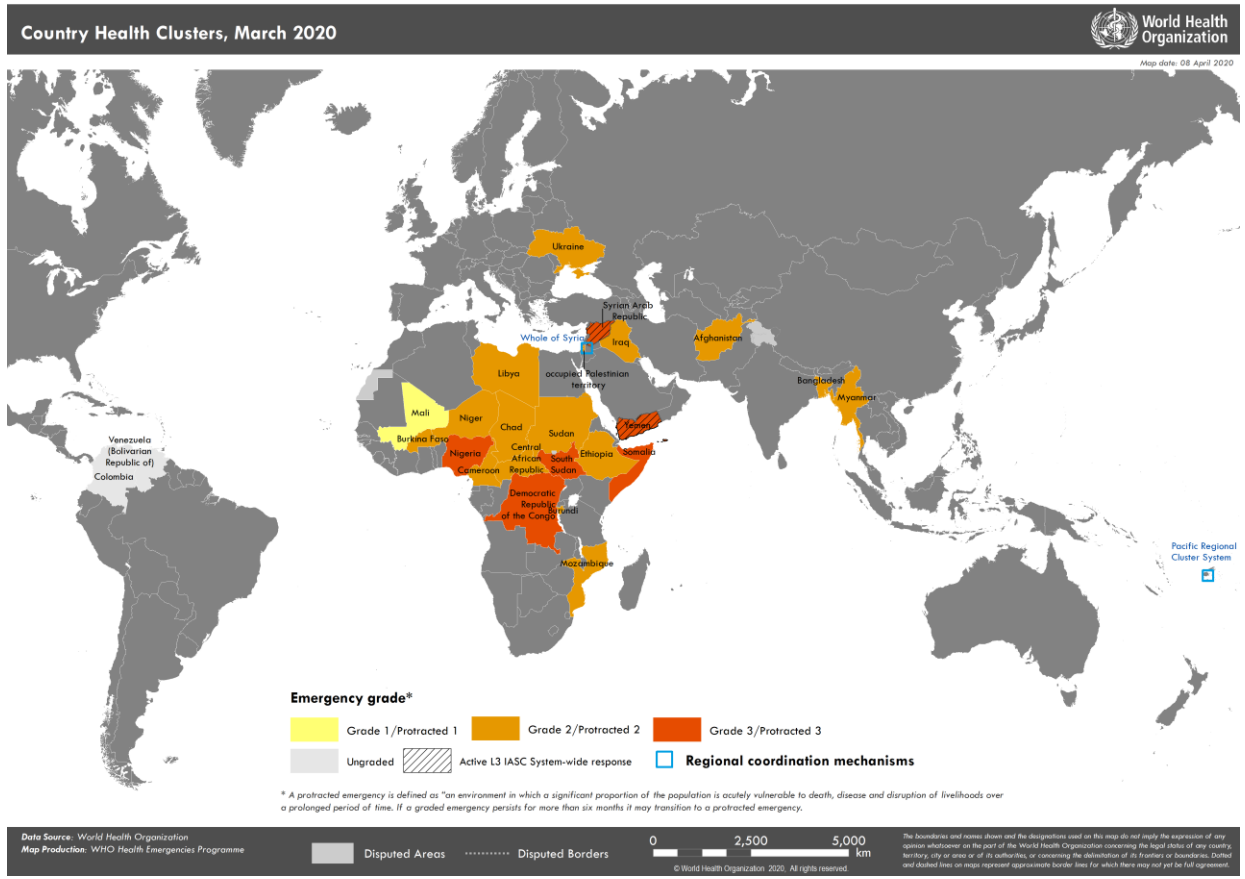
**Services:**
- Facility Design
- Oxygen Assessments
- Procurement of PSA plants

## Procurement
WHO manages the majority of purchasing of the consortium

**$55+M**
and expanding

**47,000 units**
- 14k+ Concentrators
- 11k+ Pulse Ox
- 5k+ Monitors
- 1k+ Ventilators
- 15k+ Thermometers

# WHO is leading the Health Cluster's COVID-19 response globally




This dashboard includes all activated clusters and other national health emergencies coordination platforms with a 2020 Humanitarian Response Plan.

HEALTH CLUSTER

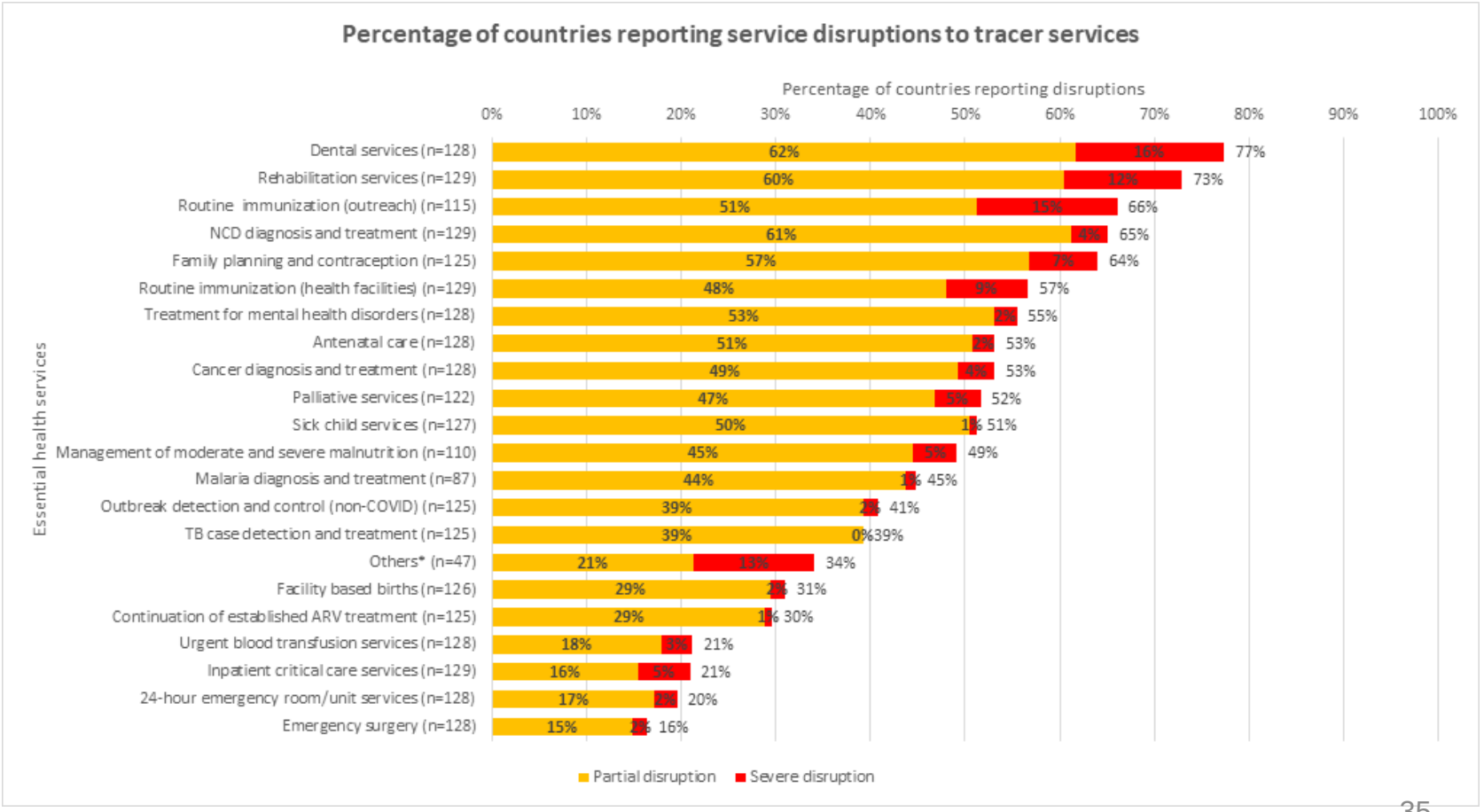
| | |
|---|---|
| Targeting | **63 million people** |
| Partnering: | **700 national** |
| | **200 international entities** |
| Clusters/sectors: | **27 national** |
| | **2 regional** |
| | **102 sub-hubs** |

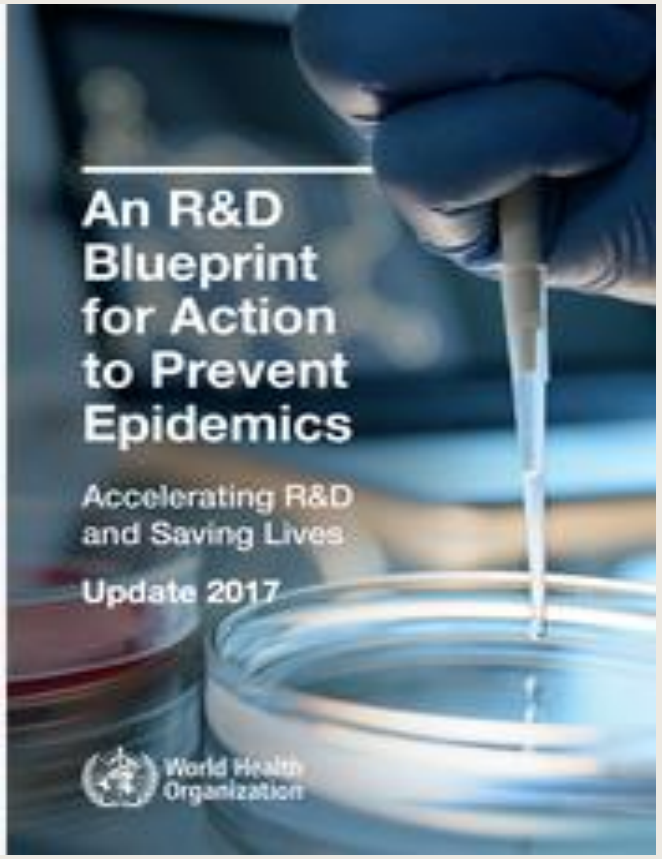
# Protecting essential health services

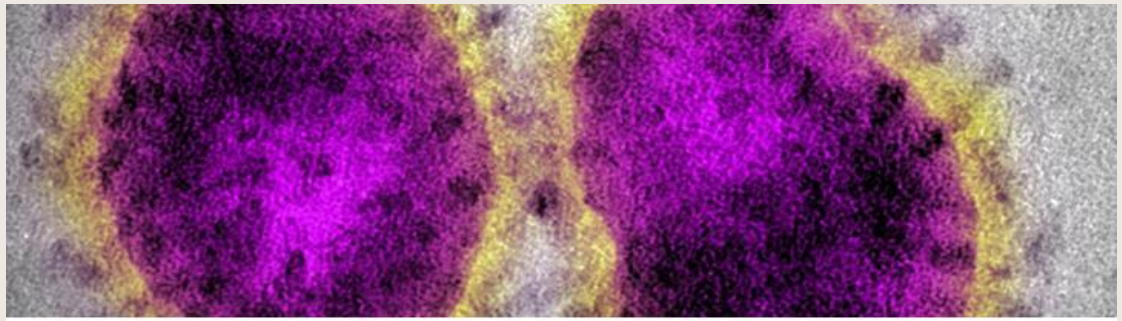
# 65% of countries reported disruptions to health services

World Health Organization

Pulse survey on continuity of essential health services during the COVID-19 pandemic





## World experts and funders set priorities for COVID-19 research

12 February 2020 | News release | Geneva, Switzerland

Leading health experts from around the world have been meeting at the World Health Organization's Geneva headquarters to assess the current level of knowledge about the new COVID-19 disease, identify gaps and work together to accelerate and fund priority research needed to help stop this outbreak and prepare for any future outbreaks.

The 2-day forum was convened in line with the WHO R&D Blueprint – a strategy for developing drugs and vaccines before epidemics, and accelerating research and development while they are occurring.

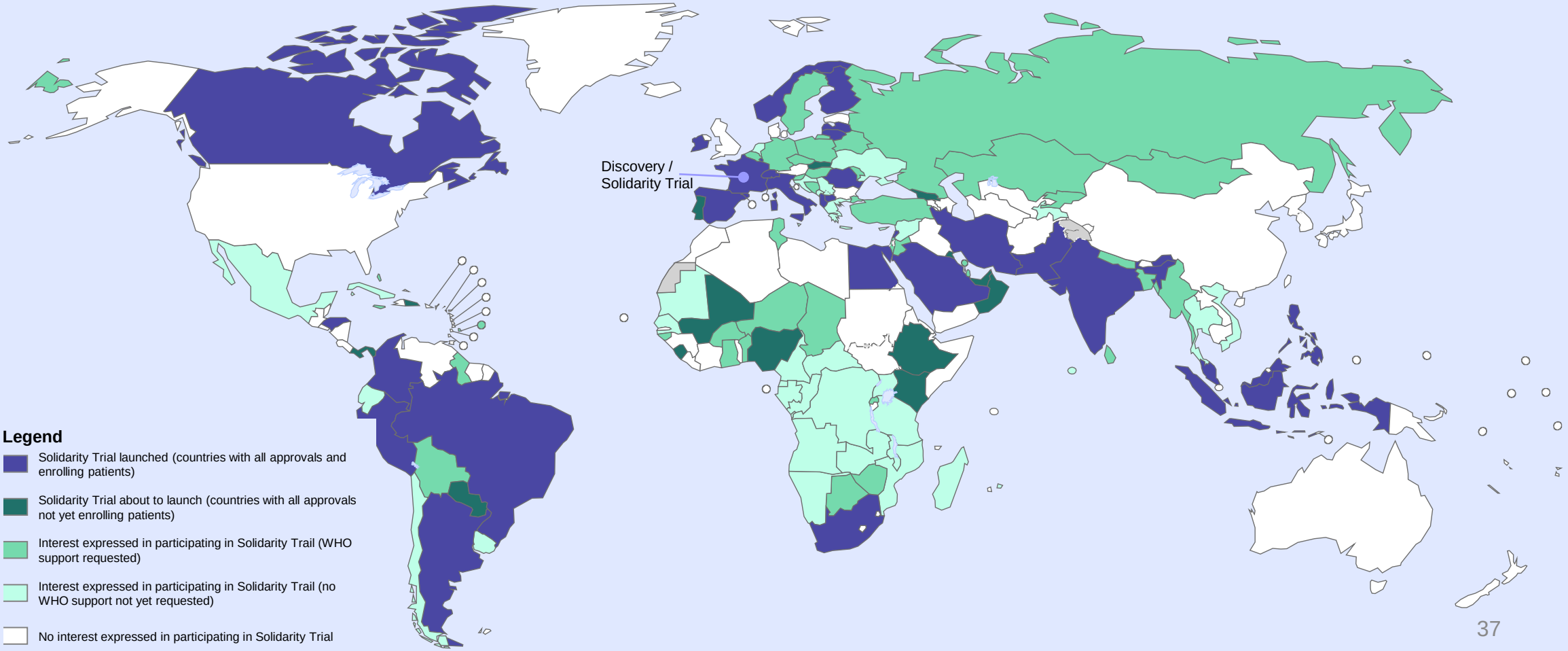
# A research roadmap with clearly defined priorities and governance framework to accelerate research that can contribute to contain the spread of the disease

R&DBlueprint
Powering research to prevent epidemics

# Solidarity Trial

## Participating and enrolling countries (as of October 2, 2020)

**Total number of patients recruited ~12,000**
**Total number of participating hospitals ~500**



# SARS-CoV-2 studies at the animal-human interface

**WHO has long history of working collaboratively with FAO and OIE on zoonotic pathogens**

- Approximately 70% of emerging and re-emerging diseases are zoonotic
- WHO, FAO and OIE:
  - are actively involved in research on the susceptibility of different species to SARS-CoV-2, the epidemiology of SARS-CoV-2 in animals, and risk assessments associated with contact with pets, livestock, wildlife or animal products
  - convened a group of experts to regularly discuss ongoing research and progress made

**WHO Global Research and Innovation Forum on 11-12 February recognized critical importance of understanding zoonotic source and/or intermediate host(s) of SARS-CoV-2**

- WHO is working closely with Chinese authorities to develop a scientific agenda to study the early epidemiology in Wuhan, China and required immediate and longer term studies needed
- February WHO-China Mission recommended investigations conducted at the animal human interface
- July WHO-Pre Mission to establish international multisectoral mission team to support studies to identify zoonotic origin

# Summary of Terms of Reference for International Mission:

**Objectives**

- Review work and studies conducted to understand the SARS-CoV-2 virus origin
- Identify knowledge gaps
- Develop terms of references for short term studies and for an international multi-disciplinary mission to support the development and conduct of additional studies and investigations into virus origin

**Outcome**

➢ **Proposed studies in 2 phases**

Phase I studies (short term)

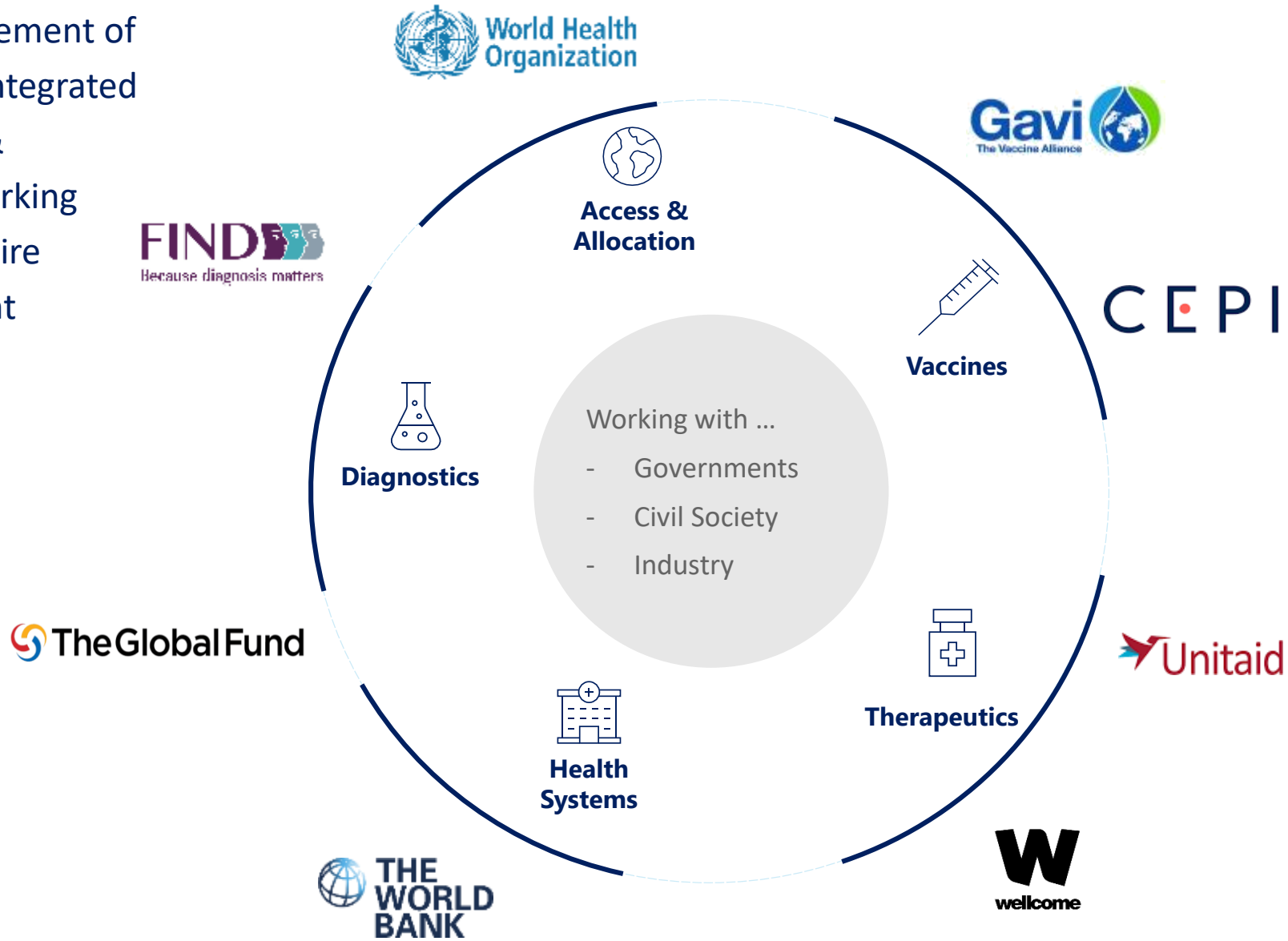
- Comprehensive epidemiological studies incl. (i) first cases/first circulation through retrospective analysis of surveillance, (ii) in depth descriptive studies of first notified cases in Wuhan, (iii) analytical epidemiological studies
- Complemented by animal, products and environmental studies

Phase II studies (longer term)

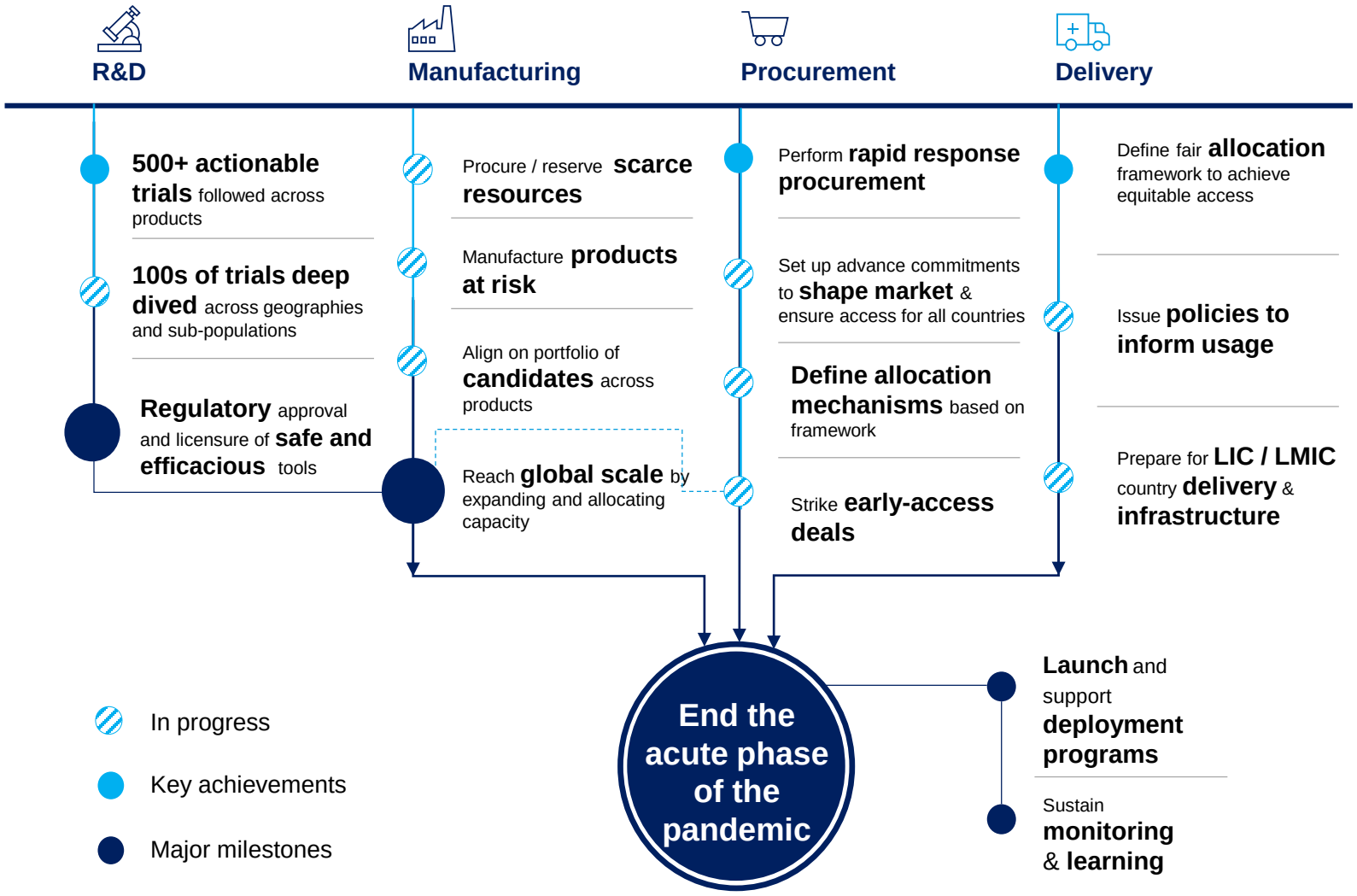
- Guided and driven by science and results from Phase I studies
- In-depth epidemiologic, virologic, serologic assessments in humans and animal populations in specific geographic areas or settings as informed by the short-term studies

# ACT-A is a bold structure, driving **unprecedented collaboration**

Deep engagement of Principals, integrated workplans & budgets, working with the entire development system



# ACT-A's critical path uses **accelerated & parallel workstreams across a unique partnership** to rapidly achieve its goal



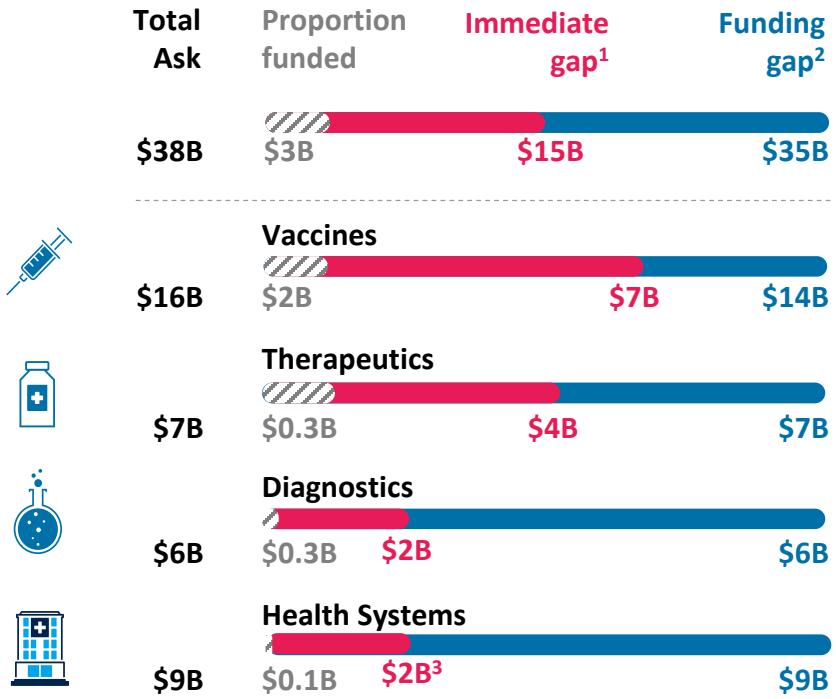
# ACT-A rapidly **achieved key landmarks in start-up phase**
(examples from Apr-Sept 2020)

- **Diagnostics**: new Rapid Tests approved, with volume and price guarantees for LICs/LMICs (120m tests @ $5/unit over 6 months)
- **Vaccines**: broad & dynamic portfolio of 9 products; COVAX Facility 'in business' with 168+ economies and 25 more to join
- **Therapeutics**: Dexamethasone guidance issued and in rollout; new products under evaluation (esp. monoclonal antibodies)
- **Equitable Allocation**: WHO Equitable Allocation Framework established and COVAX allocation mechanism in finalization

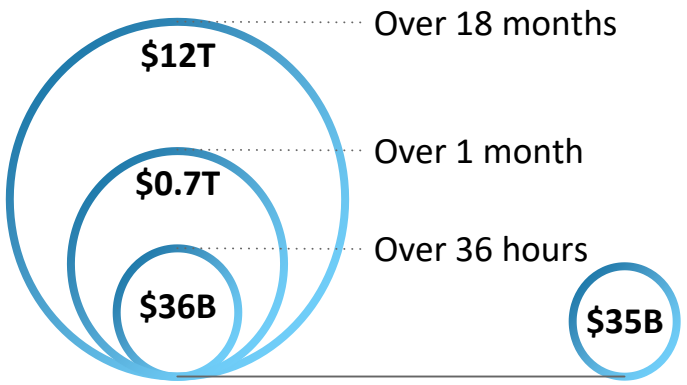
*Concrete outcomes of the WHO & ACT-Accelerator Collaboration*

# **ACT-A's main challenge to scale-up is $14 B needed urgently in 2020** ($35B total), which could be paid off rapidly

## ACT-A near-term & total financing needs




## ACT-A return on investment




Revenue losses of Travel and Tourism alone over 2020-2021

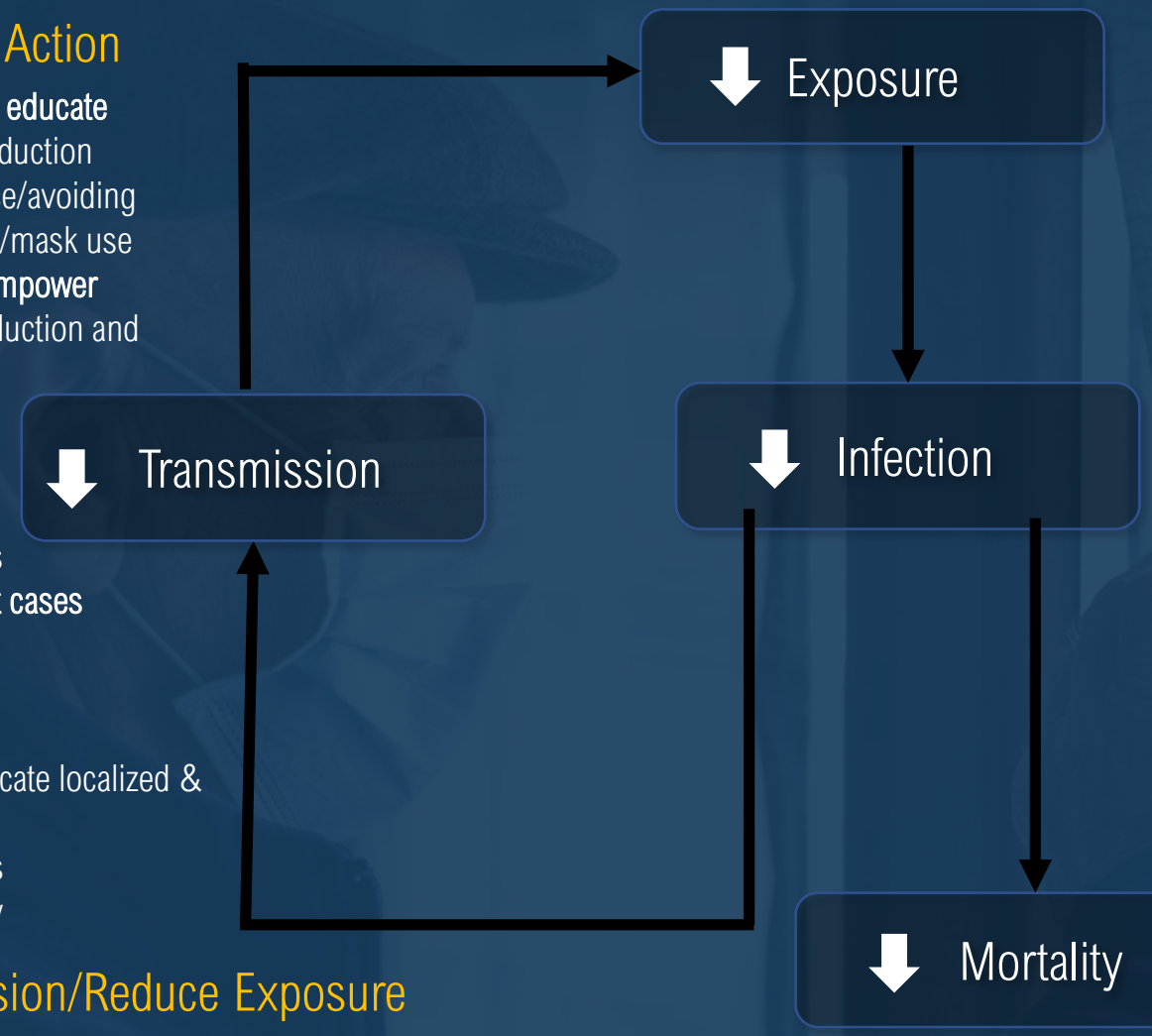
ACT-Accelerator Funding gap[1]

1. *Additional critical funding required by end of 2020 to meet ACT-Accelerator targets (excl. proportion already funded);*
2. *As of 7 September 2020;*
3. *Assuming 25% of total ask in 2020*

**Governance** **Policy** **Coordination** **Financing**

## Empower Individuals & Communities for Action

- ✓ **Communicate with and educate** communities on risk reduction
  - Physical distance/avoiding crowds/hygiene/mask use
- ✓ **Engage, support and empower** communities in risk reduction and build **trust**




- ✓ Ensure availability of **effective/safe vaccine** at affordable or no cost
- ✓ Build **vaccine acceptance**
- ✓ Prepare for **vaccination campaigns**

- ✓ **Early diagnosis** and care
- ✓ Manage **clinical pathways**
  - Triage/Diagnosis/Referral
- ✓ Maintain/increase **health care capacity**
  - Bed capacity/ICU capacity
- ✓ Enhance **trained and protected health workforce**
- ✓ Ensure availability, supply and pipeline
  - **PPE, biomedical supplies**
  - **$O_2$ and therapeutics**

- ✓ Shield **high risk groups**
- ✓ Detect and test **suspect cases**
- ✓ Investigate **clusters**
- ✓ **Trace** contacts
- ✓ Quarantine contacts
- ✓ Implement & communicate localized & time limited measures
  - Limit gatherings
  - Reduce mobility

## Suppress Transmission/Reduce Exposure

## Reduce Mortality & Save lives

**Data** **Research** **Strategy** **Access**

# COVID-19 – The Way Forward

**PREPARE :: EMPOWER :: RESPOND**

continue to strengthen preparedness, readiness and response capacities to COVID based on the 9 SPRP pillars

**ACCELERATE ACCESS TO TOOLS**

accelerate the development and access to safe and effective tools, and ensure fair distribution globally

**STRENGTHEN HEALTH SYSTEMS**

strengthen health systems to implement tools and ensure essential health services are accessible to all

## IN THE CONTEXT OF

**ADAPT**

build into to the GPW 13;

**INTEGRATE**

shape broader humanitarian development and recovery programmes