



COVID-19 Global Update

Sustaining the gains made for COVID-19 to face current and future threats

27 September 2023

Standing recommendations for COVID-19 issued by the Director-General in accordance with the IHR (2005) – 9 August 2023

A. States Parties are recommended to revise and implement, as appropriate, national COVID-19 plans and policies that take into account the WHO COVID-19 Strategic Preparedness and Response Plan April 2023- April 2026 (...).

B. States Parties are recommended to sustain collaborative surveillance for COVID-19 in order to provide a basis for situational awareness and risk assessment and the detection of significant changes in virus characteristics, virus spread, disease severity and population immunity

C. States Parties are recommended to continue reporting COVID-19 data (...) and vaccine effectiveness data to WHO or in open sources so that WHO can understand and describe the epidemiological situation and variant landscape, perform global risk assessments and work with expert networks and relevant WHO Advisory Groups

D. States Parties are recommended to continue to offer COVID-19 vaccination based on both, the recommendations of the WHO Strategic Advisory Group of Experts on Immunization (SAGE) and on national prioritization informed by cost benefit reviews. Vaccine delivery should be appropriately integrated into health services.

E. States Parties are recommended to continue to initiate, support, and collaborate on research to generate evidence for COVID-19 prevention and control, with a view to reduce the disease burden of COVID-19

F. States Parties are encouraged to continue deliver optimal clinical care for COVID-19, appropriately integrated into all levels of health services, including access to proven treatments and measures to protect health workers and caregivers as appropriate

G. States Parties are encouraged to continue to work towards ensuring equitable access to safe, effective and quality-assured medical countermeasures for COVID-19.



Standing recommendations for COVID-19 issued by the Director-General of the World Health Organization (WHO) in accordance with the International Health Regulations (2005) (IHR)

These standing recommendations are issued by the Director-General of the World Health Organization (WHO) in accordance with provisions of Articles 16 to 18, and 50 to 53 of the International Health Regulations (2005) (IHR or Regulations).

These standing recommendations are in effect for all States Parties from 9 August 2023 until 30 April 2025.

These standing recommendations may be modified or terminated prior to that time, in accordance with Article 53 of the Regulations. Furthermore, they will be submitted to the Seventy-Seventh World Health Assembly for its consideration, pursuant to Article 53 (g) of the IHR.

In accordance with the advice provided to the Director-General of WHO by both the IHR Emergency Committee regarding the COVID-19 pandemic¹ and the IHR Review Committee regarding standing recommendations for COVID-19², these standing recommendations, based on scientific principles and evidence, are necessary and appropriate to support States Parties in addressing the risk posed by COVID-19 during the transition from the response to a public health emergency of international concern³ to its management within broader disease prevention and control programmes⁴.

Both the Review Committee regarding standing recommendations for COVID-19 and the Director-General underscore that the standing recommendations have been formulated and issued in strict compliance with relevant provisions of the IHR. Accordingly, these standing recommendations should be understood as respecting the ongoing work by Member States in the framework of the Intergovernmental Negotiating Body (INB) and the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), and are not intended to interfere with or unduly influence that work.

¹ <https://www.who.int/groups/covid-19-ihc-emergency-committee> [Accessed on 4 August 2023]

² <https://www.who.int/news/dpr/ihc-review-committees/review-committee-regarding-standing-recommendations-for-covid-19> [Accessed on 8 August 2023]

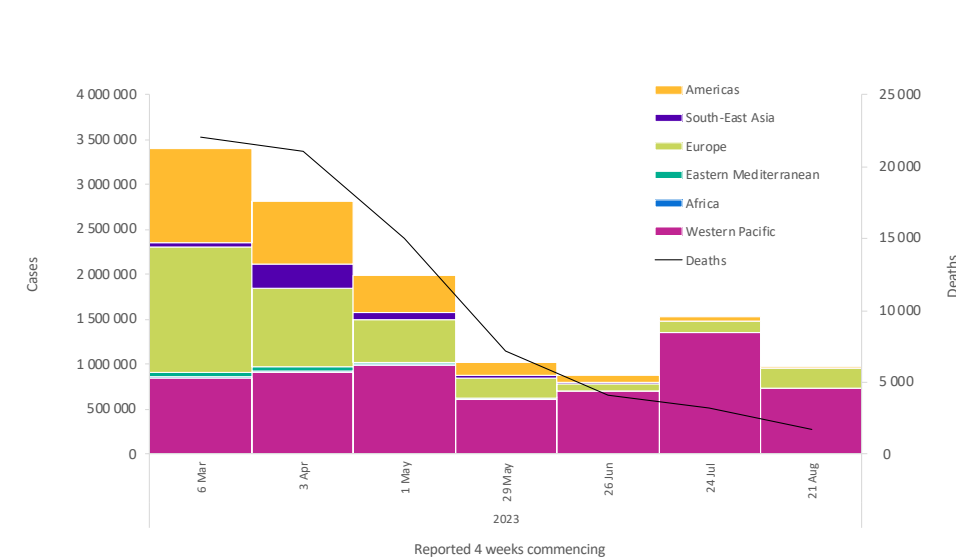
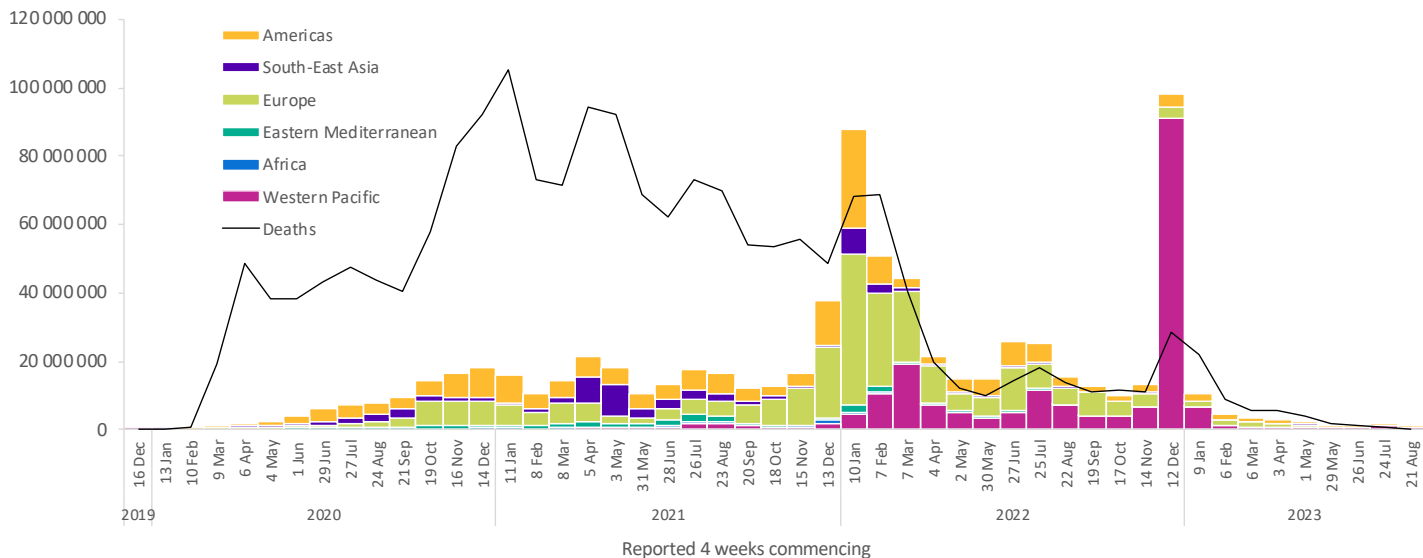
³ On 10 January 2020, the Director-General of WHO determined the worldwide spread of SARS-CoV-2 virus, causing COVID-19, as a public health emergency of international concern. After characterising COVID-19 as a pandemic on 11 March 2020, the Director-General terminated the public health emergency of international concern associated with the COVID-19 pandemic on 5 May 2023. The temporary recommendations issued on 5 May 2023 expired on 4 August 2023.

⁴ "WHO Strategic Preparedness and Response Plan: April 2022-April 2025 – from emergency response to long-term COVID-19 disease management: sustaining gains made during the COVID-19 pandemic" [Accessed on 4 August 2023]

Global COVID-19 28-day period trends in reported cases and deaths*

Cases reported to WHO as of 17 September 2023

- New cases : > 977 000 reported by 93/234 countries
- New deaths: ~ 1700 reported by 40/234 countries
- Cumulative cases: > 770 Million
- Cumulative deaths: > 6.9 Million



Starting from the week commencing on 11 September 2023, the source of the data from the Region of the Americas was switched to the aggregated national surveillances, received through the COVID-19, Influenza, RSV and Other Respiratory Viruses program in the Americas. Data have been included retrospectively since 31 July 2023. For more information regarding COVID-19 in the Americas, please access the link: <https://www.paho.org/en/topics/influenza-and-other-respiratory-viruses>.

HEALTH
EMERGENCIES

programme

Monitoring changes in reported cases, hospitalizations, ICU admissions and deaths

As of 17 September 2023

Standing Recommendation C.7: Report COVID-19 burden and impact data including hospitalization, Intensive Care Units, and mortality data to WHO or publish the data.

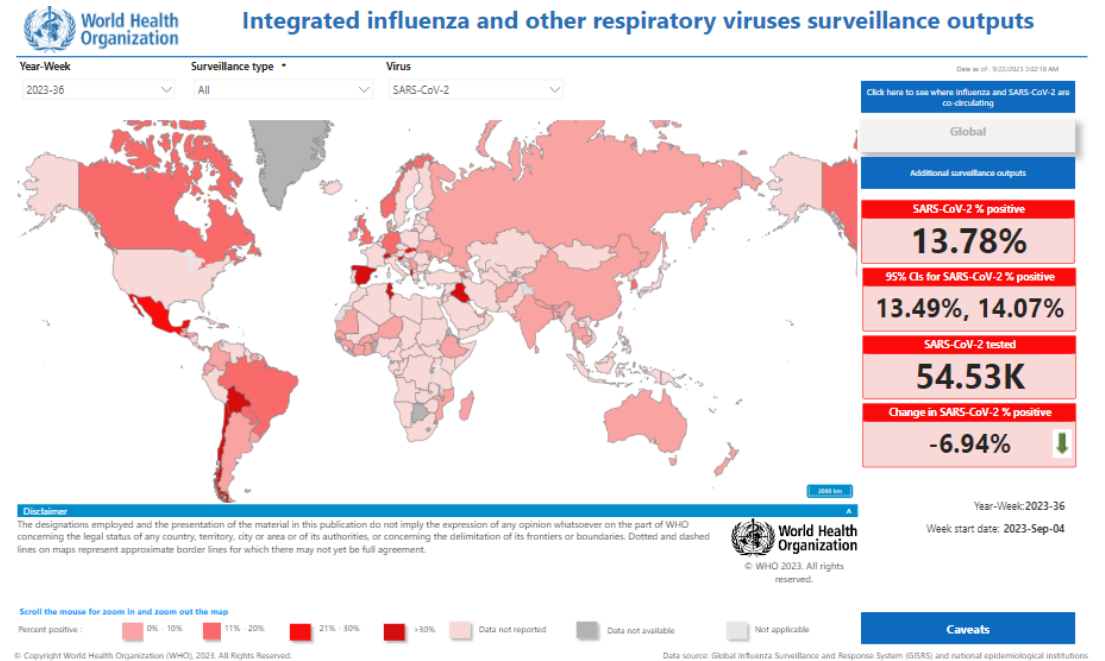
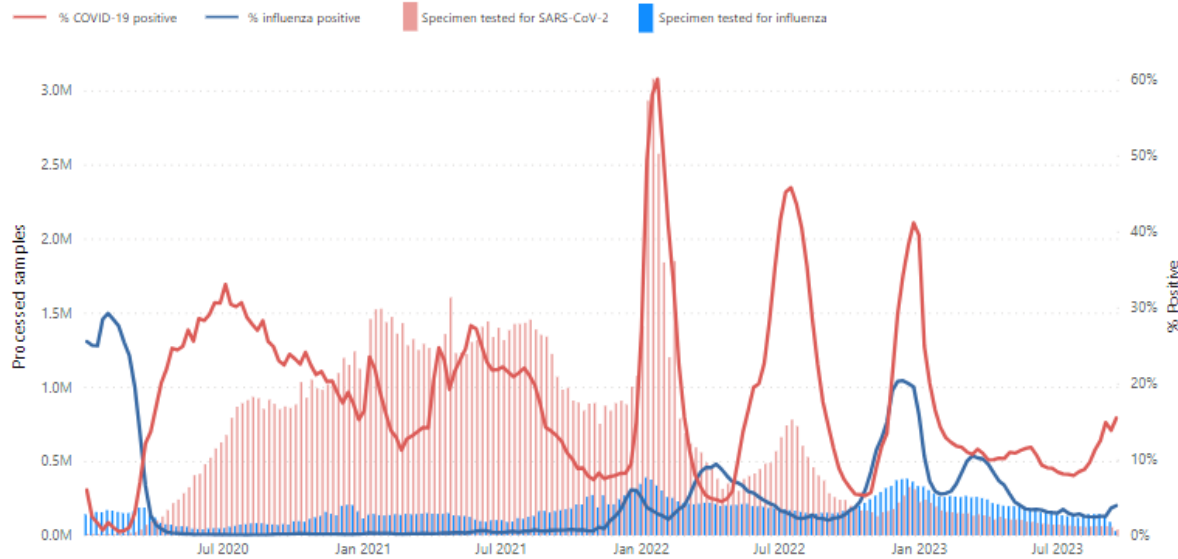
WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	737 111 (75%)	-46%	207 262 442 (27%)	535 (32%)	-46%	416 969 (6%)
Europe	211 403 (22%)	75%	276 117 561 (36%)	871 (51%)	-39%	2 248 538 (32%)
Americas	22 890 (2%)	-47%	193 254 876 (25%)	141 (8%)	-81%	2 959 361 (43%)
South-East Asia	3 214 (<1%)	-29%	61 204 332 (8%)	126 (7%)	85%	806 778 (12%)
Eastern Mediterranean	2 757 (<1%)	-10%	23 390 996 (3%)	19 (1%)	-44%	351 414 (5%)
Africa	435 (<1%)	-49%	9 547 425 (1%)	3 (<1%)	-50%	175 426 (3%)
Global	977 810 (100%)	-36%	770 778 396 (100%)	1 695 (100%)	-48%	6 958 499 (100%)

Region	hospitalizations from countries that reported consistently in the last and previous 28 days			New ICU admissions from countries that reported consistently in the last and previous 28 days		
	Number of countries (percentage)	Number of new hospitalizations	Percent change*	Number of countries (percentage)	Number of new ICU admission	Percent change*
Africa	0/50 (<1%)	NA	NA	0/50 (<1%)	N/A	N/A
Americas	11/56 (20%)	76 908	+266	9/56 (16%)	38	+3%
Eastern Mediterranean	0/22 (<1%)	NA	N/A	0/22 (<1%)	N/A	N/A
Europe	8/61 (13%)	8717	+43%	8/61 (13%)	248	+43%
South-East Asia	2/10 (20%)	98	-94%	1/10 (10%)	4	-60%
Western Pacific	1/35 (3%)	2276	-17%	2/35 (9%)	62	-41%
Global	22/234 (9%)	87 999	+55%	19/234 (8%)	352	+8%

- *Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries
- Starting from the week commencing on 11 September 2023, the source of the data from the Region of the Americas was switched to the aggregated national surveillances, received through the COVID-19, Influenza, RSV and Other Respiratory Viruses program in the Americas. Data have been included retrospectively since 31 July 2023. For more information regarding COVID-19 in the Americas, please access the link: <https://www.paho.org/en/topics/influenza-and-other-respiratory-viruses>.

Utilizing integrated respiratory disease surveillance e-GISRS to assess circulation and impact

Influenza and SARS-CoV-2 tested specimens reported to FluNet from countries, areas and territories

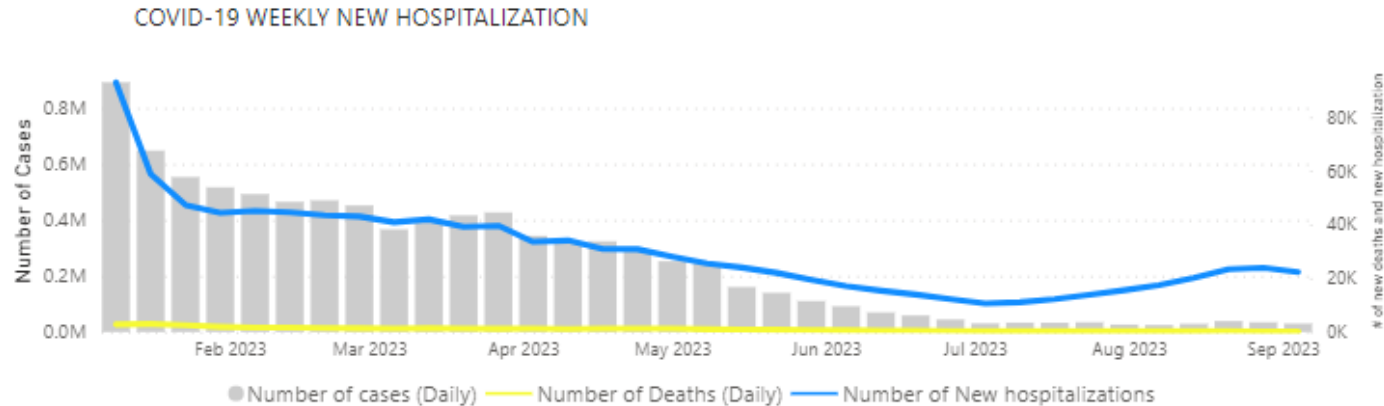


Standing Recommendation C.9:

Report epidemiological and laboratory information in a timely manner to established WHO regional or global platforms, through RespiMart and the expanded activities of the Global Influenza Surveillance and Response System (GISRS).

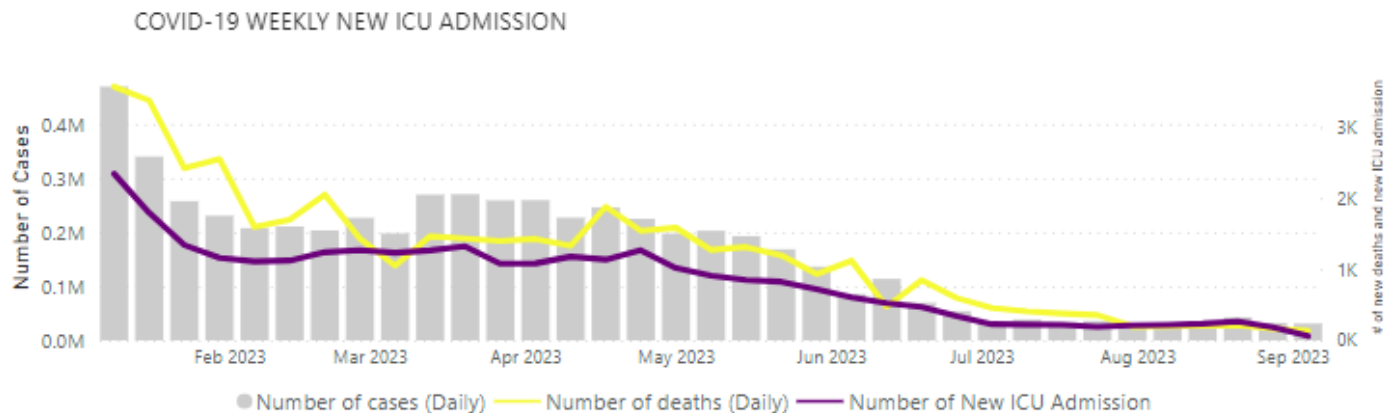
Global COVID-19 weekly trends in reported hospitalizations and ICU admissions

Data reported to WHO as of 10 September 2023



Number of countries that reported new Hospitalizations at least once in 2023

68/234 (29%)



Number of countries that reported new ICU admissions at least once in 2023

42/234 (17%)

Source: [Update to requirements for reporting COVID-19 surveillance data under the International Health Regulations \(IHR 2005\): Addendum to Public health surveillance for COVID-19 interim guidance, 25 August 2023 \(who.int\)](#)

Countries reporting increase in Hospitalization and ICU admissions in the last 28 days

14 August to 10 September 2023 compared to 17 July to 13 August 2023

WHO Region	Country	Hospitalization		ICU admissions	
		Number of Hospital admissions	28-day % increase in hospitalization	Number of ICU admissions	28-day % increase in ICU admissions
Americas	Bolivia	63	215%	-	-
Europe	Czechia	88	214%	-	-
Europe	Slovakia	86	207%	1	-
Europe	Netherlands	347	86%	24	100%
Americas	United States of America	69513	75%	-	-
Europe	Latvia	117	72%	4	-20%
Europe	Greece	2580	56%	51	76%
Europe	Italy	3916	44%	119	42%
Americas	Guatemala	22	29%	1	-75%
Europe	Ireland	1434	16%	23	44%
Americas	Mexico	6849	15%	27	145%

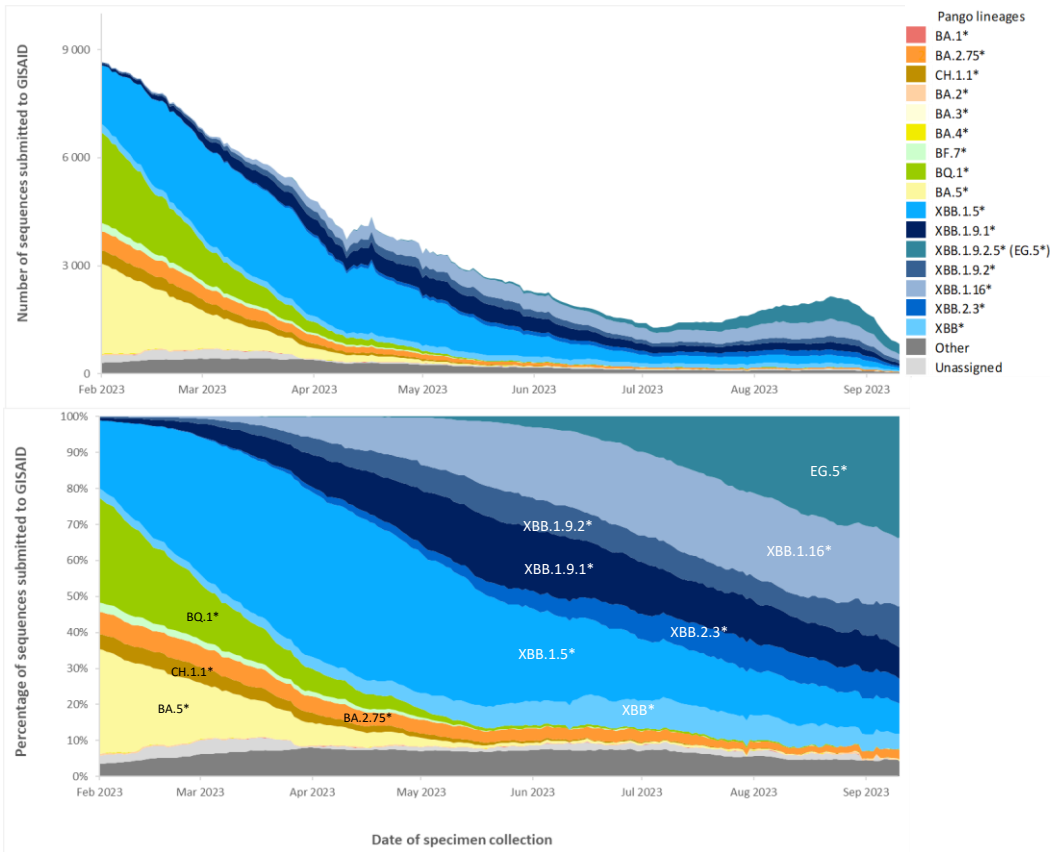
Countries reporting >20% increase in deaths in the last 28 days

Data as of 17 September 2023

WHO Region	Country reporting	Cases reported in last 28 days	Deaths reported in last 28 days	28-day period % change in cases	28-day period % change in deaths
South-East Asia	India	1563	105	17.08	950
Europe	Czechia	3509	16	431.67	700
Europe	Lithuania	2239	9	227.34	350
Europe	Croatia	636	28	389.23	211.11
Europe	Norway	1559	32	140.96	113.33
Europe	Denmark	1463	31	151.81	93.75
Europe	Romania	15269	30	243.2	76.47
Europe	Finland	840	28	-0.24	64.71
Europe	Italy	73833	287	201.42	59.44
Europe	Sweden	2137	85	140.92	57.41
Europe	Switzerland	3130	8	185.84	33.33

Circulation of SARS-CoV-2 variants as of 25 September 2023

Number and percentage of SARS-CoV-2 sequences, 1 February to 10 September 2023



Genomic sequencing of circulating SARS-CoV-2

Globally, from 28 August to 24 September 2023 (28 days), 21 773 SARS-CoV-2 sequences were shared through GISAID.

Variants of Interest (VOIs)*, as of 30 August 2023

- XBB.1.5
- XBB.1.16
- EG.5

Variants Under Monitoring (VUMs)*, as of 30 August 2023

- BA.2.75
- CH.1.1
- XBB
- XBB.1.9.1
- XBB.1.9.2
- XBB.2.3
- BA.2.86

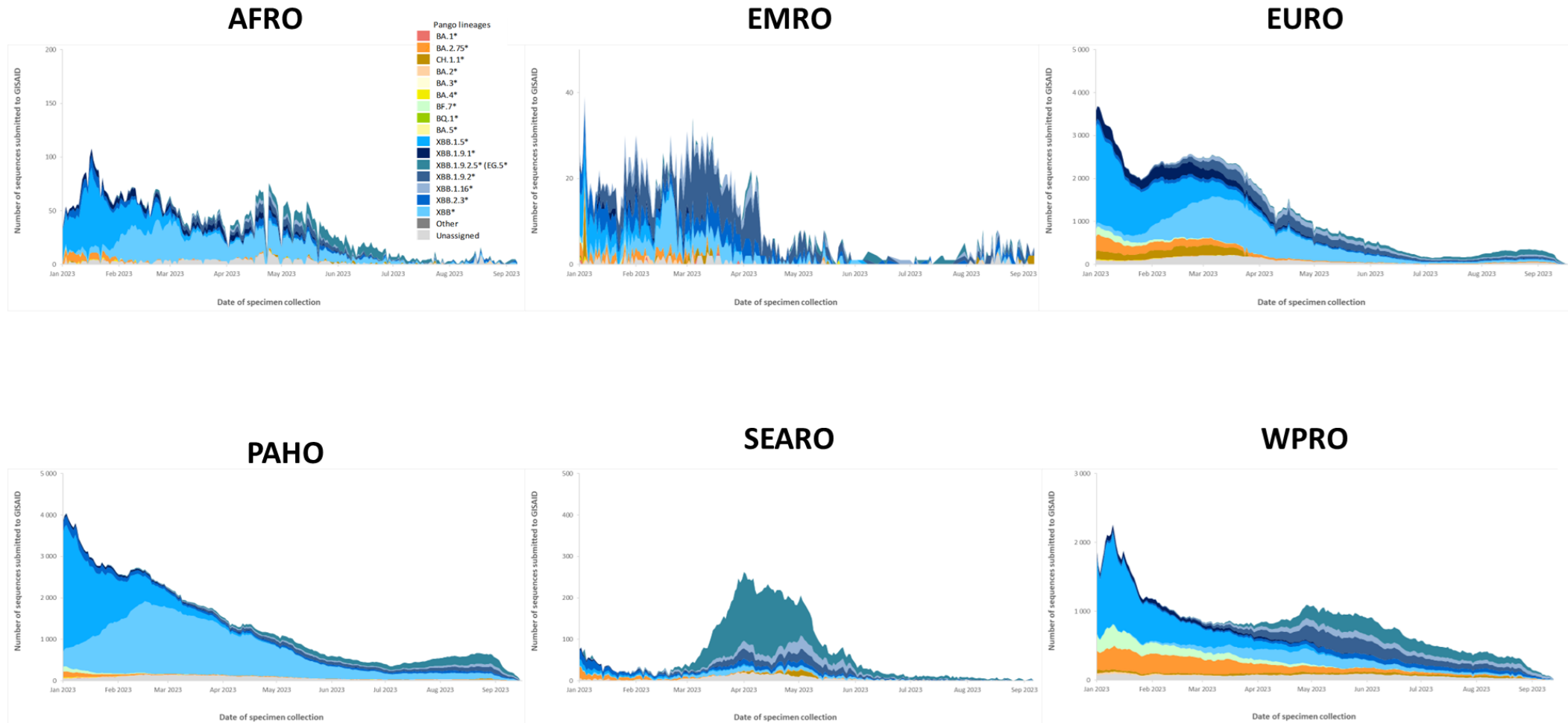
Global weekly prevalence of SARS-CoV-2 VOIs and VUMs, Week 32 to 36, 2023[§]

Lineage	Countries [§]	Sequences [§]	2023-32	2023-33	2023-34	2023-35	2023-36
VOIs							
XBB.1.5*	125	287491	12.0	10.7	9.7	9.8	8.6
XBB.1.16*	120	69600	23.5	22.4	21.3	21.3	18.9
EG.5*	73	31905	25.9	28.1	30.2	30.5	33.6
VUMs							
BA.2.75*	128	128180	1.7	1.6	1.7	2.0	2.7
BA.2.86 [†]							
CH.1.1*	99	41367	0.1	0.1	0.1	0.0	0.0
XBB*	136	76999	6.2	5.9	5.2	4.7	4.1
XBB.1.9.1*	114	65528	10.3	9.8	9.5	9.9	8.7
XBB.1.9.2*	92	34137	6.3	7.6	8.4	8.7	11.2
XBB.2.3*	89	19158	7.7	7.1	7.1	7.4	6.9
Unassigned	92	149746	1.3	1.5	1.6	0.8	0.1
Other [‡]	211	6778535	4.6	4.7	4.7	4.4	4.7

Figures by WHO, data from GISAID.org, extracted on 25 September 2023.

- [§] Number of countries and sequences are since the emergence of the variants
- * Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, XBB.1.9.2, and XBB.2.3
- † Prevalence for BA.2.86 cannot be calculated due to the very small numbers of sequences.
- ‡ "Other" represents other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*. Due to delays in or retrospective assignment of variants, caution should be taken when interpreting the prevalence of the "Other" category.
- The VOI and the VUMs that have shown increasing trends are highlighted in orange, those that have remained stable are highlighted in blue, while those with decreasing trends are highlighted in green.

Variants trends by region

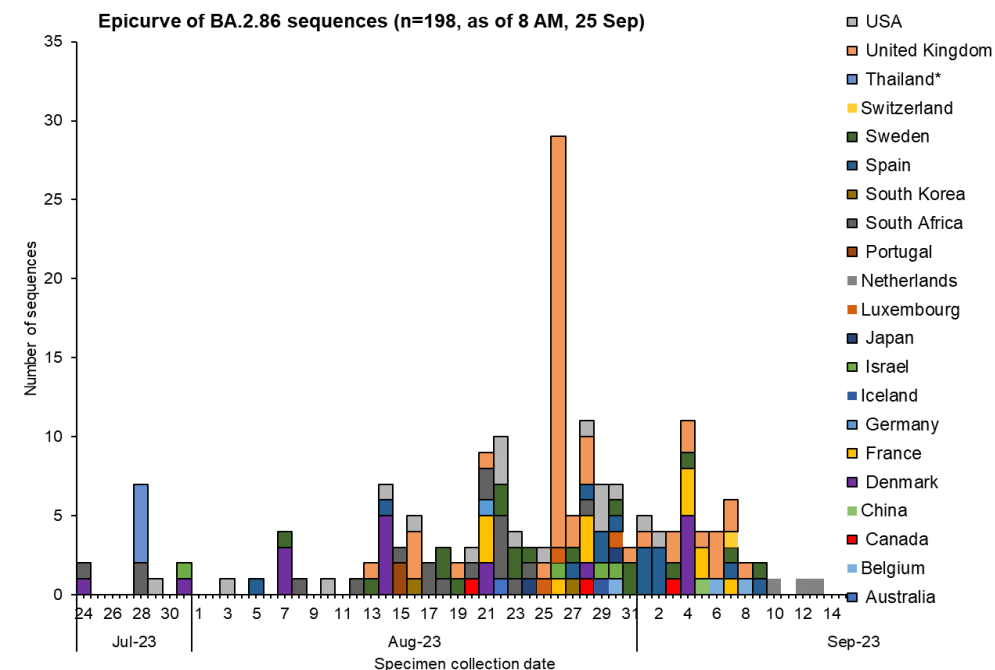


Note: Y-axis is different by regions.

Countries detecting VUM BA.2.86*

As of 8:00AM CEST, 25 September 2023

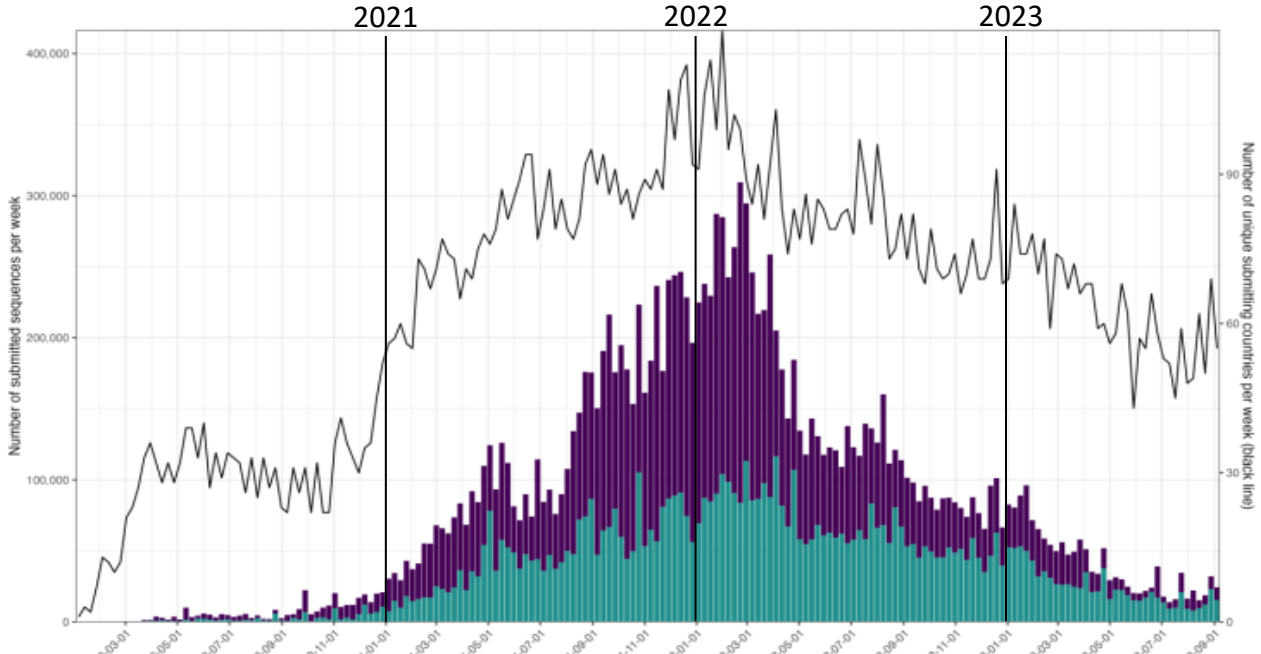
Country	Region	Sequences	Host	Source	Earliest specimen date
United Kingdom	EURO	53	Human	GISAID	13-Aug-23
Denmark	EURO	27	Human	GISAID	24-Jul-23
Sweden	EURO	18	Human	GISAID	7-Aug-23
Spain	EURO	16	Human	GISAID	5-Aug-23
France	EURO	13	Human	GISAID	21-Aug-23
Israel	EURO	4	Human	GISAID	31-Jul-23
Belgium	EURO	3	Human	GISAID	30-Aug-23
Luxembourg	EURO	3	Human	GISAID	25-Aug-23
Netherlands	EURO	3	Human	GISAID	10-Sep-23
Portugal	EURO	2	Human	GISAID	15-Aug-23
Germany	EURO	1	Human	GISAID	21-Aug-23
Iceland	EURO	1	Human	GISAID	29-Aug-23
Switzerland	EURO	1	Human	GISAID	7-Sep-23
South Africa	AFRO	19	Human	GISAID	24-Jul-23
United States of America	PAHO	19	Human	GISAID	29-Jul-23
Canada	PAHO	4	Human	GISAID	20-Aug-23
Thailand	SEARO	5	Environment	GISAID	28-Jul-23
Japan	WPRO	2	Human	GISAID	24-Aug-23
Republic of Korea	WPRO	2	Human	GISAID	16-Aug-23
Australia	WPRO	1	Human	GISAID	22-Aug-23
China	WPRO	1	Human	GISAID	5-Sep-23
Total		198			



- 21 countries in 5 WHO regions have reported at least one sample of BA.2.86
- Limited information in epi / clinical presentation
- More cases/samples (both human and environment) were reported through EBS

Sequences shared through GISAID and the proportion of countries submitting sequences by WHO region

EpiCoV™ Update **16 million hCoV-19 sequences shared 2023-09-19**



Standing Recommendation C.8:

Maintain public reporting of sequences with meta-data and support the establishment of the WHO Global Coronavirus Laboratory Network (CoViNet) in order to, inter alia, support future selection of strains for updated vaccines.

Prop. o

2023-W2

2023-W2

2023-W2

2023-W3

2023-W3

2023-W3

Epiweek

2023-W3

2023-W3

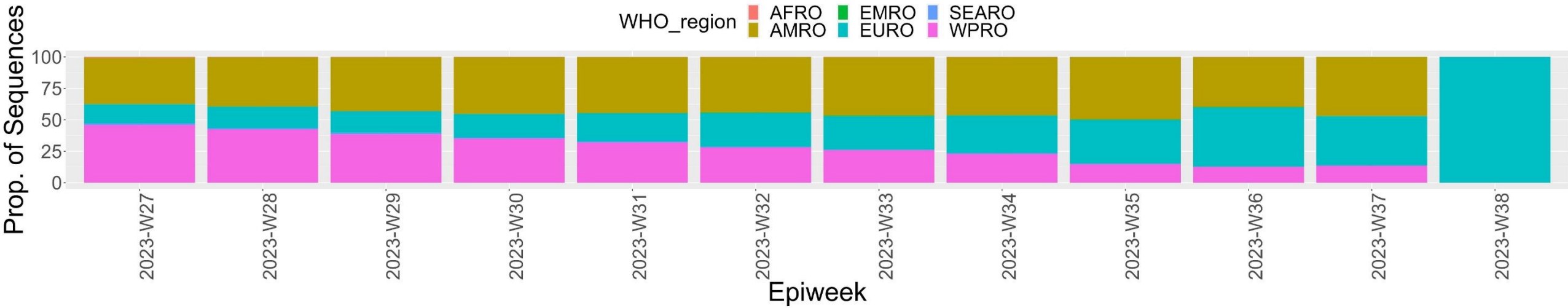
2023-W3

2023-W3

2023-W3

2023-W3

Sequence Contribution Proportion by Region



The majority of sequences are submitted by countries in three regions: AMRO, EURO, and WPRO

Recent addendum to PHS-key indicators to report

The following data should be considered as the updated core list of surveillance indicators to be included in routine weekly reporting to WHO at the global level:

- number of confirmed cases
- number of confirmed deaths
- disaggregation of deaths by age
- number of new admissions to hospital for COVID-19 treatment (confirmed)
- number of new admissions to ICU for COVID-19 treatment (confirmed); and
- number of persons tested (NAAT or Ag-RDT)

Genomic surveillance and sequencing

- **Continuous reporting of sequences to publicly available platforms**
- Minimum level of sequencing is still required in order to gather information on circulating variant lineages (sequencing of hospitalized and ICU cases), and also wastewater surveillance provides a complementary source of information on circulating variants

Decline/delays in reporting COVID-19 data and ongoing efforts to improve this

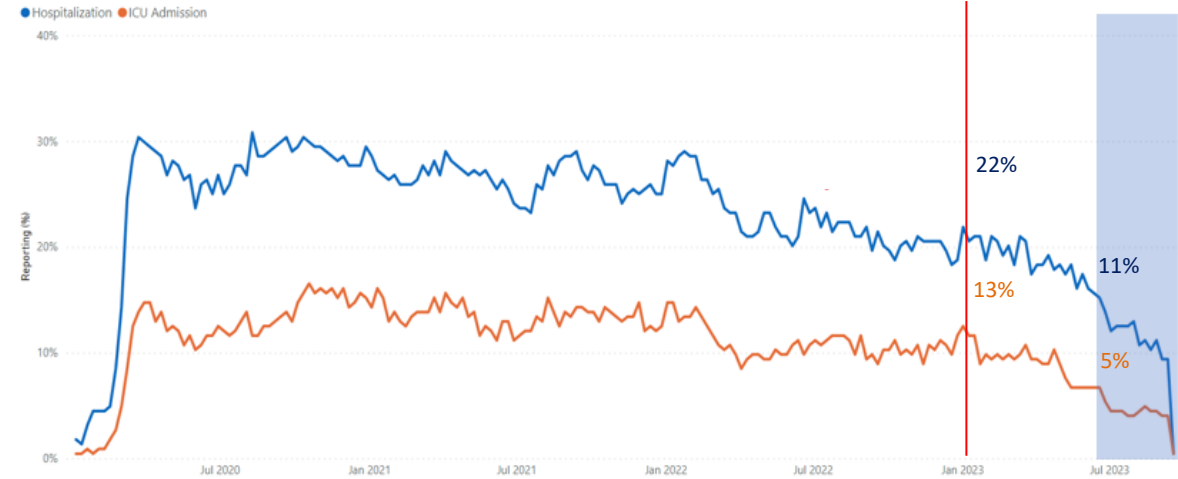
Since the peak of the pandemic and the lifting of the PHEIC, there has been a drop in the surveillance activities by Member States (MS)

This has been followed by additional drop in the reporting of cases, deaths and hospitalizations data to WHO.

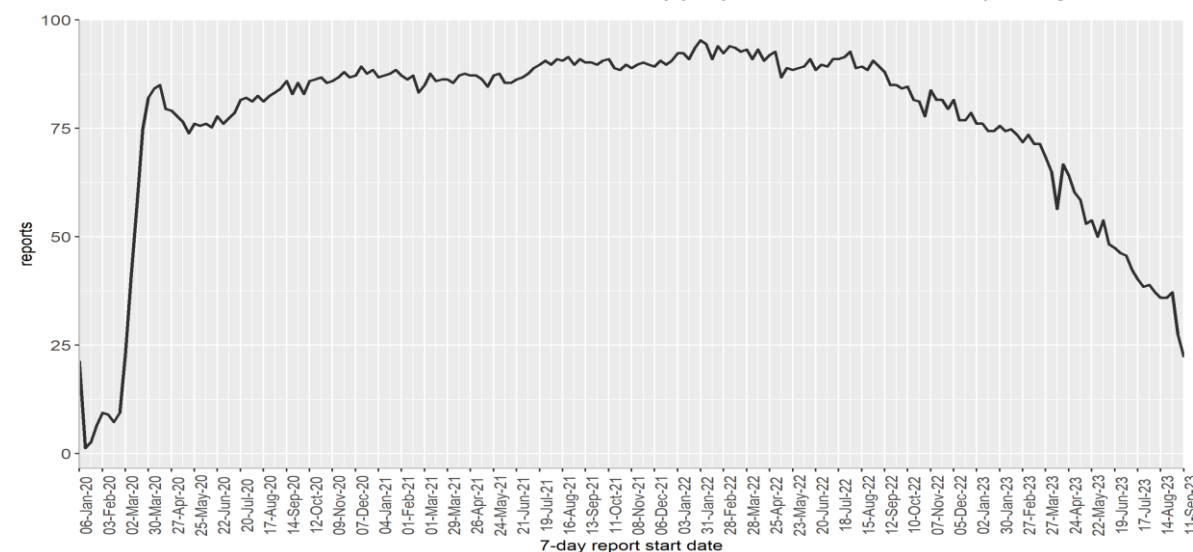
Actions to mitigate:

- Change of reporting period from weekly to 28 days in our information products to account for reporting delays
- Adapting the reporting requirements according to evolving situation of the pandemic
- Working closely with the WHO Regional Offices (ROs) to gather available data from different sources
- Collaboration with ROs to communicate and propose alternative reporting methods to MS (e.g., transition from line list to aggregated data (AMR)),
- Data scraping from official websites or sitreps with the help of ROs (EMR and AFR),
- Data acquisition from the open-source data shared in official websites if the definition is provided and fit.

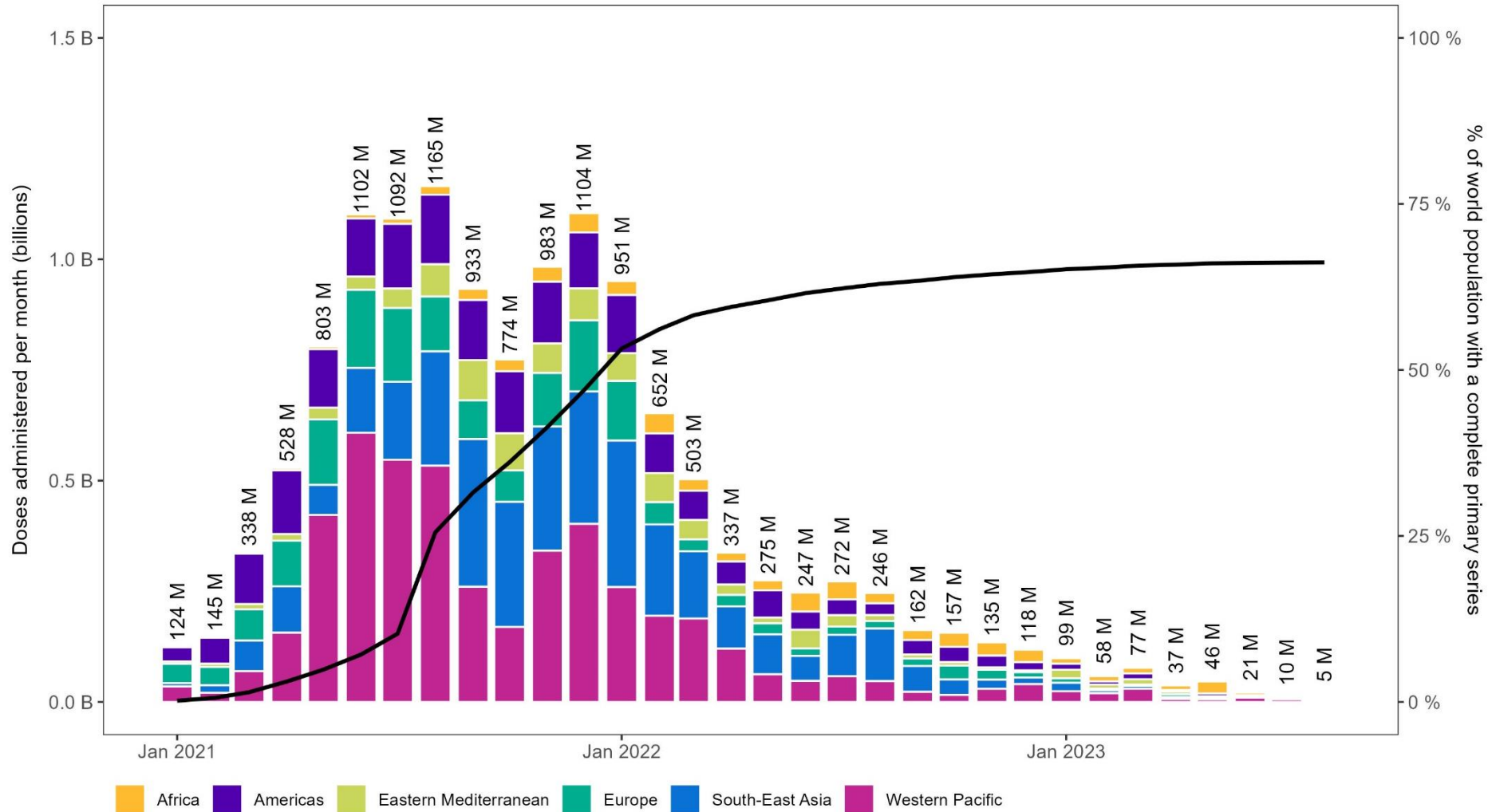
Weekly proportion of countries reporting new hospitalizations and ICU admissions.



Weekly proportion of countries reporting new cases



COVID-19 vaccination coverage across WHO Member States



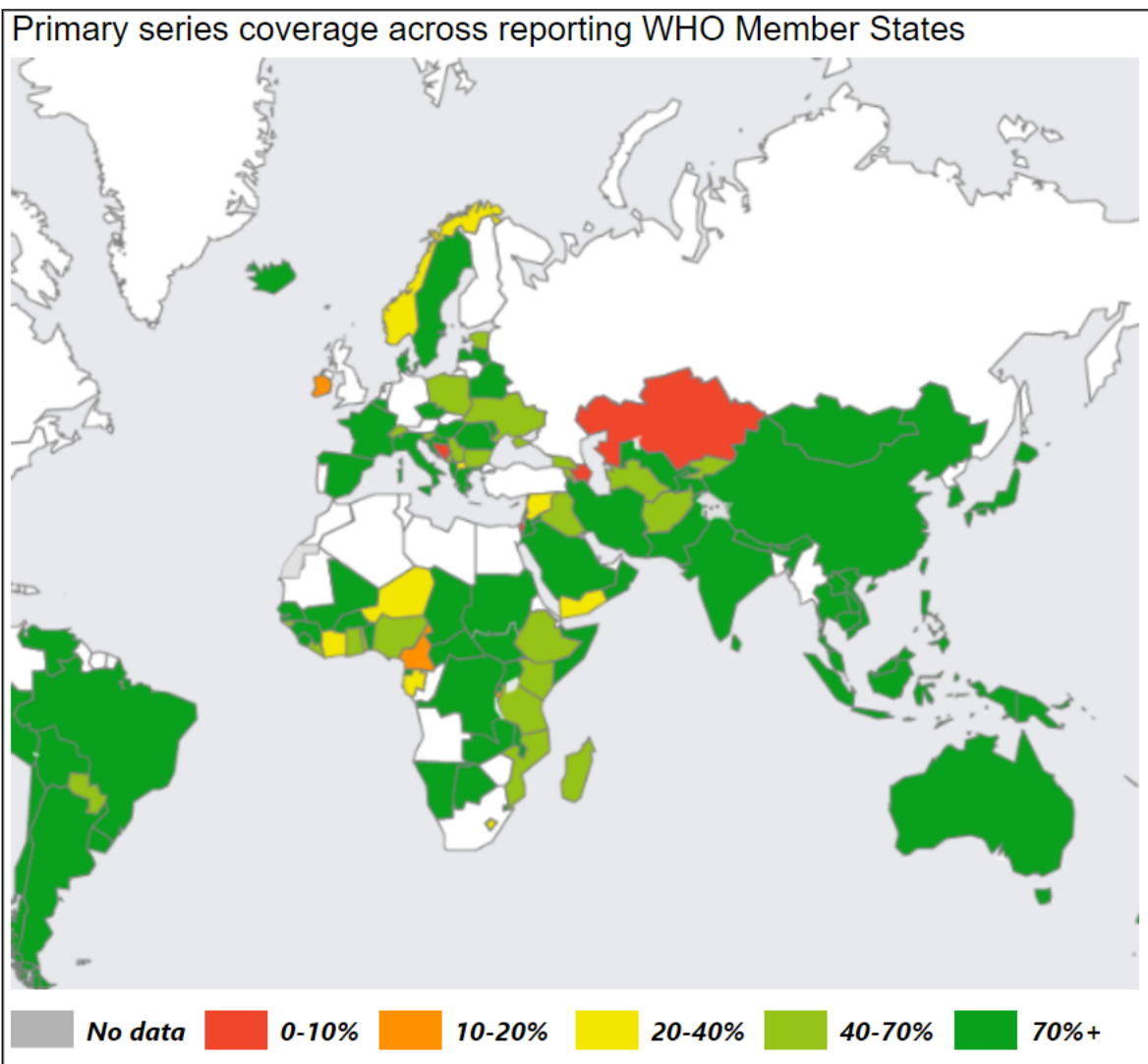
13.5 billion
doses have been administered

66%
of the global population has received a complete primary series

32%
of the global population has received a booster dose

Data source: WHO COVID-19 vaccination data reporting mechanism
Visual: WHO Immunization Analysis & Insights Unit

Healthcare worker coverage across reporting WHO Member States



WHO region	Primary series coverage	Booster coverage
AFR	65 %	12 %
AMR	98 %	81 %
EMR	79 %	50 %
EUR	71 %	24 %
SEAR	100 %	99 %
WPR	96 %	2 %
Total	88 %	29 %

Income group	Primary series coverage	Booster coverage
1) LIC	65 %	8 %
2) LMIC	89 %	68 %
3) UMIC	92 %	25 %
4) HIC	88 %	13 %
Total	88 %	29 %

142

WHO MS have reported at least once on healthcare worker vaccination coverage

88 %

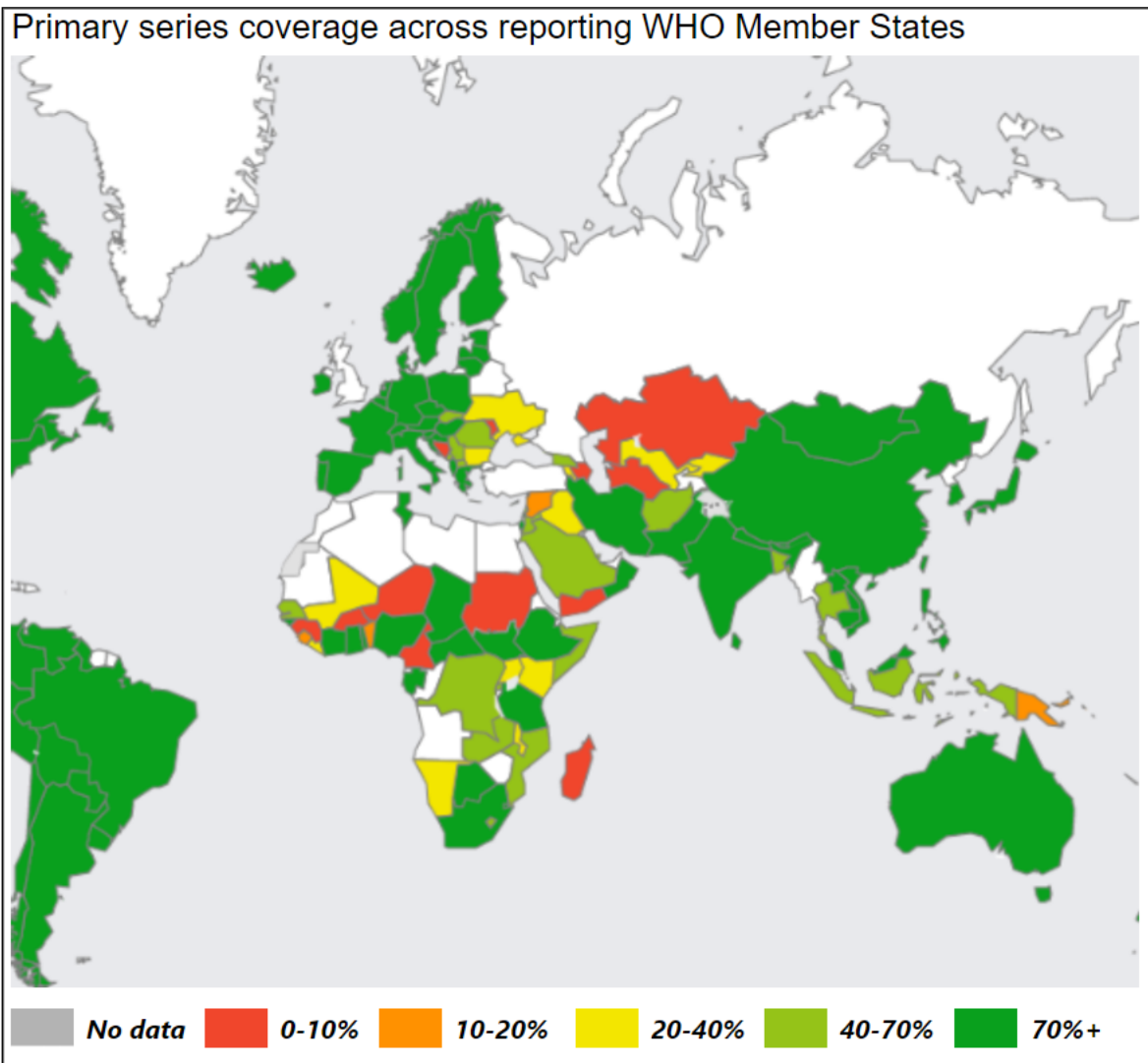
of total healthcare workers with a complete primary series across reporting WHO MS

29 %

of total healthcare workers with booster dose across reporting WHO MS

Notes: Coverage figures are capped at 100%. Target population definitions vary, especially across HICs; this can impact uptake figures reported. Estimated healthcare worker population sizes vary by source (ILO vs. country reports). A correction factor was applied to countries reporting inconsistent figures. Cook Islands and Niue are not categorized in an income group by the World Bank.

Older adult coverage across reporting WHO Member States



WHO region	Primary series coverage	Booster coverage
AFR	61 %	8 %
AMR	90 %	67 %
EMR	64 %	27 %
EUR	80 %	68 %
SEAR	77 %	30 %
WPR	91 %	75 %
Total	83 %	55 %

Income group	Primary series coverage	Booster coverage
1) LIC	39 %	4 %
2) LMIC	78 %	28 %
3) UMIC	86 %	66 %
4) HIC	91 %	82 %
Total	83 %	55 %

158

WHO MS have reported at least once on older adult vaccination coverage

83 %

of total older adults with a complete primary series across reporting WHO MS

55 %

of total older adults with a booster dose across reporting WHO MS

Notes: Coverage figures are capped at 100%. Target population definitions vary; country-specific definitions of older adults are used to calculate older adult population population denominators using data from the United Nations Population Division. Cook Islands and Niue are not categorized in an income group by the World Bank.

Current recommendations on the use of COVID-19 vaccines remain to focus on high-priority use groups; SAGE to discuss this week

- **The current WHO SAGE Roadmap recommends** that Member States focus on increasing COVID-19 vaccination coverage (primary series & booster doses) in the following high priority-use groups:
 1. Older adults
 2. Adults with comorbidities or severe obesity
 3. Children, adolescents, adults with immunocompromising conditions
 4. Pregnant women
 5. Frontline health workers
- **SAGE will discuss an update to its COVID-19 vaccination Use Roadmap on 28 September 2023; any updates will be published in the weeks following the meeting**

Current recommendations on the use of COVID-19 vaccines remain to focus on high-priority use groups; SAGE to discuss this week

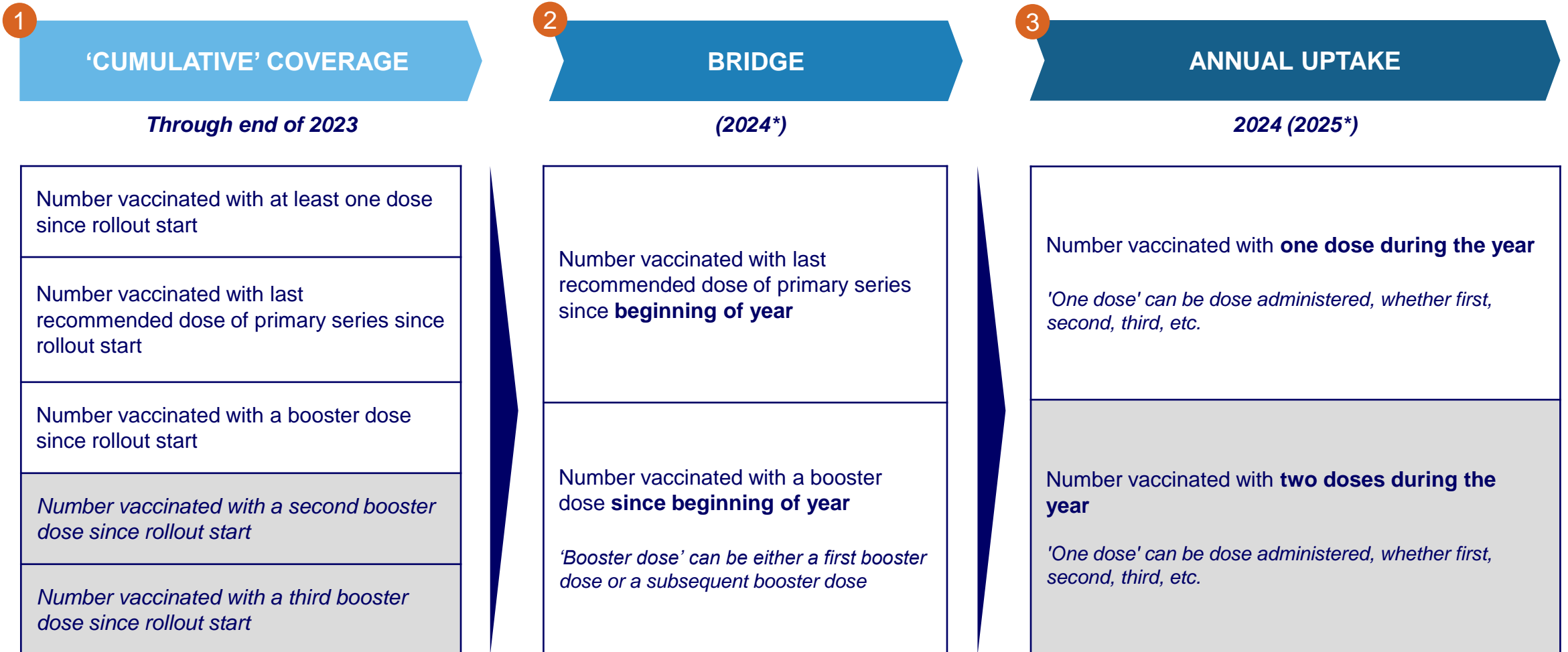
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 2. Adults with comorbidities or severe obesity
 3. Children, adolescents, adults with immunocompromising conditions
 4. Pregnant women

Standing Recommendations D 12 and 13

12. Improve efforts to increase COVID-19 vaccination coverage for all people in the high- priority groups using COVID-19 vaccines recommended by WHO or vaccines approved by national regulatory authorities, taking into account SAGE recommendations, and continue surveillance of vaccination uptake and adverse events.

13 Address actively vaccine misinformation, disinformation, acceptance, and demand issues with communities and health care providers.

Recognizing the continued evolution of the COVID-19 vaccine rollout, uptake indicators will change considerably from Jan 2024

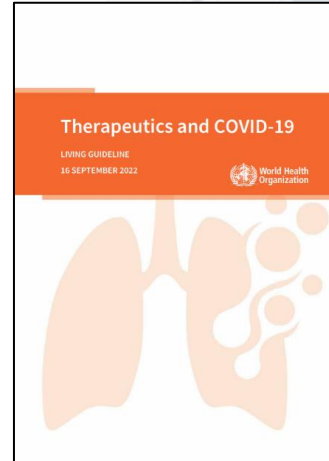


■ *Some regions, not all*

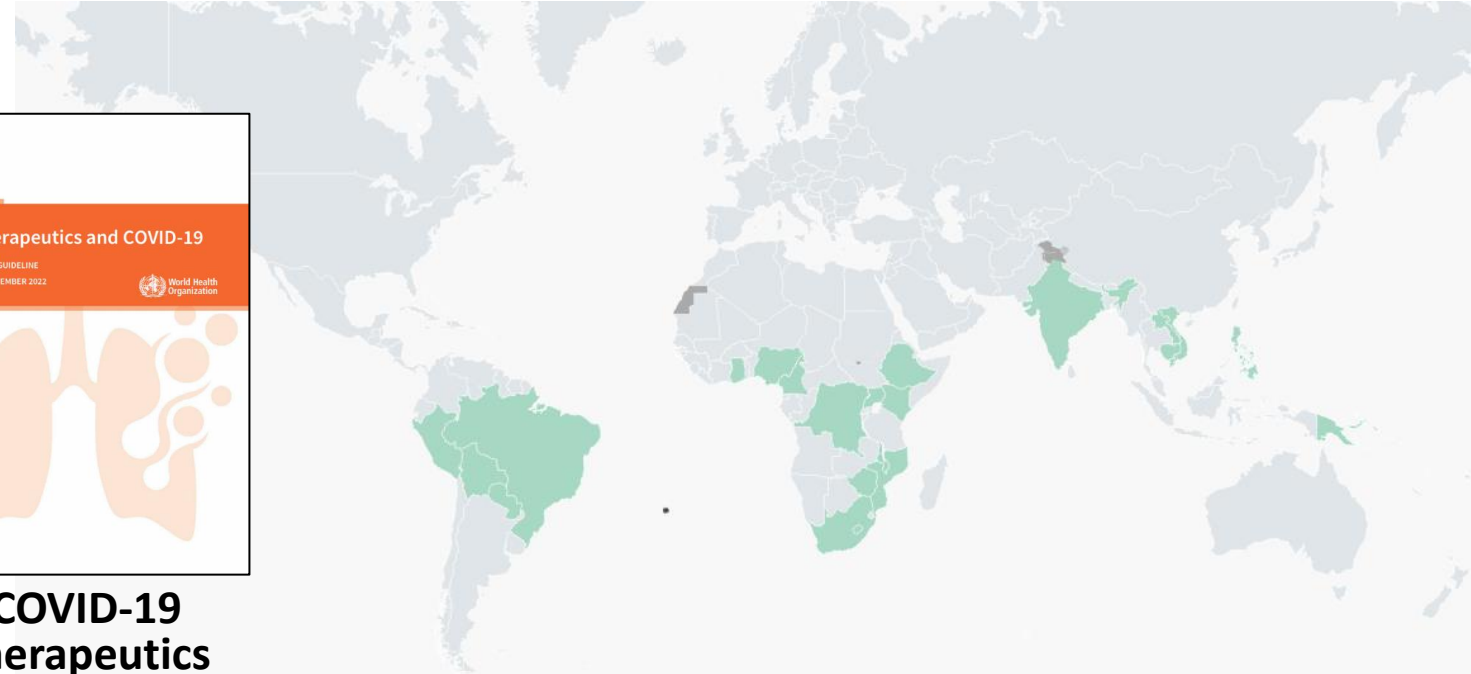
** Pending updated SAGE COVID-19 recommendations (single dose vs. multiple dose recommendation)*

COVID-19 therapeutics and access to countermeasures

- Therapeutic guidance is found in WHO Living Guidance (v14)
 - Based on reductions in mortality, hospital admissions and mechanical ventilation
 - Medications are automatically included in the WHO Model List of Essential Medicines (EML)
- Can be programmatically linked to test and treat, and/or incorporated into usual medical pathways



**COVID-19
therapeutics**
version 14

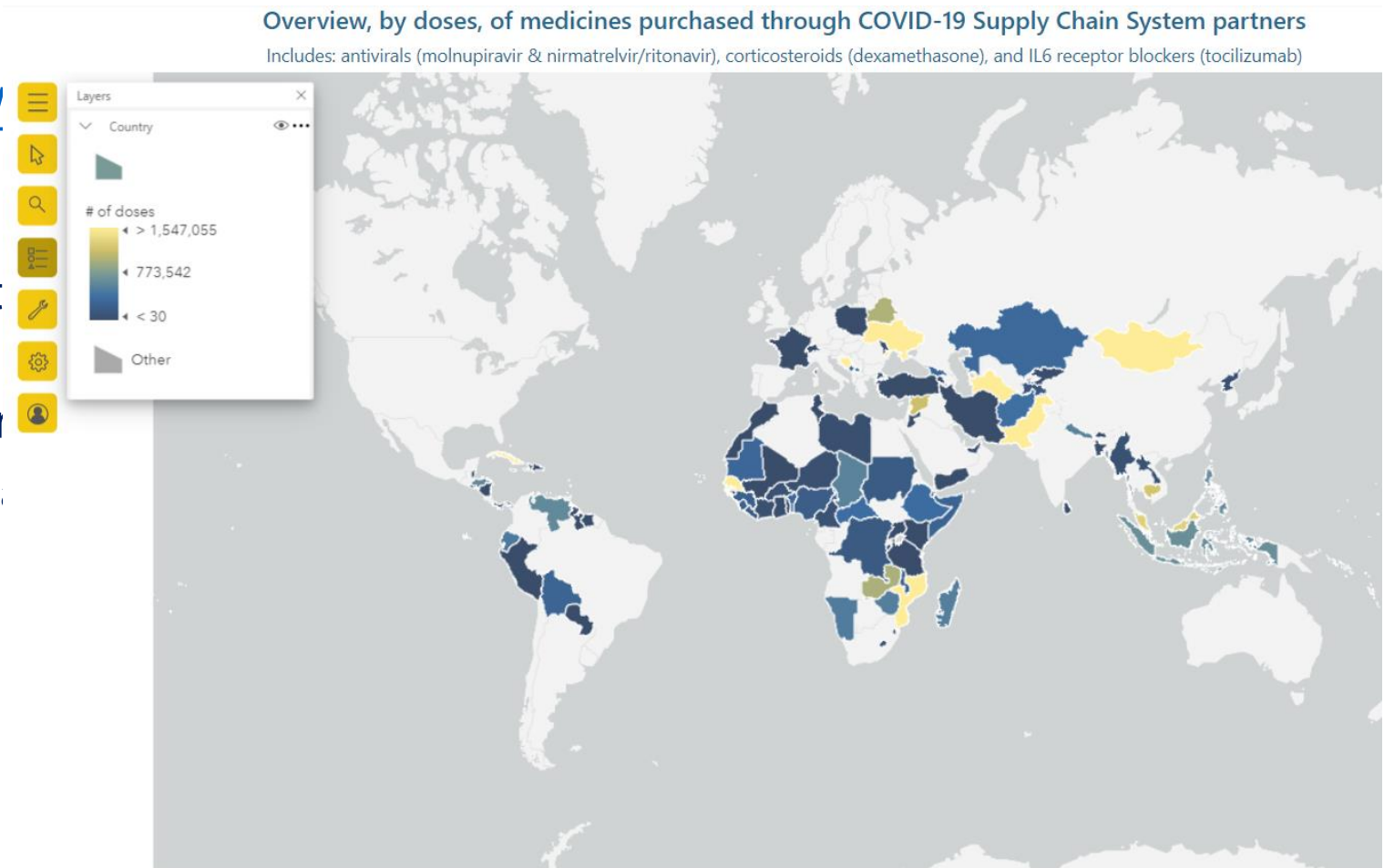


Test & Treat RFP

The ACT-A Test & Treat RFP project provides support to countries for test-and-treat programmes to prevent hospitalizations and deaths from COVID-19 for those most at risk in low- and middle-income countries

Countermeasures

- CDAT tool <https://r.qclear.app/WCDATD/>
 - Supports member states to understand cost and benefit countermeasure roll-out
 - Interactive tool, takes 30 min
- ACT-A accelerator global summ.
>>



Overview of Procurement of Medicines

Procurement agencies: Global Fund, PAHO, UNICEF, and WHO



All Medicines

50,792,053

Total # of doses

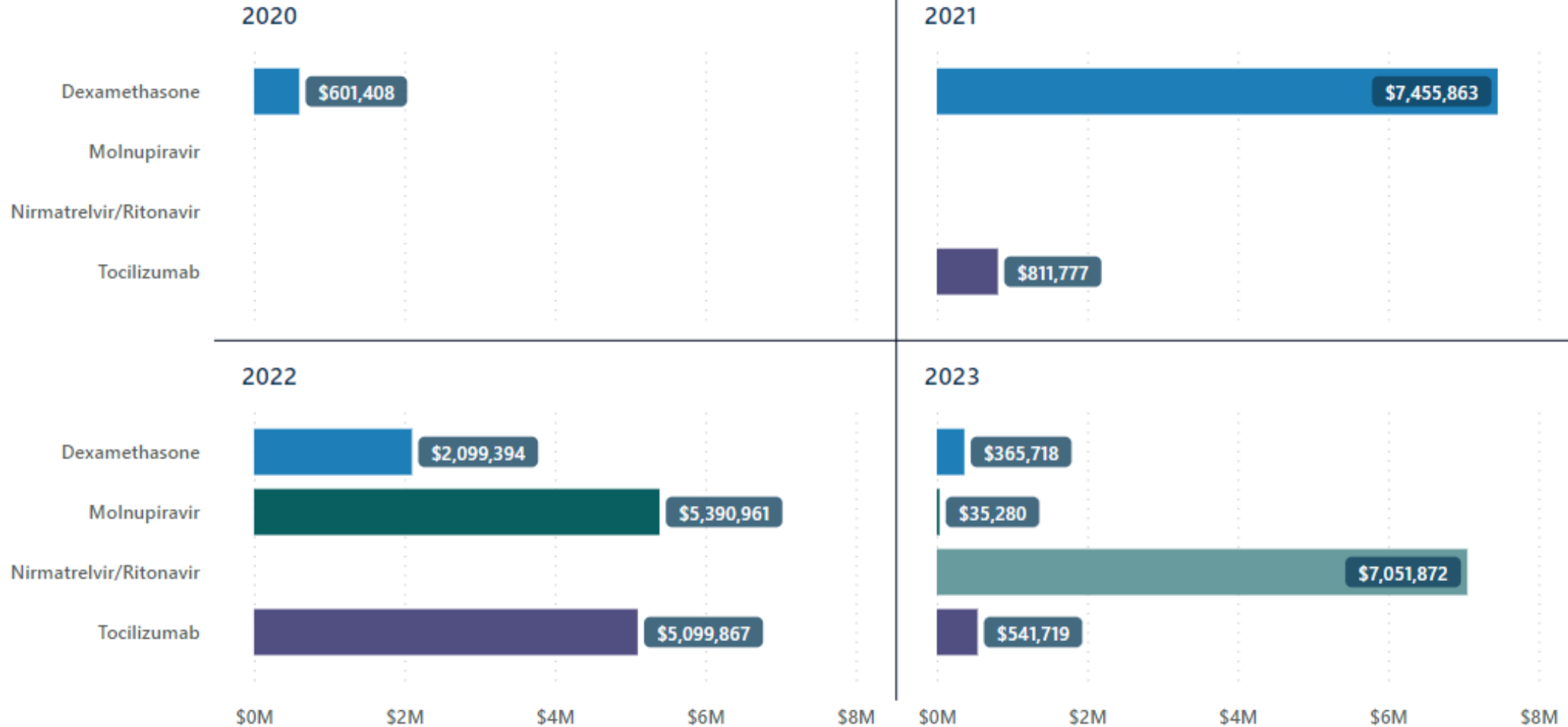
\$29,458,820

Value (\$USD)

109

of countries purchased for

Procurement Overtime by Product & Value (\$USD)



Procurement of Antivirals

Procurement agencies: Global Fund, PAHO, UNICEF, and WHO

Molnupiravir

218,158

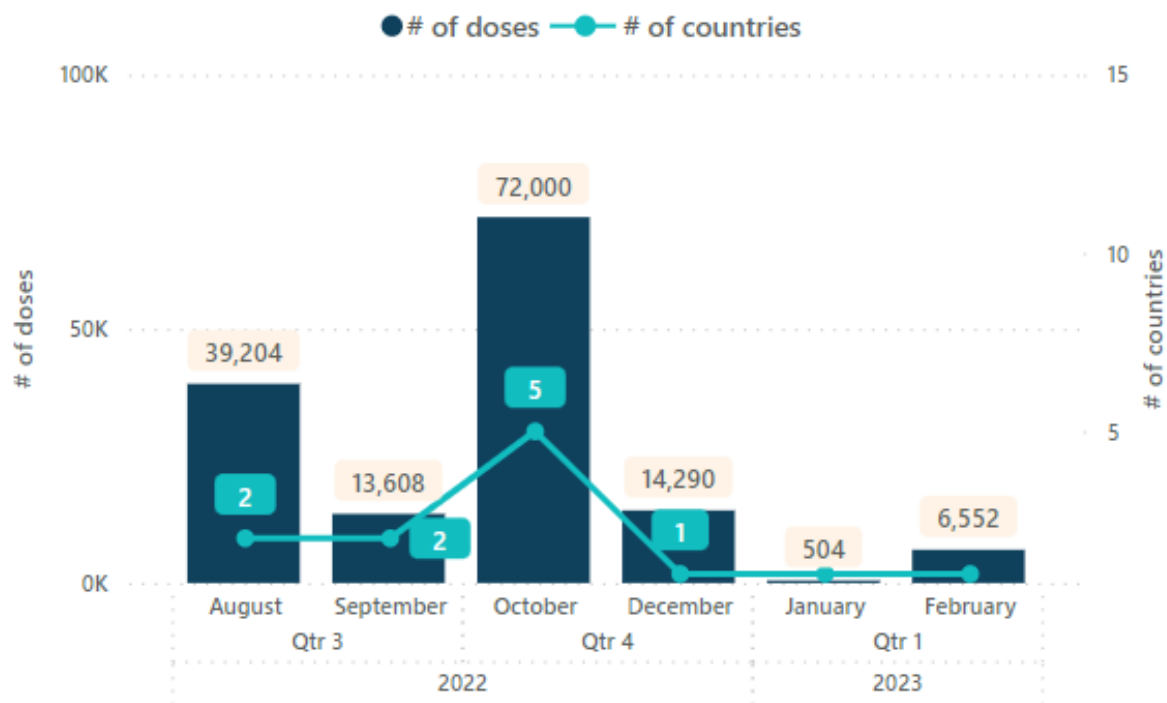
Total # of doses

\$5,426,241

Value (\$USD)

13

of countries purchased for



Nirmatrelvir/ritonavir

89,442

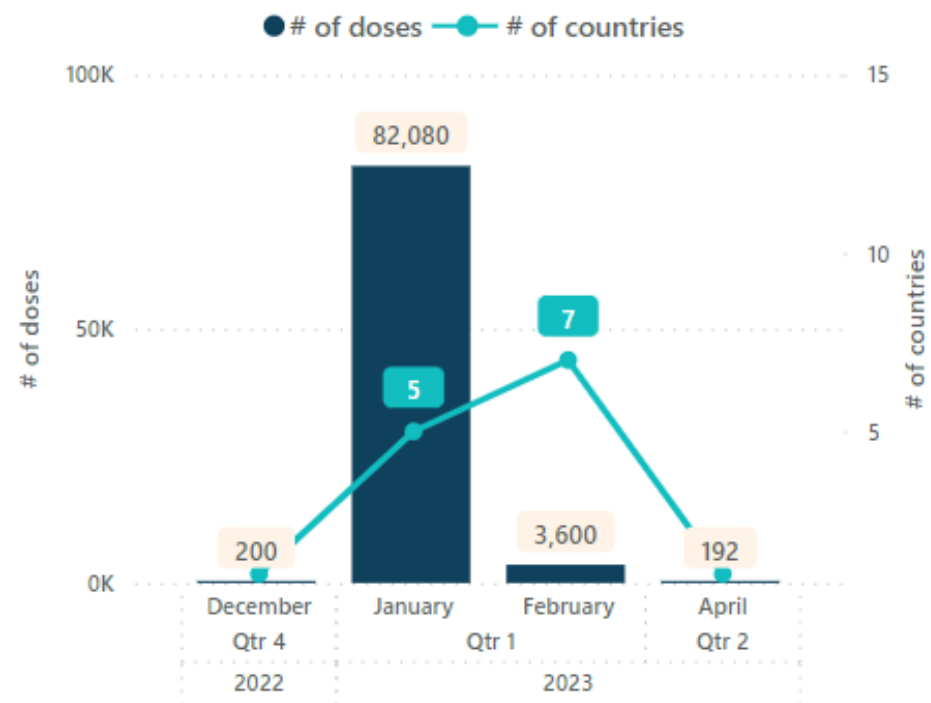
Total # of doses

\$7,051,872

Value (\$USD)

16

of countries purchased for



Procurement of IL6 Receptor Blockers

Procurement agencies: WHO

Tocilizumab

36,370

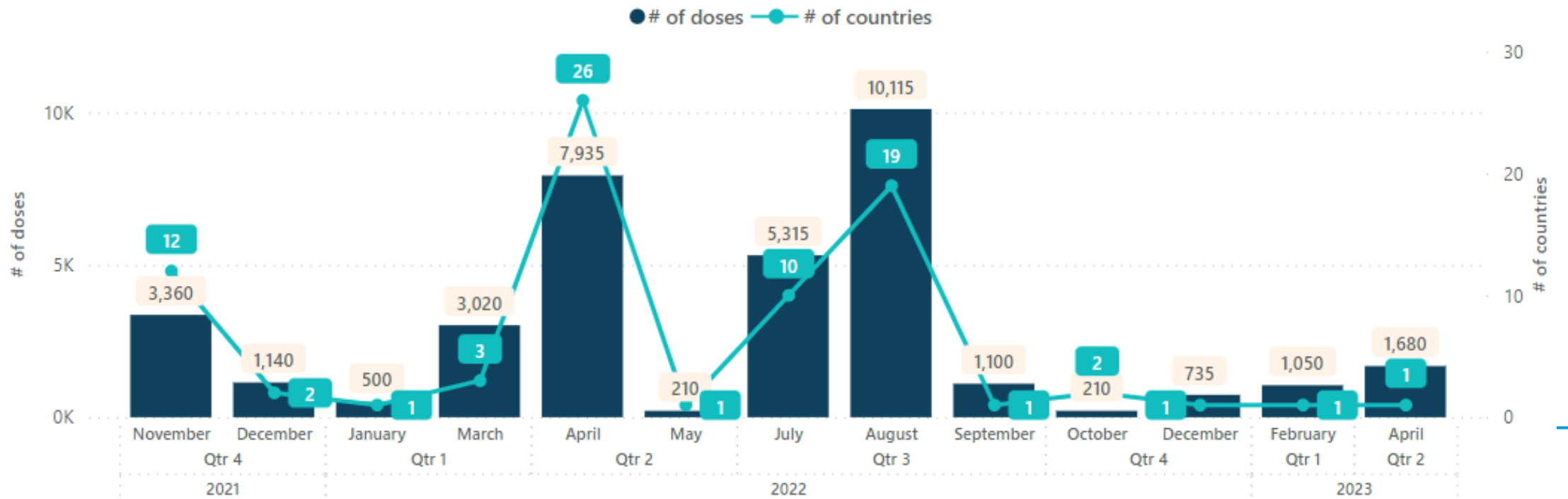
Total # of doses

\$6,453,363

Value (\$USD)

66

of countries purchased for



Procurement of Corticosteroids

Procurement agencies: Global Fund, PAHO, UNICEF, WHO

Dexamethasone

50,448,083

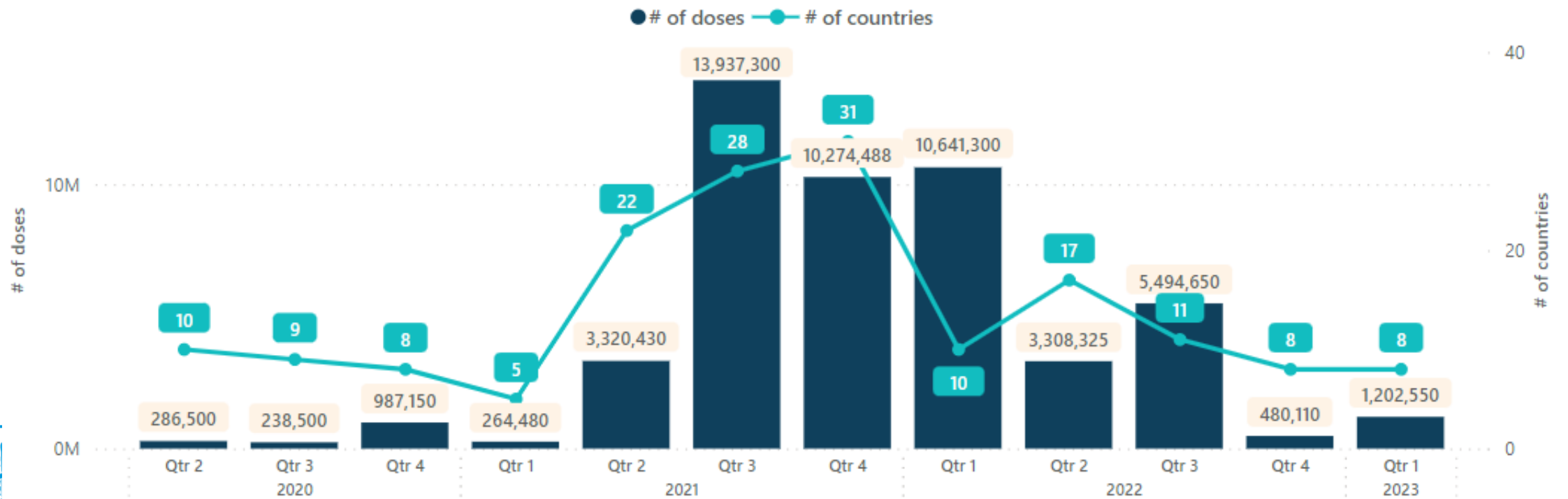
Total # of doses

\$10,527,344

Value (\$USD)

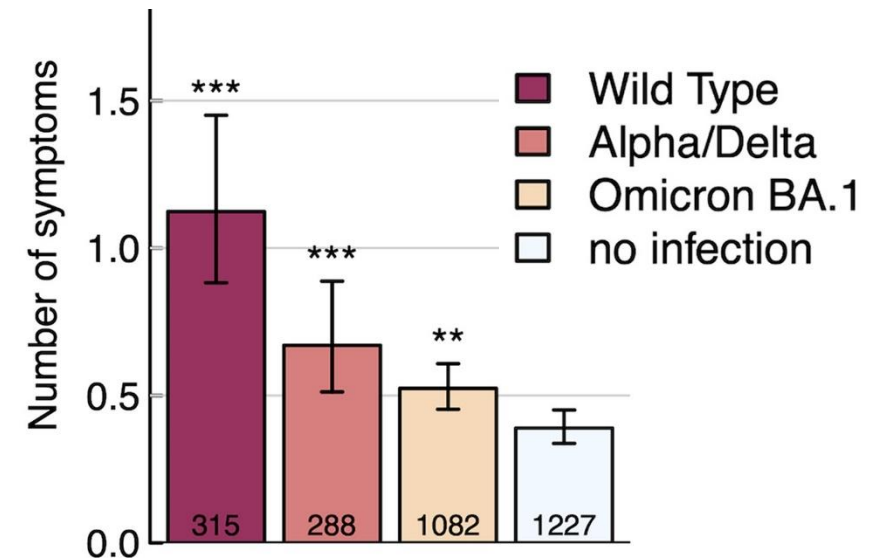
74

of countries purchased for



Understanding the epidemiology and burden of Post COVID-19 condition

- 770 million cumulative cases of Covid-19
 - 26 Sep 2023
- Meta-analysis of 1.2 million records from 22 countries (54 studies)¹
 - Symptomatic COVID-19 in 2020 and 2021
 - **6.2% those with symptomatic SARS CoV-2 infection developed PCC**
- Three symptom clusters
 - fatigue
 - cognitive problems
 - shortness of breath
- Highly complex and variable
 - “simple” diagnostics are not available
- Likely reduction in PCC incidence with Omicron and subvariants compared with previous, but not definitive.
- Prospective Swiss cohort of healthcare workers² showed reduced number of post-COVID-19 symptoms



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Standing Recommendations F 17-19

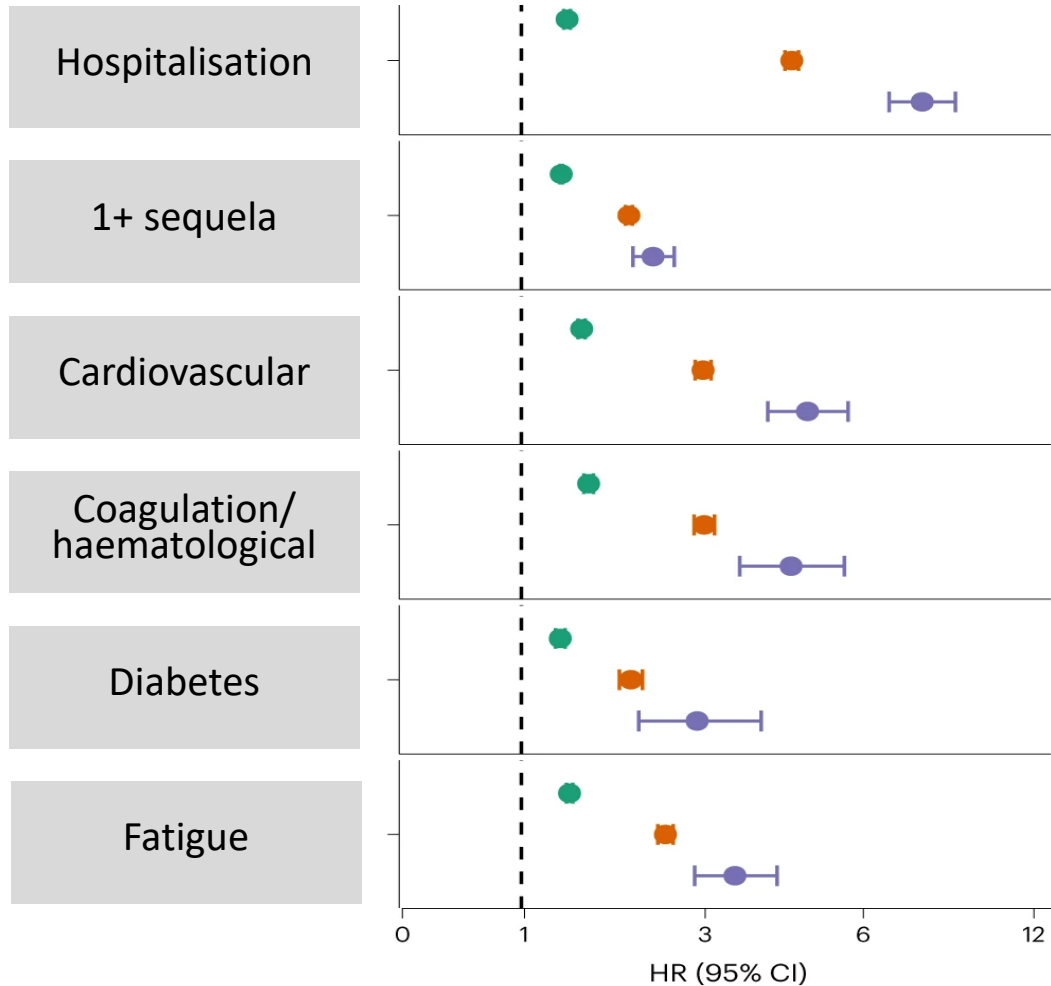
17 Ensure provision, and related scaling-up mechanisms, of appropriate clinical care, with infection prevention and control measures in place, for suspected and confirmed COVID-19 cases in clinical settings. Ensure training of health care providers accordingly and provide access to diagnostics and to personal protective equipment.

18 Integrate COVID-19 clinical care within health services as appropriate.

19 Ensure access to provision of evidence-based care and health products for patients with acute COVID-19 and PCC.



Post COVID-19



- Post-acute sequelae of COVID-19 include
 - post-COVID-19 condition.
 - Additional burden of medical disease arises from excess disease in multiple organ systems, notably cardiovascular
 - SARS-CoV-2 re-infection appears to raise the risk of problems

■ One infection ■ Two infections ■ Three or more infections



10 proposals to build a safer world together

Based on independent reviews,
synthesising **+300 recommendations** ...

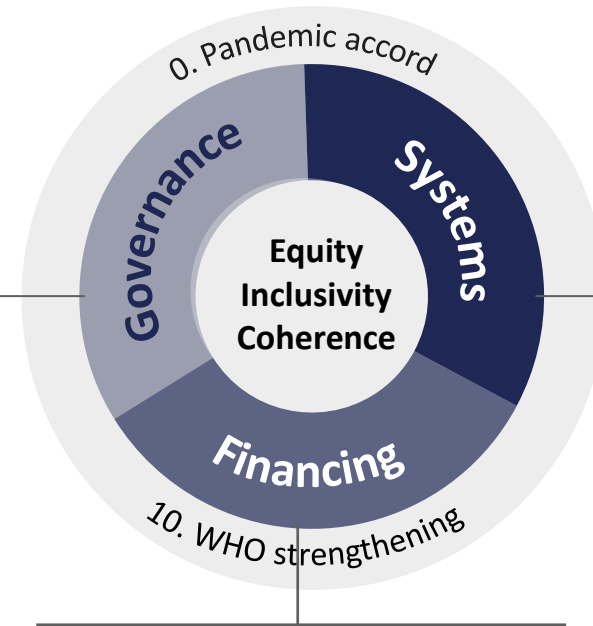


... *developed in consultation* with Member States & partners, presented at the World Health Assembly May 2022

Strengthening the Global Architecture for Health Emergency Preparedness, Response & Resilience (HEPR)



1. Leadership
2. Regulation (IHR)
3. Accountability



4. Capacity
5. Coordination
6. Collaboration

7. Finance-Health coordination
8. Preparedness financing (incl. Pandemic Fund)
9. Response financing



WHO advisory remain vital to assess variants and vaccines

Aim: Monitor & assess SARS-CoV-2 variants and evaluate their impact on countermeasures, including vaccines, therapeutics, diagnostics or effectiveness of public health and social measures.



TAG-Virus Evolution (VE)

- Determines which variants warrant further investigation
- Assesses public health risk posed by emerging variants
- Assesses whether variants have altered phenotypic characteristics

TAG-CO-VAC

- Assesses the impact of variants on current COVID-19 vaccines and whether changes to vaccine composition needed

Vax Research Expert Group

methods for vaccine development & assessment

Vax Effectiveness WG

assesses & supports VE and impact studies

Regulatory TAG

advises on EUL of vaccines through evidence-based assessment

SAGE

- advises on vaccination policies, as well as immunization strategies and delivery programmes

Financing COVID-19 in 2023 and beyond

- WHO's response to COVID-19 from 2020-22 has largely been financed by the 'Emergency Operations and Appeals' segment of the Programme Budget outside of the core financing
- Over the course of 2022, and finally in Spring of 2023, the majority of donors no longer have dedicated budget envelopes for COVID-19.
- Recognizing the need to sustain certain COVID-19 critical capacities within WHO, WHA in 2022, approved an increase of the base component of the programme budget for Billion 2. However, there are still significant funding gaps for the current biennium including a critical funding gap of \$25 million for WHE global workforce, which is 2/3 based at country level.
- WHO will continue to sustain critical capacities that were established during COVID-19 for longer term disease control and prevention in an integrated manner, largely as part of the core programme, and as such as part of the base budget. This is critical to ensure the readiness of the Organization to provide support to Member States during acute emergencies.
- Encourage Member States to continue to finance critical core capacities for COVID, through a fully financed WHE under the PB and the new GPW14.

Our work continues

- Globally, cases and deaths continue to be reported in 2023. The number of cases and hospitalizations has increased since early July 2023 following months of decline while ICU admissions and deaths continue to decrease or remain stable. All observed trends should be interpreted cautiously due to the reduction in surveillance activities, including testing and sequencing, alongside delays in reporting
- WHO has updated its list of requested core surveillance indicators for routine weekly reporting of COVID-19 to include the number of confirmed cases and deaths, disaggregation of deaths by age, number of new hospital and ICU admissions, and tests conducted
- State Parties are recommended to incorporate information from different COVID-19 monitoring systems and integrate COVID-19 surveillance with surveillance for other respiratory infections
- EG.5 and its descendent lineages have become the most reported variants globally, followed by XBB.1.16 and its descendant lineages, which have been stable in prevalence for several weeks. The VUM BA.2.86 continue to be detected in more countries, with 198 sequences identified from 21 countries in five WHO regions as of 25 September 2023
- While important progress has been made in vaccinating the world's population, there are significant variations in vaccination rates across WHO regions. First additional dose coverage for older adults remained low for AFR (8%), EMR (27%) and SEAR (30%) among reporting countries of these regions. First additional dose coverage for HCW is <50% for 4 out of six WHO regions ranging from 2% in WPR to 49% in EMR
- WHO has developed/updated all clinical management guidelines and continues to provide support to countries in managing PCCs and preventing hospitalizations and deaths
- WHO encourages Member States to continue to finance core capacities for COVID-19

Continued challenges

- **Significantly reduced funding across all levels of WHO to support** Member States on COVID-19 in the context of other health/non-health crises
- **Reduced testing and surveillance capacities for COVID-19** since May 2023, decline in the submission and increased delay in availability of sequences since the termination of the PHEIC
- **Insufficient in sequence data poses difficulties of WHO, TAG-VE and partners to estimate growth advantage, transmissibility and assessment of severity and immune escape of new and emerging variants**
- **Hospitalization and ICU data are consistently reported by very few countries globally (<20 countries in the last 28 days),** making it difficult to detect changes in disease severity rapidly
- **SARS-CoV-2 continues to evolve: on 17 August 2023, BA.2.86 designated a VUM by WHO, due to the large number of spike gene mutations it carries (>30), making it divergent from both BA.2 and the circulating XBB variants.**
- **Waning immunity and low booster coverage** in at risk populations
- **Access, affordability, sustainability and use of life-saving tools**