

repurpose and expand hospital-bed capacity worldwide. The Secretariat has undertaken more than 130 technical and operational missions and provided dedicated virtual support through webinars and trainings.

6. Substantial operational and technical support has been provided to countries through the Global Outbreak Alert and Response Network. Partners are responding domestically to the pandemic, and providing international capacity and technical support. More than 40 partners in the Network have provided direct internationally support by deploying more than 132 experts to 26 countries to provide support in building laboratory capacity, epidemiology, infection prevention and control, case management (with the emergency medical teams initiative) and data management. The Network and its partners are supporting global coordination, the development of contact tracing capacity, laboratory networking and rapid deployment, research, and risk communication and community engagement.

7. Countries and partners in the Global Outbreak Alert and Response Network are sharing experiences in contact tracing, notably in terms of the use of digital innovations and tools, embedding risk communication and community engagement into activities, and supporting countries through global and regional networks in order to accelerate and expand capacity, through training programmes, expanded risk communication and community engagement, and operational research. Go.Data is a software for contact tracing and outbreak response developed by WHO in collaboration with partners in the Network. It focuses on case and contact data including laboratory data, admissions to hospital and other variables through a case investigation form, and on contact follow-up and visualization of chains of transmission. WHO and partners are supporting more than 60 projects worldwide to implement the software, including virtual training and briefings, providing direct user support and technical support for local responders for epidemiology, analytics, interoperability and information technology.

8. Since WHO issued the first COVID-19 technical guidance¹ in early January 2020, it has published more than 800 products related to COVID-19 covering topics ranging from surveillance, laboratory testing and best practices, infection prevention and control, and clinical management to points of entry and international travel and essential commodities. Guidance on existing and new topics continues to be updated and is developed in close collaboration with global experts from technical networks, WHO collaborating centres, the Strategic and Technical Advisory Group for Infectious Hazards, WHO's formal guideline-development groups, external groups conducting rapid literature reviews, civil society, patient groups and several international associations.

9. Since issuing its first guidance on mass gatherings in the context of COVID-19 in February, WHO has maintained discussions with many event organizers, including religious, sports and entertainment constituencies, with the aim of monitoring their plans and advising on best practices. It has published tailored guidance and tools to evaluate risk associated with events and promoted their adoption in support of decision-making processes related to time, venue and identification of suitable precautionary measures, for large-scale events and for smaller gatherings alike.

10. The Secretariat's Publications Review Committee has reviewed more than 150 documents relating to COVID-19 ranging from technical guidance, operational tools, questions and answers to training materials and communication products. The Committee reviews all proposals for new COVID-19 guidance to ensure that the contents are timely, relevant, coherent and adhere to methodological processes.

¹ WHO. Country & Technical Guidance - Coronavirus disease (COVID-19). Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>, accessed 2 December 2020).

11. The COVID-19 supply chain system continues to use the capabilities and expertise of each partner to scale up the procurement and delivery of personal protective equipment, diagnostic products, and clinical care equipment to low- and middle-income countries. A technical advisory group on personal protective equipment has published technical specifications and guidance, including research on innovations in development and reprocessing technologies for personal protective equipment. The COVID-19 supply chain system has improved considerably since the early months of the pandemic, with a significant increase in production of personal protective equipment resulting in price reductions and increased availability across most categories. Supply chains, however, remain vulnerable and will require continued coordination to ensure acquisition, equitable allocation and transport of sufficient quantities of critical items.

12. By 1 December, WHO had delivered more than 250 million items of personal protective equipment, comprising medical masks, respirators, goggles, face shields, gowns and gloves to 152 countries. WHO continues to negotiate with key suppliers and manufacturers, and has procured 16 573 oxygen concentrators, 29 151 pulse oximeters, 859 ventilators and other essential biomedical items for clinical care. As at 3 December, WHO had shipped 12 659 oxygen concentrators to 105 low- and middle-income countries, along with 99 480 nasal oxygen cannulas, 24 870 venturi masks, 1798 patient monitors and 4666 pulse oximeters. WHO and other procurement agents in the diagnostics consortium of the COVID-19 supply chain system – including the United Nations Development Programme, the United Nations Children’s Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Drug Facility, Unitaid and the Clinton Health Access Initiative – have procured more than 46 million diagnostics products since the start of the pandemic. Of these, more than 33 million, including polymerase chain reaction tests and sample collection kits, have been shipped to 142 countries across all WHO regions.

13. WHO is directly coordinating and providing technical and financial support for several global scientific studies called for by the research road map launched in February, such as WHO’s Solidarity Therapeutics Trial (begun in March 2020), its Unity Studies on sero-epidemiology, clinical data platforms and implementation research for new diagnostics. By 29 November, 58 countries reported implementing a Unity Study for COVID-19 – a six-fold increase from the nine countries on 1 June and exceeding the global target.

14. WHO has produced more than 200 COVID-19 global epidemiological and operational situation reports, collating and analysing data reported from all Member States, including geospatial analysis as well as the development, production and maintenance of a WHO COVID-19 dashboard providing daily verified national and regional data. WHO implemented continuous COVID-19 epidemic intelligence activities and set up a global surveillance system for all Member States to report essential data to WHO, although completeness of some data remains a challenge. The Secretariat continues to communicate and work collaboratively with Member States through the Regional Offices, providing analyses, situation updates, risk assessments and other guidance to facilitate the response and monitor the pandemic. WHO continues to coordinate and help establish research priorities for modelling groups around the world.

15. WHO’s Epidemic Intelligence from Open Sources initiative, which strengthens early detection, verification, assessment and communication of public health threats, has further expanded (see document EB148/17) to more teams within WHO as well as to Dominica, Saint Lucia and Turkey (in progress); in the context of the Global Outbreak Alert and Response Network. The expansion included collaboration with the Africa Centres for Disease Control and Prevention to train incoming analysts in event-based surveillance using the EIOS system platform and working closely with the regional collaborating centres and Member States to track and verify events related to COVID-19 and other emerging threats. A three-day workshop has been re-worked for remote delivery and is being piloted through regional offices and other stakeholders to respond to ongoing requests from Member States

seeking to enhance COVID-19-related monitoring activities. The results of continuous global mapping of COVID-19 news as reported through publicly available websites and a global dashboard with daily updates on cases in regions and countries are publicly available on the WHO website. In response to requests, multiple enhancements have also been made to the Epidemic Intelligence from Open Sources system linked to COVID-19 activities, including the addition of COVID-19-related categories and the integration of the European Commission's INFORM COVID-19 Risk Index.

16. With regard to innovative communication and information-sharing initiatives, platforms and tools to manage the overabundance of information, WHO is planning to host a third conference on managing the “infodemic” at the end of 2020.

17. WHO continues to work to promote its evidence-based information about COVID-19 and limit the spread of false information. As at 24 November, the Director-General and senior leadership had held more than 140 weekly press conferences to update the world's media on the evolution of evidence-based guidance and answer questions. The WHO Information Network for Epidemics has produced more than 280 products to date this year, including webinars, videos and infographics, questions and answers, Weekly Intel Reports, Mythbusters, and guidance documents. WHO has provided peer-to-peer mentorship on COVID-19 laboratory diagnostics to more than 1000 participants from more than 120 Member States through global and regional webinars. The number of course enrolments on OpenWHO, WHO's open access learning platform, has risen to more than 4.6 million, with 141 COVID-19 courses currently available in 42 languages. In total, more than 6.3 million words have been translated for pandemic learning through regional and country offices and partnerships with organizations supporting translation services.

18. To support Member States, the Secretariat has developed technical and operational guidance documents on maintaining essential health services in the context of COVID-19,¹ including: the practical actions that countries can take to maintain access to high-quality essential health services; the role of community-based health care; and a range of programme-specific guidance including life course stages, immunization, long-term care, communicable and noncommunicable diseases, health workforce, supply chain and blood supply. The Secretariat has reviewed COVID-19 national response plans from all WHO regions to evaluate their alignment with the operational guidance outlined above and has recommended actions for improvement.

19. WHO is closely monitoring the impact of the pandemic on essential health services. Following the first global pulse survey in August 2020, a second round is scheduled for December. The Secretariat provides support to Member States to assess their readiness to deploy new COVID-19 vaccines, diagnostics and therapeutics effectively and efficiently as they become available. The Guidance on National Deployment and Vaccination Planning² is intended to help countries to develop their plan for introduction of COVID-19 vaccine. The two tools – Vaccine Introduction Readiness Assessment³ and

¹ Coronavirus disease (COVID-19) technical guidance: maintaining essential health services and systems. Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems>, accessed 16 September 2020).

² WHO, UNICEF. Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines: interim guidance, 16 November 2020. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/336603>).

³ WHO, UNICEF. COVID-19 vaccine introduction readiness assessment tool, 21 September 2020. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/336188>).

the frontline service readiness assessment tools¹ – are critical assets for informing and guiding the scale up and delivery of COVID-19 applications and resources. The two assessments are complimentary and will provide important information that will help countries to prepare for the introduction of COVID-19 tools. WHO plays a critical role in promoting and supporting the implementation of these assessments, in collaboration with the World Bank, UNICEF, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, civil society organizations and others in support of Member States.

20. The Secretariat is further providing support to Member States in fast-tracking actions to ensure continued delivery of essential health services in the context of COVID-19, with a particular focus on providing integrated support for ensuring that Member States are ready to introduce vaccines while protecting against health systems being overwhelmed and supporting continuity of essential health services.

ACTION BY THE EXECUTIVE BOARD

21. The Board is invited to note the report.

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¹ WHO. Suite of health service capacity assessments in the context of the COVID-19 pandemic. Geneva: World Health Organization (<https://www.who.int/teams/integrated-health-services/monitoring-health-services>, accessed 3 December 2020).