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
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.
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**
WHO Transformation:
Agile, Scalable Platforms Emergency Preparedness and Response

194 Member States
Presence in 150 countries
Over 7000 WHO staff
One goal: GPW13
COVID-19 Partners Platform (PP) country-centered readiness and response with global coordination – an example of solidarity

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
- **Dynamic Costing**: Transparent sharing of resource needs when funds not available in-country
- **Visibility**: Providing visibility of donor funding committed to the response
- **Requesting Supplies**: Facilitating the request of critical supplies through the Supply Portal

- **Countries** have administrative users on PP including 111 countries uploaded national plans and 106 countries used the Action Checklists
- Countries have shared resource needs across 9 pillars of health representing US$9.1B
- Donor contributions recorded, representing US$7.5B
- Countries are using the Supply Portal
Impact through partnerships

175
Countries with Country Preparedness and Response Plan aligned to SPRP

190
Countries with functional national coordination mechanism

111
Countries planning, coordinating and requesting resources Partners portal
Solidarity in funding

US$1.5B raised
US$1.7B asked

Unprecedented global support
79 different donors and 285 awards
Success story: The Solidarity Response Fund

Largest number of donors ever supporting WHO’s COVID response
Member States, philanthropies, foundations, private sector, multilateral institutions, etc.
Over 618,000 individuals, private sector companies contributed and committed US$ 237 million

<table>
<thead>
<tr>
<th>DISTRIBUTION BY LEVEL</th>
<th>DISTRIBUTION OF FUNDS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTRY LEVEL</td>
<td>64%</td>
</tr>
<tr>
<td>GLOBAL SUPPLIES FOR MS</td>
<td>17%</td>
</tr>
<tr>
<td>REGIONAL LEVEL</td>
<td>7%</td>
</tr>
<tr>
<td>INTER-REGIONAL</td>
<td>1%</td>
</tr>
<tr>
<td>HEADQUARTERS</td>
<td>11%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
</tr>
</tbody>
</table>
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

Note: UNCMT alphabetical order
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
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
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.
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
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.

COVID-19 Lab community of practice platform:

- 191 active users: national and WHO laboratory focal points

Provide diagnostic supplies, training & quality assurance programmes.

Countries with COVID-19 testing capacity: 194
WHO Technical Missions and Surge Support

WHO Regional Technical Support Missions to 106 countries
INFODEMIC!!

DEBUNKING RUMORS
ENGAGING MESSAGES
AMPLIFYING INFORMATION

✅ BREAKWATERS

23
Distilling knowledge and managing infodemics

30 Animations and videos

51 Mythbusters

36 Regular slide set updates

52 Infographics
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
- IFRC
- UNICEF
- World Health Organization
Capacity strengthening and support

OpenWHO was launched in 2017 for pandemic preparedness

Accumulated Enrolments

4 047 105 total enrolments
GOARN Partners Support

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
<table>
<thead>
<tr>
<th>Technical Guidance</th>
<th>Market Access</th>
<th>HealthOPs</th>
<th>Procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global organizations depend on WHO Technical Guidance</td>
<td>WHO continues outreach to over 80+% of the market</td>
<td>WHO provides technical and operational guidance for COVID19 health facilities</td>
<td>WHO manages the majority of purchasing of the consortium</td>
</tr>
<tr>
<td>28 Technical guidance &amp; specification packages, education platform &amp; webinars</td>
<td>$1.25B Biomedical equipment sourced</td>
<td>2,000 Beds Supported for COVID19 across 20+ countries</td>
<td>$55+M and expanding</td>
</tr>
<tr>
<td>20+ companies w/ 35+ products validated</td>
<td>$250+M Biomedical equipment validated and available</td>
<td>Services:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facility Design</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Oxygen Assessments</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Procurement of PSA plants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>47,000 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 14k+ Concentrators</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 11k+ Pulse Ox</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5k+ Monitors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1k+ Ventilators</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 15k+ Thermometers</td>
<td></td>
</tr>
</tbody>
</table>
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.

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
A research roadmap with clearly defined priorities and governance framework to accelerate research that can contribute to contain the spread of the disease.
Solidarity Trial
Participating and enrolling countries (as of October 2, 2020)

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

Working with ...
- Governments
- Civil Society
- Industry
ACT-A’s critical path uses **accelerated & parallel workstreams** across a unique partnership to rapidly achieve its goal.

- **R&D**
  - 500+ actionable **trials** followed across products
  - 100s of trials deep dived across geographies and sub-populations
  - Regulatory approval and licensure of **safe and efficacious** tools

- **Manufacturing**
  - Procure / reserve **scarce resources**
  - Manufacture **products at risk**
  - Align on portfolio of **candidates** across products
  - Reach **global scale** by expanding and allocating capacity

- **Procurement**
  - Perform rapid response procurement
  - Set up advance commitments to **shape market** & ensure access for all countries
  - Define allocation mechanisms based on framework
  - Strike early-access deals

- **Delivery**
  - Define fair allocation framework to achieve equitable access
  - Issue policies to inform usage
  - Prepare for LIC / LMIC country **delivery & infrastructure**

---

**Key achievements**

- In progress
- Key achievements
- Major milestones

**End the acute phase of the pandemic**

- Launch and support deployment programs
- Sustain monitoring & learning
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

<table>
<thead>
<tr>
<th>Total Ask</th>
<th>Proportion funded</th>
<th>Immediate gap(^1)</th>
<th>Funding gap(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$38B</td>
<td>$3B</td>
<td>$15B</td>
<td>$35B</td>
</tr>
<tr>
<td>$16B</td>
<td>$2B</td>
<td>$7B</td>
<td>$14B</td>
</tr>
<tr>
<td>$7B</td>
<td>$0.3B</td>
<td>$4B</td>
<td>$7B</td>
</tr>
<tr>
<td>$6B</td>
<td>$0.3B</td>
<td>$2B</td>
<td>$6B</td>
</tr>
<tr>
<td>$9B</td>
<td>$0.1B</td>
<td>$2B(^3)</td>
<td>$9B</td>
</tr>
</tbody>
</table>

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

**ACT-A return on investment**

- Revenue losses of Travel and Tourism alone over 2020-2021
- ACT-A return on investment

---

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
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
- 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

Exposure

Transmission

Infection

Mortality

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
- O₂ and therapeutics

Reduce Mortality & Save lives

Governance

Policy

Coordination

Financing

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 the GPW 13;

**INTEGRATE**
shape broader humanitarian development and recovery programmes