

Update on implementation of resolution WHA73.1 (2020) on the COVID-19 response

Interim report by the Director-General

1. This interim report is submitted pursuant to requests made to the Director-General by the Seventy-third World Health Assembly in resolution WHA73.1 (2020) on the response to coronavirus disease (COVID-19). It provides a brief summary of WHO's activities since January 2020 in response to the COVID-19 pandemic, and sets out the steps taken to ensure that appropriate lessons are learned and best practices are implemented as the pandemic evolves. Specifically, this report focuses on the requests made in paragraphs 9(1) to 9(10) of resolution WHA73.1 and follows the same structure. The full range of WHO's activities on COVID-19 outside the scope of this report can be found on the WHO website.¹ Another update will be submitted to the Executive Board at its 148th session in January 2021 and a comprehensive report that covers all aspects of resolution WHA73.1 will be submitted to the Seventy-fourth World Health Assembly in May 2021. The activities described below are firmly rooted in the WHO transformation agenda, which is based on the Thirteenth General Programme of Work, General Programme of Work, 2019–2023. Thus the activities focus on impact at the country level and progress made towards achieving the Sustainable Development Goals.

WHO has continued to work with the United Nations Secretary-General and relevant multilateral organizations on a comprehensive and coordinated response across the United Nations system to support Member States in their responses to the COVID-19 pandemic (resolution WHA73.1, paragraph 9(1))

2. WHO continues to work with the United Nations and all relevant partners and stakeholders in response to the COVID-19 pandemic at the global, regional, national and local levels. The United Nations Crisis Management Team, chaired by WHO, was activated on 4 February 2020, bringing together 23 entities of the United Nations system for coordinated planning and policy development. The Crisis Management Team met 25 times between February and September 2020, has nine workstreams and has implemented global strategies and initiatives to provide support to Member States. These initiatives include a United Nations framework for the immediate socio-economic response to

¹ See Coronavirus. Geneva: World Health Organization (https://www.who.int/health-topics/coronavirus#tab=tab_1, accessed 16 September 2020).

COVID-19¹ (WHO leads Pillar 1: Health First), the COVID-19 Global Humanitarian Response Plan,² WHO's Strategic Preparedness and Response Plan³ and associated guidelines, and the United Nations COVID-19 Supply Chain System.⁴

3. At the regional level, WHO Regional Directors coordinate with the United Nations Development Coordination Office Regional Directors on strategy, planning and information sharing. Technical and operational bodies have been established at the regional level to facilitate coordination between entities of the United Nations system and other partners across various sectors. At the country level, the Crisis Management Team CMT coordinates with the United Nations country team in 136 countries to facilitate joint action by entities of the United Nations system and international agencies in support of Member States. WHO country offices play vital strategic, technical and operational roles within the United Nations country teams, including by providing epidemiological analysis, priority setting, technical guidance and appropriate adjustment of the operational response based on the country-specific context. The United Nations Development Coordination Office provides overall coordination for the United Nations country teams, including through weekly coordination meetings for the country teams, with up to 800 participants, in which WHO provides regular public health updates and guidance. In humanitarian settings, WHO works closely with the United Nations Office for the Coordination of Humanitarian Affairs.

4. As the health cluster lead in the United Nations humanitarian response, WHO leads the efforts to integrate and deliver the public health response to COVID-19 through implementation of the Global Humanitarian Response Plan for COVID-19, providing coordination and operational support in 30 countries, in partnership with 900 national and international partners, to meet the needs of 63 million people. The Global Health Cluster COVID-19 Task Team identifies critical challenges, supports the adaptation and implementation of WHO's guidance on COVID-19 preparedness and response operations in low-capacity and humanitarian settings, and captures and disseminates good practice. The Global Health Cluster co-leads the Global Information Management, Assessment and Analysis Cell on COVID-19, which manages and analyses COVID-19-related information to support global decision-making and provides technical support and services to prioritized countries.

5. The WHO COVID-19 Partners Platform⁵ was launched in March 2020 with the United Nations Development Coordination Office to provide a unifying, transparent, global mechanism for national authorities, entities of the United Nations system and partners to jointly plan COVID-19 preparedness and response strategies in real time. The Platform is used by 139 Member States, over 600 partner

¹ A UN framework for the immediate socio-economic response to COVID-19. New York: United Nations Development Programme; 2020 (<https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>, accessed 16 September 2020).

² Global Humanitarian Response Plan, COVID-19. Geneva: United Nations Office for the Coordination of Humanitarian Affairs; 2020 (<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>, accessed 16 September 2020).

³ 2019 novel coronavirus (2019-nCoV): Strategic Preparedness and Response Plan. Geneva: World Health Organization; 2020 (<https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>, accessed 16 September 2020).

⁴ COVID-19 Supply Chain System: requesting and receiving supplies. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/m/item/covid-19-supply-chain-system-requesting-and-receiving-supplies>, accessed 16 September 2020).

⁵ COVID-19 Partners Platform. Geneva: World Health Organization; 2020 (<https://covid-19-response.org/>, accessed 16 September 2020).

entities and 74 donors to track the implementation of readiness and response actions as well as financial contributions.

6. As the humanitarian coordination forum of the United Nations system, the Inter-Agency Standing Committee brings together the executive heads of 18 organizations within and outside the United Nations system to ensure coherence of preparedness and response efforts, formulate policy and agree on priorities for strengthened humanitarian action. The Principals of the Committee agreed to activate the IASC System-Wide Scale-Up Protocols, adapted to respond to the COVID-19 pandemic, effective as of 16 April 2020 for an initial period of six months.

7. Under the Global Action Plan for Healthy Lives and Well-being for All, specific actions to support the response to COVID-19 towards achieving the health-related Sustainable Development Goals have been identified across the seven accelerator themes of the Global Action Plan and on gender equality.

WHO has continued to strengthen its capacities at all levels to fully and effectively perform the functions entrusted to it under the International Health Regulations (2005) (resolution WHA73.1, paragraph 9(2))

8. Since the establishment of the WHO Health Emergencies Programme in 2016, capacity has been strengthened across all three levels of the Organization, particularly in the areas of country preparedness and implementation of the International Health Regulations (2005). Across the three levels of the Organization, over 70% of critical positions in the Health Emergencies Programme have been filled. At the country level, 76% of critical posts are filled, (35% were filled in 2016), with 67% of critical posts filled at the regional level (50% were filled in 2016). However, a significant proportion of posts are only temporary, and it has proved challenging to consistently attract high-performing staff to several of the hardship duty stations. Persistent challenges remain in ensuring that financing is sustainable and that minimum capacities required in all offices can be maintained. The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme monitors capacity and recommends action where necessary. The Committee has held 25 statutory meetings and undertaken 10 field visits to areas with ongoing acute and protracted emergencies between May 2016 and August 2020. Findings from these visits have guided the Health Emergencies Programme's implementation of key actions to better support emergency preparedness and response, and have kept Member States informed about the performance of the Programme.

9. The WHO transformation agenda implemented since January 2020 has strengthened the Health Emergencies Programme at all three levels of the Organization. In addition to the Division of Emergency Response, a new Division of Emergency Preparedness was established to support the implementation of the International Health Regulations (2005). This Division is tasked to lead on country preparedness and readiness, and also hosts the International Health Regulations Secretariat, which coordinates the International Health Regulations committees and monitors compliance with the Regulations in relation to measures that affect travel and trade. The focus of the Division of Emergency Preparedness and the Regulations will be further adjusted in line with lessons learned from the COVID-19 pandemic.

The Secretariat has assisted States Parties, at their request, in complying with the International Health Regulations (2005) (resolution WHA73.1, paragraph 9(3))

10. The Secretariat continues to provide direct technical, operational and strategic support to Member States in order to strengthen the core capacities required by the International Health Regulations (2005) and facilitate compliance with the articles and provisions contained within the Regulations. In the context of COVID-19, the Secretariat has prioritized the provision of technical and operational assistance to countries with weak health systems and significant gaps in preparedness and readiness capacity. To facilitate this prioritization, countries are categorized based on their operational readiness capacities as assessed using a composite index derived from: the State Parties' self-assessment annual reporting; voluntary external evaluations; pandemic influenza preparedness plans; country health emergency readiness assessment; country-specific COVID-19 situation analyses; and humanitarian needs.

11. WHO Resource Mapping supports the identification of technical and financial resources for national action plans for health security that can be channelled towards building core capacities required by the Regulations. WHO has also developed interim guidance for investing in and strengthening long-term health emergency preparedness during the COVID-19 pandemic, including in urban settings, and for building health systems that can meet the demands of severe health-security threats.

12. WHO has developed guidance and tools to facilitate national COVID-19 intra-action reviews and simulation exercises that can identify gaps in national core capacities required by the Regulations, for immediate improvement. WHO has also developed guidance for the prevention, early detection and management of COVID-19 in aviation, maritime and ground-crossing settings, and has provided courses on COVID-19 at points of entry for nearly 12 000 participants from 124 Member States.

13. Dedicated IHR National Focal Points are active in all 194 Member States, and WHO-delivered training packages are provided on an ongoing basis. WHO supports the Global Knowledge Network of IHR National Focal Points and Rapid Response Teams Network as platforms for sharing information, best practices and peer-to-peer learning among Member States. WHO continues to provide support to States Parties to assess and report COVID-19 events, including confidential information sharing on COVID-19 and other emergencies, to IHR National Focal Points through the Event Information Site.

WHO has supported the continued safe functioning of health systems (resolution WHA73.1, paragraph 9(4))

14. To support Member States, WHO 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. WHO 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.

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).

15. WHO is closely monitoring the impact of the pandemic on essential health services. In August 2020, WHO reported the results of a global pulse survey¹ that described disruptions across all services and mitigation strategies to maintain essential health services through the life course. The Secretariat is working with 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 primary health care to support universal health coverage.

WHO has developed, disseminated and updated normative products and technical guidance, learning tools, data and scientific evidence for the COVID-19 response, including to counter misinformation and disinformation, as well as malicious cyber activities, and has continued work against substandard and falsified medicines and medical products (resolution WHA73.1, paragraph 9(5))

16. Since the start of the pandemic, the Director-General and Global Policy Group, comprising Regional Directors and senior leadership, has led the global strategic public health response to COVID-19. The Secretariat has advised and provided critical information to support Member States in preparing for and responding to this unprecedented global emergency. WHO has shaped national policy information, institutional strengthening and effective use of external assistance through the provision of science-based guidance. Since January 2020, WHO has convened hundreds of technical partners and networks to continuously and systematically gather, analyse and review data to understand the evolution of the pandemic and is developing, updating and disseminating guidance to best support national decision-makers as they respond to COVID-19. The Secretariat has continuously engaged in open communication with Member States, partners, donors and the public, with full transparency.

17. On 10–12 January 2020, WHO first published COVID-19 technical guidance² and tools for surveillance, laboratories, infection prevention and control, clinical management, readiness, points of entry and international travel and transport, and on essential commodities. Since then, WHO has published over 800 COVID-19-related products, ranging from technical and operational guidance and tools to scientific briefs, technical reports and risk-communication products. Guidance on existing and new topics continues to be updated to reflect the latest scientific evidence, and is developed in close collaboration with global experts from technical networks, WHO collaborating centres, the WHO Strategic and Technical Advisory Group for Infectious Hazards, WHO formal guideline-development groups, external groups conducting rapid or living literature reviews for each of the areas listed above, civil society, patient groups and several international associations. WHO has established a Publication Review Committee that reviews all proposals for new guidance for COVID-19 to ensure coherence, facilitate adherence to methodological processes, and ensure that the guidance produced is timely and relevant.

18. In February 2020, WHO convened a multistakeholder, global research and innovation forum on the novel coronavirus with over 400 experts to identify research priorities building on existing coronavirus research to identify knowledge gaps, and launched a road map of research priorities to accelerate the development of COVID-19 countermeasures and research about the disease. A follow-up research forum was held in July. WHO is directly coordinating and providing technical and financial support for a number of global scientific studies, such as the WHO Solidarity clinical trial on

¹ In WHO global pulse survey, 90% of countries report disruptions to essential health services since COVID-19 pandemic [News release]. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/detail/31-08-2020-in-who-global-pulse-survey-90-of-countries-report-disruptions-to-essential-health-services-since-covid-19-pandemic>, accessed 16 September 2020).

² Country & Technical Guidance – Coronavirus disease (COVID-19). Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>, accessed 16 September 2020).

therapeutics (large international clinical trials to help to find effective treatments and other countermeasures for COVID-19), the WHO Unity studies on sero-epidemiology, clinical data platforms and implementation research for new diagnostics.

19. Given its critical function to drive public health information for global and national action, WHO has produced over 200 global epidemiological and operational situation reports, collating and analysing data reported from all Member States. This includes geospatial analysis as well as the development, production and maintenance of a WHO COVID-19 dashboard providing the most up-to-date verified national and regional data.

20. To assist countries in implementing the wealth of technical guidance, WHO published *Operational planning guidelines to support country preparedness and response*,¹ and in March 2020 launched the COVID-19 Partners Platform to help all Member States and partners to rapidly plan and track implementation of the public health actions across nine response pillars, including maintenance of essential health services. As at 28 August 2020, a total of 174 (90%) of 194 countries and territories have COVID-19 preparedness and response plans; in March 2020, the number was 90.

21. Substantial operational support has been provided to countries through the Global Outbreak Alert and Response Network. Partners had deployed 98 experts through GOARN as at 8 September 2020; WHO has undertaken over 130 technical and operational missions, and provided dedicated virtual support through webinars and trainings. WHO headquarters and regional offices have convened weekly Member State briefings to enable the sharing of country responses and lessons learned.

22. Through the emergency medical teams network,² WHO has facilitated over 40 international medical support missions, and provided technical standards and support for the mobilization of national medical teams, helping to repurpose and expand hospital-bed capacity worldwide.

23. WHO has spearheaded innovative communication and information-sharing initiatives, platforms and tools to manage the “infodemic”, hosting conferences in April and July 2020 that brought together world experts and over 12 000 online participants to discuss the process and the scientific underpinnings of infodemic management.

24. WHO has worked with more than 50 social media and technology companies to promote WHO’s evidence-based information about COVID-19 and limit the spread of false information. The Director-General and senior leadership have held more than 100 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 (EPI-WIN) continues to provide timely, accurate and easy-to-understand advice and information for a variety of audiences and sectors. Hundreds of webinars have been produced on COVID-19-related topics as well as Facebook live sessions and “ask the experts” sessions. WHO has provided peer-to-peer mentorship on COVID-19 laboratory diagnostics to over 1000 participants from over 120 Member States through global and regional webinars. Over 4 million course enrollments have been made on OpenWHO, WHO’s open access learning platform, where 116 COVID-19 courses are currently available in 39 languages, continuing to build global knowledge about COVID-19. In May 2020, WHO launched the WHO Academy app for health workers on COVID-19, which offers

¹ COVID-19 Strategic Preparedness and Response Plan, Operational planning guidelines to support country preparedness and response. Geneva: World Health Organization; 2020 (<https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>, accessed 16 September 2020).

² Emergency medical teams. Geneva: World Health Organization (<https://www.who.int/emergencies/partners/emergency-medical-teams>, accessed 16 September 2020).

access to multilingual WHO guidance, tools and virtual learning on COVID-19. As at 26 August 2020, the WHO Academy app had been downloaded in 217 countries and territories and had more than 70 000 users.

WHO has collaborated with the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and countries, to work towards identifying the zoonotic source of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the route of introduction to the human population (resolution WHA73.1, paragraph 9(6))

25. The Global Research and Innovation Forum on COVID-19 in February 2020 defined the need for studies to be conducted at the human–animal interface, to study the origin of the virus, to understand which animals are susceptible to the virus, and the need to develop interventions to reduce the risk of future spill-over events in traditional food markets and other settings where animals and humans interact. At the follow-up Forum in July 2020, discussions focused on sharing advances made in this research area and updating the priorities set in February, as needed. Many excellent studies have already been conducted worldwide to strengthen collective efforts to better understand SARS-CoV-2.

26. In February 2020, the WHO and China Joint International Mission team recommended “rigorous investigations conducted at the animal human interface”. In July 2020, WHO deployed an advance team of experts to China to take stock of the current state of knowledge on the virus origins, plan a number of studies to better understand the origin of SARS-CoV-2, and prepare the ground for a forthcoming international multisectoral mission team to support these studies. Following a Global Outbreak Alert and Response Network request for interest in supporting this work, WHO has identified members of the international team.

27. In collaboration with FAO and OIE, WHO is actively involved in research on the susceptibility of different species to SARS-CoV-2, the epidemiology of SARS-CoV-2 in animals (including transmission within species and between species including humans), and risk assessment associated with contact with pets, livestock, wildlife or animal products. WHO, FAO and OIE have also convened a group of experts to regularly discuss progress made. WHO, together with FAO, OIE and the United Nations Environment Programme, has issued guidance on how to reduce the risk of transmission of emerging zoonoses in traditional food markets, including by calling for a suspension of the trade of live caught wild animals pending effective regulations, and will shortly publish further guidance on how to improve the safety of traditional food markets.

The Secretariat has regularly informed Member States, including through the governing bodies, of the results of fundraising efforts, and the allocation and implementation of financial resources (resolution WHA73.1, paragraph 9(7))

28. Since February 2020, on the basis of lessons learned from previous emergency responses and the WHO resource mobilization strategy,¹ WHO has implemented a series of initiatives:

- (a) to facilitate effective fundraising for the Organization by securing flexible resources with the least administrative burden from a diversified contributor base; and

¹ See document EB146/29.

- (b) to ensure that Member States and contributors are kept apprised of the COVID-19 response, including funding priorities, gaps, opportunities and challenges.

29. As at end-August 2020, WHO's Strategic Preparedness and Response Plan was 83% funded (including funding for WHO's response in countries covered by the COVID-19 Global Humanitarian Response Plan), with US\$ 1.44 billion received or pledged; almost 70 donors had provided financial contributions. In addition, WHO and the United Nations Foundation successfully launched the COVID-19 Solidarity Response Fund, which has so far raised more than US\$ 224 million for the COVID-19 response from close to 560 000 individuals, companies and philanthropic institutions. Other partners have also received significant support through the Solidarity Response Fund.

30. Since January 2020, WHO has held weekly Member States and contributor briefings, which include updates on funding and implementation of WHO's Strategic Preparedness and Response Plan. Contributor outreach has taken place across the three levels of the Organization. WHO has convened numerous high-level and working-level bilateral engagements, and has regularly participated in the Geneva-based G12 donor group meetings. Updates on donated funds and allocations have also been shared with Member States in writing, and through the COVID-19 WHO appeal and weekly operational updates, information on financial contributions on the WHO website, and the newly established COVID-19 financial dashboard of contributions to WHO for COVID-19. These efforts are ensuring WHO's accountability while providing WHO's donors with a unique degree of transparency.

WHO has worked with international organizations, civil society and the private sector to scale up the development, manufacturing and equitable distribution of quality, safe, affordable and efficacious diagnostics, therapeutics and vaccines for the COVID-19 response (resolution WHA73.1, paragraph 9(8))

31. The first COVID-19 polymerase chain reaction test protocol was developed by a WHO partner laboratory and made publicly available by WHO on 13 January 2020. Later that month, WHO began engaging companies to produce and distribute polymerase chain reaction diagnostic kits, with the first shipments to 150 laboratories worldwide by the first week of February. At the request of the United Nations Secretary-General and the Director-General, a Supply Chain Task Force was convened to establish the United Nations COVID-19 Supply Chain System.¹ This System, coordinated by WHO, was established to massively scale up the procurement and delivery of personal protective equipment, testing and diagnostics supplies, and biomedical equipment such as ventilators and oxygen concentrators. Since the first week of February, through the Diagnostics Consortium of the Supply Chain System, over 17.3 million diagnostic tests and 3.7 million sample-collection kits have been delivered, or are in transit, to laboratories worldwide. All 194 countries surveyed by WHO reported that they have COVID-19 laboratory testing capacity. In addition, the Global Influenza Surveillance and Response System² has been leveraged for virus detection capacity, laboratory quality control, monitoring COVID-19 transmission, and as a data-sharing mechanism. Over 30 000 sentinel specimens are tested for COVID-19 each week through the Global Influenza Surveillance and Response System, and the data are shared through WHO platforms.

¹ COVID-19 Supply Chain System: requesting and receiving supplies. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/m/item/covid-19-supply-chain-system-requesting-and-receiving-supplies>, accessed 16 September 2020).

² Global Influenza Surveillance and Response System (GISRS). Geneva: World Health Organization (https://www.who.int/influenza/gisrs_laboratory/en/, accessed 16 September 2020).

32. The Supply Chain Task Force has leveraged the capabilities and expertise of each partner, resulting in a mega-consortium to identify procurement needs and negotiate with suppliers. As at end-August 2020, WHO has delivered 131 million items of personal protective equipment – including medical masks, respirators, goggles, face shields, gowns and gloves – to 147 countries. Within the biomedical equipment market, WHO has been able to acquire oxygen concentrators amid limited production of these lifesaving supplies for individuals with severe COVID-19. Through negotiations with key vendors, WHO has procured and distributed 14 000 oxygen concentrators, 9720 pulse oximeters and 2925 patient monitors.

33. WHO's Strategic Preparedness and Response Plan includes actions to coordinate international research and development efforts. This includes the use of the previously established Global Coordination Mechanism for Research and Development, and the Coordinated Global Research Roadmap,¹ which unites the global community around research priorities and a common research agenda, to accelerate equitable access to affordable and effective medical countermeasures.² WHO continually maps and reports global progress against those priorities, in addition to coordinating and supporting the WHO Solidarity clinical trial on therapeutics and other studies that focus on the priorities set out in the Roadmap. The Roadmap, and an accompanying framework for coordinated investment, enables funders and researchers to prioritize investment and research options for COVID-19, and ensures that research adheres to three core principles: speed, scale and access.

34. On 24 April 2020, commitment to these principles was cemented with the launch of the Access to COVID-19 Tools (ACT) Accelerator,³ a collaboration to accelerate the development and production of new COVID-19 essential health technologies, and ensure their equitable distribution. The ACT-Accelerator combines public- and private-sector expertise, from research and development to in-country delivery, and has harnessed the existing public health architecture for unprecedented collaboration to rapidly make ACT-Accelerator's vision a reality.

35. WHO provides overall coordination of the ACT-Accelerator and leads the cross-cutting workstream on access and allocation. WHO also provides technical leadership in all pillars of the ACT-Accelerator, including for norms and standards, policies and technical guidance, and regulatory processes and WHO prequalification for new tools. Ambitious targets for the distribution of new COVID-19 tools include the provision of 2 billion doses of vaccine to high-income, middle-income and low-income countries by the end of 2021, and 245 million treatment courses and 500 million diagnostic tests to low-income and middle-income countries by mid-2021.

36. Since the *de minimis* session of the Seventy-third World Health Assembly in May 2020, the ACT-Accelerator has already delivered concrete results. COVAX, the vaccines pillar of the ACT-Accelerator, has established the world's largest portfolio of vaccine candidates, and a COVID-19 Vaccine Global Access (COVAX) Facility has been established, engaging with over 170 countries that represent over 70% of the world's population, to pool development and procurement risks and to coordinate vaccine roll out. In therapeutics, the only proven effective treatment for severe COVID-19 disease – dexamethasone – has been identified; WHO has developed guidelines for its use and procured supplies

¹ Coordinated Global Research Roadmap: 2019 novel coronavirus. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/m/item/a-coordinated-global-research-roadmap>, accessed 16 September 2020).

² Global research on coronavirus disease (COVID-19). Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>, accessed 16 September 2020).

³ Access to COVID-19 tools (ACT) Accelerator. Geneva: World Health Organization; 2020 ([https://www.who.int/publications/m/item/access-to-covid-19-tools-\(act\)-accelerator](https://www.who.int/publications/m/item/access-to-covid-19-tools-(act)-accelerator), accessed 16 September 2020).

for its distribution to low-income countries. Other therapeutics are under evaluation, including through the Solidarity trial. Additionally, over 50 diagnostic tests are under evaluation. A new high-sensitivity and high-specificity rapid antigen test has already been identified for manufacturing scale-up and distribution.

37. An equitable global allocation framework for vaccines has been established after broad consultation with Member States. The European-Commission-led Coronavirus COVID-19 global response pledging campaigns on 4 May 2020, and with Global Citizen on 27 June 2020, raised US\$ 2.6 billion for the ACT-Accelerator. Additional contributions have been made directly to WHO for the WHO research and development blueprint. Although these contributions to the ACT-Accelerator are exceptional, the US\$ 2.6 billion pledged to date is less than 10% of the funds needed to achieve the ACT-Accelerator's mission and vision. A plan and robust investment case for scaling up the ACT-Accelerator has been developed, which includes advocating the inclusion of ACT-Accelerator needs in fiscal stimulus packages. To launch an ACT-Accelerator advocacy and financing campaign for the crucial period through to December 2020, a high-level ACT-Accelerator Facilitation Council was convened on 10 September 2020. The Council has been carefully composed to bring together an influential and diverse representation of global leaders from 25 countries. The Council members collectively represent key founding ACT-Accelerator members and donors, the current chairs of regional cooperation groups and countries that are expected to be major suppliers and/or consumers of COVID-19 tools.

WHO has ensured that the Secretariat is adequately resourced to support Member States in assessing COVID-19 countermeasures for regulatory approval in a timely manner (resolution WHA73.1, paragraph 9(9))

38. WHO has developed and is implementing a regulatory strategic plan in support of countries aligned with WHO regulatory systems strengthening priorities and the Thirteenth General Programme of Work: increasing regulatory preparedness for public health emergencies, and the strengthening and expansion of WHO's prequalification and product risk assessment process.

39. In the context of the COVID-19 response, WHO is supporting regulatory preparedness for expedited access to essential health products and provides guidance on clinical trials, marketing authorization, inspection, lot release, laboratory testing, surveillance of import and export markets, and safety surveillance at the global, regional, and country levels, as well as providing product-specific standards, guidance and information. This work covers all health products, diagnostics, vaccines and therapeutics, and is being undertaken in collaboration with various regional regulatory platforms, and supranational and national regulatory agencies.

WHO has commissioned an impartial, independent and comprehensive evaluation of the lessons that continue to be learned from the international health response to COVID-19 (resolution WHA73.1, paragraph 9(10))

40. The Director-General has established the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, in accordance with the provisions of Article 50 of the Regulations. The first meeting of the Committee, which comprises experts with broad geographical and regional representation, took place virtually on 8 and 9 September 2020. The Committee reviewed the implementation of recommendations from previous Review Committees; reviewed the functioning of the Regulations during the COVID-19 pandemic response; and made technical recommendations to the Director-General regarding amendments to the Regulations. The Review Committee is expected to present its findings to the Director-General, who would inform the Seventy-fourth World Health Assembly in May 2021 through the Executive Board at its 148th session.

41. In July 2020, the Director-General announced the formation of the Independent Panel for Pandemic Preparedness and Response, to review experience gained and lessons learned from the WHO's-coordinated international health response to COVID-19. The Panel is co-chaired by former Prime Minister of New Zealand Helen Clark and former President of Liberia Ellen Johnson Sirleaf, who appointed independent members to the Panel. The Panel will provide regular updates: at the Executive Board special session on the COVID-19 response in October 2020, at the resumed session of the Seventy-third World Health Assembly in November 2020 and at the 148th session of the Executive Board in January 2021, and will submit its report to the Seventy-fourth Health Assembly in May 2021.

42. In addition, the Secretariat continues to fully engage with the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to ensure the continuous improvement of the Programme. The Secretariat welcomes the ongoing work of the Committee, and recognizes its critical role in the continuous improvement of the Health Emergencies Programme.

ACTION BY THE EXECUTIVE BOARD

43. The Board is invited to note the report.

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