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

### **Report by the Director-General**

1. This report provides a summary of WHO's activities since January 2020 in response to the coronavirus disease (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, it focuses on the requests made in paragraphs 9(1–10) of resolution WHA73.1 (2020), capturing WHO's work as a representation of collective actions and achievements together with Member States and a wide range of partners including United Nations bodies, civil society organizations and national and local nongovernmental organizations. The full range of WHO's activities on COVID-19 that fall outside the scope of this report can be found on the WHO website.<sup>1</sup>

### **Supporting Member States through a comprehensive, coordinated response across the United Nations system**

#### **(Resolution WHA73.1, paragraph 9(1))**

2. WHO continues to work with the United Nations Secretary-General 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 team met 39 times between February 2020 and April 2021, has nine workstreams, and has implemented strategies and initiatives to provide support to Member States. WHO has developed the Strategic Preparedness and Response Plan<sup>2</sup> and associated guidelines to lead the public health response. Together with the United Nations Emergency Relief Coordinator WHO has co-chaired the Inter-Agency Standing Committee Principles Group on COVID-19 and developed the COVID-19 Global Humanitarian Response Plan.<sup>3</sup> WHO has also contributed to the United Nations framework for the socioeconomic response to COVID-19<sup>4</sup> (for which WHO leads Pillar 1: "Health First"). The United Nations COVID-19 Supply Chain System<sup>5</sup> successfully provided a critical supply line for many

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<sup>1</sup> See Coronavirus. Geneva: World Health Organization ([https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1), accessed 7 May 2021).

<sup>2</sup> 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 7 May 2021).

<sup>3</sup> 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 7 May 2021).

<sup>4</sup> 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 7 May 2021).

<sup>5</sup> 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 7 May 2021).

countries during the pandemic, an effort from which important lessons can be drawn. This initiative, managed through a Task Force co-chaired by WHO and WFP, has recently been the subject of an extensive external assessment.<sup>1</sup> Based on the lessons of the pandemic so far, the Secretariat is working on a new design for the WHO Operation Support and Logistic Unit. Additionally, the COVID-19 Health Security Council including the Director-General and Regional Directors has convened 62 times.

3. WHO Regional Directors coordinate with their counterparts in the United Nations Development Coordination Office on strategy, planning and information sharing. Regional technical and operational platforms and bodies have been established to facilitate coordination between entities of the United Nations system and a broad range of partners in various sectors. United Nations country teams in 136 countries facilitate joint actions by United Nations entities and international agencies in support of Member States. WHO country offices play key roles in country teams, including by providing epidemiological analysis, technical guidance and appropriate adjustment of operational responses to country contexts. The United Nations Development Coordination Office provides overall coordination, including through weekly coordination meetings for country teams with up to 800 participants, in which WHO provides regular public health updates and guidance. In humanitarian settings, WHO also works closely with the United Nations Office for the Coordination of Humanitarian Affairs, and with other entities and partners including UNICEF, Gavi, the Vaccine Alliance and the World Bank to support national readiness for COVID-19 tools, including for vaccines.

4. As the global health cluster lead in the United Nations humanitarian response, WHO leads efforts to integrate and deliver the public health response to COVID-19 through the Global Humanitarian Response Plan for COVID-19, and provides coordination and operational support in 30 countries, in collaboration with 900 national and international partners, to meet the needs of 63 million people. The Global Health Cluster COVID-19 Task Team, comprising 30 humanitarian partners, has identified good practices and critical technical and operational challenges faced in humanitarian settings by conducting and disseminating findings from key studies.<sup>2</sup> The Cluster Task Team has supported adaptation of WHO guidance on COVID-19 preparedness, readiness and response to ensure relevance for low-capacity and humanitarian settings.<sup>3,4</sup> It also 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.<sup>5</sup>

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

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<sup>1</sup> CSCS assessment <https://www.dropbox.com/sh/cluyjjyikcfq4h/AAA-CkhOc3OiyBmKAY3xwnTXa?dl=0>, accessed 7 May 2021.

<sup>2</sup> Health Cluster Survey Findings. Geneva: Global Health Cluster, World Health Organization; 2020 (<https://www.who.int/health-cluster/news-and-events/news/GHC-COVID-TT-survey-findings.pdf?ua=1> accessed 1 February 2021)

<sup>3</sup> Essential Health Services: how to prioritise and plan essential health services during COVID-19 in humanitarian settings. Geneva: Global Health Cluster, World Health Organization; 2020 (<https://www.who.int/health-cluster/news-and-events/news/COVID-19-EHS-guidance/en/> accessed 1 February 2021)

<sup>4</sup> Ethics: key questions to ask when facing dilemmas during COVID-19 in humanitarian settings: Geneva: Global Health Cluster, World Health Organization; 2020 (<https://www.who.int/health-cluster/news-and-events/news/COVID-19-Ethic-key-questions/en/> accessed 1 February 2021)

<sup>5</sup> Global Information Management, Assessment & Analysis Cell on COVID-19 (<https://www.gimac.info/>).

6. Along with the United Nations Office for Disarmament Affairs, WHO co-chairs the United Nations Biorisk Working Group established by the United Nations Secretary-General in the wake of the pandemic.<sup>1</sup> The Biorisk Working Group brings together policy, normative and technical expertise to strengthen international responses to biological risks and improve prevention and preparedness for deliberate use of biological pathogens.

**Strengthening WHO capacities at all levels to perform, fully and effectively, the functions entrusted to it under the International Health Regulations (2005)**

**(Resolution WHA73.1, paragraph 9(2))**

7. Since the establishment of the WHO Health Emergencies Programme in 2016, WHO capacity has been strengthened for preparedness and response, including for the implementation of the International Health Regulations (2005) (IHR 2005, or Regulations). Across the three levels of WHO, over 70% of critical positions in Programme have been filled. At country level, 76% of critical posts are filled (35% were filled in 2016), and at regional level, 67% of critical posts have been filled (compared to 50% in 2016). However, a significant proportion of posts are only temporary, and it has proven to be challenging to attract highly qualified staff at several hardship duty stations. Persistent challenges remain in ensuring that financing is predictable and sustainable and that minimum capacities required in all offices can be maintained.

8. The WHO transformation agenda, implemented since January 2020, has strengthened the Health Emergencies Programme at all three levels of WHO. Two interconnected divisions, the Division of Emergency Response and the Division of Emergency Preparedness, have been established using an agile, outcome-based model. These two divisions lead on response and country preparedness, readiness and implementation of IHR (2005), while also hosting the IHR Secretariat. The focus of all this work is being adjusted according to the lessons of the COVID-19 pandemic.

9. Towards building WHO's internal capacity, during 2020 over 12 000 WHO staff or consultants enrolled in courses on OpenWHO.org, WHO's free, open-access educational platform. During the year, to address travel restrictions and increase its reach, WHO's Leadership in Emergencies learning programme has been transformed into virtual interactive classes and learning laboratories. Its competency-based face-to-face simulation exercises have been successfully conducted online, further expanding the pool of personnel prepared for operational leadership roles in health emergency response.

**Assisting States Parties in complying with the International Health Regulations (2005)**

**(Resolution WHA73.1, paragraph 9(3))**

10. Information about States Parties' annual reporting on IHR capacities is presented in the annual progress report on the implementation of the International Health Regulations (2005). The WHO Secretariat continues to maintain the network of National IHR Focal Points and provides direct technical, operational and strategic support to Member States to strengthen national IHR capacities and enhance preparedness and readiness for all hazards.

11. WHO Resource Mapping helps identify technical and financial resource needs for national action plans for health security that build IHR capacities. In the context of COVID-19, the WHO Secretariat

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<sup>1</sup> Decision of the Secretary-General 2020/59. Biorisks

has prioritized assistance to countries with weak health systems and significant gaps in preparedness and readiness capacities. Countries are categorized based on operational readiness capacities as assessed using a composite index derived from States Parties' self-assessment annual reporting; voluntary external evaluations; pandemic influenza preparedness plans; country health emergency readiness assessments; country-specific COVID-19 situation analyses; and humanitarian needs. WHO has also developed interim guidance for investing in long-term health emergency preparedness during the COVID-19 pandemic, including in urban settings, and building health systems that can meet the demands of severe health security threats.

12. WHO continued to monitor compliance with temporary recommendations issued by the Director-General for public health emergencies of international concern and also monitored States Parties' compliance with additional health measures for international travel as stipulated in Article 43 of the Regulations. In collaboration with partners, the WHO Secretariat has produced tools, guidance, scientific briefs e-learning courses and global and regional webinars on cross-border risk management in the context of COVID-19 (including an operational risk assessment tool to assist national authorities) and conducted systematic reviews to gather evidence on the impact of travel-related measures in the pandemic context. Extensive coordination has been maintained with United Nations agencies and partners in the areas of travel, transport, economic development, migration and tourism in order to share knowledge and promote a coordinated multisectoral response to the pandemic in line with the International Health Regulations (2005).

13. WHO supports the Global Knowledge Network of IHR National Focal Points and the 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 Member States to assess and report COVID-19 events, including a channel for the confidential sharing of information on COVID-19 and other emergencies with National Focal Points via the Event Information Site. WHO has also developed public dashboards on COVID-19 at regional and headquarters levels; these dashboards are updated daily and are currently among the most visited WHO websites.

## **Supporting the continued safe functioning of health systems**

### **(Resolution WHA73.1, paragraph 9(4))**

14. The WHO Secretariat is working with Member States to fast-track 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. To support Member States, the Secretariat has developed technical and operational guidance documents on maintaining essential health services in the context of COVID-19.<sup>1</sup> These detail practical actions that countries can take to maintain access to high-quality essential health services, including community-based health care. In addition, WHO has released a range of programme-specific guidance documents including guidance on life course stages, immunization, long-term care, communicable and noncommunicable diseases, strengthening the health workforce, and supply chain and blood supply. These have been and will continue to be adapted to the COVID-19 pandemic to ensure their safe implementation.

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<sup>1</sup> 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 7 May 2021).

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 survey<sup>1</sup> of over 129 country/territory key informant surveys to assess the impact of COVID-19 on health services and mental health. The survey described disruptions across all services and the mitigation strategies required to maintain essential health services through the life course.

16. At national level, of 127 responding countries, 70% had defined the essential health services to be maintained during the COVID-19 pandemic. Of 60 high priority countries (as defined by the Global Humanitarian Response Plan), 57% had had at least one immunization campaign for vaccine preventable diseases suspended or postponed due to COVID-19. 82% of 60 priority countries now have a multisectoral mental health and psychosocial support technical working group, and 28% of 194 countries self-reported as having national occupational safety and health plans or programmes for health workers.

17. WHO is actively supporting countries strengthening their health systems to prepare for and respond to COVID-19, including through the Health Services Learning Hub, a knowledge platform to aid cross-country learning and support essential health services in the context of COVID-19. A new clinical channel has been launched on OpenWHO.org, which is also home to a course on strengthening emergency care systems. WHO has also developed the Boost initiative, mobilizing all levels of the Organization in support of sustaining health services severely disrupted by COVID-19 in 20 countries, as well as a suite of health service capacity assessments<sup>2</sup> to support assessments of current, surge and future capacities of health facilities in the different phases of the COVID-19 pandemic.

**Developing and disseminating normative products, technical guidance, learning tools, data and scientific evidence; countering misinformation and disinformation; and working against substandard or falsified medical products**

**(Resolution WHA73.1, paragraph 9(5))**

18. Since the start of the pandemic, the WHO Director-General and Global Policy Group, comprising Regional Directors and senior leadership, have led the strategic global public health response to COVID-19. WHO acted rapidly, comprehensively and decisively, utilizing its core strengths to issue and constantly update science-based guidance and translate evidence into knowledge and action; expanding existing networks and platforms and developing new ones to support transparent national and international planning, coordination and monitoring; and strengthening capacities around the world. The WHO Secretariat has advised Member States and provided critical information to support preparation for and response to this global emergency from all three levels of the organization. WHO has provided science-based guidance to shape national policy, strengthen institutions and ensure effective use of external assistance. Since January 2020, WHO has convened thousands of technical partners through working groups, networks and other means to gather, analyse and review data, continuously and systematically, to understand the evolution of the pandemic; and is constantly developing, updating and disseminating guidance to support national decision-makers responding to COVID-19. The WHO

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<sup>1</sup> 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 7 May 2021).

<sup>2</sup> Available at <https://www.who.int/teams/integrated-health-services/monitoring-health-services>, accessed 22 April 2021.

Secretariat has engaged continuously in open communication with Member States, partners, donors and the public, with full transparency.

19. On 10–12 January 2020 WHO first published comprehensive COVID-19 technical guidance<sup>1</sup> and tools for surveillance, laboratories, infection prevention and control, clinical management, country readiness, points of entry, international travel and transport, mass gatherings, and essential commodities. These first WHO materials provided comprehensive guidance to prevent human-to-human transmission through early detection and infection prevention and control measures (including droplet/contact and airborne precautions) inside and outside health facilities. WHO first guidance materials on infection prevention and control included the use of masks for health workers and the general public and appropriate and safe clinical care by protected health workers.

20. Since January 2020, over 600 COVID-19-related products have been published, ranging from technical and operational guidance and tools to scientific briefs, technical reports and risk communication materials. Guidance on existing and new topics continues to be updated with the latest scientific evidence and is developed in close collaboration with global experts from multidisciplinary 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, civil society, patients' groups, United Nations partner agencies and other international organizations.

21. The WHO Health Emergencies Programme and the Science Division have established a publication review committee to review all planned publications related to COVID-19; the committee has reviewed about 1300 submissions since March 2020. The committee ensures consistency, coherence, and adherence to internationally-recognized methodological processes and standards and serves to ensure that WHO guidance is based on the best available evidence and is timely and relevant. In March 2020, the Programme established the Rapid Review Group to assess scientific evidence to inform normative products and technical guidance, tools, data and policy briefs for the COVID-19 response. Working in partnership with international technical networks and guideline development groups, the WHO Secretariat has used rapid reviews to support the development of emergency interim guidance documents for evidence-based clinical and public health measures prior to the development of full technical guidelines.

22. Through work with collaborating laboratories, on 10 January 2020 the first novel coronavirus genome sequence was made publicly available and WHO published the first polymerase chain reaction (PCR) assay protocol on 13 January 2020 following the publication of the full genome sequence for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) from China. Also in January 2020, WHO began engaging companies to produce and distribute PCR diagnostic kits, with the first shipments to 150 laboratories worldwide by the first week of February 2020.

23. Research, science and innovation continue to be critical levers for action in responding to the pandemic. Together, they form a key pillar of WHO's Strategic Preparedness and Response Plan. The WHO Research and Development (R&D) Blueprint for Epidemics convened a multistakeholder global research and innovation forum on the novel coronavirus in February 2020, with over 400 experts in attendance, to build on existing coronavirus research and identify knowledge gaps; launched a road map of research priorities to accelerate development of COVID-19 countermeasures and research in March 2020; and will remain the bedrock for COVID-19 research and innovation. An international

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<sup>1</sup> Country & Technical Guidance - Coronavirus disease (COVID-19). Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>, accessed 7 May 2021).

coordination and collaboration platform has been established with WHO as its Secretariat, bringing together world-leading experts and the scientific community to generate evidence and knowledge on the virus to optimize the response to the pandemic. The WHO R&D Blueprint for Epidemics had listed SARS-CoV and the Middle East respiratory syndrome coronavirus (MERS-CoV) as priority pathogens since 2017, resulting in years of work to accelerate the development of diagnostics, therapeutics and vaccines for coronaviruses prior to the detection of the first cases of SARS-CoV-2 in December 2019. Existing collaborations with academia, public health, Member States and organizations such as the Coalition for Epidemic Preparedness Innovations advanced the development of diagnostics and vaccines for MERS-CoV, which were rapidly utilized once the SARS-CoV-2 sequence became available in January 2020. In under a year, the R&D Blueprint for Epidemics has grown into a global research powerhouse, through which the world's largest global network of scientists is building standardized processes, protocols and tools and sharing specimens, data, and information. This harmonization is needed to ensure that only the most robust methods are used in research, and that there are common repositories for data, research outcomes, and sharing preliminary research findings and data. The platform has enhanced its engagement with researchers from affected countries to set priorities in response to country needs and to reduce barriers and maximize opportunities for research at national level.

24. In 2020, WHO has been at the forefront of innovation to accelerate research for safe and effective COVID-19 countermeasures. Solidarity I was launched as a global clinical trial platform for rapid evaluation of candidate therapeutics in more than 30 participating countries, representing over 500 hospitals worldwide and several thousand clinicians. With over 15 000 patients enrolled by the end of 2020, Solidarity I surpassed other trials to become one of the largest international randomized trial platforms for COVID-19 treatments. Solidarity II – Unity studies on seroepidemiology comprise more than 70 countries carrying out seroepidemiological, risk factor and severity studies; studies to assess risk factors for infection among health workers; and implementation research for new SARS-CoV-2 diagnostics and new designs for personal protective equipment (PPE). In early 2021 WHO expects to launch Solidarity III as a large, international, randomized clinical trial for rapid and efficient evaluation of the efficacy and safety of multiple candidate COVID-19 vaccines. Beyond enhancing global vaccine availability, continued research on new vaccine candidates will provide additional options and potential products with greater efficacy, offering longer protection, and/or that are easier to distribute and administer. The evaluation of multiple COVID-19 vaccines with standardized methodology will ensure the quality and efficiency of vaccines deployed. Solidarity Vaccine Trial data will facilitate regulatory and deployment decisions, including through the Access to COVID-19 Tools Accelerator (ACT-A) and the COVAX facility (the Vaccines Pillar of ACT-A).

25. WHO worked closely with Member States to implement COVID-19 surveillance around the world. On 21 January 2020 WHO published surveillance guidance and an electronic reporting platform for Member States to share data with WHO. The surveillance guidance continues to be updated periodically as further scientific evidence and diagnostic approaches become available. Since the beginning of the pandemic WHO has worked with Member States to undertake active surveillance of confirmed cases and deaths, published daily via the WHO COVID-19 online dashboard. Daily reporting is supplemented by case-based (more than 50 million cases reported) and weekly aggregated (more than 30 million cases reported) surveillance systems. These data are available publicly online via the WHO website. WHO has also worked with Member States through virtual and on-the-ground missions to strengthen surveillance systems, leveraging the extensive investment in polio surveillance infrastructure at subnational level in some countries, as well as to assess the implementation of public health and social measures. WHO has worked with statistical modelling teams from around the world through a weekly global virtual forum to generate and share the latest insights from cutting-edge infectious disease modelling. WHO has produced over 300 global epidemiological and operational updates, including 10

global Rapid Risk Assessments, 209 daily and 35 weekly epidemiological reports, and 50 weekly operational updates.

26. Since the end of 2020 WHO has rapidly developed global surveillance to track the spread of SARS-CoV-2 variants. WHO has published definitions for variants of concern and variants of interest and engages weekly with Member States to monitor the spread and detection of SARS-CoV-2 variants. As of end-March 2021 WHO is actively tracking three variants of concern (PANGO lineage): B.1.1.7, which has been identified in 130 countries; B.1.351 (85 countries); and B.1.1.28.1 (P1) (45 countries). WHO is also monitoring six variants of interest in collaboration with Member States. WHO is evaluating an additional 49 signals of possible SARS-CoV-2 variants that have been reported by Member States. WHO is developing more detailed surveillance guidance for SARS-CoV-2 variants in collaboration with global partners.

27. Through the Epidemic Intelligence from Open Sources (EIOS) platform, WHO and Member States have continued to monitor the occurrence of other epidemic and pandemic risks worldwide, assessing 4500 risk signals each month. WHO conducted 41 rapid risk assessments of non-COVID-19 events in 2020, including vaccine-derived poliovirus. In addition to the 35 Member States and public health entities using EIOS, WHO is rolling out the platform to an additional 20 Member States in 2021.

28. Regional and country office surveillance teams have surged, leveraging resources of the polio eradication initiative in many countries, building country capacities for contact tracing and data reporting with regional dashboards monitoring country by country. The WHO Library has created a COVID-19 database of over 200 000 citations to support easy access to relevant scientific literature.

29. The COVID-19 2020 Strategic Preparedness and Response Plan Monitoring and Evaluation Framework was published on 5 June 2020, with an interactive dashboard launched on the WHO website in November 2020. The framework contributes to understanding the operational response progress of COVID-19 at national and global levels, and it links with measurements of the epidemiological, socioeconomic, humanitarian, and human rights impact for a holistic situational overview and analysis.

30. To assist countries in implementing the existing wealth of technical guidance, WHO published *Operational planning guidelines to support country preparedness and response*,<sup>1</sup> and in March 2020 launched the COVID-19 Partners Platform to help Member States, WHO regional and country offices, United Nations country teams and partners plan and track implementation of public health actions across nine response pillars, including maintenance of essential health services. The Partners Platform has been one of the biggest innovations at WHO during this pandemic, building upon lessons learned in Ebola virus disease response to streamline multicountry planning and coordination in real time. Over 147 Member States, 1000 partners and 77 donors have engaged on the Partners Platform building trust through transparent information sharing driven by the countries.

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<sup>1</sup> 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 7 May 2021).

31. As of end-March 2021, 149 Member States were engaged on the platform, sharing information on their pandemic responses, aligned to the pillars of the global strategy, with all stakeholders.

**Pillar 1 Coordination, planning and monitoring:** 91% of 194 countries now have a national plan for COVID-19, and 97% have functional, multisectoral, multi-partner coordination mechanisms for COVID-19 preparedness and response.

**Pillar 2 Risk communication and community engagement:** 97% of the countries have national COVID-19 risk communication and community engagement plans. Of the 60 priority countries under the Global Humanitarian Response Plan, 90% have formally implemented coordination mechanisms for risk communication and community engagement and 80% have mechanisms in place to capture community feedback.

**Pillar 3 Surveillance, rapid response and case investigation:** 41% of 194 countries are implementing seroepidemiological investigations or studies for COVID-19. Of priority countries, 72% have a focal point for contact tracing implementation and training in the Incident Management Support Team.

**Pillar 4 Points of entry:** 20% of 194 countries have public health emergency contingency plans for all designated points of entry, and 92% are producing and distributing messages at points of entry for both travellers and staff working at facilities and/or conveyances. Following risk assessment exercises, 66% of 194 countries reported having had at least one mass gathering affected by COVID-19.

**Pillar 5 National laboratories:** 100% of 194 countries now have COVID-19 laboratory testing capacity.

**Pillar 6 Infection prevention and control:** 82% of priority countries have a focal point for infection prevention and control training.

**Pillar 7 Case management:** 89% of 194 countries have a clinical referral system in place to care for COVID-19 cases.

32. WHO has also developed tools and guidance for periodic COVID-19 intra-action reviews of ongoing national and subnational COVID-19 preparedness and response, which contribute to continuous learning and improvement and thereby to building long-term health security. As of end-March 2021, 57 COVID-19 intra-action reviews had been conducted by countries (a total of 50 were conducted in 2020). WHO has also developed simulation exercises to support countries in identifying gaps in national IHR capacities and developed and published a COVID-19 rapid hospital readiness checklist to support assessment of hospital capacities required for COVID-19 preparedness and response. As of end-March 2021, seven countries had used WHO COVID-19 simulation exercise packages to test and update their national vaccine deployment plans and several others are in the planning stage.

33. Substantial technical and operational support has been provided to countries for COVID, and other major outbreaks, through the Global Outbreak Alert and Response Network. As of end-March 2021, close to 800 offers of support had been received from over 65 institutions in response to requests to the Network for pandemic assistance. Particularly through the WHO regional and country offices, over 170 deployments have been conducted, many on a remote basis, and WHO has undertaken over 130 technical and operational missions – including regional technical support missions to more than 100 countries – and provided dedicated support through webinars, trainings and innovative virtual

missions. WHO headquarters and regional offices have convened weekly Member State briefings to share country responses and lessons. Weekly operational coordination teleconferences involve major Network partners, and fortnightly consultations are conducted to share experiences and challenges in contact tracing. WHO and Network partners are currently supporting over 60 projects worldwide implementing Go.Data, a tool for field data collection and contact tracing. This includes virtual trainings and briefings, and providing direct user support and technical support for local responders for epidemiology, analytics, interoperability and information technology.

34. Through the Emergency Medical Teams network<sup>1</sup> WHO has facilitated over 90 international medical support missions and provided technical standards and support for the mobilization of more than 840 national medical teams, helping to repurpose and expand hospital bed capacity worldwide. Additionally, the establishment of the Emergency Medical Teams regional training centre in Addis Ababa is aiming to build the national capacities and helping enhance the technical skills of healthcare workers. The pilot phase launched for Ethiopian nationals will be extended to at least 10 more priority countries.

35. WHO, through the Multidisciplinary Clinical Operations Pillar, has developed technical guidance on clinical care, including guidance on therapeutics, drugs to prevent COVID-19, and clinical care of COVID-19 cases. The latter summarizes the best practices for supportive care, such as oxygen use in patients with severe disease; home care for patients with mild disease; and provisions for comprehensive care that include mental health and psychosocial support and rehabilitation. These guidelines have been translated into operational support tools for clinicians including the severe acute respiratory illness toolkit and training modules that can be found on the WHO Academy and the OpenWHO.org clinical channel. This Pillar has also developed technical specifications and operational guidance on oxygen-related devices and oxygen sources, such as pressure swing adsorption, and tools for forecasting supplies, such as the Essential Supplies Forecasting Tool. Direct country technical assistance on oxygen and biomedical equipment has been provided to 37 countries. Through the COVID-19 clinical data platform, as of end-March 2021, WHO collected anonymized clinical data from nearly 100 000 hospitalized patients from over 40 countries. Reports on clinical characterization and dashboards for operational use are soon to be published. A research agenda has been developed under the R&D umbrella, with special focus on improving supportive care for COVID-19 and includes development of observational and interventional study protocols on oxygen use/availability and respiratory interventions.

36. The Secretariat has engaged at all three levels with Member States and a range of international institutions related to sports, religious events and the entertainment and events industries to share guidance and tools on mass gatherings and facilitate informed decision-making using risk-based approaches.

37. WHO and Global Outbreak Alert and Response Network partners, including UNICEF and the International Federation of Red Cross and Red Crescent Societies (IFRC), are working to strengthen the Collective Service for risk communication and community engagement as a mechanism for global coordination of community-centred approaches in response to COVID-19, engaging over 70 international response partners through regional coordination. The new Risk Communication and Community Engagement Strategy was launched in December 2020 to provide Member States and

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<sup>1</sup> Emergency medical teams. Geneva: World Health Organization  
(<https://www.who.int/emergencies/partners/emergency-medical-teams>, accessed 7 May 2021).

response partners with a road map to achieve national impact in reducing the negative effects of COVID-19.

38. Towards strengthening community readiness and resilience to emergencies, WHO engaged with local and national civil society organizations to address the needs of the most vulnerable and marginalized communities in 32 priority countries. Joint action plans focus on the inclusive engagement of civil society organizations in local decision-making, planning, monitoring, and accountability processes, to fortify responses to the pandemic. In order to build and strengthen the capacities of civil society organizations in COVID-19 response and beyond, OpenWHO.org is developing an interactive learning and knowledge-sharing platform.

39. WHO has spearheaded innovative, evidence-based information-sharing initiatives, platforms and tools to communicate risks, engage communities and manage the COVID-19 “infodemic,” including hosting conferences in April, July and December 2020 that brought together world experts and over 12 000 online participants to discuss the processes and scientific underpinnings of infodemic management. Among other things, these conferences produced a framework for action and 50 action points in response to the infodemic, a public health research agenda with 65 priority research questions and a call to action for a global movement promoting access to health information and mitigating harm from misinformation<sup>1</sup>. A new social listening approach driven by artificial intelligence was developed and piloted to listen to communities’ questions and concerns. WHO also engaged in a new collaborative community engagement partnership with leading agencies.

40. WHO has collected and analysed social listening data and worked through multiple channels and influencers including youth, religious leaders, the media and over 50 social media and technology companies to promote relevant, evidence-based information about COVID-19 and limit the spread of false information. As of end-March 2021, the Director-General and senior leadership had held 147 weekly press conferences (123 in 2020 and 24 in 2021) to update world media on evidence-based guidance and answer questions, as well as a number of other technical and special briefings when required. Senior leadership and scientists have held regular live Q&A sessions addressing key questions from the public, and Regional Directors have held weekly press conferences. As of end-March 2021, WHO had developed 31 episodes of “Science in 5” explainers on various technical topics, translated into multiple United Nations and local languages, promoted on WHO social media channels and amplified by media and partners. The WHO Information Network for Epidemics (EPI-WIN) continues to provide timely, accurate and easy-to-understand information for a variety of audiences and sectors, producing more than 300 products as of end-March 2021, including webinars, videos, infographics, Q&As, weekly reports, Myth Busters and guidance documents.

41. By the end of March 2021, more than 5 million enrolments were made on OpenWHO.org, where 30 different COVID-19 course topics are available across 50 languages free of charge to optimize access by frontline responders. Over 6.3 million words have been translated for pandemic learning jointly with WHO regional and country offices and organizations supporting translation services. A sharp increase in female learners, from 30% at the beginning of 2020 to 50% by early March 2021, indicates that more frontline responders – who are predominantly women – are accessing the platform to gain knowledge and know-how for COVID 19 response.

42. WHO together with partners have conducted operational research to inform the development of diagnostic guidance and the inclusion of novel tests in testing strategies, and developed implementation

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<sup>1</sup> Call for Action: Managing the Infodemic. Geneva: World Health Organization. (<https://www.who.int/news/item/11-12-2020-call-for-action-managing-the-infodemic>; accessed February 9 2021)

guidance on use of antigen detection tests. The comprehensive Ag-RDT (antigen rapid diagnostic test) training package has been accessed over 2500 times in over 92 countries. All 194 countries surveyed by WHO reported that they have COVID-19 laboratory testing capacity. In addition, a number of antigen-detecting rapid diagnostics tests for SARS-CoV-2 have received WHO Emergency Use Listing and are increasingly used by Member States to scale up testing capacities. Sequencing networks are being established and strengthened to increase capacity to conduct genomic surveillance and detect variants of concern. Twenty-seven nucleic acid, antibody and antigen tests have already been emergency use listed. WHO published guidance for the use of Ag-RDTs in September 2020. WHO has organized two external quality assessment (EQA) programmes to monitor the performance of laboratories in all WHO regions. The first was aimed at national influenza centres and other national laboratories in 164 countries/areas/territories with 95% reaching 100% correctness. The second EQA programme sent test panels to over 3000 subnational laboratories in 102 countries and was one of the biggest EQA programmes ever organized by WHO. Of the results submitted and analysed so far, around 90% of participants have reported correct results for all specimens tested. WHO has provided peer-to-peer mentorship on COVID-19 laboratory diagnostics through global and regional webinars to over 3500 participants from over 140 Member States.

43. The Global Influenza Surveillance and Response System<sup>1</sup> has been leveraged for virus detection and genomic sequencing capacity, external laboratory quality assurance, monitoring COVID-19 transmission, and as a data-sharing mechanism. Over 50 000 sentinel specimens are tested for COVID-19 each week through the System, and data are shared through WHO platforms. In addition, tools developed for influenza surveillance, risk assessment, pandemic preparedness and vaccine strain selection are being considered for COVID-19. At national level, 52% of 126 countries/areas/territories of the Global Influenza Surveillance and Response System are now using sentinel surveillance of influenza-like illness, acute respiratory infection and severe acute respiratory infection to collect specimens, test for SARS-CoV-2 in addition to influenza, and report to established platforms.

44. Medical oxygen and corticosteroids/dexamethasone have been identified as the only proven effective treatments for severe COVID-19. WHO supported research that identified dexamethasone as the first life-saving therapy for COVID-19. As of end-March WHO has developed guidelines for dexamethasone use as part of the clinical care for COVID-19 and secured access for up to 2.9 million courses for low- and middle-income countries through an advance purchase commitment. Other therapeutics including monoclonal antibodies, small molecule novel antivirals and repurposed therapeutics, such as ivermectin, colchicine, IL-6 blockers and anticoagulants, are under evaluation, including through the ongoing Therapeutics Solidarity Trial. WHO has also issued guidance against the use of remdesivir, hydroxychloroquine and lopinavir/ritonavir to avoid harm. In addition, WHO and partners have provided support to 17 countries for scaling up the availability of oxygen supplies – including through educational webinars, publication of technical specifications for medical devices, procurement and distribution of concentrators and consumables, and holistic sustainable scale-up solutions with large oxygen generation plants in many countries. WHO's global surveillance and monitoring system has recorded 93 cases of substandard/falsified medicines, vaccines and diagnostics related to COVID-19 and issued alerts and notices. The Solidarity Call to Action calls for the global community to voluntarily share knowledge, intellectual property and data and to participate in the WHO COVID-19 Technology Access Pool (C-TAP).

45. As of mid-April 2021, WHO Emergency Use Listing had been granted for four vaccine products with seven vaccines under assessment and discussions ongoing with six additional vaccine

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<sup>1</sup> Global Influenza Surveillance and Response System (GISRS). Geneva: World Health Organization ([https://www.who.int/influenza/gisrs\\_laboratory/en/](https://www.who.int/influenza/gisrs_laboratory/en/), accessed 7 May 2021).

manufacturers. The Strategic Advisory Group of Experts on Immunization has issued guidance on the use of four vaccines, recommendations on population prioritization during supply shortages. A values framework to guide policy decisions have been published and the regulatory pathways have been established to support rapid importation and national regulatory authorization. Model indemnification language has been shared with countries, and the world's first global no-fault compensation mechanism established to cover all people receiving COVAX vaccines in Advance Market Commitment (AMC) settings. A full portfolio of training and guidance tools, including tabletop simulation exercises, has been developed to support countries in their COVID-19 vaccine rollout. A joint Vaccine Introduction Readiness Assessment Tool and Vaccine Readiness Assessment Framework have been used by 142 countries, and 88 of 92 AMC eligible countries have submitted vaccine request forms. 105 national deployment and vaccination plans have been uploaded on the WHO Partners Platform, 86 of which are from AMC economies. All have been reviewed and approved by WHO's Regional Review Committees. All national deployment and vaccination plans and reviews are available on the COVID-19 Partners Platform for vaccine stakeholders to view.

## **Collaboration on zoonotic research related to SARS-CoV-2**

### **(Resolution WHA73.1, paragraph 9(6))**

46. WHO's Strategic Preparedness and Response Plan includes actions to coordinate international research and development. This includes the use of the previously established Global Coordination Mechanism for Research and Development and the Coordinated Global Research Roadmap, which unite the global community around a common research agenda and priorities to accelerate equitable access to affordable and effective medical countermeasures. WHO maps and reports global progress against those priorities, and coordinates and supports the WHO studies that address the One Health research priorities at the human animal interface of the Roadmap. The Roadmap and its accompanying framework for coordinated investment enable funders and researchers to prioritize investment and research options for COVID-19, and ensure that research adheres to the three core principles of speed, scale and access.

47. In collaboration with FAO's Animal Health Service, OIE's Working Group on Wildlife and a number of academic research centres around the world, WHO has supported One Health related research initiatives and activities in support of studies on the SARS-CoV-2 origins. This work has included susceptibility studies of different species to SARS-CoV-2, epidemiology studies of SARS-CoV-2 in animals (including transmission between species and within species including humans), and risk assessments associated with contact with pets, livestock, wildlife and animal products. In total, some 20 individual research projects around the globe have been supported. WHO, together with FAO, OIE and UNEP, will issue guidance on reducing risk of transmission of emerging zoonoses in traditional food markets, and has revised guidance on the food safety aspects of COVID-19 for national food safety authorities.

48. In July 2020 WHO deployed an advance team to China to plan a number of studies to understand the origin of the SARS-CoV-2 virus. In January 2021 WHO, in collaboration with the Global Outbreak Alert and Response Network, deployed an international team to China to work with Chinese counterparts to review SARS-CoV-2 virus origin studies conducted there since July 2020 and plan for new studies to improve understanding of the origins of the virus. The WHO joint mission team published its report<sup>1</sup> on 30 March 2021, outlining findings on the epidemiology of the early cases, studies of

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<sup>1</sup> WHO-convened Global Study of Origins of SARS-CoV-2: China Part. Geneva: World Health Organization. (<https://www.who.int/health-topics/coronavirus/origins-of-the-virus>, Accessed 6 April 2021)

molecular epidemiology using available sequence data from humans, animals and the environment, and studies of possible animal hosts. The report includes a number of recommendations for further studies.

## **Engaging and briefing Member States on fundraising and the allocation and implementation of financial resources**

### **(Resolution WHA73.1, paragraph 9(7))**

49. Since February 2020, on the basis of lessons learned from previous emergency responses and the WHO resource mobilization strategy,<sup>1</sup> WHO has implemented a series of initiatives to (a) facilitate effective fundraising by securing flexible resources with the lowest possible administrative burden from a diversified contributor base, and (b) ensure that Member States and contributors are kept fully apprised of the COVID-19 response, including funding priorities, gaps, opportunities and challenges.

50. WHO's Strategic Preparedness and Response Plan for 2020 was 87% funded (including funding for WHO's response in countries covered by the COVID-19 Global Humanitarian Response Plan), with US\$ 1.58 billion received; almost 70 donors had provided financial contributions, with a utilization rate of 82% (US\$ 1.3 billion). Among these over US\$ 1 billion was allocated to country support and regional coordination.<sup>2</sup> WHO's report on the COVID-19 response was released in early 2021, and accounts for the funding received and implemented across the Organization under the Strategic Preparedness and Response Plan in 2020. All financial contributions by donors to WHO for COVID-19 can be seen via a dashboard on the WHO website.<sup>3</sup>

51. In February 2021 WHO launched its plan for 2021, bringing together the work of the Strategic Preparedness and Response Plan, ACT-A and the Health Systems Connector. Under the Strategic Preparedness and Response Plan for 2021, WHO will continue to focus on the nine pillars of the 2020 Plan while adding pillars on vaccination and research and innovation to reflect an integrated approach. WHO is appealing for US\$ 1.96 billion to support work across the three levels of the Organization, including US\$ 1.2 billion for its work under the ACT-A partnership. The Secretariat continues to hold weekly Member State briefings, a practice welcomed in 2020, and complements these with regular contributor briefings on the COVID-19 response, including the Organization's work on ACT-A. High-level and working-level bilateral engagements with contributors are continuing, including with – for example – the Geneva-based G12 donor group. These efforts aim to ensure that Member States and contributors are well informed of WHO's COVID-19 response across the Organization and across the different pillars of work, thereby promoting transparency and accountability for WHO.

52. In response to the unprecedented show of support by individuals and companies to help WHO in the fight against COVID-19, WHO and the United Nations Foundation have launched the COVID-19 Solidarity Response Fund. Powered by the United Nations Foundation and the Swiss Philanthropy Foundation, it was developed as an innovative platform to enable private companies, individuals and other organizations to contribute directly to WHO's efforts to prevent, detect, and respond to COVID-19 around the world. The fund's first year saw unprecedented solidarity: to date, more than

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<sup>1</sup> Document EB146/29.

<sup>2</sup> Looking back at a year that changed the world: WHO's response to COVID-19. Geneva: World Health Organization. (<https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-covid-19>, Accessed 22 March 2021)

<sup>3</sup> Available at <https://app.powerbi.com/view?r=eyJrIjoiNmNmNTRkMWEtNmZjMS00NzdjLWEyMDYtYWExYzA4NzVhZGQwIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOj99>, accessed 22 April 2021.

662 000 donors have contributed nearly US\$ 250 million. The Fund helps WHO to deploy lifesaving supplies, information and research to countries across the globe: funds have been used to provide millions of frontline workers with critical PPE, medical supplies, and testing kits; to manage misinformation and the infodemic; to support vulnerable populations like refugees and displaced persons; and to accelerate research on vaccines, tests, and treatments. The fund has raised more than US\$ 246 million from more than 663 000 individuals, corporations, and other organizations to support WHO and partners' global COVID-19 response.

**Collaboration to scale up development, manufacturing and equitable distribution of high quality, safe, affordable and efficacious diagnostics, therapeutics and vaccines for COVID-19**

**(Resolution WHA73.1, paragraph 9(8))**

53. The first SARS-CoV-2 PCR test protocol was developed by WHO and a partner laboratory and made publicly available by WHO on 13 January 2020. This was followed by WHO engagement with companies to produce and distribute PCR diagnostic kits, with the first shipments to 150 laboratories worldwide by the first week of February 2020. 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.<sup>1</sup> This System, coordinated by WHO, ensured massive scale up of the procurement and delivery of PPE, testing and diagnostics supplies, and biomedical equipment such as ventilators and oxygen concentrators.

54. Under WHO coordination, the Supply Chain Task Force has leveraged the capabilities and expertise of WHO and United Nations partner agencies to establish an integrated global supply chain system that has coordinated procurement and delivery of US\$ 1.2 billion of essential supplies to support COVID-19 response efforts in 193 countries. This led to rapid and equitable distribution of high quality supplies and equipment. As of mid-April, the United Nations COVID-19 Supply Chain System, based on reporting from 12 partners, had procured over 67 million diagnostic tests and 17.4 million sample collection kits, 1.1 billion units of PPE and 2.4 million critical biomedical items – for 193 countries. Currently, approximately 75% of this total has been delivered to 190 countries with the balance under order or shipping. Of this total, WHO supported the procurement of 348 million units of PPE – including medical masks, respirators, goggles, face shields, gowns and gloves – to 158 countries, 807 200 biomedical items to 123 countries and procured 34.5 million diagnostic tests and 13.5 million sample collection kits for 172 countries across all WHO regions. This work was undertaken as part of our responsibility to respond, in addition to our role in coordination and technical support for the overall effort. Within the biomedical equipment market, WHO has been able to acquire oxygen concentrators, ventilators and other equipment for the clinical care of individuals with severe COVID-19. WHO has procured 15 300 oxygen concentrators, 788 ventilators, 19 467 pulse oximeters and other biomedical supplies for support to 121 countries. At country level, at least one member of the incident management support team has been trained in the use of the Essential Supply Forecast Tool in 51% of priority countries/areas under the Global Humanitarian Response Plan.

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<sup>1</sup> 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 7 May 2021)

55. The WHO PPE Technical Advisory Group has worked extensively to publish technical specifications for PPE and research innovations in PPE development and reprocessing technologies to cope with the global shortage.

56. On 24 April 2020 the ACT-A<sup>1</sup> was launched as a unique collaboration to accelerate development of essential COVID-19 vaccines, diagnostics and therapeutics and ensure their equitable distribution. The ACT-A combines public and private sector expertise to provide an end-to-end solution from research and development, through manufacturing and procurement to in-country delivery. WHO provides overall and, with partners, product Pillar leadership and strategic direction and the WHO-hosted ACT-A Executive Hub facilitates the strategy by providing coordination support across Partner agencies, the Facilitation Council and other relevant entities. WHO leads the cross-cutting workstream on Access and Allocation and leads in each of the Pillars in the areas of norms and standards, policies and technical guidance, regulatory processes for new tools (WHO pre-qualification and Emergency Use Listing), and country health system support for readiness and rollout. Ambitious targets for the distribution of new COVID-19 tools by the end of 2021 have been set, including provision of at least 2 billion doses of vaccine to COVAX participating economies; introduction of new COVID-19 therapies for up to 100 million treatment courses; and provision of 900 million diagnostic tests in low- and middle-income countries by the end of 2021.

57. COVAX, the Vaccines Pillar of ACT-A, has accelerated development and production of vaccines through investments in a broad portfolio currently including 11 candidates across four technology platforms, and set up the COVAX Facility, a global mechanism to procure and distribute doses. Support is provided to 172 countries for COVID-19 vaccine delivery and WHO is monitoring the rollout of vaccines, including vaccination coverage, and managing potential risks, including through the Global Advisory Committee on Vaccine Safety. Ninety-eight higher-income economies have signed up to COVAX as self-financing members, joining a combination of 85 upper middle income economies, lower middle income economies and low income economies whose participation is supported by the Gavi COVAX Advance Market Commitment. The COVAX Facility's first shipments of COVID-19 vaccines to countries began on 24 February – a historic step towards the goal of global vaccines equity and the start of the largest vaccine procurement and supply operation in history. As of mid-April, COVAX has shipped approximately 40 million doses to 115 participants including 59 lower-middle-income countries (LMICs) and low-income countries (LICs). Based on current projections, COVAX is on track to hit its target of at least 1.3 billion doses of vaccine supply in 2021, comprising seven vaccine products from six producers, and is laying groundwork for additional doses to be secured through cost-sharing supported by multilateral financing and donor contributions and by encouraging countries with large bilateral deals to share their scarce vaccine resources following the *Principles for Sharing COVID-19 Vaccine Doses with COVAX*.<sup>2</sup> WHO has established an allocation mechanism<sup>3</sup> to ensure fair and equitable allocation of COVAX Facility vaccines among participating economies and, with Gavi, is finalizing the establishment of a Humanitarian Buffer that will ensure a provision of last resort for when government-led processes fail to reach all the population. To oversee and manage allocation processes, a Joint WHO–Gavi Allocation Taskforce has been established with an Independent Allocation of

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<sup>1</sup> Access to COVID-19 Tools (ACT) Accelerator. Geneva: World Health Organization; 2021 (<https://www.who.int/initiatives/act-accelerator>. Accessed 12 February 2021)

<sup>2</sup> Principles for sharing COVID-19 Vaccine Doses with COVAX. Geneva: Gavi; 18 December 2020 ([https://www.gavi.org/sites/default/files/covid/covax/COVAX\\_Principles-COVID-19-Vaccine-Doses-COVAX.pdf](https://www.gavi.org/sites/default/files/covid/covax/COVAX_Principles-COVID-19-Vaccine-Doses-COVAX.pdf), accessed 5 February 2021).

<sup>3</sup> ACT-Accelerator: Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility, September 2020. Geneva : World Health Organization; 2020 (<https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>, accessed 12 February 2021).

Vaccine Group for transparent external review and validation of vaccine allocation decisions. To address the challenges in global manufacturing and supply chains, WHO and partners have established a COVAX manufacturing taskforce, to increase supply in the short term, but also to build a platform for sustainable vaccine manufacturing to support regional health security.

58. In the Diagnostics Pillar, over 130 expressions of interest have been submitted to WHO's Emergency Use Listing procedure, with over 75 applications undergoing evaluation as of mid-April 2021 and 28 diagnostics listed for emergency use. The ultimate aim is to expedite the availability of these products to people affected by public health emergencies. The ACT-A has fast-tracked research, development and independent evaluation of over 50 tests to identify effective new Ag-RDTs and has provided manufacturing support and technology transfers resulting in increased access to easier-to-use, more effective and more affordable Ag-RDTs. As of mid-April 2021, WHO and Diagnostic Consortium Partners have procured more than 68 million molecular and Ag-RDTs for low- and middle-income countries.

59. The Therapeutics Pillar has made substantial progress: they have tracked more than 300 actionable trials across products (monoclonal antibodies (mAbs), novel antivirals and repurposed therapeutics) and formed the COVID-19 Oxygen Emergency Taskforce to confront surges in oxygen demand and cut preventable deaths. The taskforce identified US\$ 90 million in immediate funding needs for medical oxygen in up to 20 low- and middle-income countries and contributed up to US\$ 20 million to kick off the oxygen emergency response.

60. Through ACT-A's Health Systems Connector, system requirements for the delivery of COVID-19 tools have been mapped. The Health Systems Connector has worked to strengthen cross-cutting aspects of health systems that need to be radically scaled or upgraded to effectively and safely deploy COVID-19 tools. Through the knowledge-sharing platform on health system strengthening for developing countries, launched in April 2021, the Health Systems Connector aims to respond to each country's needs by addressing health system bottlenecks and creating synergies with complementary activities for the delivery of essential health services and strengthening of health systems. This builds on work in key areas such as: (a) assessing essential health services continuity; (b) infection prevention and control, where courses in over 20 languages have been delivered to more than 1.5 million people on OpenWHO.org and technical assistance has been provided to over 170 sites in 30 countries to investigate SARS-CoV-2 infections in health workers; (c) support for health workforce planning for clinical management of COVID-19 and essential health services in over 100 countries; and (d) technical WHO/World Bank guidance on health systems financing for rollout of COVID-19 vaccines for an initial 15 countries.

61. The ACT-Accelerator Facilitation Council,<sup>1</sup> co-chaired by Norway and South Africa, was first convened on 10 September 2020, with a further four Council meetings held as of April 2021 and a sixth scheduled for 12 May 2021. The Facilitation Council is composed of representatives of governments of ACT-A donor countries, current chairs of regional cooperation groups, and countries that are expected to be major suppliers and/or consumers of COVID-19 tools, as well as civil society and private sector partners. As of mid-April, ACT-A has raised US\$ 11 billion from a broad coalition of public, private and multilateral donors,<sup>2</sup> leaving a funding gap of US\$ 22.1 billion for full funding of the priorities set

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<sup>1</sup> ACT-Accelerator Facilitation Council - Terms of reference <https://www.who.int/publications/m/item/act-accelerator-facilitation-council---terms-of-reference> (accessed 12 February 2021).

<sup>2</sup> Access to COVID-19 tools funding commitment tracker. Geneva: World Health Organization; 2021.

out in the recently published ACT-A Prioritized Strategy and Budget for 2021.<sup>1</sup> Of this, US\$ 1.2 billion has been budgeted for WHO's work and is part of WHO's overall Strategic Preparedness and Response Plan. A specialized Facilitation Council Resource Mobilization Group was established in April 2021 to drive the realization of required resources through an ACT-A Financial Campaign and obtain commitments towards closing this gap.

## **Supporting Member States in assessing COVID-19 countermeasures for regulatory approval**

### **(Resolution WHA73.1, paragraph 9(9))**

62. WHO has developed and is implementing a strategic plan to support Member States in building effective and efficient regulatory systems.<sup>2</sup> The plan is aligned with the respective elements of the Thirteenth General Programme of Work, 2019–2023 and the *Roadmap for access to medicines, vaccines and other health products 2019-2023*.<sup>3</sup> It addresses WHO's priorities for strengthening regulatory systems, the increasing need for regulatory preparedness for public health emergencies, and the strengthening and expansion of WHO's prequalification, Emergency Use Listing and product risk assessment processes. 101 out of 145 countries successfully authorized one of the Emergency Use listed COVID-19 vaccines within 15 days. WHO has been working closely with International Coalition of Medicines Regulatory Authorities and issued joint statements on improved global regulatory alignment - transparency and data integrity.

63. In the context of the COVID-19 response, WHO is supporting regulatory preparedness for expedited access to essential health products in Member States. WHO provides guidance on clinical trials, marketing authorization, inspection, lot release, laboratory testing, surveillance of import and export markets, and safety surveillance at global, regional, and country levels, as well as general and product-specific standards, guidance and information. WHO promotes the use of reliance regulatory mechanisms to facilitate efficiency and timely access to the quality-assured health products needed to respond to the COVID-19 pandemic. This work covers all health products – diagnostics, PPE, vaccines and therapeutics – and is done in collaboration with WHO regional and country offices, various regional regulatory platforms, supranational and national regulatory agencies and other stakeholders and partners.

## **Commissioning impartial, independent and comprehensive evaluation of the lessons of COVID-19**

### **(Resolution WHA73.1, paragraph 9(10))**

64. Further to the request for an impartial, independent and comprehensive evaluation to review experience and lessons learned from response to COVID-19, the Director General commissioned the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Review Committee on the Functioning of the International Health Regulations (2005) during the

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<sup>1</sup> ACT-Accelerator Prioritized Strategy & Budget for 2021. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/act-a-prioritized-strategy-and-budget-for-2021>, accessed 30 April 2021).

<sup>2</sup> Delivering quality-assured medical products for all 2019–2023: WHO's five-year plan to help build effective and efficient regulatory systems. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/332461?locale-attribute=de&>, accessed 30 April 2021).

<sup>3</sup> Available at <https://apps.who.int/iris/handle/10665/330145> (accessed 30 April 2021).

COVID-19 Response, and the Independent Panel for Pandemic Preparedness and Response to review the response. Their respective secretariats have facilitated engagement to align objectives of the review and ensure close collaboration among the three bodies.

65. The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme was established in 2016 pursuant to decision WHA69(9) as the official oversight committee for the Programme, playing a critical role in ensuring its continuous improvement. Since the inception of the WHO Health Emergencies Programme in 2016, the Committee has provided independent scrutiny of WHO work in outbreaks and emergencies and has been tracking progress in strengthening WHO capacities at all levels, recommending actions where necessary. The Committee has held 36 statutory meetings and undertaken 10 field visits to areas with ongoing acute and protracted emergencies between May 2016 and March 2021. Findings from its reviews have guided WHO's actions to improve support for emergency preparedness and response, and have kept Member States informed about the performance of the Programme. In keeping with its mandate, the Committee will submit findings and recommendations to the Seventy-fourth World Health Assembly based on its annual review, including WHO's response to COVID-19.

66. In accordance with the provisions of Article 50 of the International Health Regulations (2005), the Director-General has convened a Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. 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's mandate is to review the functioning of the Regulations during the COVID-19 response and the status of implementation of the relevant recommendations of previous Review Committees, and ultimately to make technical recommendations to the Director-General regarding the functioning of the Regulations and the possible need for amendments. The Committee submitted an interim progress report to the Executive Board at its 148th session<sup>1</sup> and will present its final recommendations to the Director-General, who will communicate its advice to the Seventy-fourth Health Assembly for consideration.

67. In July 2020, the Director-General announced the formation of the Independent Panel for Pandemic Preparedness and Response to review experience and lessons from the WHO-coordinated international health response to COVID-19. The 13-member Panel is co-chaired by former Prime Minister of New Zealand Helen Clark and former President of Liberia Ellen Johnson Sirleaf, who selected the Panel members. The Panel provides regular updates and reports, including to the Special Session of the Executive Board on the COVID-19 response in October 2020, the resumed session of the Seventy-third World Health Assembly in November 2020 and the 148th session of the Executive Board in January 2021. The Panel is scheduled to launch its report on 10 May week and will submit the report's findings to the Seventy-fourth World Health Assembly in May 2021.

## **Building for the future**

68. **Learning and applying the lessons.** WHO, its partners and all Member States continue to learn lessons from the pandemic. COVID-19 has exposed the vulnerabilities to health emergencies in all countries and communities and exposed long standing inequities as well as driving new ones.

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<sup>1</sup> Document EB148/19.

69. The world needs to rethink preparedness in the light of the lessons of COVID-19 – as well as the lessons of past epidemics and pandemics. A new, effective, and sustainable approach to preparedness, readiness, prevention, detection and response to health emergencies will require predictable investment, must be guided by science and evidence, be fully owned by all stakeholders, and have equity at its heart.

70. The Thirteenth General Programme of Work, 2019–2023 provides the principles and the framework for this rethinking in the service of a healthier, safer world in which more people can benefit from universal health coverage, be protected from health emergencies, and enjoy improved health and well-being. Until everyone is safe, no one is safe.

71. **Implementing comprehensive measures.** The new COVID-19 Strategic Preparedness and Response Plan 2021 and its accompanying Operational Planning Guidelines set out the coordinated actions to be taken at all levels. Ending the pandemic will mean controlling transmission in every country and context; nobody is safe until everybody is safe. Recovery, with national systems at the core, should get countries ready for the next pandemic: strengthening capacity and capability for preparedness, readiness and response and underpinning it with stronger health systems and public health functions. Transmission must be suppressed through effective and evidence-based public health and social measures including increased testing, detection and investigation capacity and improved case management.

72. These functions include (but are not limited to) national IHR capacities; data management, collection and analysis; health workforce planning and protection; safe service delivery; supply chain management; and access to essential medicines and medical supplies and financing. It also includes interventions to manage the infodemic which has been unprecedented during this pandemic. In many settings, ending the pandemic will also require strengthening surveillance and contact tracing, as well as more operational research on public health and social measures to accumulate stronger evidence on their efficacy, their costs and benefits. Improvement of COVID-19 case management will be crucial to reducing mortality while setting priorities for managing COVID-19 and the provision of regular health services based on context-specific, all-cause mortality risk analysis, no matter how challenging.

73. **Better alert and surveillance systems.** The future detection and management of pandemic risks requires continuous public health intelligence and global risk analysis and alert systems. WHO and Member States have made considerable progress in this area through initiatives such as the Epidemic Intelligence from Open Sources (EIOS) initiative, but such initiatives need to be accelerated and expanded. The emergence of SARS-CoV-2 variants has revealed the limited and fragile capabilities of surveillance systems around the world to track emerging risks. Robust, rapid, and sustained investments in local, national, and global surveillance systems are needed. WHO will need to work with Member States to review their surveillance capabilities, including the legal frameworks for data collection and reporting to national-level public health bodies; advise on necessary investments in new technologies to improve data linkages across clinical, laboratory, and other data systems; ensure sustained national investment for surveillance implementation; drive the integration of surveillance and monitoring systems with coordination structures such as emergency operations centres; and improve data exchange mechanisms with regional public health bodies and WHO.

74. **More emphasis on community and local readiness, resilience and response.** Community readiness and resilience are essential for effective all-hazards response and civil society organizations have been pivotal partners during the response to COVID-19. Many civil society organizations and other actors – including but not limited to organizations, groups, leaders and influencers representing religious faiths, communities, youth, women, and others – have been on the front lines of the response, providing care, protective equipment, medicine, food and other essential supplies and supporting the most vulnerable. WHO and partners are committed to further meaningful engagement with civil society

organizations and stakeholders at grassroot levels working together on decision-making, planning, monitoring, and accountability processes in emergency management. Building back together is not possible without engaging communities, increasing and sustaining the capacities of civil society organizations and other relevant organizations with a whole-of-society approach, and thereby also contributing to greater inclusion.

**75. Strengthening health and public health systems.** Strong and resilient health systems are the best way to safeguard against health crises. The best defense against outbreaks becoming epidemics is a strong health system geared toward universal health coverage, and interconnected with strong preparedness, readiness and response systems and capacities designed to protect the most vulnerable and achieve better health for all. Achieving this requires high quality and people-centred public health services, clinical management and care, infection prevention and control, and strengthening of the health and emergency workforce at all levels which requires sustainable and predictable health systems investments and financing arrangements that prioritize essential services and primary health care.

**76. Enhanced, fair and equitable access to medical countermeasures.** Historically, vaccines and other medical countermeasures have been crucial for the long-term control of diseases, and COVID-19 will be no different. Fair and equitable access to COVID-19 tools must be accelerated, including for vaccines, diagnostics and therapeutics, and safe and rational allocation and implementation must be supported in all countries. COVID-19 vaccines and strong vaccine implementation are essential in complementing public health and social measures and therapeutics that have been proven to reduce transmission and save lives. The rapid development of COVID-19 vaccines was one of the major success stories of 2020, but it remains to be seen whether fair and equitable access to these products can be ensured throughout 2021 and beyond. The Access to COVID Tools (ACT) accelerator must be fully funded and resourced, and should serve as a template for a future in which global pandemic preparedness includes binding provisions for the equitable sharing of global goods such as vaccines and therapeutics.

**77. Preventing future pandemics.** Around 75% of the emerging disease are from animal origin. Globally, the spatial distribution of emerging infectious diseases events is uneven, as are the capacities to manage them. Due to increased globalization and interconnectedness, outbreaks that may have remained localized in the past now tend to spread faster and further to become national, regional, or even global health emergencies. The ability to prevent the amplification of an outbreak is intimately linked to the capacity to rapidly detect and respond to an outbreak in hotspots of emergence. Moving forward, prevention of future pandemics requires greater investment in policies, strategies, interventions and capacities at the human/animal/environment interface, taking a “One Health” approach. It also requires global mechanisms to ensure coordinated action to reduce the spread of the disease and mitigate its impact.

**78. Building a better future.** The pandemic response has added value to systems in ways that can be harnessed, expanded and repurposed to improve global health security and emergency preparedness and readiness in the longer term. National, regional and global platforms and networks for cooperation that were built and strengthened must now be sustained in the long term so that the world that emerges from COVID-19 is one of stronger, more equitable health systems with universal health coverage, underpinned by global health emergency systems and capacities. The COVID-19 Strategic Preparedness and Response Plan 2021 and its accompanying Operational Planning Guidelines set out the next practical, coordinated actions we must all take, engaging communities locally, nationally, regionally and globally.

79. Pandemic recovery from this point must be a process of “building back better”, even while we continue to fight the pandemic and learn its lessons. The pandemic provides a generational opportunity and a moral obligation to improve systems and capacities for global health security, founded on sustained, predictable and increased investments for preparedness, readiness and response and integrated national and subnational health and public health systems around the world. One of the overarching challenges of 2021 will be to ensure that these investments are consolidated and built upon to ensure not only that we end the pandemic in every country, but also that we build a healthier, more sustainable, more equitable and secure future. Our collective focus must be on continuing and strengthening coordinated actions in partnerships, maintaining the centrality of health in the whole-of-society approach at all levels, as we work towards achieving the Sustainable Development Goals. WHO’s Thirteenth General Programme of Work, 2019–2023 provides the principles and the framework to build a healthier, safer world; and if we can stay true to those principles in our response to COVID-19 and beyond, we can ensure that it is a tragedy that leaves a legacy of positive change.

#### **ACTION BY THE WORLD HEALTH ASSEMBLY**

80. The World Health Assembly is invited to note the report.

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