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## The COVID-19 pandemic: lessons learned for the WHO European Region

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### Background

Since the WHO Health Emergencies Programme (WHE) was established in 2016, the Organization has continuously invested in establishing a diverse workforce of experts and operational response partners at the global, regional and subregional levels in the WHE hubs serving priority countries and areas.<sup>1</sup> In the WHO European Region, missions and deployments to countries and areas have complemented the support and coordination provided through the WHO Regional Office for Europe and the WHE hub-and-spoke system, which was established in 2017 to ensure that technical assistance is tailored to the needs of countries and areas.

Throughout the current coronavirus (COVID-19) pandemic, the Regional Office has scaled up this work, producing rapid and authoritative situation assessments, collating critical information through the engagement of the International Health Regulations (IHR) (2005) national focal points and other sources, and analysed these data to underpin policy-making and strengthen response activities. It has provided guidance, training, and tools to support interventions in all areas of the response.

Eight months into the pandemic, we have learned a lot about how to manage the virus. In the past month, for example, two thirds of countries and areas in the Region have reintroduced restrictions on mass gatherings, weekend curfews and/or closure of certain non-essential businesses. What is different now is that many of these recent restrictions have been implemented locally. We are learning how to adapt and implement smart, time-limited and risk-based measures, capable of reducing both the spread of COVID-19 and its impact on the wider society and economy.

Although it is too soon for a comprehensive and critical evaluation of the support provided to countries and areas during the pandemic, the measures put in place by countries and areas, and the evaluation of these measures with a view to reassessing the status of countries' IHR core capacities, this document provides a

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<sup>1</sup> WHE hubs and the served priority countries and areas: **Balkans Hub** – Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Republic of Moldova, Serbia, and Kosovo<sup>2</sup>; **Central Asia Hub** – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan; **South Caucasus Hub** – Armenia, Azerbaijan, Georgia.

<sup>2</sup> All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

starting point for regional discussions on how to improve preparedness for and response to future events, and “build back better”.

The following broad lessons are based on ongoing intra-action reviews in countries and areas, focus group discussions among WHO teams, and the companion document, A timeline of WHO’s response to COVID-19 in the WHO European Region (version 1.0) (document EUR/RC70/Inf.Doc./7).

## **The role of health systems**

### **Health systems and essential health services**

Health systems are central to the well-being of people and their communities. Health security should be considered the first line of defence against emergencies of any type. However, the pandemic has illustrated that many countries had not invested enough in comprehensive preparedness and emergency response systems to protect people’s health from disease outbreaks, natural and human-made disasters, armed conflict, and other hazards.

The COVID-19 pandemic has seriously affected most health systems across the globe, even the strongest ones and those with exemplary universal access to health care services. Most of the countries in the European Region have not passed the real-life stress test imposed by the pandemic.

The pandemic has shown that many countries relied on a limited production of basic essential protection equipment and fragile supply chains, and faced shortages of medicines, medical equipment, health commodities and trained staff. The Regional Office’s Incident Management Support Team, which was established in January 2020, supports national health systems in delivering essential health services and ensuring that vulnerable groups are included in the response. It has been addressing gaps in the interactions between emergency preparedness and response, and health systems’ resilience.

This indicates that there is a need to rethink how public health and health care services should be organized and placed at the core of societal services, and to build people-centred health systems that are resilient to emergencies, through actions that include the following:

1. strengthening hospital capacities to handle significant influxes of patients associated with a large-scale pandemic (ensuring sufficient capacity in terms of intensive care units and associated medical equipment, a trained health workforce and infection prevention and control measures);
2. providing high-quality protective equipment to frontline health workers and planning surge capacity in case of rapidly increasing demand for hospitalizations, but also for other core response functions, such as contact tracing;
3. equipping diagnostic laboratories and training laboratory personnel;
4. improving surveillance, data collection and case investigation;
5. strengthening procurement systems, supply chains, operational support and logistics;
6. embedding strong risk communication and community engagement in governance;
7. accelerating research and development of tests, vaccines and therapeutics.

The response at the national and subnational levels must also address the risks of death, disease and disability posed by the interruption of essential health and social services for diagnosis and treatment of, and rehabilitation from, diseases other than COVID-19.

Good health system preparedness ensures that health systems are responsive to rapidly changing scenarios and population needs. The pandemic has shown that robust, people-centred health systems are able to quickly adjust to threats and needs. This means, in particular, ensuring the continuity of safe essential health services for all, in terms of budget, policy, governance, decision-making or capacity shifting among

disciplines (such as diagnosis, treatment and rehabilitation), as well as identifying new ways of carrying out prevention and health promotion.

## **Insufficient investment in preparedness**

### **Response planning**

Strategic response planning based on thorough assessment of existing strengths, weaknesses and gaps, is crucial to an effective and timely response. Understanding both the hazard(s) a country is prone to and the health system's capacities allows for effective identification of targeted and balanced actions. Regular testing of the existing systems through actual emergencies, simulation exercises, assessments and external evaluations is critical to achieving this objective.

Countries need to accelerate their preparedness efforts in order to be ready to respond to the current evolving pandemic and future health emergencies. COVID-19 has clearly demonstrated that a coherent, whole-of-government response – in which the decisions and actions of the various sectors and levels are guided by evidence and the voices of communities – is key to effective response management. Multisectoral coordination, legislative provisions and joint decision-making procedures based on a consultative approach are the critical bricks for building an effective system.

An important part of response planning is the timely sharing of information and data and people-centred communication across the continuum of care. Health information systems work best when they are well-resourced, integrated, and harmonized across institutions and stakeholders at all levels and across all sectors. If this is the case, they will contribute to ensuring that cases are rapidly found, patients are monitored for signs of deterioration, and if applicable, that their contacts are traced and quarantined. They will also contribute to early detection of and response to the risks associated with a pandemic. Data and information are public goods that help to improve the weakest IHR (2005) core capacities and fill the gaps in local systems. Investing in health emergency preparedness will improve health outcomes, build community trust and resilience and reduce inequity, as well as supporting achievement of the Sustainable Development Goals.

Preparedness for infectious hazards of pandemic potential should be prioritized, given the evolving COVID-19 pandemic, the recurring nature of pandemics and thus the potential for future pandemics of the same or larger scale. Adequate financial, technical and human resources should be channelled towards making health systems ready to handle the full scope of the response. Up-to-date and duly implemented pandemic preparedness and response plans are essential for this purpose.

WHO and other global and regional organizations emphasized that countries should revise their pandemic plans after the 2009 H1N1 pandemic, and WHO guidance describes what is needed to prepare for a severe pandemic similar to COVID-19. Yet only 15 out of the 53 Member States in the Region have revised their pandemic influenza plans since 2009 and this has presented some major challenges in the current response.

### **Public health emergency operation centres**

Establishing public health emergency operations centres (PHEOCs), should be part of a comprehensive programme of public health emergency preparedness, planning and capacity building. PHEOCs are a way

for States Parties to achieve the core capacity requirements of the International Health Regulations (IHR) (2005). It is important that the PHEOC should be appropriately scaled in response to the specific needs of each context and be functioning and ready at all times to provide effective coordination and management of national- and subnational-level resource allocation, without detracting from the required capacities for direct response.

### **Incident management support teams**

Countries with a clear command-and-control operational system that is ready to resume its functions at times of emergency have been able to respond in a timely and harmonized manner to the pandemic. COVID-19 has further proved that countries benefit from having incident management support teams in place that include at least the following functions: (1) management; (2) operations; (3) planning; (4) logistics; and (5) finance and administration.

### **Innovation, artificial intelligence and big data**

National and local authorities and partners must work together in order to effectively implement plans for medical countermeasures, using innovative approaches to enable contact tracing as well as rapid development and equitable deployment of tests, treatments and vaccines. Current examples of such a partnership are the R&D (research and development) platforms that have been established by WHO, governments, and partners to harmonize work in areas such as solidarity trials.

Innovative forecasting, early warning and detection tools are needed to ensure preparedness and timely response. WHO's EPI-BRAIN (<https://www.epi-brain.com/>) allows stakeholders to merge public health data with data from a myriad of complex factors that drive pandemics, such as animal diseases and environmental and meteorological determinants. Modern platforms should be established across countries to share data on production and supply capacities, various measures taken by the countries (e.g. public health and social measures), and mobilization and surge capacities of the health workforce.

Virtual care through remote, digital and robotic services should be further developed to reach all members of the population. Digital access has become an essential utility and must be universal. Digital and remote services have become essential in response to the current pandemic, including as a means of protecting people in special risk groups, such as people who are ill with other diseases and conditions hospitalized.

Digital platforms and innovative approaches to tracking and addressing misinformation, misperceptions and rumours, delivering health advice and engaging communities should be harnessed, without neglecting tailored solutions for people with "digital poverty". Smart, digital, accessible health communication and education (including in schools) are important for ensuring that information and knowledge about the pandemic reach their target audiences.

## **Whole of government, whole of society**

### **Social values**

Social values, including ethics, equity, solidarity, transparency, and respect for human rights, are the drivers for ensuring universal access to health, education and social services and to accurate and evidence-based information and knowledge. The upholding of such values ensures that the needs of the most vulnerable

are always considered in policy-making and are thus protected. During the current pandemic, communities were not always ready or fast enough to support those most in need. Older people, people with chronic health conditions and those residing in crowded long-term facilities, were not adequately shielded; this contributed to the disproportionate burden of disease they have suffered. Special efforts should also be made to protect refugees, migrants, disadvantaged pupils and education facilities. As long as we care for the most vulnerable, we protect everybody. Solidarity, consideration, and provision of care are the crucial elements in keeping the virus at bay.

### **Trusted leadership with community engagement**

A trusted and accountable leadership is of paramount importance in fighting the pandemic. Authorities at all levels and across all sectors must govern for health and well-being, with full transparency, and their actions should be driven by data on both assessment and perceptions of risks captured at the grassroots of society. This will ensure that policy-making is coordinated, consistent, inclusive and reflects the evolving needs of all population groups in relation to COVID-19.

Including considerations of behaviours and engaging communities in solutions will generate trust that in turn will increase people's compliance with guidance – including on hygiene, physical distancing, contact tracing, self-isolation and self-quarantine. The notion that we act together by staying socially close and physically apart from each other should be deeply rooted in our “back to normal” way of life. Heightened compliance will foster protective behaviours, contributing to the control of the epidemic. Furthermore, compliance depends on flexibility and adaptability from all levels of society, including leadership and communities. This is the only way to move with the dynamic course of the virus.

### **Saving lives and protecting livelihoods**

Lockdowns have been an emergency option used to save lives and yet they have challenged the livelihoods of many. The COVID-19 pandemic has made it clear that measures to restrict movements of people and goods should not be the first line of defence, but the last resort to slow down transmission and buy time if needed to increase capacities for testing suspected cases, isolating and treating confirmed cases, and tracing and quarantining contacts. Such decisions should be based as much as possible on evidence and expert advice; they must be continuously reviewed and communicated as more evidence emerges to ensure that they are commensurate with the level of risk and its perception; and they should always be applied in an equitable manner.

When evidence is weak, the precautionary principle, backed up by the “no regrets policy”, should be used for a limited duration, and as much as possible locally and specifically. Response measures should always be based on the principle of avoiding unnecessary restrictions and as few “side effects” as possible. The pandemic has shown that we are learning how to apply smart, time-limited and risk-based measures, capable of reducing both the spread of COVID-19 and its impact on wider society and the economy. Reversing the lockdown in a timed and stepwise manner, while monitoring the spread of the virus and behaviours in communities, can generate evidence to guide which measures should be re-activated in case communities are faced with a resurgence of the virus.

## **Mandated global health governance**

Global health emergency leadership, with countries at the centre, guides, facilitates, coordinates, aligns and harmonizes global actions to prevent, prepare for, respond to and recover from pandemics. This points to the need to strengthen WHO's mandate under the IHR (2005) as well as the functions of national IHR focal points.

Each country has invested in responding to the pandemic by trying to maximize health outcomes and by minimizing the socioeconomic impacts on its population. However, many of these actions – particularly travel and trade restrictions – have affected other countries immensely. Such restrictions brought the global economy to a standstill, with huge deficits across the globe at a level not seen before, and with the effects to be felt for decades to come. Moreover, travel restrictions have impeded the deployment of experts and supplies to countries in need.

Global solidarity is the only way to overcome this global health and social and economic security turmoil. WHO has urged countries to implement a comprehensive response to COVID-19 by “finding, isolating, testing and treating every case to break the chains of transmission”. However, responses have varied across Europe and the globe depending on situations and contexts. While “one size fits all” does not apply to different virus transmission scenarios, health system maturity and community resilience, a more consistent and aligned response might contribute to mutual support and protection, as no country is protected until all are.

WHO has continued to make use of available evidence to rapidly develop guidance, using its networks of experts. However, temporary plans and recommendations often had to be developed, based on uncertain data. Trust in and support for WHO's role are needed. WHO must be able to coordinate global responses to major health challenges, including the ability to mobilize operational support where it is needed. Solidary platforms have been a useful tool for such resource mobilization. However, these mechanisms need to be better targeted to ensure flexibility and rapidity of funding.