

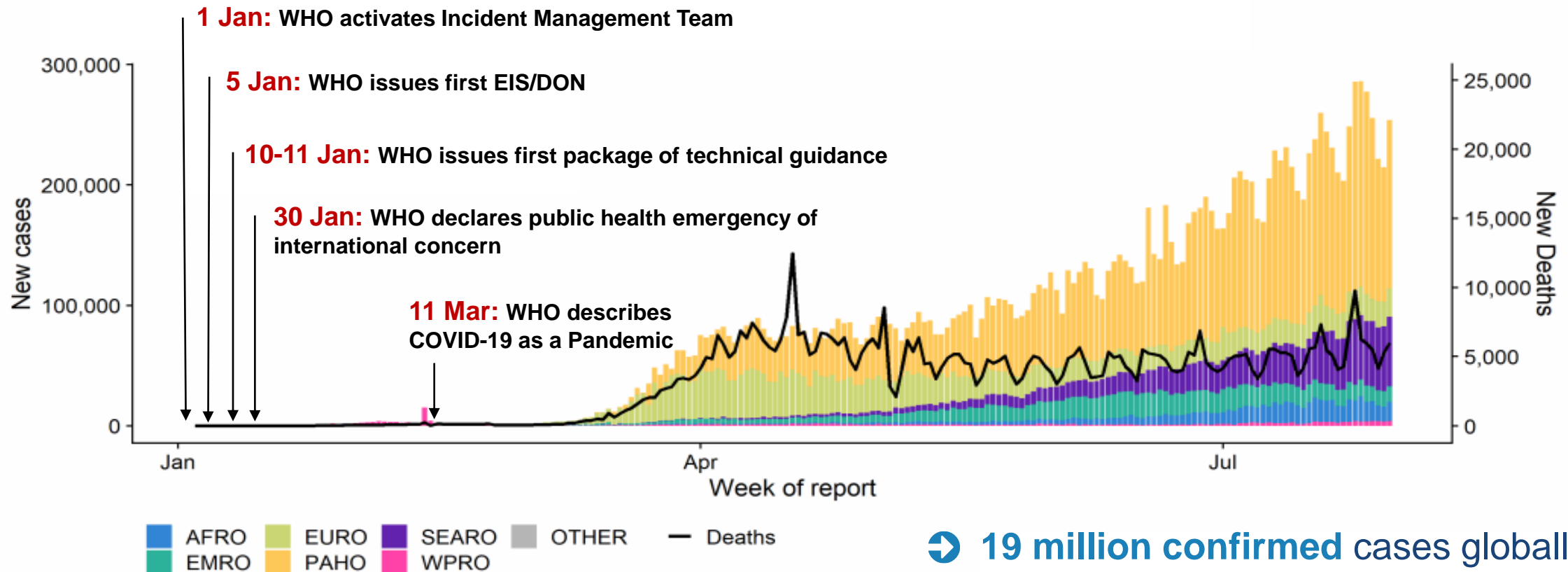


# **PROMOTE HEALTH KEEP THE WORLD SAFE SERVE THE VULNERABLE**

With COVID-19, WHO's mission  
resonates more than ever before

Dr Jakab Zsuzsanna  
Deputy Director General  
Budapest, 31 August 2020

# COVID-19: current global situation & timeline of key events



➔ 19 million confirmed cases globally

➔ 710 000 deaths reported

As of 7 August 2020



## WHO mission

- ➔ Promote health
- ➔ Keep the world safe
- ➔ Serve the vulnerable



## Our strategies

- ➔ Leadership
- ➔ Drive public health impact in every country
- ➔ Focus global public goods for impact



## Our task

- ➔ COVID-19 response:  
WHO's mission at work



Promote health

Keep the world safe

Serve the vulnerable



# Promote health

# Promoting health, keeping the world safe and serving the vulnerable together through the multilateral UN response



## Global Humanitarian Response Plan (GHRP)



**Purpose:** Strategic plan and resource mobilisation vehicle

**Objective and scope:** Respond to immediate health & multi-sectoral humanitarian needs in vulnerable countries

**Who benefits:** Most vulnerable people in 63 countries with a refugee or humanitarian crisis, or with high vulnerability



## Strategic Preparedness and Response Plan (SPRP)



**Purpose:** Strategic plan and resource mobilisation vehicle

**Objective and scope:** Support public health measures to stop transmission of the virus and care for those affected

**Who benefits:** People in all countries affected by the pandemic or at risk



## UN Socio-Economic Framework

*(and other country socio-economic plans)*

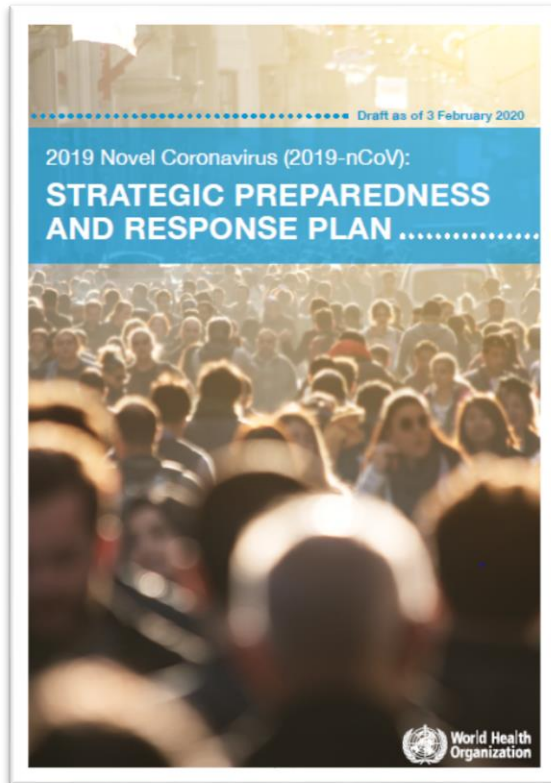


**Purpose:** Programming framework

**Objective and scope:** Mitigate the social & economic impact of COVID-19

**Who benefits:** Vulnerable people in 162 countries covered by 129 UN Resident Coordinators

# Health first: WHO leading the strategic global response



Global plan released 4 days after declaring a PHEIC

## Catalyzed national action plans

- ➔ **WHO operational guidance/support**  
147 country offices, 6 regions mobilized.  
Plans on the COVID-19 Partners Platform
- ➔ **88% more national plans in 20 weeks**  
91 → 171 countries (1/3 – 4/8)

## Triggered global multisectoral action

- ➔ **WHO-led UN Crisis Management Team**  
23 UN entities, 9 areas of work
- ➔ **UN Socio-Economic Framework**  
Health services at the core of recovery

## Mobilized financial resources

- ➔ **WHO mobilized \$950 million in 5 months** 85% for country implementation & supplies



# WHO's strong public voice based on science & evidence

The logo for EPI-WiN, with 'EPI' in teal and 'WiN' in dark grey, separated by a teal dot.

## WHO's new way to translate science & manage infodemics

- ➔ **Whole of society COVID-19 engagement:** individuals, communities, countries, health, travel & trade, employers & workers, food & agriculture, faith-based organizations, youth organizations
- ➔ **Promoting health by tracking infodemics and driving practical guidance on public health measures**
- ➔ **140 risk communication products:** 12 videos/animations, 40 mythbusters, 72 Infographics, 12 Q&As, living FAQs etc
- ➔ **Amplifying:** 60 webinars, >8500 participants, 128 countries  
Two scientific conferences with >12000 connections

As of 30 July 2020

# Simplifying knowledge in numbers: [www.who.int/epi-win](http://www.who.int/epi-win)



72 Animations and videos



40 Mythbusters



72 Infographics



34 Regular slide set updates



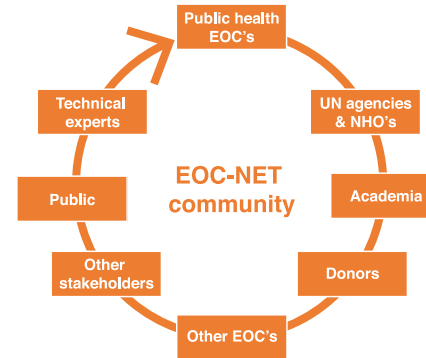
# Preparedness works! Global public health goods in action



Launched in 2017 using PIP Framework and other investments

## For COVID-19:

- ➔ 115 COVID-19 courses, 38 languages
- ➔ >4 million enrolments
- ➔ Reaching all 194 Member States



'PHEOC-NET' launched by WHO in 2012 to promote best practices & strengthen Emergency Operation Centres

## For COVID-19:

- ➔ Network EOCs activated in 80 countries



Operating since 1952, WHO's GISRS has >150 national labs in 125 countries

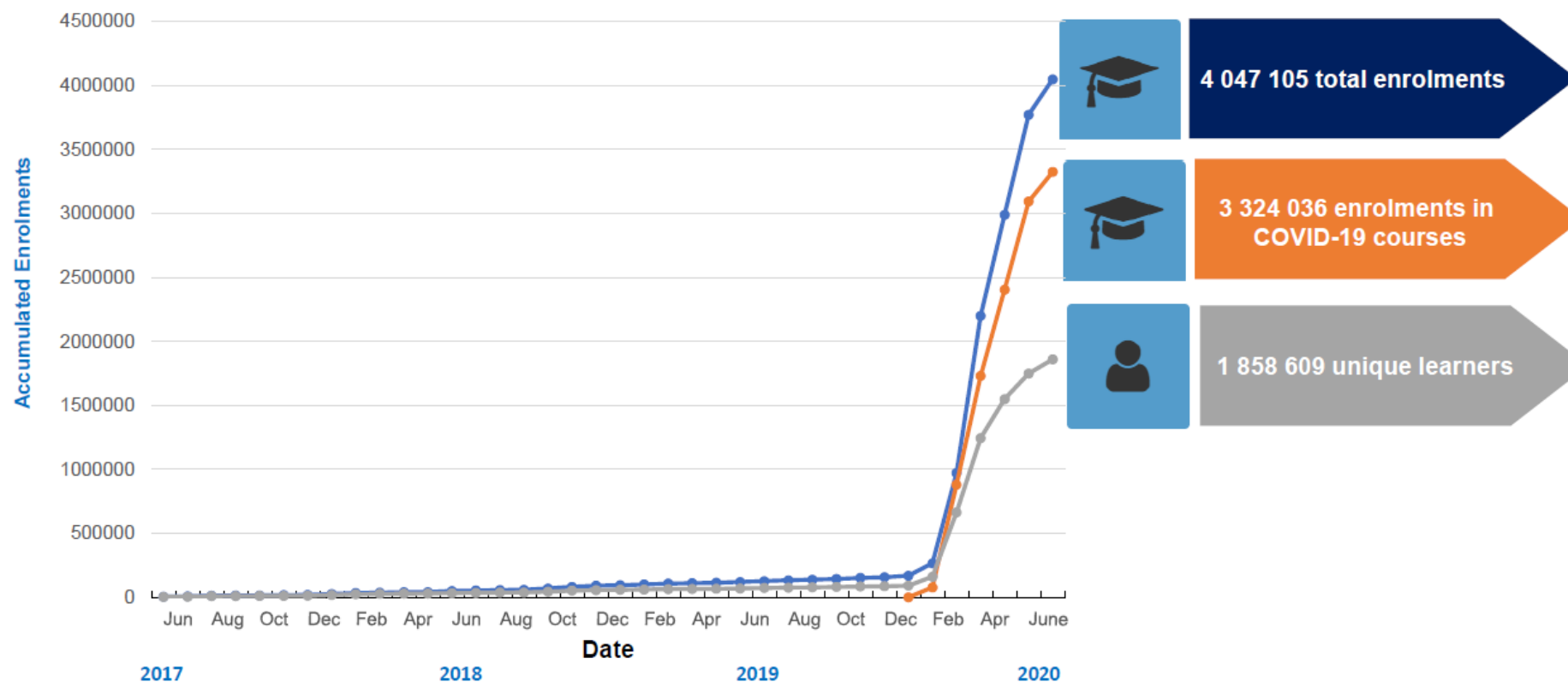
## For COVID-19:

- ➔ >80% of national labs testing for COVID-19 are associated with GISRS
- ➔ External quality assurance done through existing GISRS mechanisms

As of 4 August 2020

# Preparedness works: global public health goods in action

🔊 OpenWHO enrolments since its creation in June 2017



As of 4 August 2020

# Country impact: WHO supporting country readiness in real-time

COVID-19 Partners Platform connecting 149 countries since 16 March 2020:

## Readiness checklist

- ➔ Priority actions to prepare, respond and maintain essential health services in 104 countries
- ➔ Resource gaps submitted by 84 countries totaling \$9.1 billion

## Transparent needs and resources

- ➔ Facilitating countries supply requests on the Supply Portal

## Multilateral real-time coordination

- ➔ Tracking 620 contributions totaling \$7.3 billion
- ➔ Coordinating with UNCTs and partners

As of 4 August 2020



# Country impact: supporting national response planning

**The Ministry of Health with support from WHO and partners scale-up response to COVID-19 in South Sudan**

10 April 2020 | WHO South Sudan News Release

**Romania: COVID-19 hotline provides up-to-date public advice with WHO support**

8 April 2020 | WHO Romania News Release

**WHO continues to support the fight against coronavirus in Syria**

2 April 2020 | WHO Syria News Release

**Government of India and WHO partnership further strengthened to overcome the COVID-19 challenge**

15 April 2020 | WHO India Ministry of Health Statement

**WHO and international partners act to support Lao PDR response to COVID-19**

6 April 2020 | WHO Lao PDR News Release

**PAHO supports Bahamas' COVID-19 efforts**

26 April | PAHO News Release

**The fight to contain COVID-19 in Iraq**

1 April 2020 | WHO Iraq News Release

**Nigeria's polio infrastructure bolsters COVID-19 response**

4 April 2020 | WHO Nigeria Feature Story

**Benin goes on digital offensive against COVID-19**

9 April 2020 | WHO Benin News Release

**Tanzania drawing on Ebola readiness to tackle COVID-19**

9 April 2020 | WHO Tanzania Feature Story

**Indonesia: Video conferencing aids effective national COVID-19 response planning**

27 April 2020 | WHO Indonesia News Release

Promote health

Keep the world safe

Serve the vulnerable



# Keep the world safe

# WHO's unique function: driving data and analyses


## Health information for global action

### ➔ WHO received:

- Reports from 215 countries, areas & territories
- Case-based data from 135 countries (5 M records)

### ➔ WHO actions for timely sharing:

- 200 global situation reports, with more from regional platforms
- Real-time online data dashboard
- 5 Weekly Epidemiological Record (WER) articles about COVID-19
- Tracking public health & social measures online


**World Health Organization**

### Coronavirus disease (COVID-19)

#### Situation Report – 113

Data as received by WHO from national authorities by 10:00 CEST, 12 May 2020

#### Highlights

WHO has published a new guidance on [Considerations for school-related public health measures in the context of COVID-19](#) as an annex to earlier guidance on [adjusting public health and social measures](#) published on 15 April 2020.

WHO has issued a [Statement on Tobacco use and COVID-19](#). Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases. A review of studies by public health experts convened by WHO found that smokers are more likely to develop severe disease with COVID-19, compared to non-smokers. WHO urges researchers, scientists and the media to be cautious about amplifying unproven claims that tobacco or nicotine could reduce the risk of COVID-19.

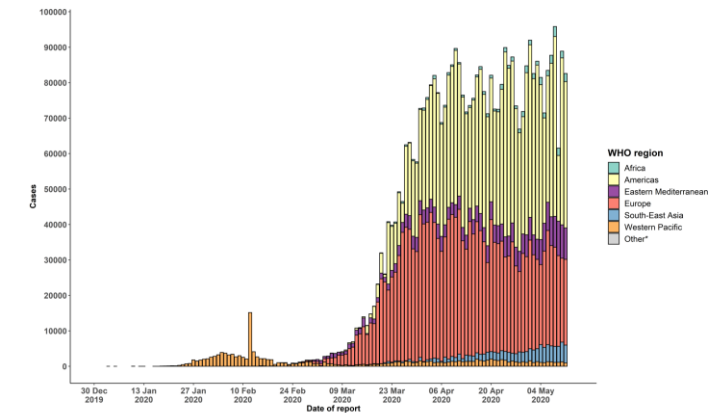
The Director-General Dr. Tedros in his [media briefing](#) yesterday, urged a slow, steady, lifting of public health and social measures (so called lockdowns), which is key to stimulating economies, while also keeping a vigilant eye on the virus so that control measures can be quickly implemented if an upswing in cases is identified.

In the ["Subject in Focus"](#) below, WHO Operations and Support Logistics (OSL), in collaboration with a technical network of universities, architects, biomedical engineers and other health experts, is working to support the establishment of COVID-19 treatment centres, self-quarantine and community facilities at the request of countries seeking technical guidance in setting up such facilities.

#### Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Region	Cases	Deaths
Globally	4 088 848 cases (82 591)	283 153 deaths (4 261)
Africa	46 829 cases (2 296)	1 449 deaths (34)
Americas	1 743 717 cases (41 266)	104 549 deaths (2 675)
Eastern Mediterranean	274 027 cases (8 863)	9 138 deaths (125)
Europe	1 755 790 cases (24 184)	157 880 deaths (1 277)



As of 4 August 2020



## Partnerships: building a common taxonomy and data set structure to track public health and social measures applied in different countries

A global open-content database is now available on the WHO website

Unique collaboration with 6 agencies and academic institutes

- ➔ London School of Hygiene and Tropical Medicine, ACAPS, University of Oxford, Global Public Health Intelligence Network, US Centers for Disease Control and Prevention, and the Complexity Science Hub Vienna

Enables situation monitoring and response planning

- ➔ A common classification scheme and glossary of public health and social measures applied by individuals, institutions, communities, local and national governments and international bodies



[www.who.int/emergencies/diseases/novel-coronavirus-2019/phsm](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/phsm)

**ACT-Accelerator's goal is to reduce COVID mortality & severe disease through accelerated development, equitable allocation & scaled up delivery of...**

### Vaccines



**2 billion  
doses by the  
end of 2021**

### Therapeutics



**245 million  
courses by  
mid-2021**

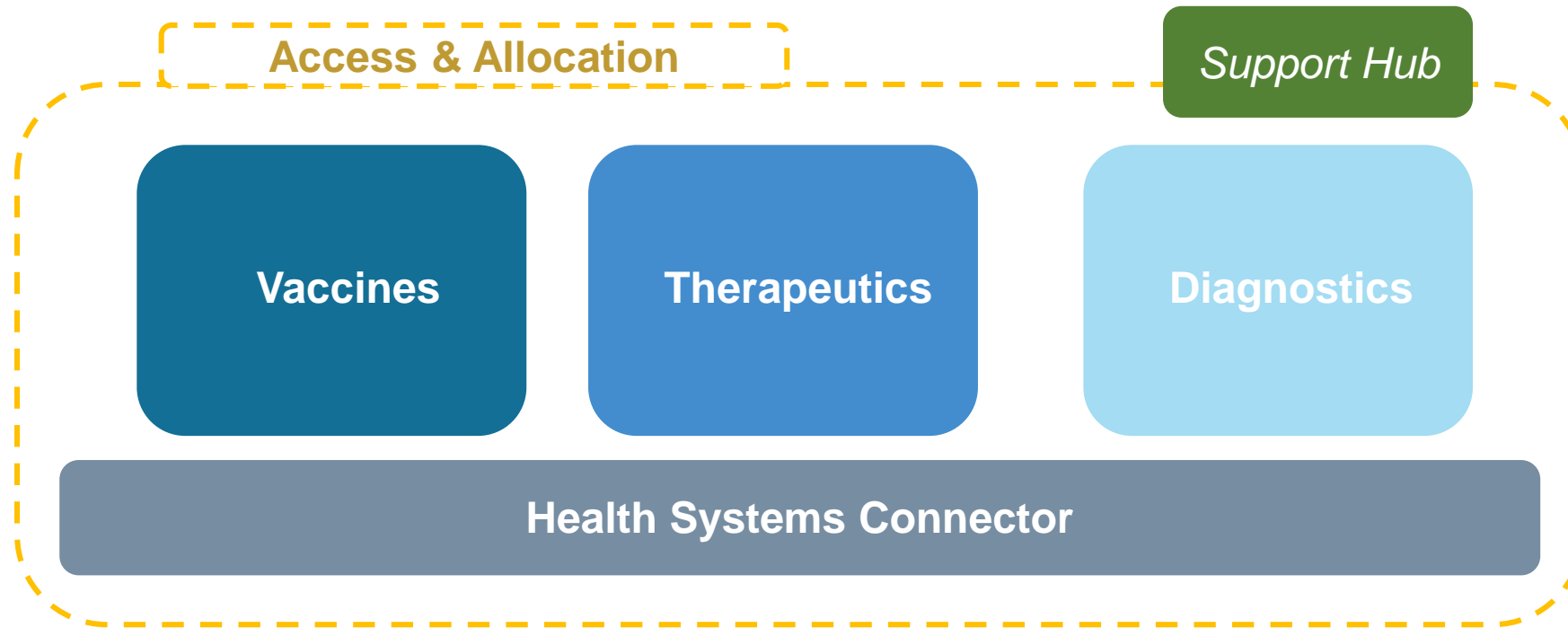
### Diagnostics



**500 million  
tests by mid-  
2021**

**...thereby protecting health systems & restoring societies & economies**

## The ACT Accelerator



- **3 vertical Pillars are the primary drivers** of ACT's product work
- A cross-cutting **Access & Allocation Workstream** delivers equity
- **A Health Systems Connector** drives optimal utilization
- **Support mechanisms** incl. 2 Special Envoys, ACT VCs, ACT Support Hub



# WHO's normative function: leading policy & technical guidance

## ➔ Steering policy through:

- HQ-Regional leadership: 73 meetings
- 45 Global Health Leaders: 38 meetings
- STAG-IH: 38 meetings

## ➔ Convening experts for guidance development:

- 160 technical documents published by WHO including 55 guidance documents

- Surveillance
- Clinical management
- Laboratory
- Supply & logistics
- Modeling
- Infection prevention & control

**> 400 experts**  
**> 100 calls**

Critical preparedness, readiness and response actions for COVID-19

Surveillance, rapid response teams, and case investigation

Surveillance, rapid response teams, and case investigation

Country-level coordination, planning, and monitoring

Clinical care

Infection prevention and control/WASH

The Unity Studies: Early Investigations Protocols

Essential resource planning

Guidance for schools, workplace and institutions

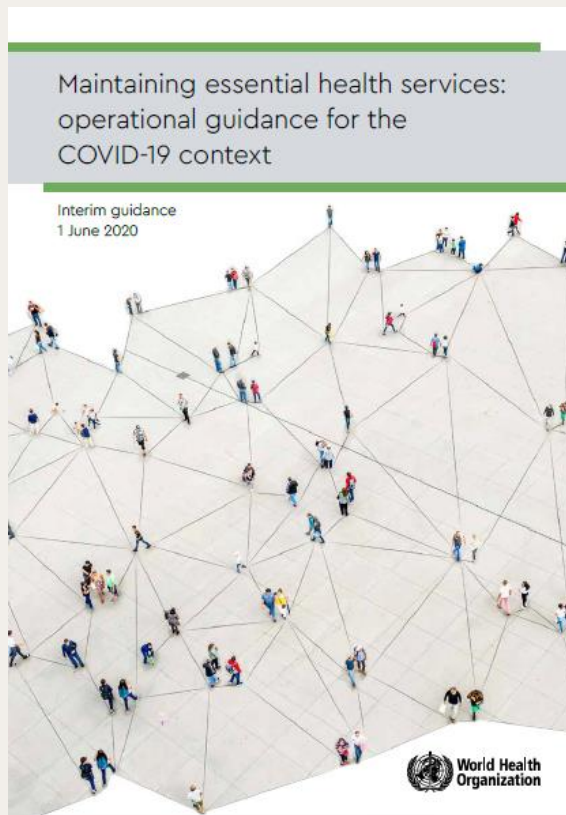
Risk communications and community engagement

Virus origin/Reducing animal-human transmission

Points of entry/mass gatherings

As of 12 May 2020

# Guiding countries to balance the demands of the COVID-19 response with the strategic actions to maintain quality essential health services



- ➔ Guidance to support country implementation of targeted actions at the national, subnational and local levels to reorganize and maintain access to safe and high-quality essential health services.
- ➔ Outlines the adaptations needed to keep people safe and maintain continuity of essential health services during the response to the COVID-19 pandemic.
- ➔ Organized around nine areas and built through expert consensus, new analyses and with reference to existing WHO, UNICEF and UNFPA guidance.
- ➔ Prioritizes 'health first' in the overall pandemic response and recovery:
  - 1<sup>st</sup> workstream in the UN Socio-Economic Response Framework
  - 9<sup>th</sup> pillar in the global Strategic Preparedness and Response Plan

# Advancing clinical management through learning and development



## Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected

Interim guidance  
13 March 2020



This is the second edition (version 1.2) of this document, which was originally adapted from Clinical management of severe acute respiratory infection when MERS-CoV infection is suspected (WHO, 2019).  
It is intended for clinicians involved in the care of adult, pregnant, and paediatric patients with or at risk for severe acute respiratory infection (SARI) when infection with the COVID-19 virus is suspected. Considerations for paediatric patients and pregnant women are highlighted throughout the text. It is not meant to replace clinical judgment or specialist consultation but rather to strengthen clinical management of these patients and to provide up-to-date guidance. Best practices for infection prevention and control (IPC), triage and optimized supportive care are included.

This document is organized into the following sections:

1. Background
2. Screening and triage: early recognition of patients with SARI associated with COVID-19
3. Immediate implementation of appropriate IPC measures
4. Collection of specimens for laboratory diagnosis
5. Management of mild COVID-19: symptomatic treatment and monitoring
6. Management of severe COVID-19: oxygen therapy and monitoring
7. Management of severe COVID-19: treatment of co-infections
8. Management of critical COVID-19: acute respiratory distress syndrome (ARDS)
9. Management of critical illness and COVID-19: prevention of complications
10. Management of critical illness and COVID-19: septic shock
11. Adjunctive therapies for COVID-19: corticosteroids
12. Caring for pregnant women with COVID-19
13. Caring for infants and mothers with COVID-19: IPC and breastfeeding
14. Care for older persons with COVID-19
15. Clinical research and specific anti-COVID-19 treatments

Appendix: resources for supporting management of SARI in children

These symbols are used to flag interventions:

- ✓ Do: the intervention is beneficial (strong recommendation) OR the intervention is a best practice statement.
- ✗ Don't: the intervention is known to be harmful.
- ⚠ Consider: the intervention may be beneficial in selected patients (conditional recommendation) OR be careful when

## ➔ Clinical Guidance for COVID-19 and dissemination

- “Living clinical guidance”: keeping up with evidence
- Clinical Toolkit for front line providers
- Educational materials on OpenWHO & WHO Academy

## ➔ Innovations during the COVID-19

- Clinical knowledge exchange platform: bi-weekly with frontline provider
- Global COVID-19 Clinical Data Platform
- Advancing research on clinical characterization & management
- Accelerating oxygen availability to countries

World Health Organization  
PARTICIPANT ID: \_\_\_\_\_  
Facility name: \_\_\_\_\_ Country: \_\_\_\_\_  
Date of enrolment: \_\_\_\_\_

**MODULE 1: complete on admission/enrolment**

Proven or suspected infection with pathogen of Public Health Interest: C/Yes C/No

One or more of these during this illness:

- A History of self-reported fever/fever or measured fever of  $\geq 38.0$  C/Yes C/No
- Cough C/Yes C/No
- Dyspnoea (shortness of breath) OR Tachypnoea\* C/Yes C/No
- Clinical suspicion of ARI despite not meeting criteria above C/Yes C/No

\* respiratory rate  $\geq 20$  breaths/min for <1 year;  $\geq 16$  for 1-4 years;  $\geq 12$  for 5-12 years;  $\geq 10$  for  $\geq 13$  years

**1b. DEMOGRAPHICS**

Sex at Birth: C/Male C/Female. Child specified: Date of birth: \_\_\_\_\_

If date of birth is unknown, record Age: \_\_\_\_\_ years OR \_\_\_\_\_ months

Healthcare Worker? C/Yes C/No. Laboratory Worker? C/Yes C/No

Pregnant? C/Yes C/No. CNA: \_\_\_\_\_ If yes: Gestational weeks assessment: \_\_\_\_\_ weeks

If pregnant or delivered within 21 days of symptom onset, also complete “Pregnancy Module CRF”

**1c. DATE OF ONSET AND ADMISSION VITAL SIGNS (first available date of presentation to facility)**

Symptom onset (date of first/earliest symptom): \_\_\_\_\_

Admission date at this facility: \_\_\_\_\_

Temperature: \_\_\_\_\_ °C Heart rate: \_\_\_\_\_ beats/min

Respiratory rate: \_\_\_\_\_ breaths/min

SpO<sub>2</sub>: \_\_\_\_\_ % (on room air) (if available) Severe dehydration C/Yes C/No

Sternal capillary refill time >2 seconds C/Yes C/No

Oxygen saturation: \_\_\_\_\_ % on Room air (if oxygen therapy C/Yes C/No) A V P U (circle one)

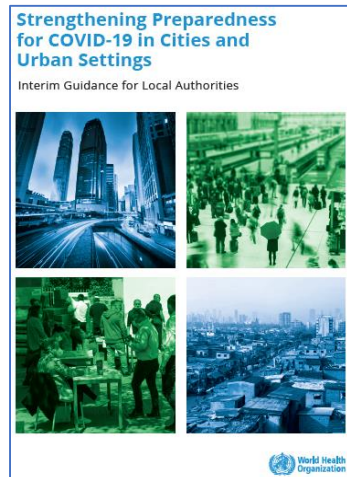
Glasgow Coma Score (GCS/15): \_\_\_\_\_

Mid-upper arm circumference: \_\_\_\_\_ cm Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

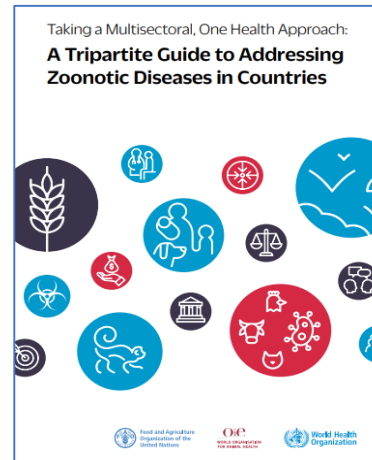




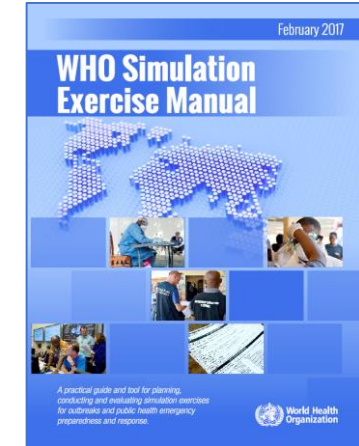
# Advancing and exercising health security preparedness



Working with local authorities, governments, UN agencies and partners to strengthen urban preparedness through a whole-of-society approach



Providing Tripartite operational tools (FAO, OIE & WHO) to strengthen One Health preparedness, and to address the risk of spill-over events

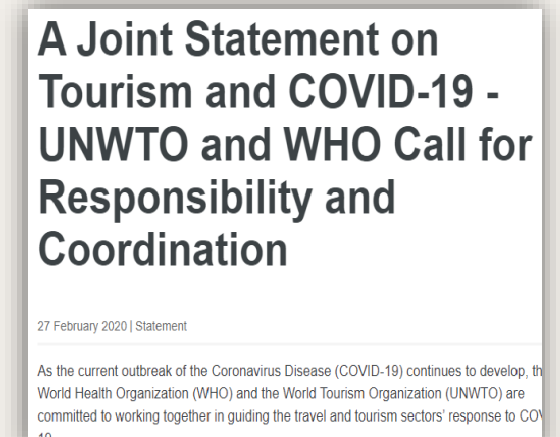
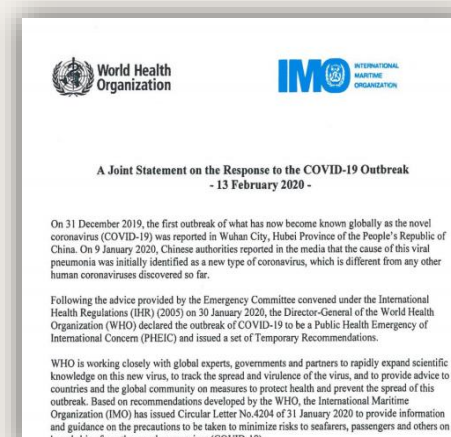
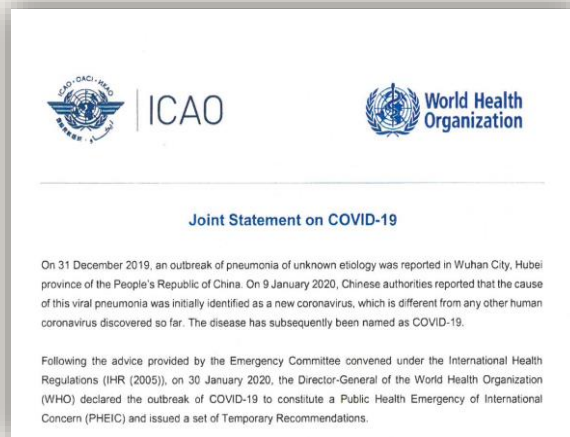


Providing Simulation Exercise packages to strengthen COVID-19 capabilities:

- Health Facility Preparedness
- Points of Entry
- Cities and Urban Settings
- Business Continuity Programs

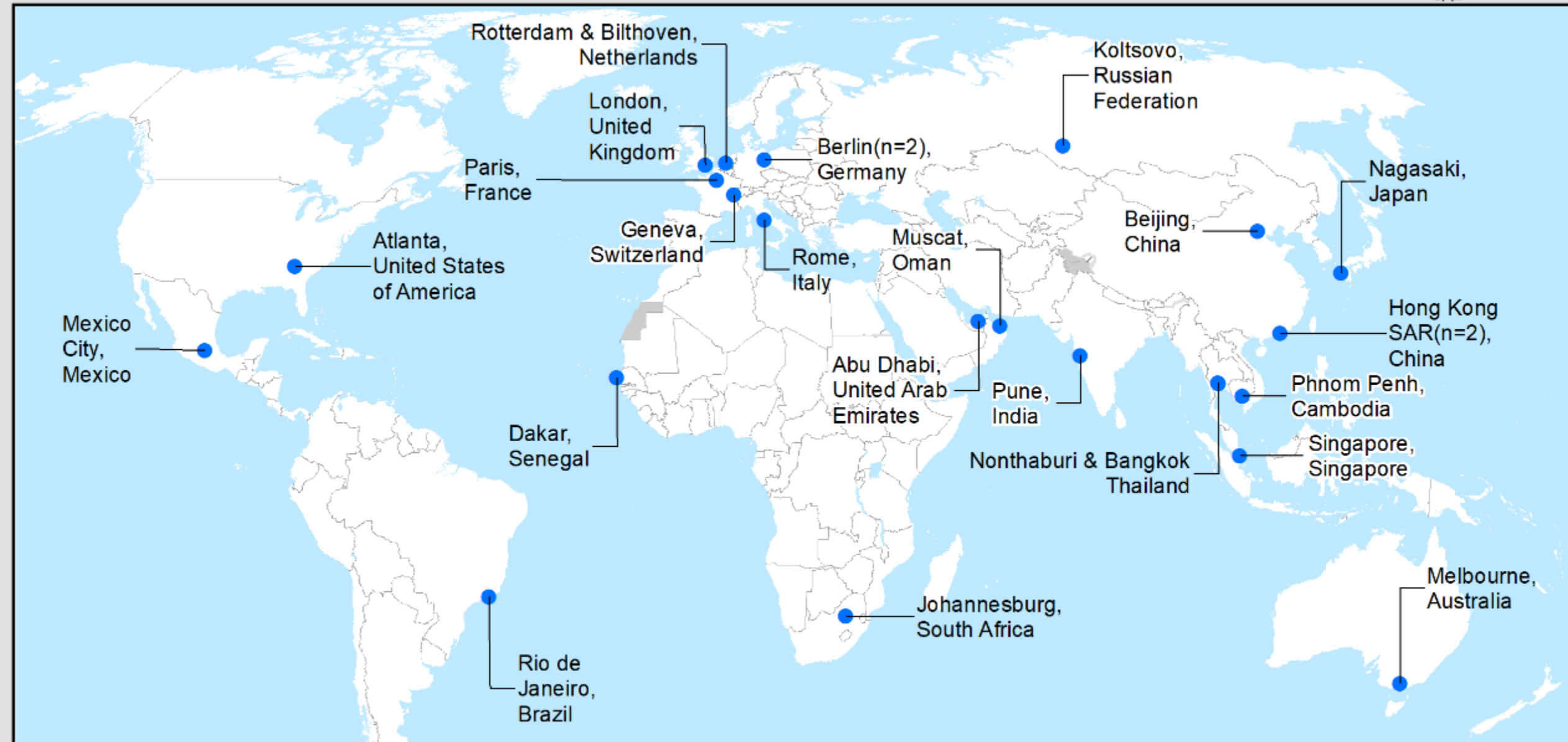
# UN technical collaboration: guidance for international travel

- UN Crisis Management Team COVID-19 Working Group on Travel and Trade
- ICAO Council COVID-19 Aviation Recovery Task Force



Four joint statements with International Maritime Organization, International Labour Organization, International Civil Aviation Organization and World Tourism Organization

# WHO COVID-19 reference laboratory network as of 29 April 2020 (n=26)



**Data Source:** World Health Organization,  
**Map Production:** WHO Health Emergencies Programme

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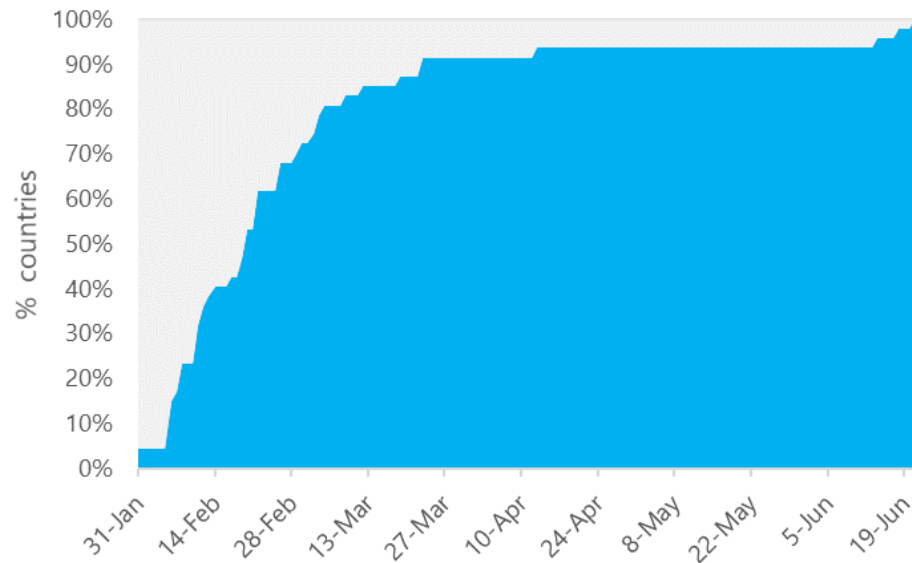
Not applicable

0 1,900 3,800 km

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

# Country impact: WHO's support to scale up COVID-19 testing capacity in the African region

Countries in WHO's African Region with testing capacity for COVID-19, N=47



- ➔ 16-fold gain in February alone (2 → 32 countries)
- ➔ By 22 June, all 47 countries in region have PCR-testing capacity
  - 4 countries received their 1<sup>st</sup> ever PCR machines
- ➔ WHO role: technical support, missions, virtual trainings, equipment/supplies, facilitating test kits
  - Technical support including mentoring by & twinning with regional reference labs. We thank these unsung heroes



# WHO coordinating the COVID-19 global research roadmap



## R&DBlueprint

Powering research  
to prevent epidemics

BILL & MELINDA  
GATES foundation

dcvmn  
Developing Countries Vaccine  
Manufacturers Network

TheGlobalFund

CEPI

Gavi  
The Vaccine Alliance

IFPMA  
International Federation  
of Pharmaceutical  
Manufacturers & Associations

IGBA  
INTERNATIONAL GENOMIC AND  
BIOMEDICAL RESEARCH ASSOCIATION

Unitaid  
Innovation in Global Health

W  
wellcome

World Health  
Organization

**WHA 2016 supported a global strategy for rapidly activating R&D activities during epidemics. A global good.**

### For COVID-19:

**Roadmap charted in February**



WHO convened world scientists,  
joint effort to accelerate research

**>700 clinical trials underway**



WHO tracking systematically,  
relying on independent panels to advise  
on recommendations

**Solidarity 1 clinical Rx trial**



Launched by WHO & partners  
>100 countries, >7000 patients enrolled

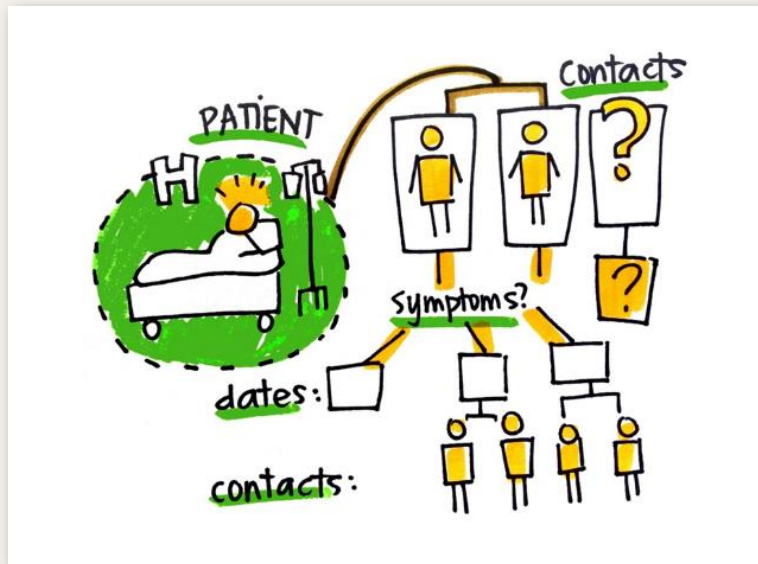
**Understanding virus origins**



Scientific plans set in July 2020 to identify the  
zoonotic source of the SARS-COV-2 virus

As of 27 July 2020

# Country impact: building research capacity through WHO's Unity Study Protocols



## To collectively better understand the key drivers of COVID-19 transmission

- ➔ Standard protocols developed by WHO's expert groups
- ➔ Powerful way to aggregate & analyze data across different settings globally, using WHO designed tools including Go.Data
- ➔ **Unity and equity together:**  
47 countries implementing the protocols, 55 in pipeline  
55% of countries participating are **low- and middle-income**

As of 30 July 2020

Promote health

Keep the world safe

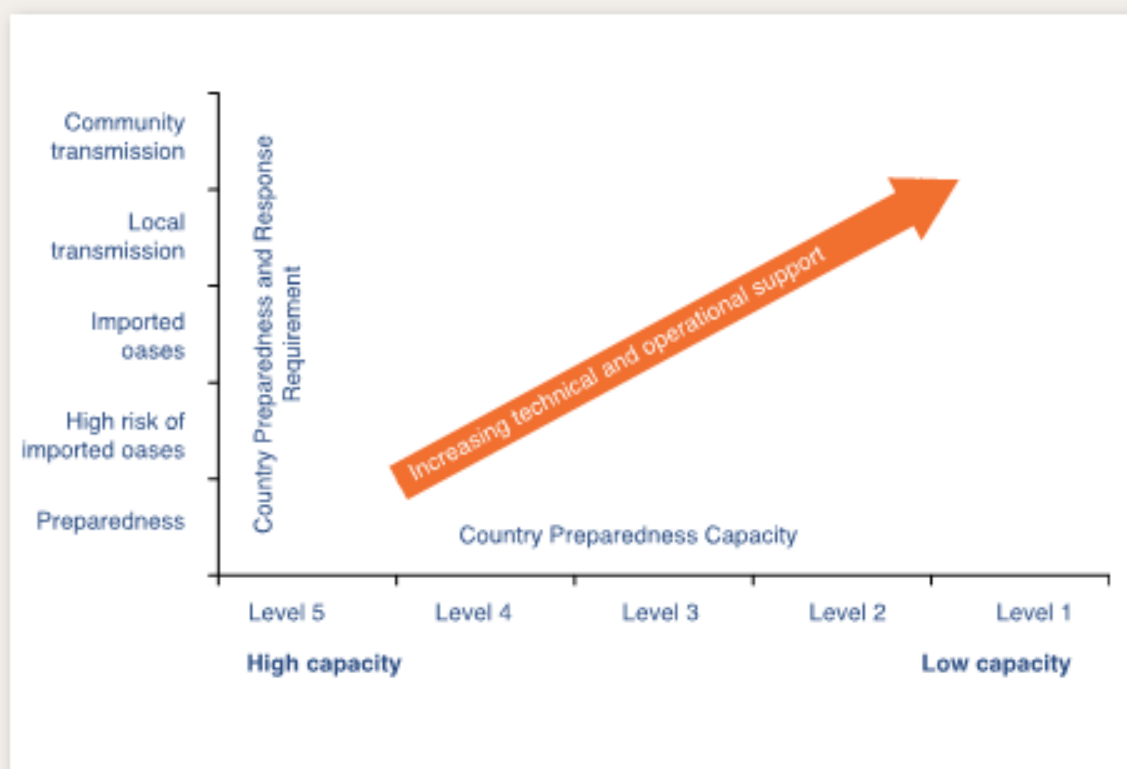
Serve the vulnerable



# Serve the vulnerable



## Serving countries in need operationally



**Of funds distributed to 144 WHO country offices to support national response (\$499 million):**

- ➔ 80% distributed to low-moderate capacity countries (n=120, levels 1-3)
- ➔ All lower capacity countries received funds (n=46, levels 1-2)
- ➔ 1% distributed to two high capacity countries (level 5)
  - WHO is proud to support all countries at times of need

As of 8 August 2020



# Country impact: facilitating technical & surge support

## GOARN



**WHO coordinated alert and response with >250 partners and networks, based in 77 countries**

- 95 experts from 36 partners deployed to 20 countries
- Global RCCE coordination
- Operational & ROADMAP research
- Projects: Go.Data, Epi-Cell



World Health Organization



**Technical coordination & support:**

- Virtual support
- Missions to 97 countries

**Innovation in delivering support:**

- Case Management Operational Emergency Desk: global multi-disciplinary team supporting countries when needed



**WHO coordinated network with weekly EMT Network calls engaging 120 experts**

- 35 EMTs deployed internationally
- 676 national teams mobilized
- 12.000 augmentation beds supported by the EMT network

**Solidarity in practice:**

China EMTs deployed to Burkina Faso (2), Ethiopia, Algeria, DRC, Congo and Zimbabwe

As of 30 July 2020

## Country impact: EMTs responding to requests for assistance

### Guinea Bissau: strengthening the capacity of health facilities as a specialized care team

- ➔ Support to Simao Mendes National Hospital, ICU and COVID-19 isolation centre, and two other hospitals in Bissau
- ➔ Responding to all medical care needs of all hospitalized COVID-19 cases; providing training to all local clinical health personnel in Simao Mendes National Hospital, Cumura and Bor hospitals
- ➔ Operational support for the review and set up of a COVID-19 treatment centre in tents and/or public spaces



### Tajikistan: on-the-job mentoring in triage, IPC and critical care

- ➔ Support local health care workers to provide treatment to patients in COVID-19 hospitals including in ICUs
- ➔ Based on WHO recommendations and national guidelines, provide on-the-job COVID-19 training to healthcare workers in:
  - Case management including ICU care
  - Infection prevention and control
  - Triage and isolation



# Leadership in the face of essential supply shortages

At the request of the UN Secretary-General & WHO Director-General and in support of the UN Crisis Management Team, a **Supply Chain Task Force** has been convened to establish the COVID-19 Supply Chain System (CSCS).

➔ Task Force co-chaired by WHO and WFP focuses on:



**Consolidated  
demand**



**Coordinated  
purchasing**



**Streamlined  
distribution**

➔ Working with partners, WHO provided:

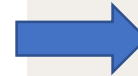
- 117 M PPE
- 21 M diagnostic products (including 17.3 M PCR tests and 3.7 M sample collection kits)
- 8600 biomedical equipment (6500 oxygen concentrators, 2000 pulse oximeters)



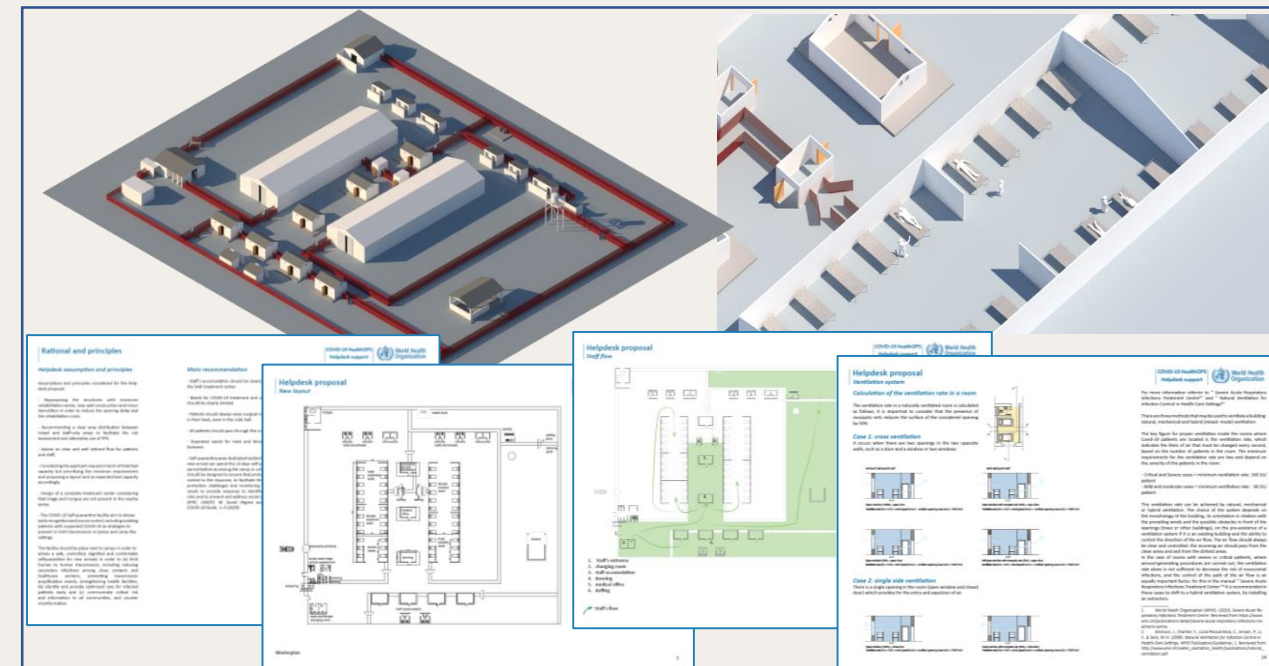
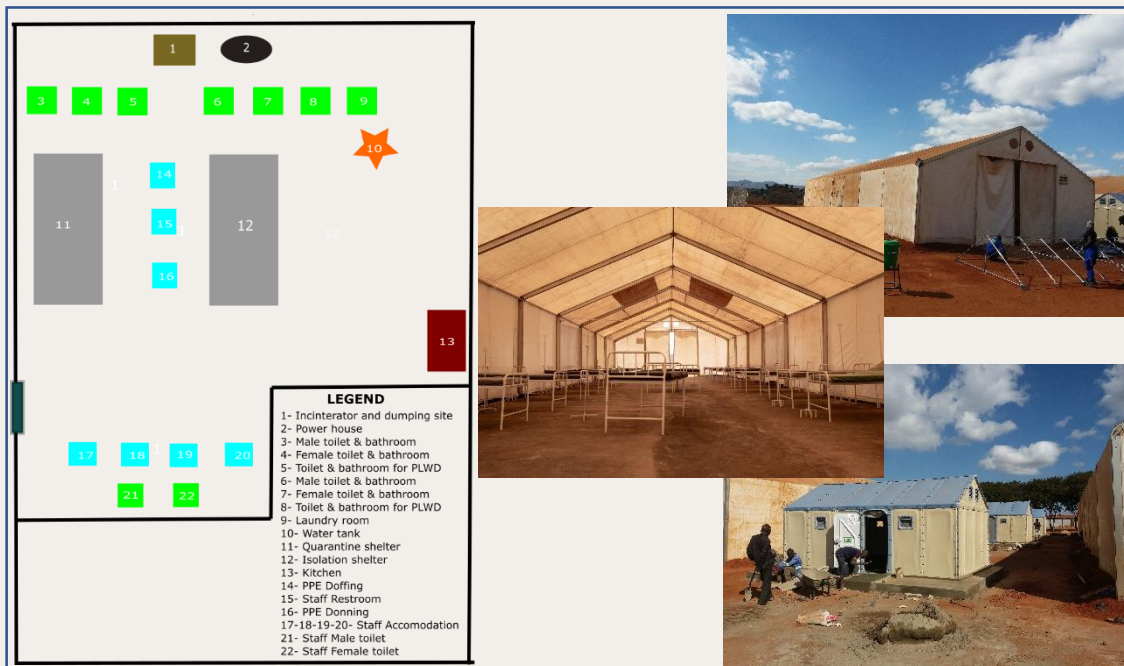
As of 7 August 2020

# Country impact: designing a treatment centre for a refugee camp in Malawi

**UNHCR: Submitted the request**  
Gathered and shared needed material

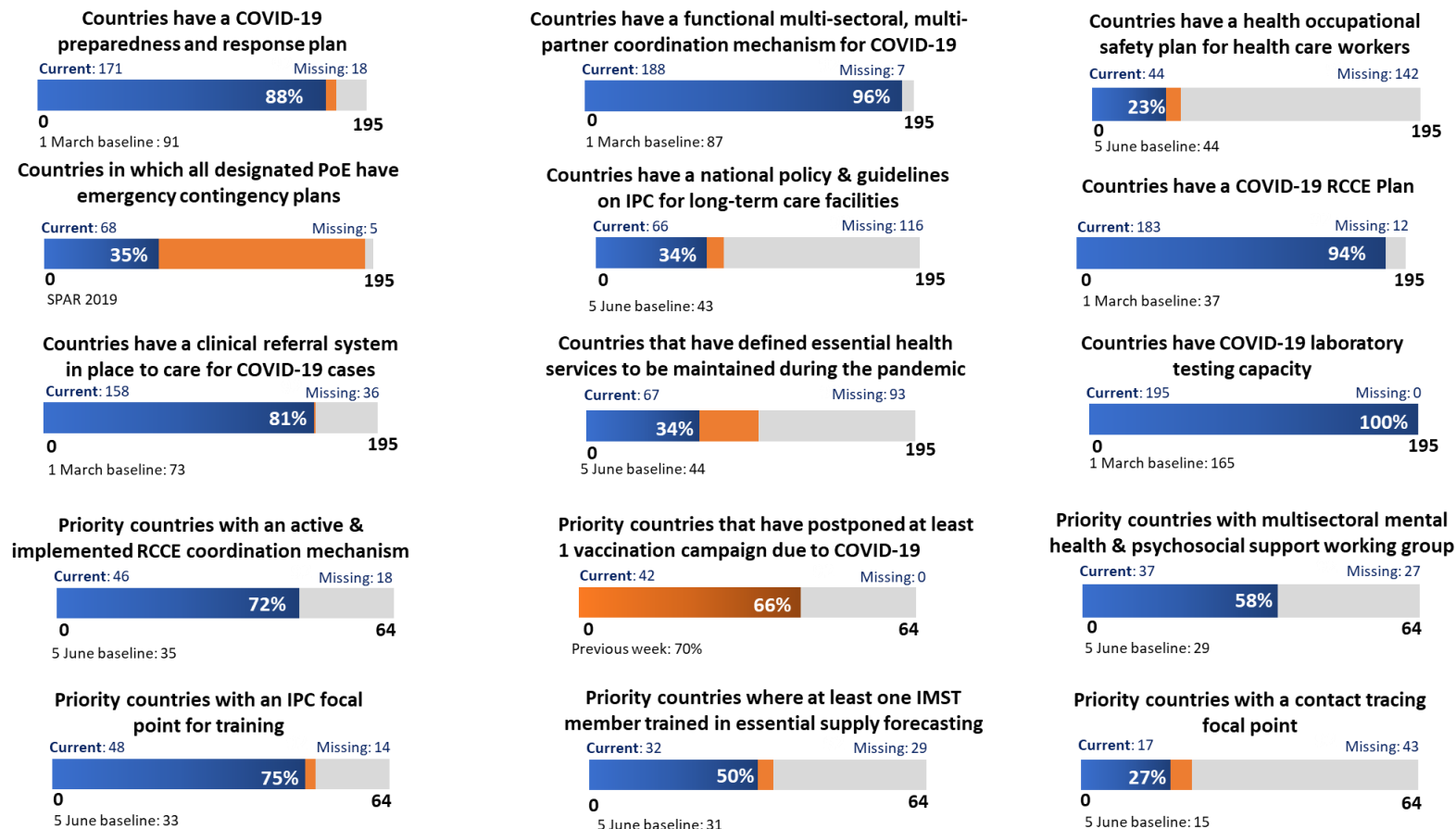


**WHO: Technical Help Desk**  
Developed the proposal for a treatment centre close to the existing camp





# Calibrating the response & support through monitoring



## COVID-19 Global Preparedness and Response Summary Indicators, as of 28 July 2020

# WHO says thank you!

Unprecedented global support



**Largest number of donors ever supporting WHO's COVID response**

Over 45 different donors



**Member States, philanthropies, foundations, private sector, multilateral institutions, etc.**

Several new donors: 1st time supporters to WHO



**WHO's donor base expanded and diversified**

Success story: The Solidarity Response Fund



**Over 564,000 individuals, private sectors companies contributed**



85% for country implementation & supplies



# **PROMOTE HEALTH KEEP THE WORLD SAFE SERVE THE VULNERABLE**

With COVID-19, WHO's mission  
resonates more than ever before  
**for unity & global solidarity**