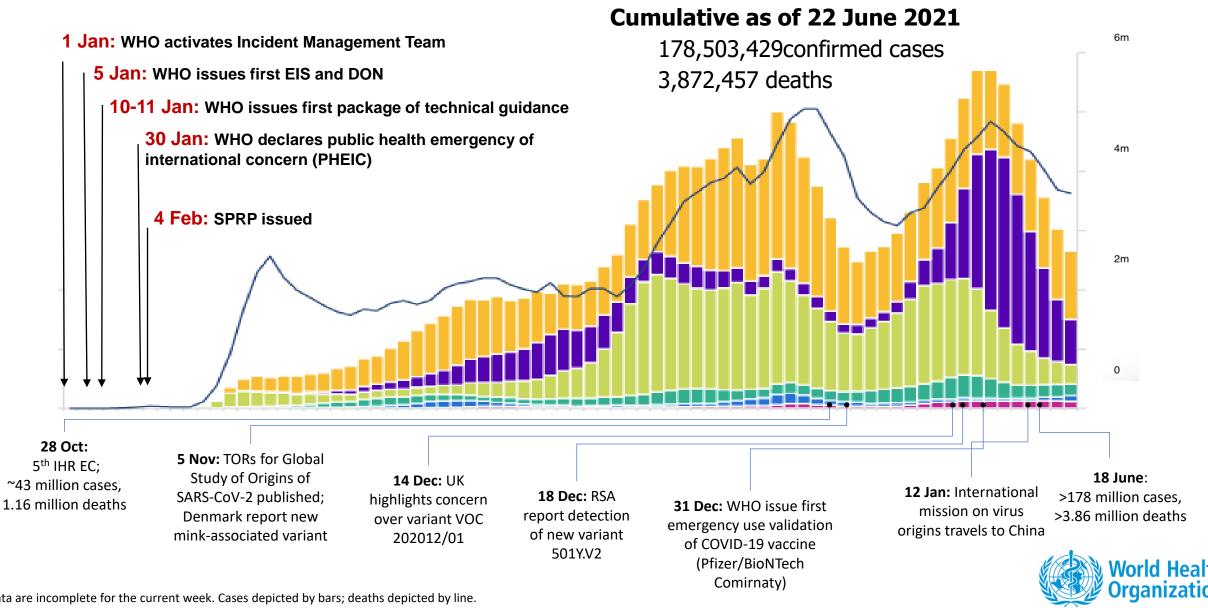


Maria Van Kerkhove, PhD

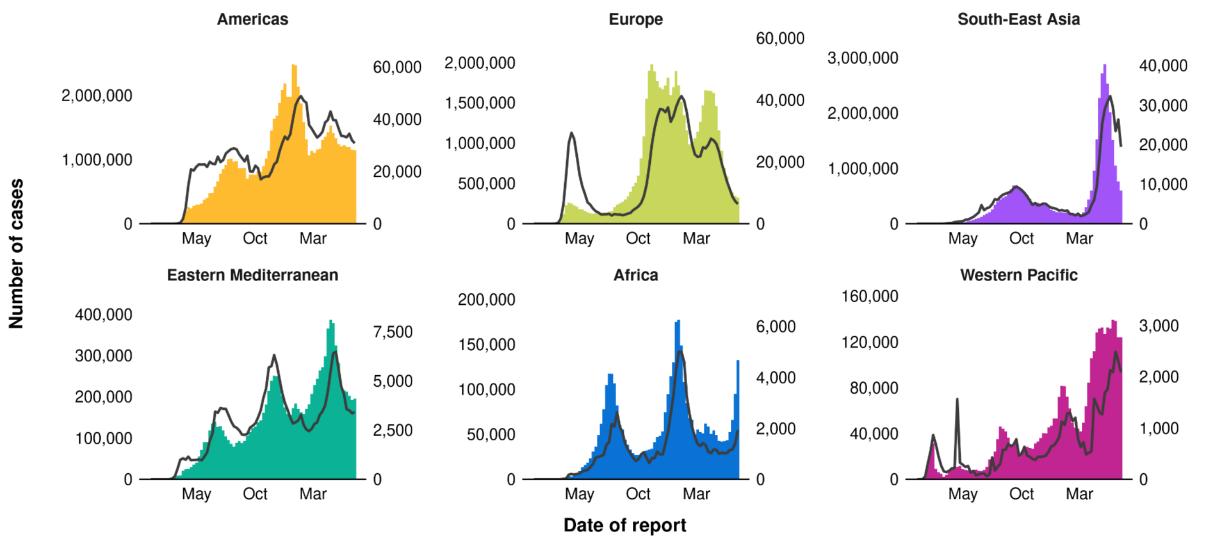
COVID-19 Health Operations and Technical Lead World Health Organization, Health Emergencies Program

#### **GLOBAL EPIDEMIOLOGICAL TRENDS**

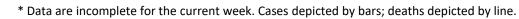




<sup>\*</sup> Data are incomplete for the current week. Cases depicted by bars; deaths depicted by line.



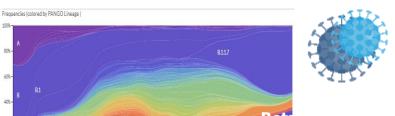
<sup>\*</sup> Data are incomplete for the current week. Cases depicted by bars; deaths depicted by line. Note different scales for y-axes.

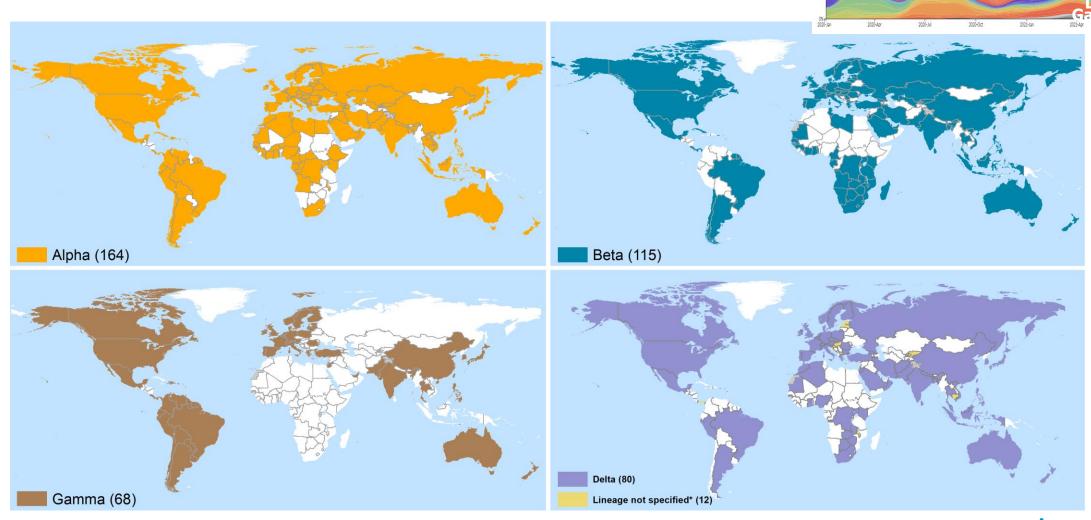


**World Health** 

Number of deaths

# **SARS-CoV-2 VARIANTS OF CONCERN**





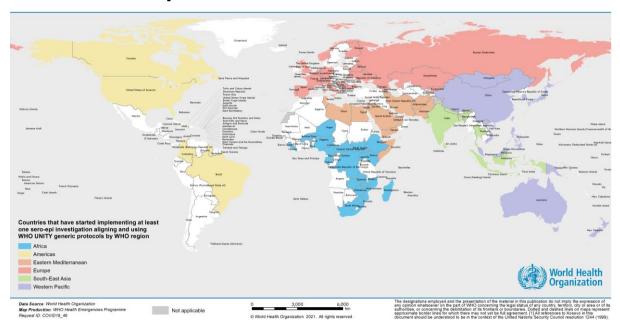




# **Population Immunity**



#### **SARS-CoV-2 Seroprevalence Studies**



A total of **81 member states** (81/194= **42%**) have started implementing at least one sero-epi investigation using WHO Unity studies master protocols

• AFRO (21), EMRO (13), EURO (25), PAHO (5), SEARO (6), WRPO (11)

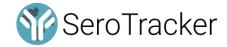
#### Total COVID-19 doses administered per 100 pop

2,625m vaccine doses administered (as of 21 June 2021)









# **SPRP 2020 – WHO GLOBAL STRATEGY FOR COVID-19**







**Protect the vulnerable** 







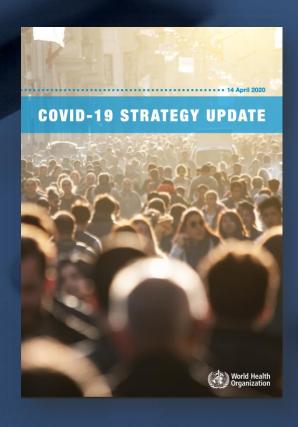
# WHO global strategy for COVID-19:



## Suppress transmission, save lives and livelihoods

#### The global strategic objectives:

- Mobilize all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.
- Control sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts.
- Suppress community transmission through context-appropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.
- Reduce mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations.
- Develop safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.



# **SPRP 2021 – INTEGRATED PILLARS**



Goal: End the acute phase of the COVID-19 pandemic and build resilience and readiness for the future	Laboratories and diagnostics	Surveillance, contact tracing, and isolation	Infodemic management and RCCE	Clinical management	Infection prevention and control	Maintaining essential health services	Travel, trade, and points of entry	Vaccination
Coordination and planning		0, 4	Info	U	Infe	2		
Operational support and logistics								
Accelerated research and innovation								



#### TRANSLATING EVIDENCE INTO KNOWLEDGE AND ACTION



#### Science drives our understanding... Our guidance.... Our actions...





Translating technical knowledge...



...into coordinated action

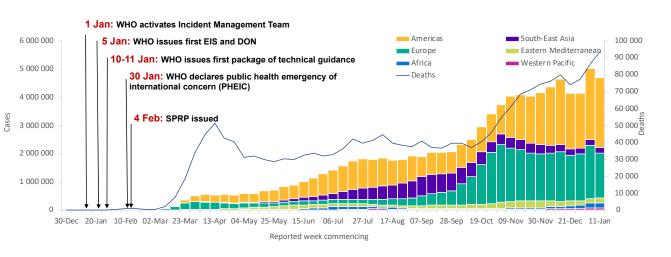


...using appropriate methods.



## Early actions related to advice and guidance....







# World Health Organization

#### **5 January 2020**

- EIS <a href="https://extranet.who.int/ihr/eventinformation/event/2020-e000001">https://extranet.who.int/ihr/eventinformation/event/2020-e000001</a>
- DON https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/

#### 9-12 January 2020

- National capacities review tool (9 Jan)
- Disease commodity package for operational support and logistics for the novel coronavirus (9 Jan)
- Infection prevention and control (pub 10 Jan)
- Laboratory testing (pub 10 Jan)
- Risk communication and community engagement (pub 10 Jan)
- Surveillance case definitions (pub 11 Jan)
- Clinical management (pub 12 Jan)
- First PCR assay (pub 13 Jan)

#### Global Strategic Preparedness and Reponse Plan

- First SPRP of 4 February 2020; updated April 2020; Jan 2021
- Operational Planning & Partners Platform

### **Knowledge to practice pathway**

#### Evidence generation



Multiple studies and publication types, from multiple disciplines:

- · Epidemiology, biology and virology;
- Social sciences (how people and communities respond);
- · Environmental science;
- Engineering, environmental control and aerobiology;
- Qualitative, quantitative, mixed methods, modelling, expert opinion
- · Peer-reviewed and pre-prints

# Evidence synthesis and appraisal



- Rapid and non-rapid systematic reviews (WHE/Science Division)
- Review across studies
- Assessing risk of bias
- Grading quality of evidence and findings (GRADE/CerQual)

# Quality assurance and peer review



#### By:

- PRC/GRC/ERC
- External reviewers

#### Input from:

International networks

- Working groups from civil society and patients
- Partner agencies
- Peer review

Central role of

independent

expertise

Technical networks

or standing

guideline panels

# Formulation of recommendations



External expert
networks
Guideline Development
Groups
Supported by WHO

Supported by WHO Secretariat

# Dynamic publication and update of living guidance and information products

- Translation 6 UN languages/ 50 languages for trainings
- International networks
- WHO regional and country offices
- WHO regional emergency directors
- Member State Briefings
- Operational and technical platforms
- Partner agencies
- Technical help desks
- WHO website (who.int)
- Open.WHO (learning platform)
- WHO Academy
- WHO Information Network for Epidemics (EPI-WIN)
- Social media
- Press briefings



#### WHO emergency guidelines are focused on emergency needs

- Challenges in developing guidance during a public health emergency often include urgency, limited resources and a lack of available data
- To address these challenges and to accelerate the guidance development process:
  - the scope of emergency interim guidelines is generally limited compared to standard guidelines (standard WHO guidelines often include multiple research questions)
  - the evidence to inform recommendations can be based on existing WHO guidelines or expert opinion instead of for example a systematic review
- Although the emergency interim guidelines development process is accelerated, it continues to be based on the WHO guidelines principles and the processes as described in the WHO guideline development framework\*

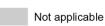


# Scaling: Critical supplies - COVID-19 supply chain taskforce





Data Source: World Health Organization,
Map Production: WHO Health Emergencies Programme
Request ID: COVID19\_45



0 3,000 6,000 km

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO 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. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

# **Key challenges**



- Global situation remains highly unstable: Much of the world remains susceptible
  to infection, variants continue to emerge and impact, implementation of PHSM
  remains inconsistent, vaccination is uneven and inequitable
- Systems remain significantly under pressure: Health care systems, health workers, global supplies, surveillance systems, contact tracing
- Communities remain under-engaged and under-empowered: to implement proven Public Health and Social Measures until it is safe to relax measures.
- Inequities are prolonging the impact and duration of pandemic: Urgent action is required not only to redress inequitable access to health care and to vaccines, but to ensure that countries have the capacity to translate vaccines into vaccination, diagnostics into effective surveillance, and therapeutics into treatment.



# Following through and staying the course



#### Strategic objectives remain the same

- Reduce exposure
- Suppress transmission
- Protect the vulnerable
- Reduce morbidity and mortality

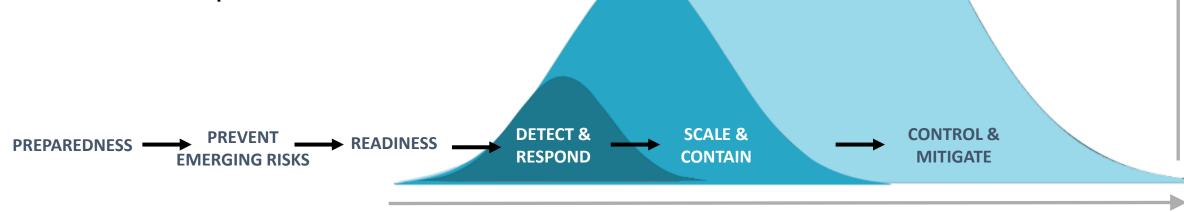
#### **Priority actions**

- Enhance national, regional and global **surveillance**, **monitoring and public health decision** making for COVID-19
- Maintain focus on continued implementation of effective Public Health and Social Measures and needed to suppress transmission with a focus on empowered and engaged communities
- Scale up research, production of and equitable distribution of vaccines, therapeutics and diagnostics
- Strengthen **public health and health systems resilience, capacities and workforce** capabilities in all countries to utilize interventions effectively
- Support countries in safely opening up with continued risk management adapted to local contexts





Preparedness does not start or end & there is no "peacetime"



Time to prevent, detect and respond

High likelihood of occurring annually

Low likelihood of occurring annually

Increasing health & economic impact



