



**World Health  
Organization**

## **COVID-19 Situation and Strategic Response**

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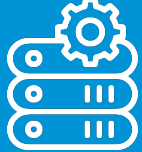
# TRANSLATING EVIDENCE INTO KNOWLEDGE AND ACTION




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

The collage features several WHO documents:

- Clinical Care for Severe Acute Respiratory Infection Toolkit** (March 2020)
- Severe Acute Respiratory Infections Treatment Centre** (March 2020)
- Preventing and managing COVID-19 across long-term care services** (Policy brief, 24 July 2020)
- Responding to community spread of COVID-19** (Interim guidance, 7 March 2020)
- Infection prevention and control for the safe management of a dead body in the context of COVID-19** (Interim guidance, 4 September 2020)
- COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE** (Draft, 22 May 2020)
- COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE** (Final, 22 July 2020)
- GUIDANCE FOR CONDUCTING A COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)** (23 July 2020)
- COVID-19 Use of chest imaging in COVID-19** (A RAPID ADVISOR GUIDE, 11 JUNE 2020)
- Laboratory testing strategy recommendations for COVID-19** (Interim guidance, 21 March 2020)
- Key Messages and Actions for COVID-19 Prevention and Control in Schools** (March 2020)
- Emergency Global Supply Chain System**

 **Translating technical knowledge...**

 **...into coordinated action**

 **...using appropriate methods.**

# Types of WHO guidelines developed during the COVID-19 pandemic

Standard WHO guidelines are developed in 6 months up to 2 years, but during health emergencies this process is expedited through the development of:

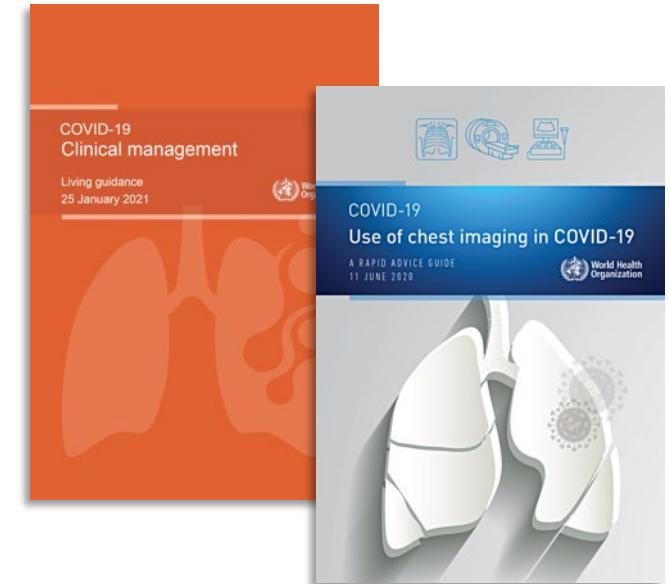
## Emergency interim guidelines

- Narrow scope and short shelf-life
- Can be based on indirect evidence, existing WHO guidelines or expert opinion
- Developed in **weeks**

## Rapid advice guidelines

- Compressed and expedited process in response to public health emergencies
- Developed in **1 to 3 months**

**Emergency interim guidelines** are developed when there is a need to have guidance available within weeks; **rapid advice guidelines** are the choice if a longer timeline is available



## Types of WHO guidelines

# 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

## 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

## 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)

## Central role of independent expertise

Technical networks or standing guideline panels

## Formulation of recommendations



- External expert networks
- Guideline Development Groups
- 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

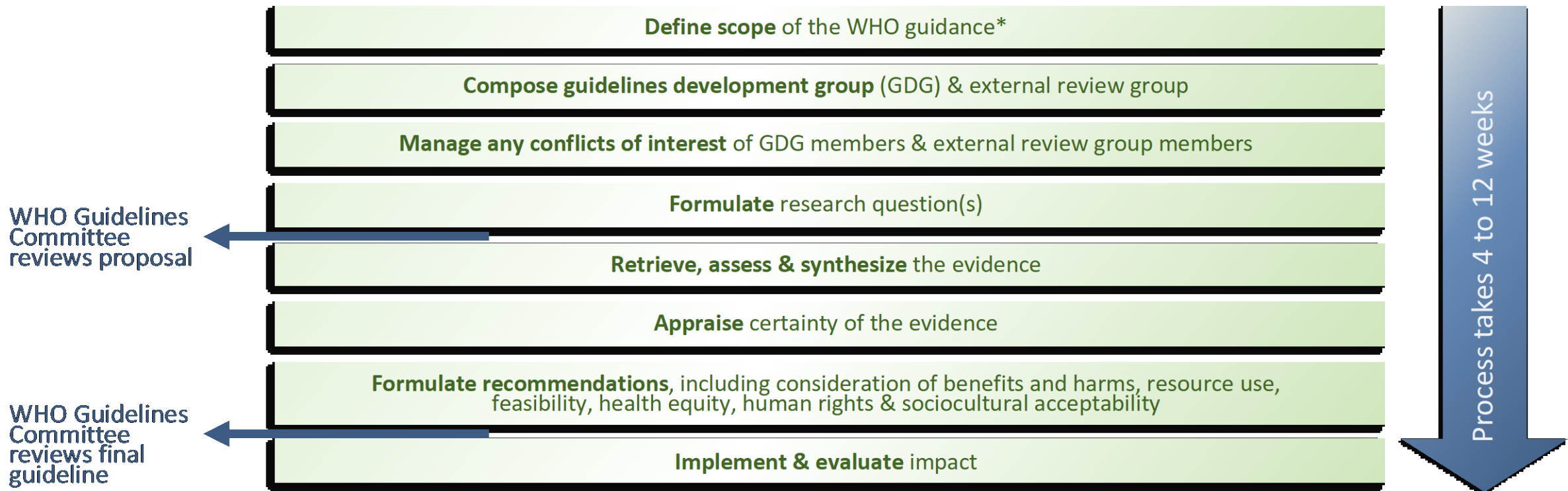
# WHO emergency guidelines are focused on emergency needs

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- 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\*

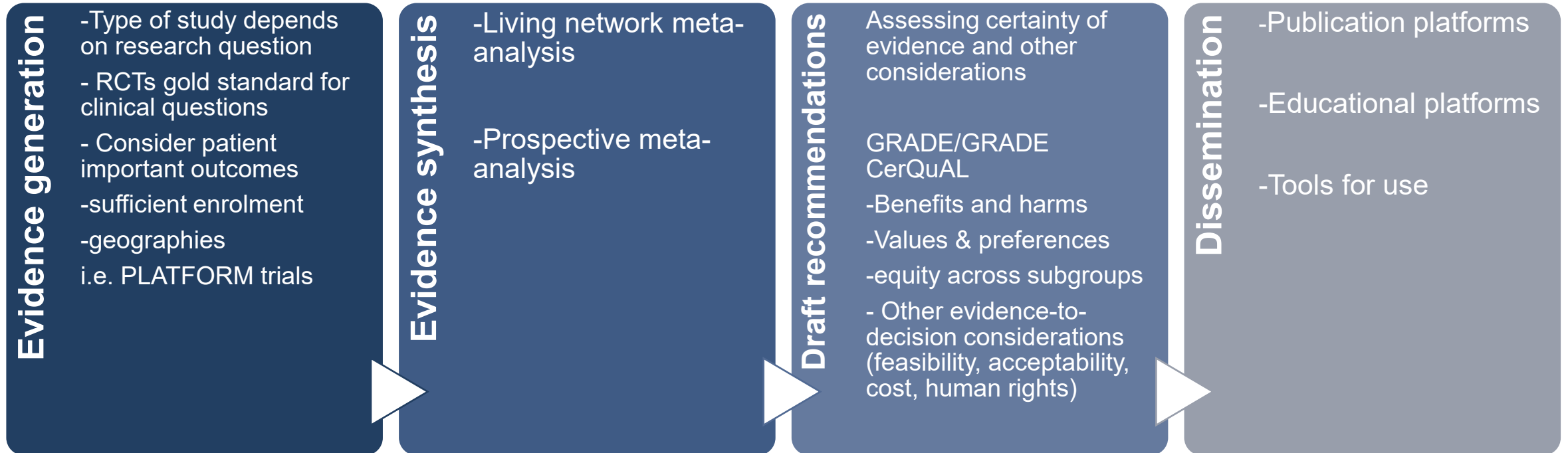
# Expedited WHO guidelines development process during the COVID-19 pandemic

## Expedited WHO guidelines development process during a public health emergency



\* A WHO Steering Committee is formed, representing different WHO departments and regions to help determine the scope of the guideline and research questions

# Transforming evidence into living guideline



Trigger: likelihood to change practice, sufficient RCT data to inform high quality evidence synthesis (> 2000 patients, > 50 events), relevant to global audience

# Ensuring speed doesn't compromise quality

*“The purpose of PRC is to ensure WHO delivers trusted high-quality, accurate and user-friendly Information”*

- ❑ “ensure **integration, alignment and coordination** of relevant publication products across different teams”
- ❑ “ensure all published information is **quality-assured by appropriate mechanisms, is up-to-date and relevant**”
- ❑ “define appropriate and standardized **processes** and **tools** for products”

**March 2020**

WHO Publications Review Committee in the context of a public health emergency

Terms of Reference

**Purpose**  
These operating procedures of the Publications Review Committee (PRC) are designed to ensure WHO delivers trusted high-quality, accurate and user-friendly Information Products produced in the context of a response to a specific public health emergency and meeting UN standards on human rights, ethics and equity.

These procedures have been approved by the Deputy Director-General and are intended to provide a framework within which the PRC will carry out its activities.

The PRC reports to the Executive Director, Health Emergencies Preparedness and Response.

The PRC reviews all information products (also referred to as ‘documents’ or ‘products’) related to the public health emergency for which it is convened within the scope outlined in Annex 1, recognizing that new product types may be developed in the course of the response.

**The Terms of Reference of the Committee are:**

- to ensure integration, alignment and coordination of relevant publication products among different teams across WHO divisions and all levels by reviewing the first and any subsequent versions of all documents listed in the typology:





# COVID-19 PUBLICATIONS REVIEW COMMITTEE (PRC)

## Internal review following external review

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*“The PRC reviews all information products related to the public health emergency for which it is convened”*

### Independent

- Members appointed by and accountable to DDG

### Impartial

- Regional and HQ membership
- Chair (HQ) and Co-Chair (RO)

### Transparent

- Decisions and minutes circulated to RTOs and published on PRC Sharepoint within 24 hrs

### Efficient

- Decisions rendered within 48hrs

- “ensure **integration, alignment and coordination** of relevant publication products across different teams”
- “ensure all published information is **quality-assured by appropriate mechanisms, is up-to-date and relevant**”
- “define appropriate and standardized **processes and tools** for products”

# WHO COVID-19 publication analysis - 1 Jan 2020 to 8 April 2021



## COVID-19 publications since January 2020:

**990+** submissions

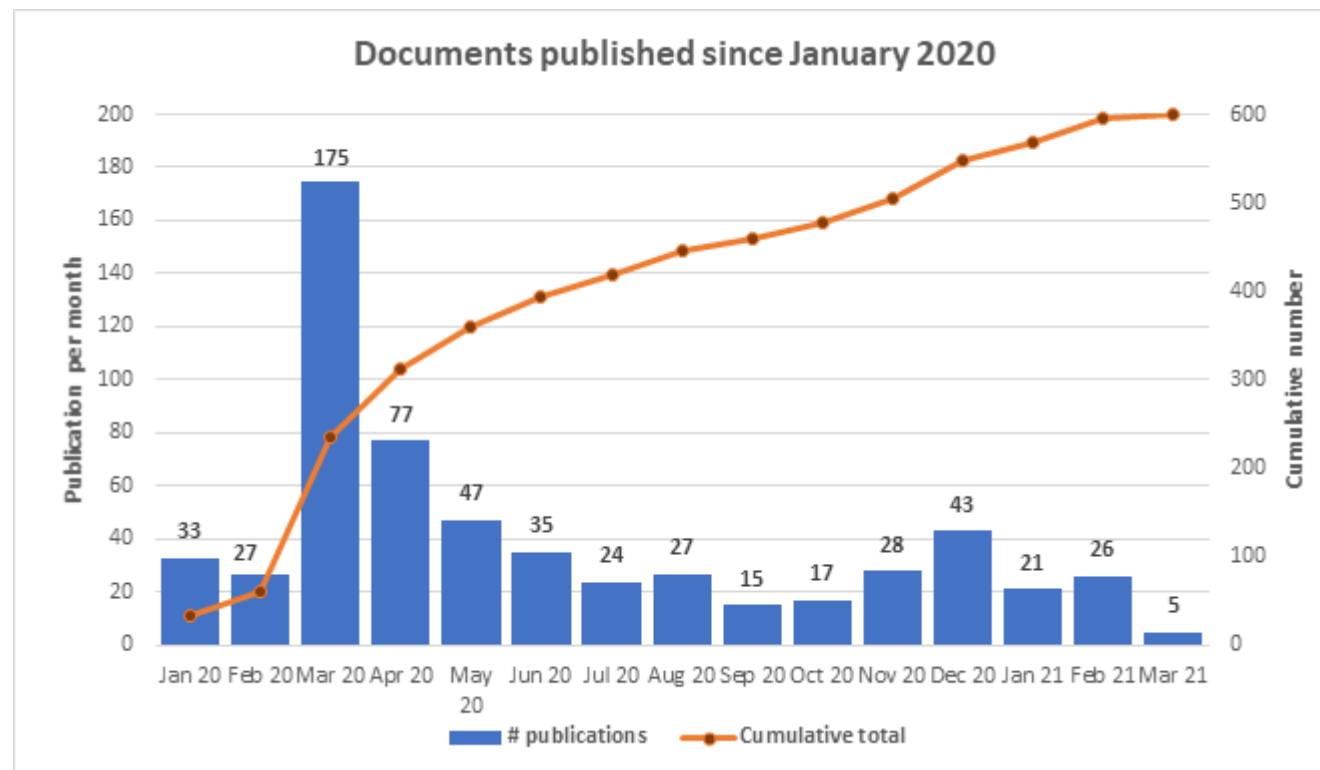
**601** documents published including:

- 290** guidelines
- 91** implementation/ operational tools
- 171** external publications incl advocacy brief
- 66** policy briefs
- And 49 other (incl. Q&A, training material, etc.)

- 29% published in March 2020
- 86% published by HQ
- 71% through IMST

## Emergency situational reports:

- 209 Daily sitreps (from 21/01 to 16/08/2020)
- 31 WEU (from 07/08/2020 to date)
- 43 WOU (from Apr 2020 to date)



# KNOWLEDGE-ACTION: DYNAMIC ADAPTIVE SYSTEM



## Leverage evidence and expertise

- Expert networks
- Collaborating centres
- Strategic advisory groups
- Massive online consultations/meetings
- R&D Blueprint for Epidemics
- Multi country studies/trials (Solidarity, Unity)

## Authoritative, transparent, accessible guidance

- Rapid, constantly re-evaluated
- Multi-disciplinary
- Multi-lingual
- Multi-agency
- Adapted to different contexts
- Content shared through multiple channels

## Monitoring and Learning

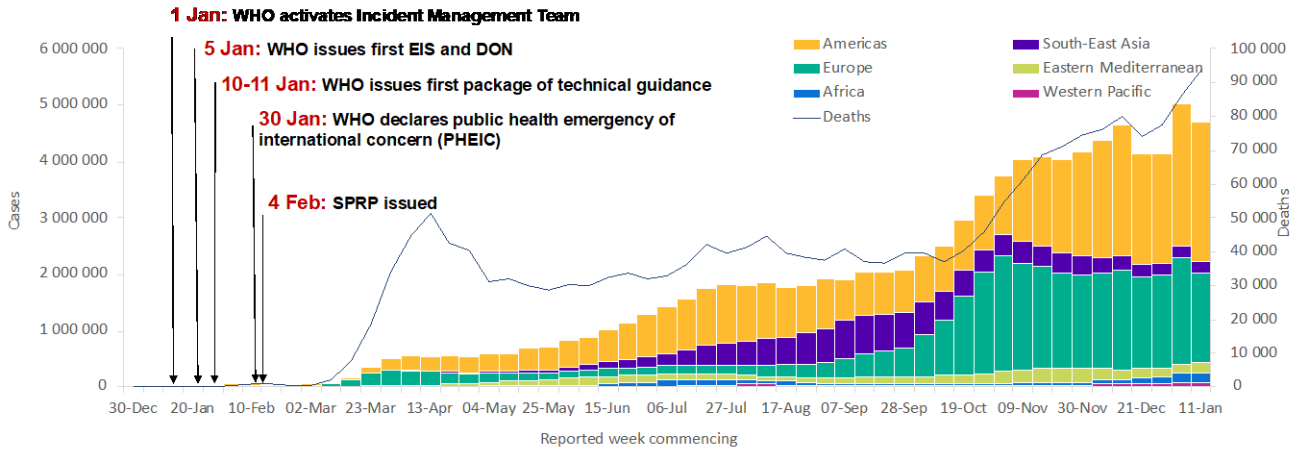
- KPI driven Monitoring & Evaluation (M&E)
- Country case studies and reports
- Targeted operational research
- Infodemic monitoring and engagement
- Inter-action reviews (IARs) and SimEx support
- Regional Consultations and engagement with COs and MS

## Implementation

- Digital transformation of knowledge into learning using innovative training platform: OpenWHO
- 150+ Country Offices and six regional platforms provide tailored operational and technical support
- Multi-agency Operational platforms surge people and material resources (UN supply chain; EMTs; GOARN, TECHNE)



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



## 5 January 2020

- EIS <https://extranet.who.int/ihr/eventinformation/event/2020-e000001>
- DON <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-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 Response Plan

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

# WHO Information Network for Epidemics (EPI-WIN): *Innovative way to translate knowledge into action*

## EPI-WIN COVID-19 INFODEMIC MANAGEMENT

- Webinars: **87** (@60,000 participants)
- Slide-Set Updates: **55**
- Digital Intelligence reports **52**
- Videos and infographics: **>100**
- Myth busters and FAQ graphics **>50**
- Infodemic News Flashes

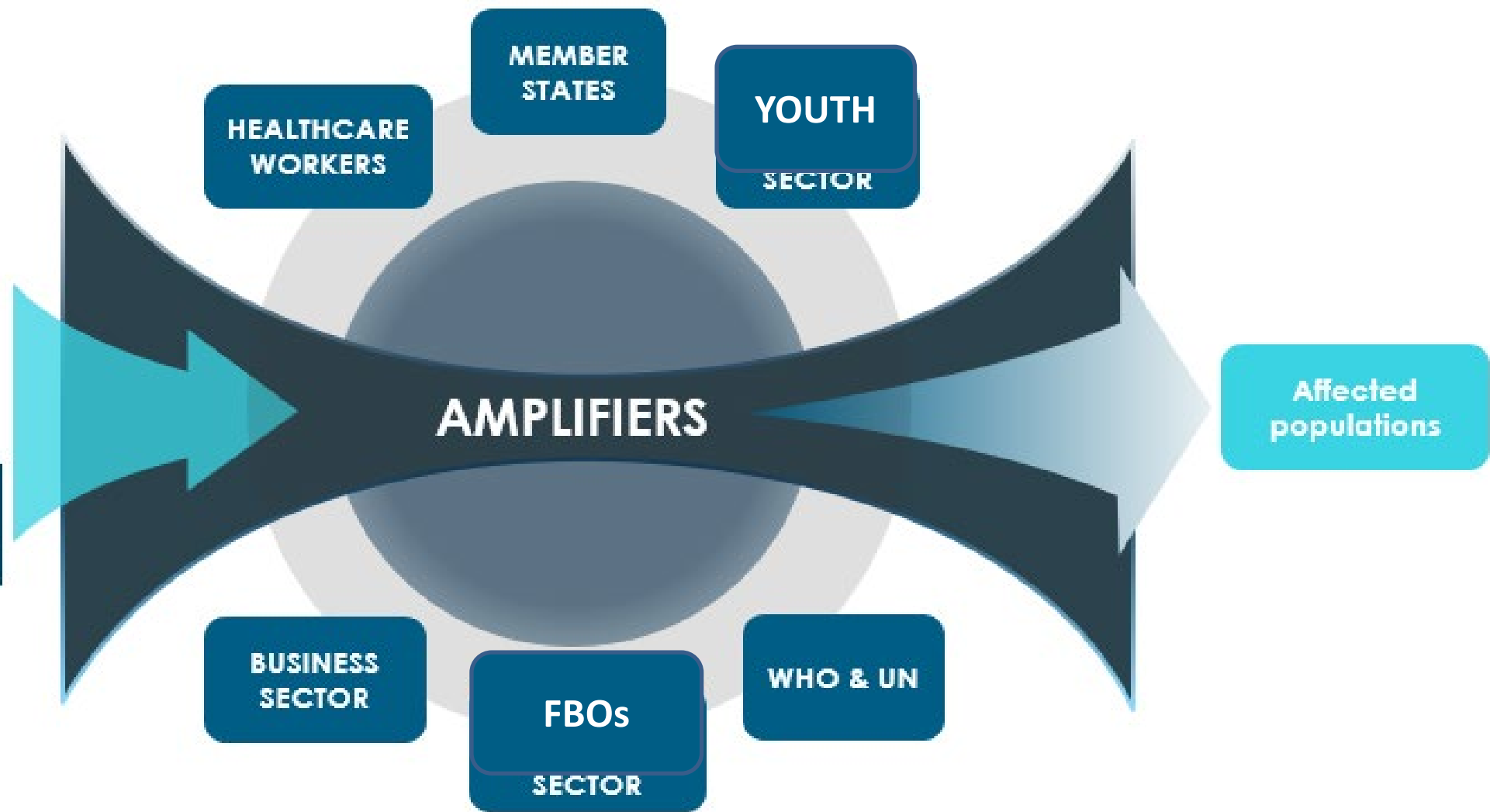


[WHO.int/epi-win](https://www.who.int/epi-win)

EPI·WIN



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WHO has developed an innovative communication strategy that leverages all communications platforms and utilizes trusted channels to amplify evidence-based accurate information.



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HEALTH  
**EMERGENCIES**  
programme

# Role in Science and Technical Guidance



## Key achievements: Science drives our understanding, our guidance, our actions

- Rapid generation of comprehensive technical guidance from early Jan 2020; continuous review/updating
  - Coordination and collaboration of 1000s of scientists in technical networks, working groups, TAGs, STAG-IH, advisory groups, etc.
  - Multidisciplinary, multi-agency, multi-lingual
  - Robust external and internal review process; expedited for emergencies; strong collaboration with Science Division
  - Living technical guidance documents (clinical management) updated on a rolling basis via formal GDG process
- SARS-CoV-2 full genome sequence available → first PCR Assay published within 2 days, development and shipment of PCR kits globally by end Jan/early Feb 2020
- Consolidation of evidence into know how and know how into how to:
  - Literature summaries, systematic reviews (Science Division/GOARN Research Group/commissioned reviews), seminars, Bringing together international experts and partners to advance discussion, understanding, policy and driving robust scientific discovery

## Key challenges

- Proactive communication on sensitive emerging technical issues
- Internal coordination around various topics of significant importance