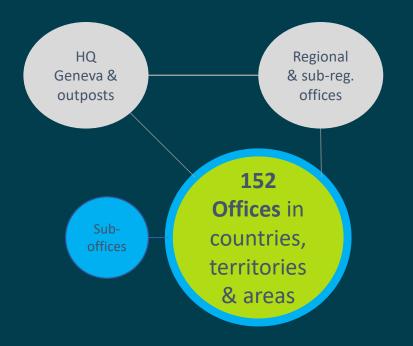
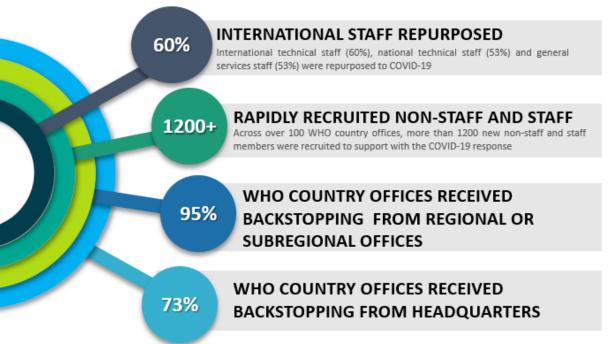


WHO's Global Architecture to support 194 Member States



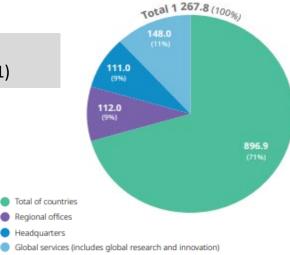
Distribution of WHO Offices African region 47 Region of the Americas 27 Eastern Mediterranean region 20 European region 32 South-East Asian region 11 Western Pacific region 15

'Surge' in WHO's country presence for COVID-19



217 MEDICAL TEAMS (EMT) AND GOARN
DEPLOYMENTS INTERNATIONALLY (7 May 2021)

71% of WHO's 2020 SPRP FUNDS UTILIZED AT THE COUNTRY LEVEL (US \$896.9million)



WHO's Country Case Studies on COVID-19....









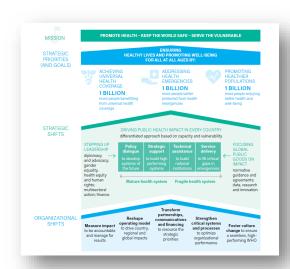
Foster organizational learning & sharing



Highlight challenges faced in countries

And....

Illustrate how WHO's Country Offices are delivering on the **GPW13 Strategic Shifts & Transformation Agenda** to support countries in the pandemic response



Stepping-up WHO's leadership in Countries

Advocacy on equity, multisectoral action & resourcing for the COVID-19 response

Initiating early action

62% of WHO country offices (WCOs) activated their Incident Management Support Team before the first reported case of COVID-19 in the country. **22%** WCOs activated IMST before COVID-19 declared a PHEIC (30 Jan)

By Feb 2020, more than half (55%) WCOs had initiated or supported MoH to initiate health sector / health cluster meetings

Convening & leading partners

87% WCOs took lead role, (chairing or main technical partner) in the UNCT response & 60% concurrently led in the 'health first' pillar of the UNSERF for the immediate socio-economic response to COVID

Resource mobilization: 84% WCOs raised funding for their work in 2019-20 - 46% of which was for COVID-19 response, and 21% for UHC.

59% WCOs played a lead role in the donor coordination mechanisms

Supporting multisectoral action: 97% Countries/areas reported functional multi-sectoral, multi-partner coordination mechanisms for COVID-19 preparedness & response

Supporting country contributions to the global agenda

By May 2020, 68% of offices had initiated support to participate in R&D efforts – incl. Solidarity Therapeutics Trials & Unity Studies

PAKISTAN: Early action & coordination of partners & donors to mobilize required funds





SOMALIA: Leadership across Govt. entities & partners including the UN Country Team for coordinated preparedness & response planning

costa RICA: Leadership on gender, equity & rights here to address needs of indigenous people





MALDIVES: Supported multisectoral action & community engagement to address needs & manage risks of a large population of returning migrant workers

Full Case Studies here

Differentiated approach to DRIVE IMPACT in countries



Policy dialogue

to develop response policy / plans to meet countries needs & respond to global priorities

Strategic support

to improve performance & sustainability of the response & protection of the health system

Technical assistance

to address specific bottlenecks & build response capacity at national & subnational levels

Service delivery

to provide services, supplies & logistics where needed

Adapting global guidance to local contexts

By Feb 2020, **81%** of WHO Country Offices (WCOs) had initiated support for the development of the National Response Plan.

Data for decision making

By March 2020, 81% of country offices had supported governments to establish the issuance of weekly Sitreps

Reviewing & learning

47 countries have now conducted at least 1 Intra-Action Review of COVID-19 response or equivalent

Supporting whole of society approaches

97% Countries/areas have a national COVID-19 RCCE Plan

90% Countries/areas using risk-based approaches for managing mass gatherings during COVID-19

Maintaining essential health services

87% Countries/areas have defined essential health services to be maintained during COVID-19

Building capacity

By March 2020, **79%** of WCOs (87% of FCVs) had already initiated capacity building efforts in key technical areas

Targeted support to priority areas & countries

100% Countries/areas have COVID-19 laboratory test capacity in place

100% Countries/areas reporting routinely through established sentinel or non-sentinel ILI, SARI, ARI surveillance system

89% Countries/areas have clinical referral system in place to care for COVID-19 cases

Providing critical supplies

By March 2020, **83%** of WCOs (90% of FCVs) had initiated support for supply chain and procurement

19M PCR tests, 200M masks, 8.6M face shields, 45M gloves shipped globally

12,000 ICU Beds provided through WHO surge mechanisms

COVAX shipped over 59 million vaccines to 122 participants (as of 10 May)

Country examples of WHO's differentiated approach



Policy dialogue

to develop response policy / plans to meet countries needs & respond to global priorities

IRAN: Coordinated policy advice from 3 levels of WHO

As a result of a WHO led an expert Mission to Iran n March 2020.





MOLDOVA:

WHO supports oint Intra-Action Review

The Ministry of Health Labour and Social Protection. 100 national/sub-national institutions to review & document best practices & challenges in the COVD-19 response. Future actions have identified in areas of financing, capacity building, information management & development of supply stockpiles.

Strategic support

to improve performance & sustainability of the response & protection of the health system

to address specific bottlenecks & & subnational levels

Technical assistance

build response capacity at national

Service delivery

to provide services, supplies & logistics where needed

SAUDI ARABIA:

The national Haji committee conducted

a risk assessment & consulted WHO before putting in place comprehensive set of measures that were ultimately successful in preventing an outbreak during last years pilgrimage

CAMBODIA: who

keeps focus on Malaria elimination during the **COVID-19 response**



Despite COVID-19 & the mass movement of

migrant workers returning from Thailand, strong national action and WHO support with the drafting of an operational plan, deployment of field epidemiologists and community efforts has ensured Cambodia remains on track to eliminate Malaria 2025. In fact, Malaria cases continued to decline during COVID-19 with 83% fewer cases in Nov 2020 compared to Nov 2019 and Malaria testing increasing by 40% over the same timeframe.

GUINEA-BISSAL

WHO's support to increase access to oxygen A Biomedical engineer has been deployed to rapidly



assess medical oxygen & biomedical capacity in 10 hospitals. Ongoing support, training & funding for the restoration of Oxygen Pressure Swing Adsorption (PSA) aim to improve future clinical outcomes for COVID-19 patients and create a stronger health system for future.



WHO deploys country office staff to worst affected provinces to support the country's

In States of Gauteng, Western Cape, Eastern Cape, Kwazulu Natal and Free State, teams of WHO staff, consultants and epidemiologists have been stationed in the provincial "war rooms" to provide day-to-day technical support with a focus on collection & reporting of COVID-19 data.



Irag's Basrah University and WHO innovate to overcome global supply challenges by developing & dispatching locally produced Virus Transport Medium in support of early national COVID-19 containment efforts in March 2020.

YEMEN: WHO Brings in critical capacities & supplies to prevent a



Despite travel restrictions & safety concerns due to the ongoing conflict, hundreds of specially trained rapid response teams were deployed to every district to support screening at POE, contact tracing & isolating of suspected cases. WHO fully capacitated labs for COVID-19 testing with training & supplies and 38 hospitals were upgraded with health workforce training & equipment including hundreds of ICU beds & ventilators.

Perspectives of WHO's Representatives



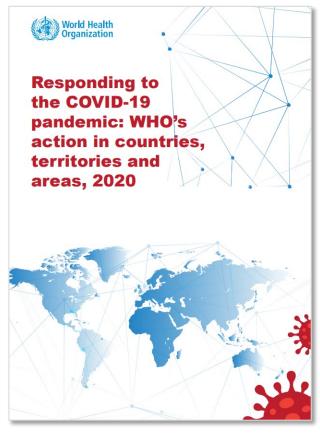
Key enablers & challenges in the COVID-19 response

	ENABLERS	CHALLENGES
INTERNAL (WHO)	Early repurposing of staff & mobilization of funds WHO's leadership role & partners' trust Quality of support from RO/HQ (incl. supply) Collaboration with the highest national authorities	Human & financial resources to meet needs Difficult working conditions for prolonged periods Managing concurrent emergencies
EXTERNAL	Effective National leadership & coordination Previous response experiences & capacities Existing partner coordination – UNCT, HIth Cluster Effective communication in place with the public	Severe disruption of the global supply chain Delayed/ limited access to data for decision making Sub-optimal multi-sectoral collaboration Limited emergency prep & response capacities

More about WHO's presence & work in countries



Country Case Studies 2020



https://www.who.int/publications/i/item/9789240019225

Weekly Ops Updates



https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Country Presence Report 2021



https://apps.who.int/iris/bitstream/handle/ 10665/341308/9789240026360-eng.pdf

Introductions:

Supporting the Republic of Uzbekistan



Supporting the Republic of Mali



Mbaranga Gasarabwe
Deputy Special Representative of the
Secretary-General, Resident &
Humanitarian Coordinator



Dr Jean-Pierre Baptiste WHO Representative, Mali



Dr Lianne KuppensWHO Representative, Uzbekistan