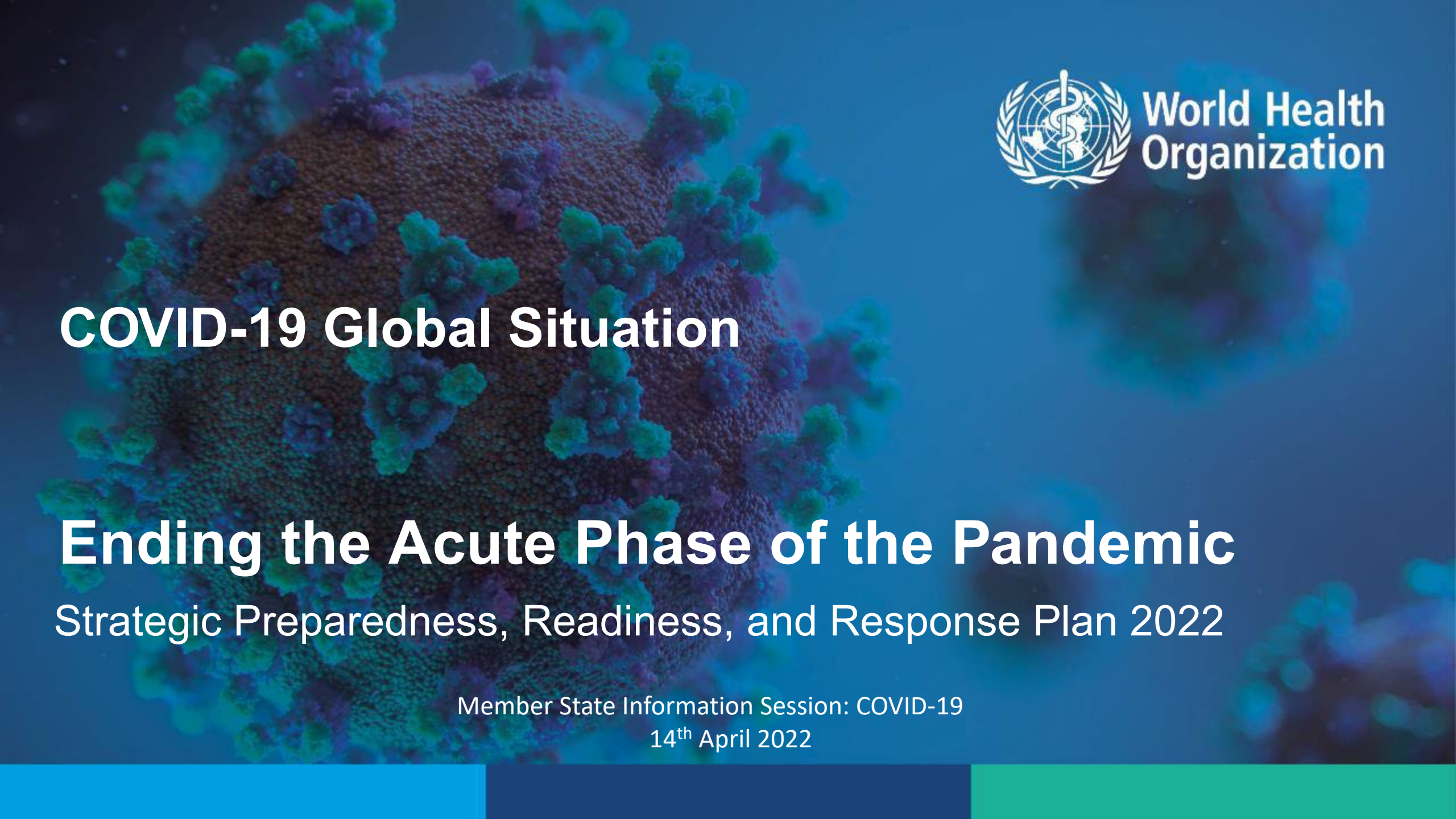


World Health Organization

COVID-19 Global Situation

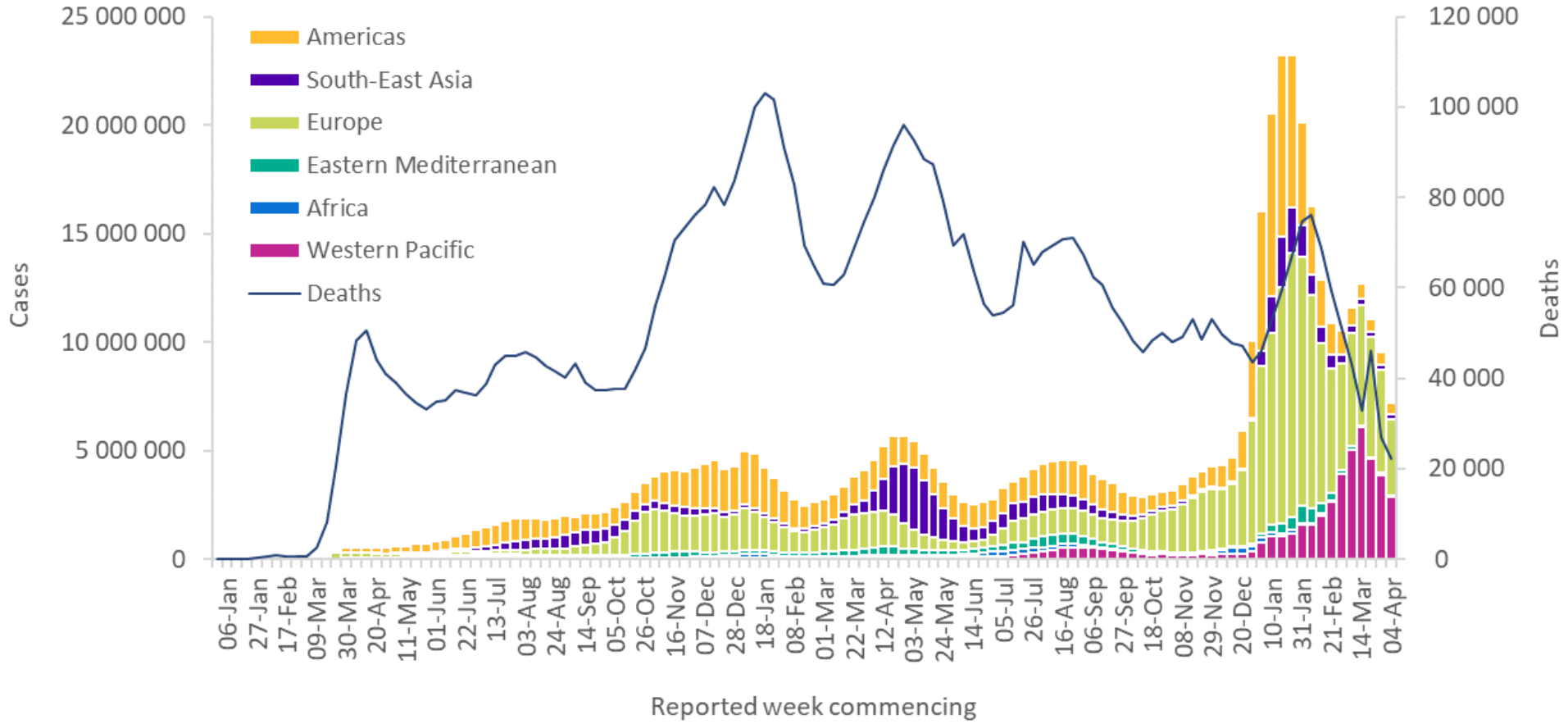
Ending the Acute Phase of the Pandemic

Strategic Preparedness, Readiness, and Response Plan 2022

Member State Information Session: COVID-19
14th April 2022

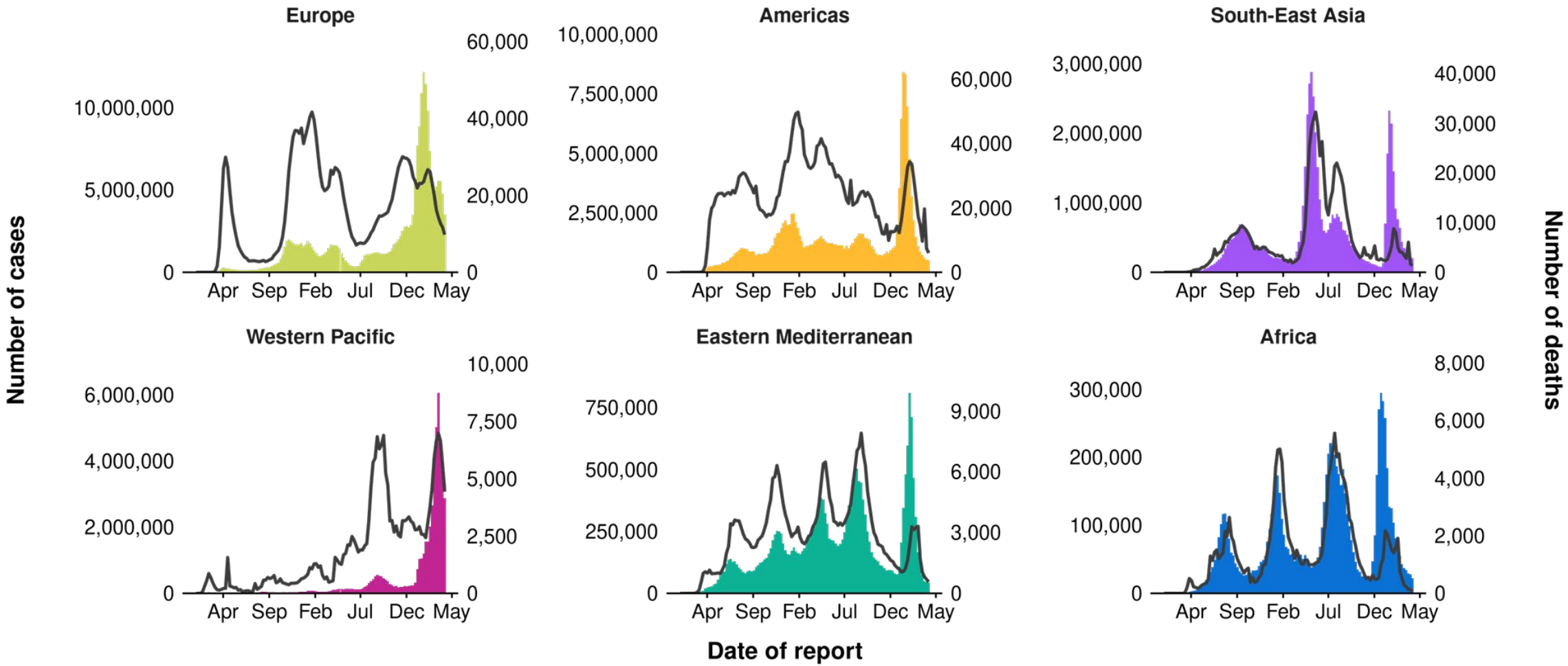
Global COVID-19 epidemiological situation (as of 11 April 2022)

- New cases past week: > 7.1 million
- New deaths past week: > 22.1 thousand
- Cumulative cases: > 496 million
- Cumulative deaths: > 6.1 million



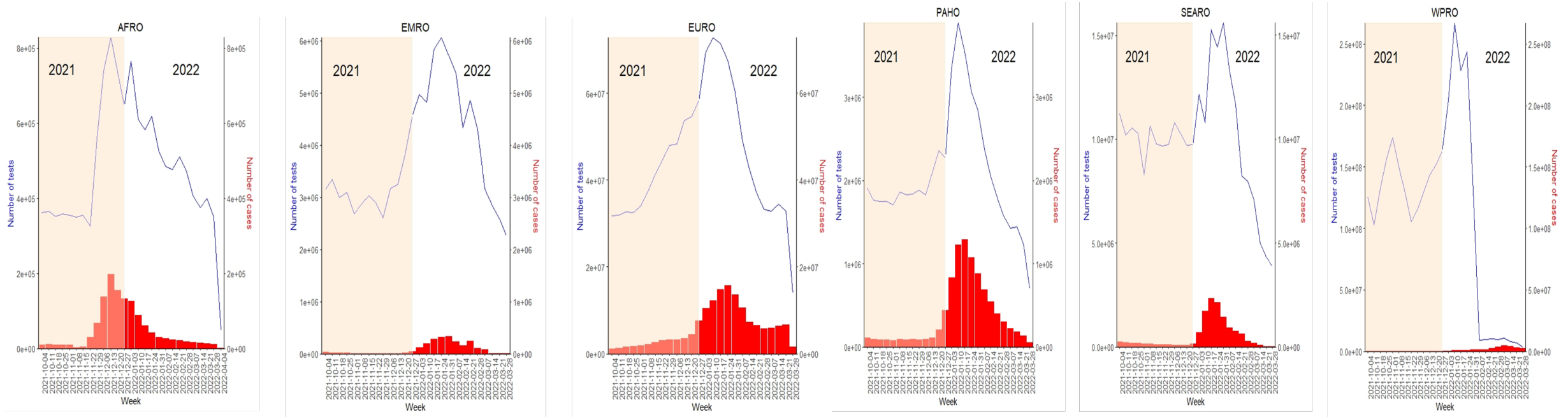
Regional COVID-19 epidemiological situation

(as of 11 April 2022)



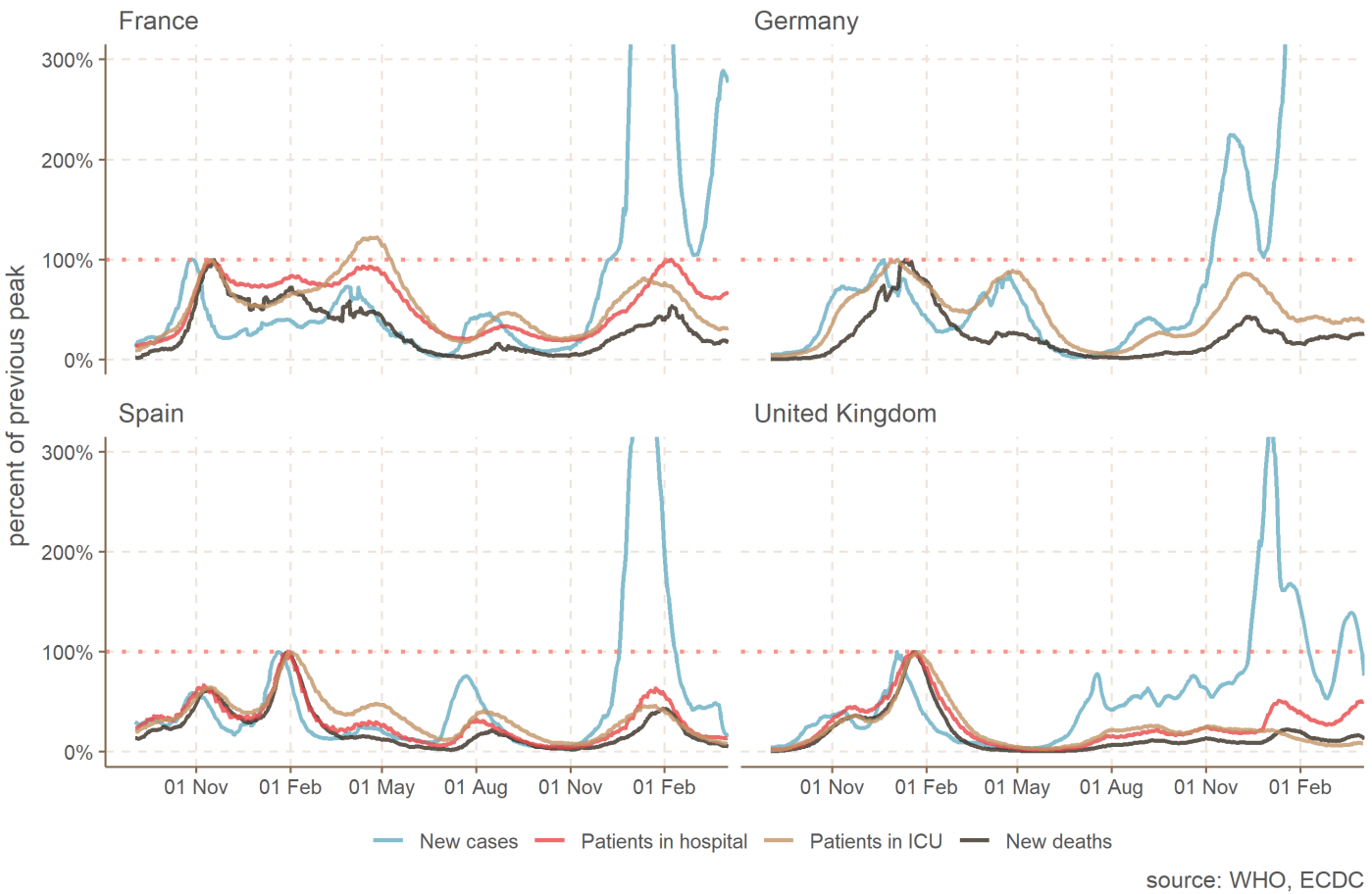
** Data are incomplete for the current week. Cases depicted by bars; deaths depicted by line. Note different scales for y-axes.*

Testing trends by WHO Region: Oct 2021 – March 2022*



*preliminary analysis, data might not be complete

Western Europe: High vaccination coverage and incidence of prior infection *



source: WHO, ECDC

Vaccination coverage by dose and age group.

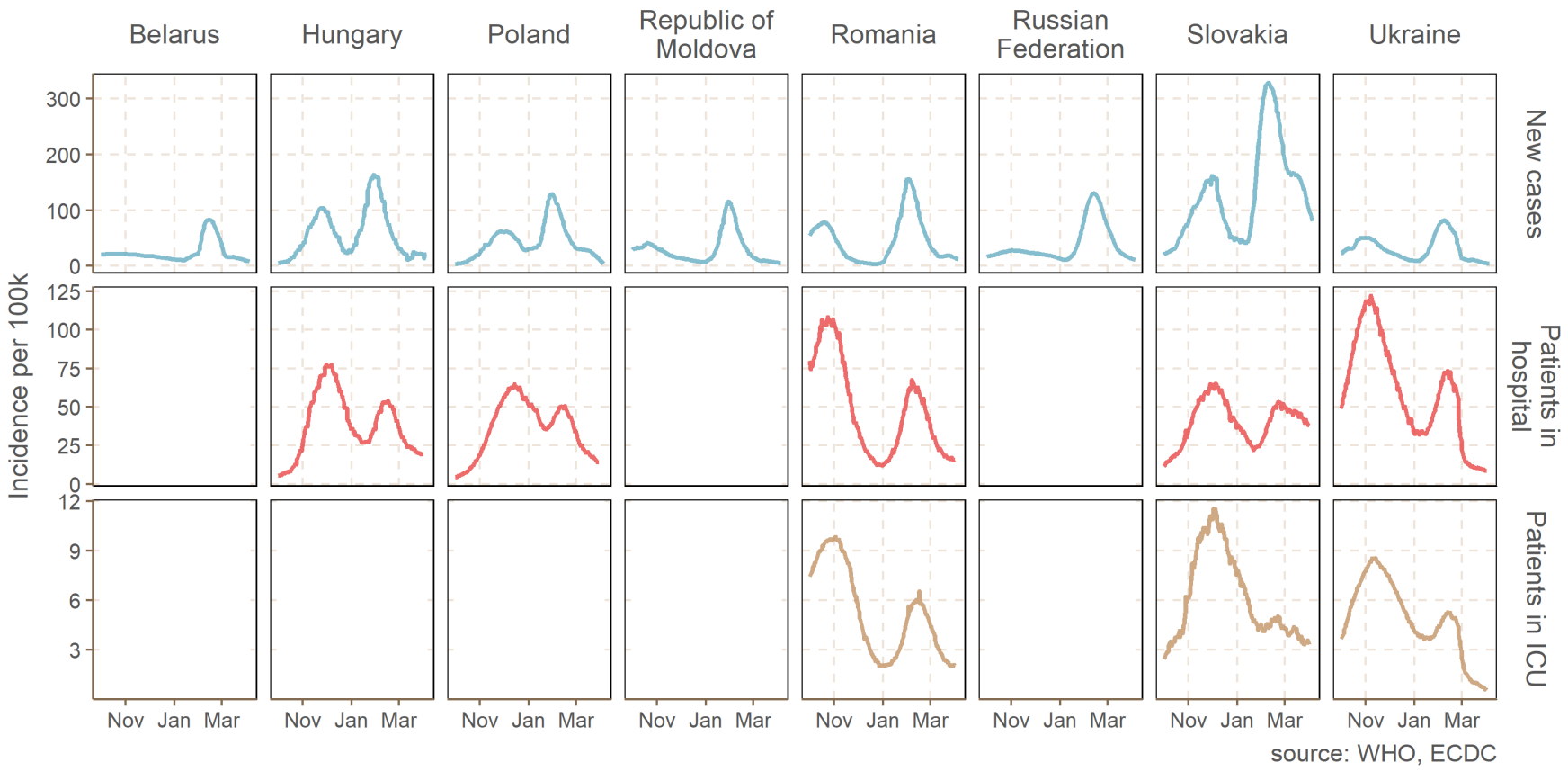
Sources: ECDC, Office for National Statistics (ONS), UK

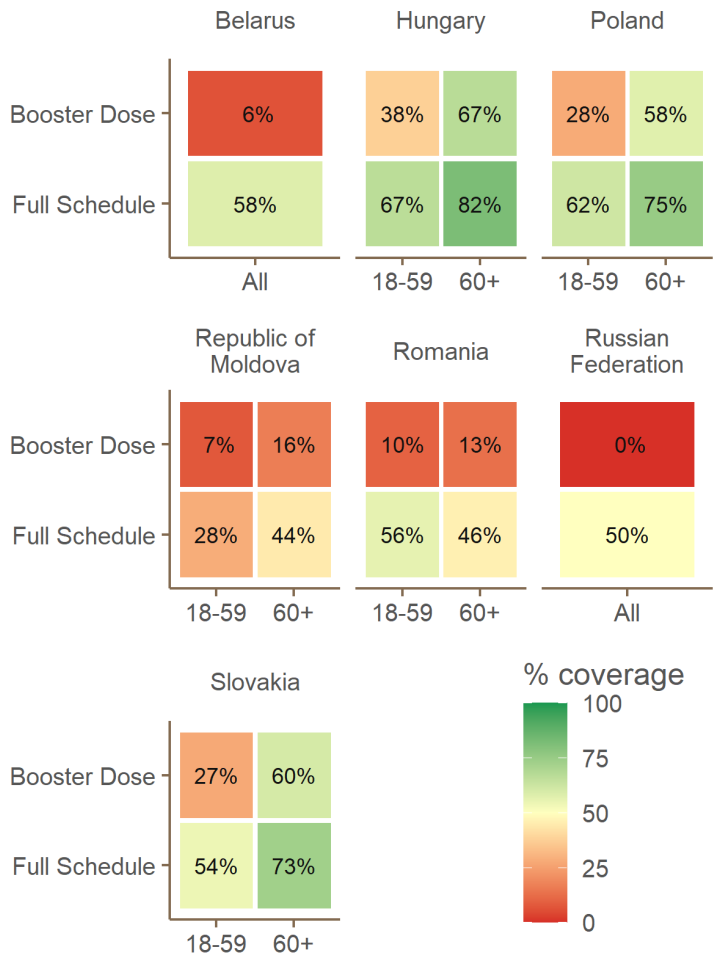
World Health Organization

*preliminary analysis, data might not be complete

HEALTH EMERGENCIES programme

Eastern Europe: low vaccination coverage among the older population*





*preliminary analysis, data might not be complete

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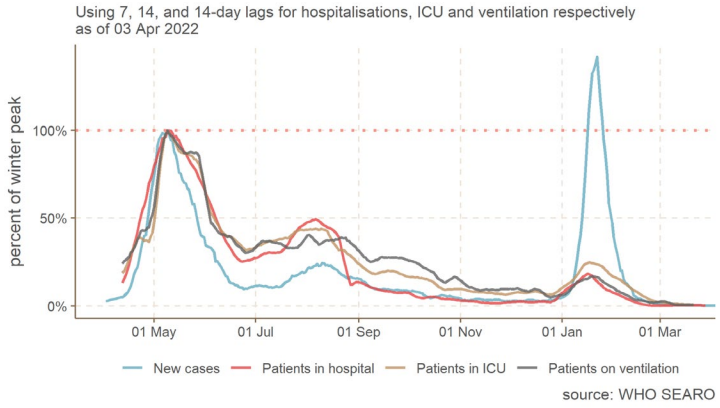
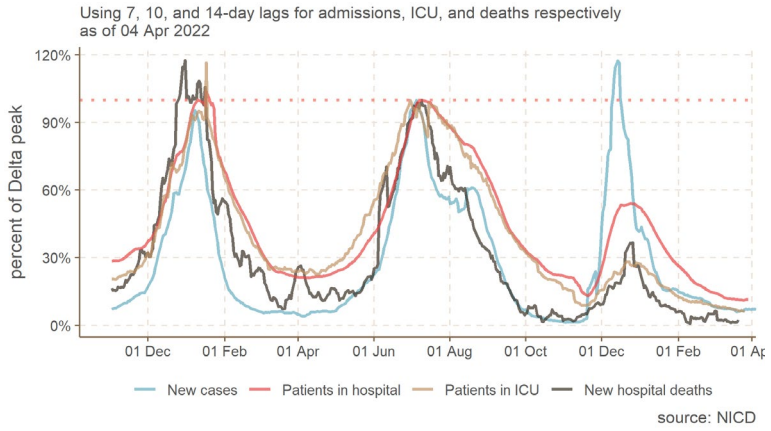
Nepal and South Africa: Moderate vaccination coverage high incidence of prior infection *

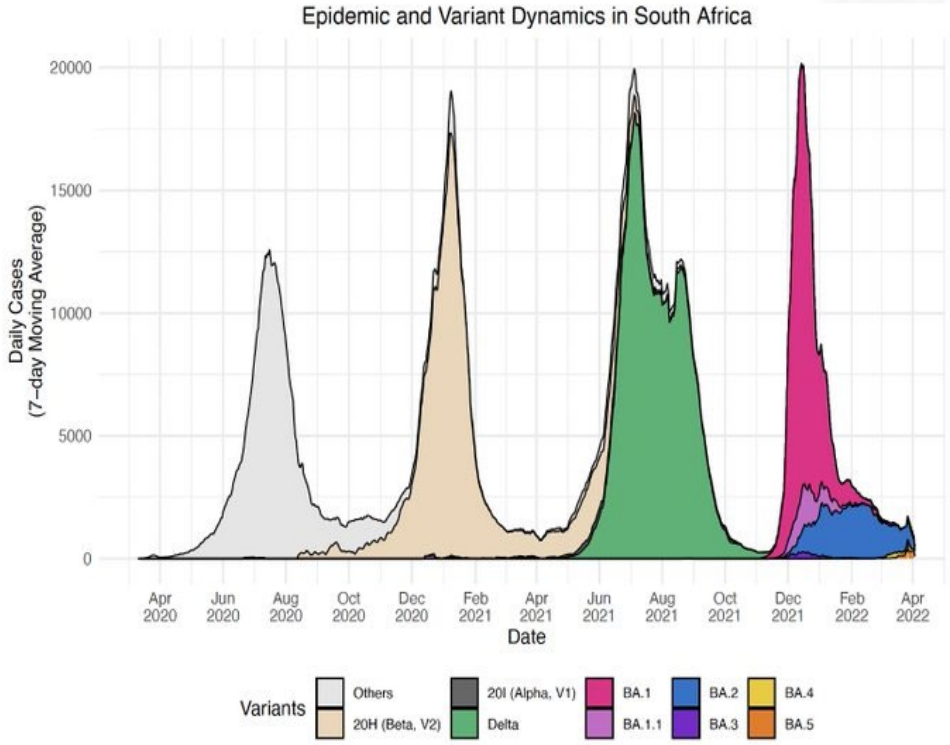
Nepal



South Africa



Vaccination coverage



Source: Dr Tulio de Oliveira, director of the Centre for Epidemic Response & Innovation in South Africa

*preliminary analysis, data might not be complete

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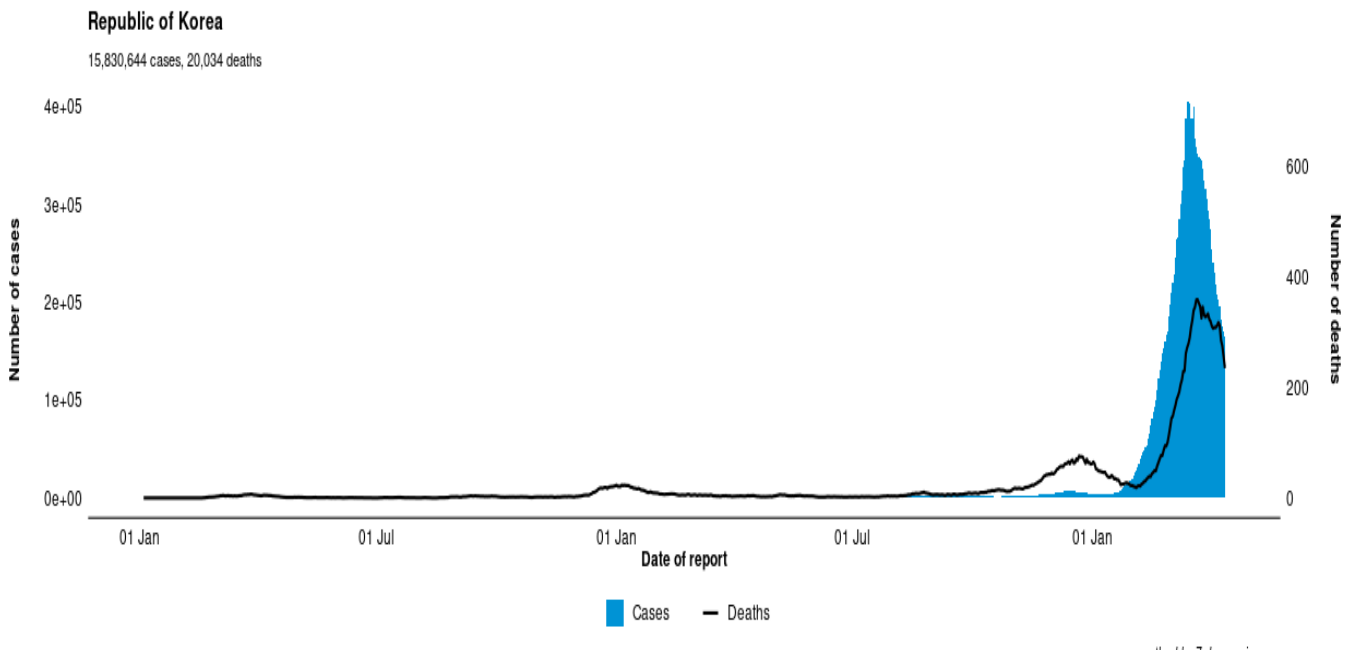
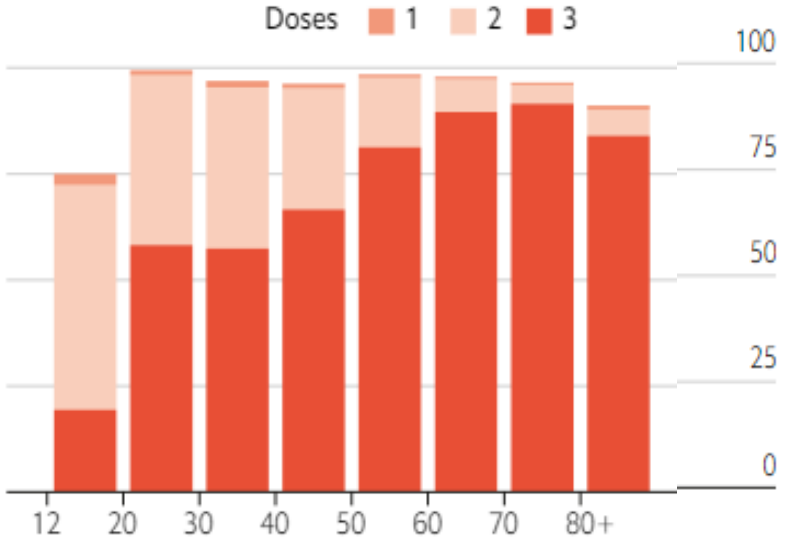
Republic of Korea: High vaccination coverage low incidence of prior infection*





Share of population vaccinated by age group, April 4th 2022, %

World Health Organization

*preliminary analysis, data might not be complete

HEALTH EMERGENCIES programme

Factors that continue to drive SARS-CoV-2 circulation and impact:

Drivers of disease impact and transmission

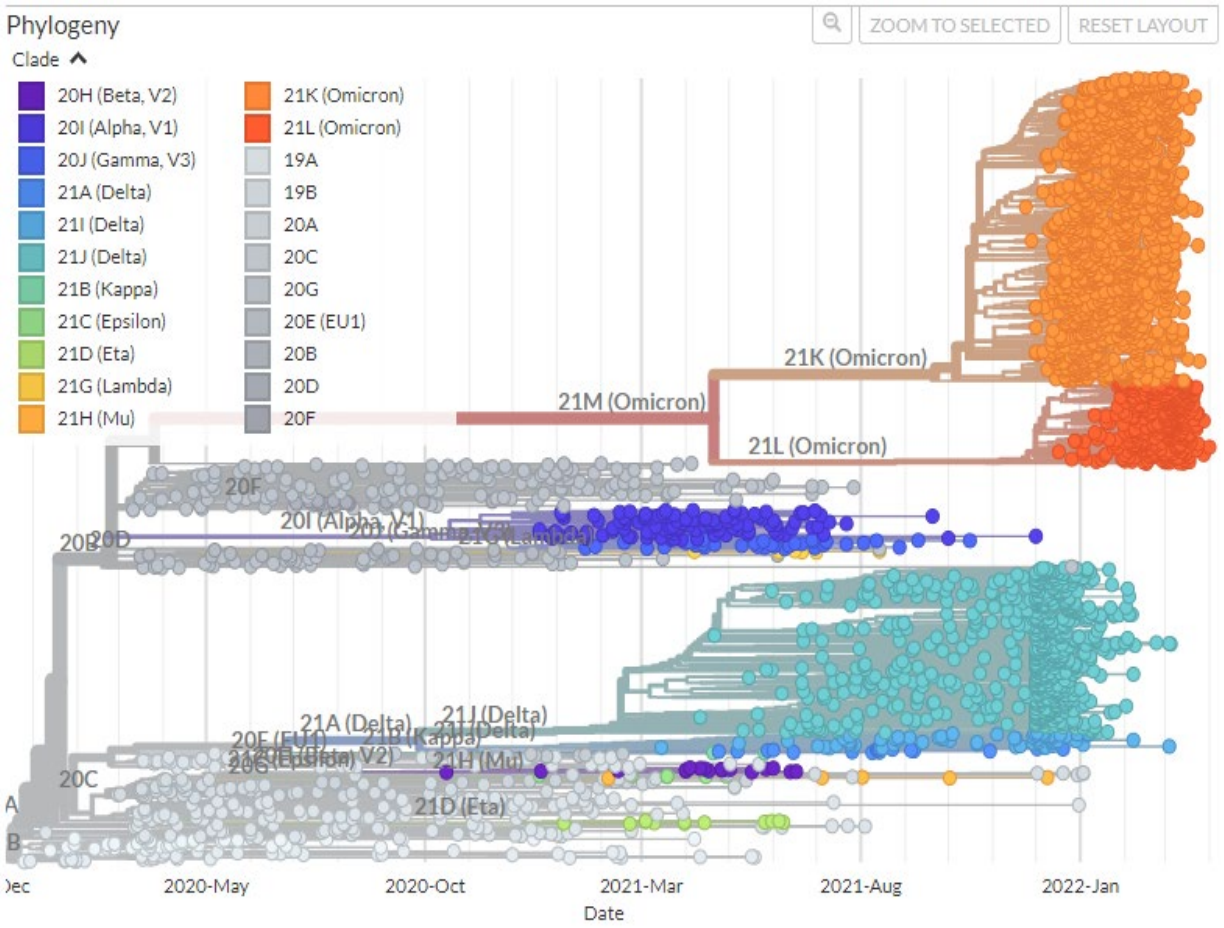
Drivers of high transmission

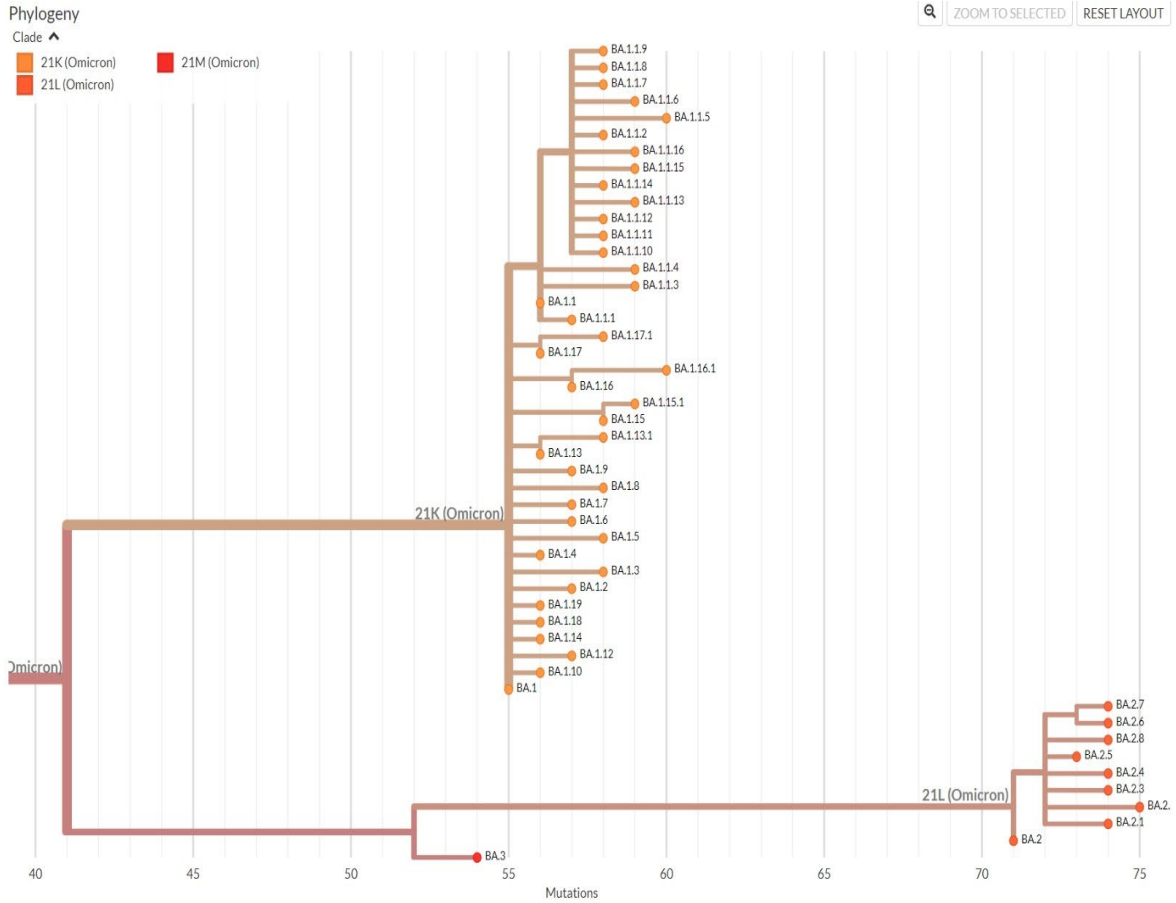
- **Viral evolution resulting in more transmissible variants**
- Lack of immunity due to lack of access to vaccination, hesitancy, or incomplete vaccination, and/or waning protection against COVID-19 following infection or vaccination
- Inconsistent and/or inadequate use of proven Public Health and Social Measures
- Insufficient capacity to use and or adjust interventions on the basis of available public health intelligence and accrued knowledge
- Misinformation, disinformation and politicization undermining the effectiveness of proven public health and social measures, therapeutics, and vaccines

Drivers of high impact

- Low vaccination coverage, with complete schedule, in priority use populations globally
- Waning protection against severe disease or death following vaccination and/or infection
- Lack of access to life-saving tools such as oxygen and other therapeutics
- Lack of access to diagnosis, late diagnosis and delayed entry into clinical care pathway
- Viral evolution reducing the efficacy of life saving tools
- Poorly defined and/or resourced care pathways for post-COVID-19 Condition (Long COVID)
- Insufficient capacity to adjust recommended layered interventions on the basis of available public health data and analysis

Drivers of transmission: circulation of SARS-COV-2 Variants





The race between public health intervention and virus diversification

World Health Organization

Source: https://nextstrain.org/staging/nextclade/sars-cov-2?label=clade:21M%20%28Omicron%29

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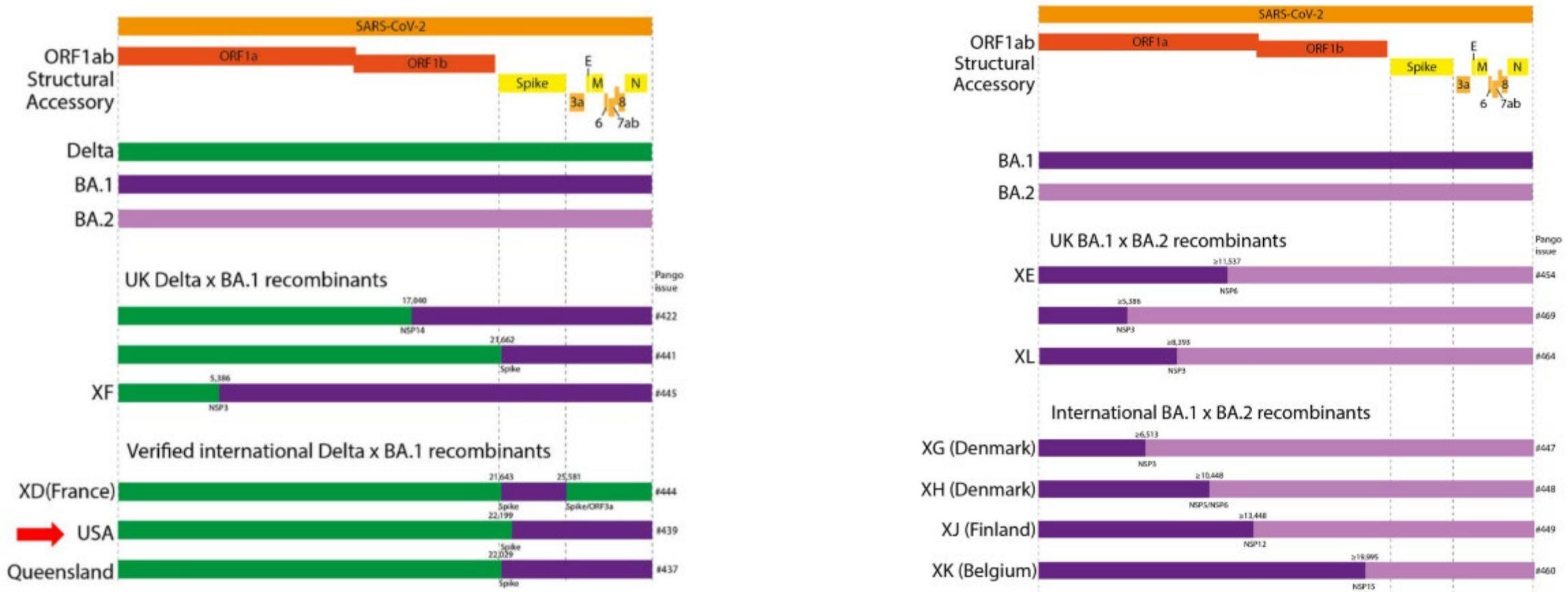
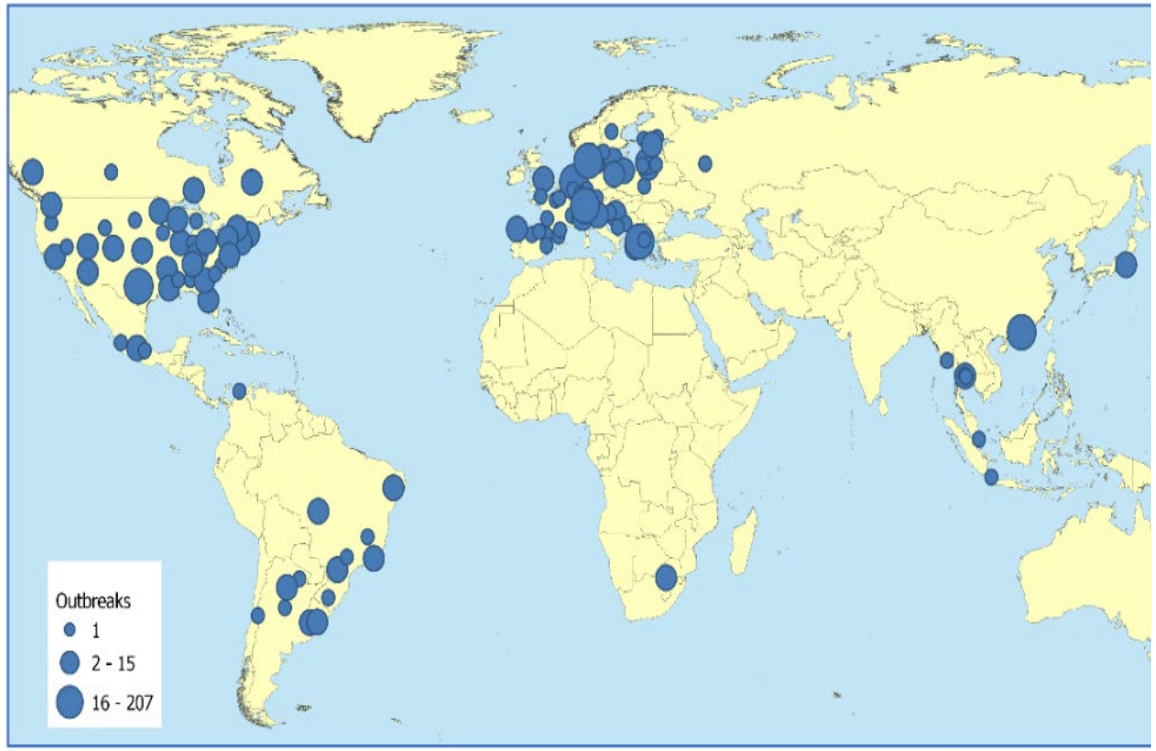
Potential driver of transmission: SARS-COV-2 circulating recombinant forms?



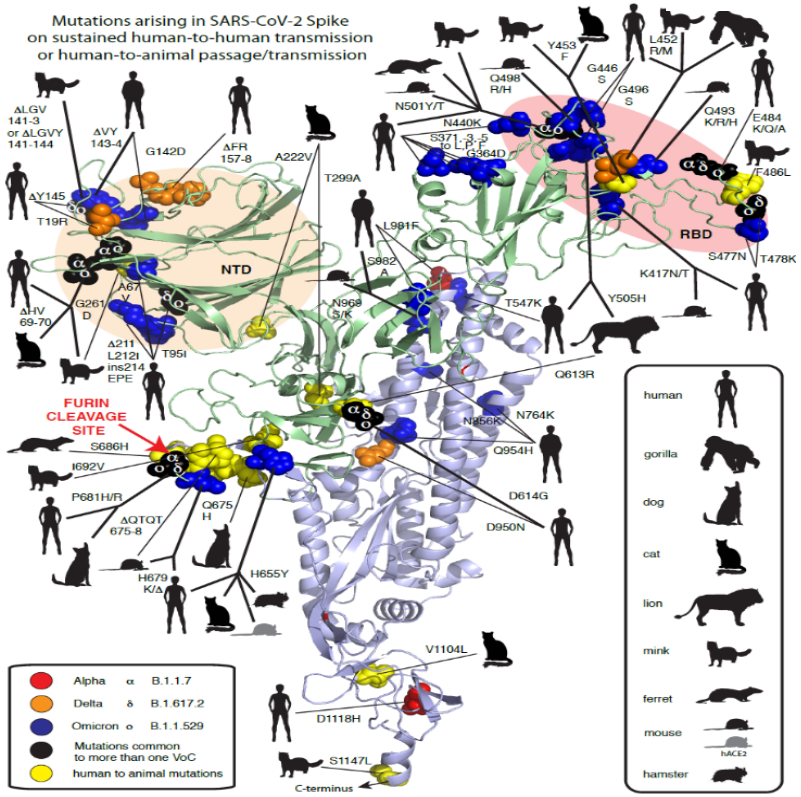
All BA.1/BA.2 CRFs are tracked as Omicron sublineages, just like BA.1 and BA.2

Potential driver of transmission: establishment of animal reservoirs and potential acceleration of virus evolution in novel hosts?



Worldwide distribution of SARS-CoV-2 outbreaks in fifteen animal species reported to the OIE (as of 28 February 2022)

From Telenti et al., 2021



- Novel hosts will drive viral adaptation via immune pressure and by hosting different coronaviruses
- Many mutations have been observed in different species, some very uncommon in humans

Strategic objectives to end the global COVID-19 public health emergency in 2022

World Health Organization

HEALTH EMERGENCIES programme

2022 SPRRP planning scenarios*

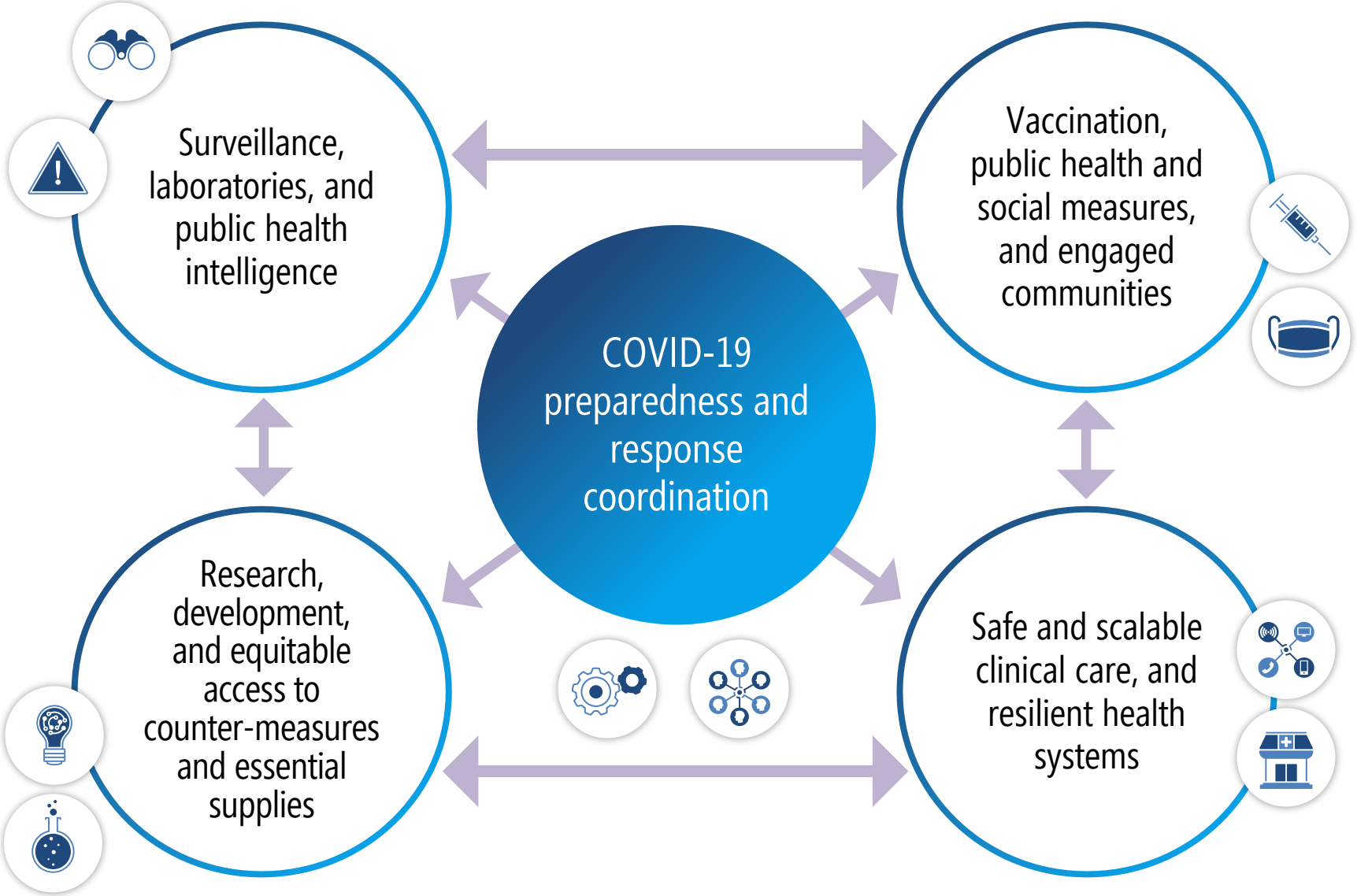
Base case | The virus continues to evolve. However, severity is significantly reduced over time due to sustained and sufficient immunity against severe disease and death, with a further decoupling between incidence of cases and severe disease leading to progressively less severe outbreaks. Periodic spikes in transmission may occur as a result of an increasing proportion of susceptible individuals over time if waning immunity is significant, which may require periodic boosting at least for high-priority populations; a seasonal pattern of peaks in transmission in temperate zones may emerge.

Worst case | A more virulent and highly transmissible variant emerges against which vaccines are less effective, and/or immunity against severe disease and death wanes rapidly, especially in the most vulnerable groups. This would require significant alterations to current vaccines and full redeployment and/or broader boosting of all high-priority groups.

Best case | Future variants that emerge are significantly less severe, protection against severe disease is maintained without the need for periodic boosting or significant alterations to current vaccines.

***All scenarios will need to plan for managing Post COVID-19 condition**

Five core components of COVID-19 preparedness, readiness and response: Integration and strengthening actions to address future scenarios



Five subsystems:

- Integrated horizontally at local, national and regional/global levels
- Integrated vertically between each geographical level of organization

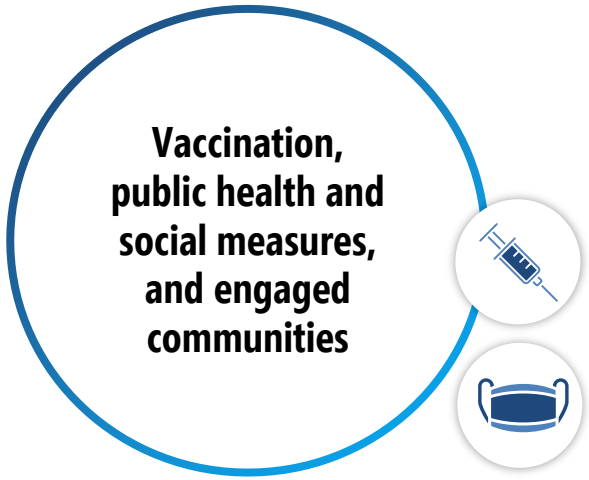
Core components of preparedness, readiness and response: Surveillance, laboratories, and public health intelligence

- Maintaining + strengthening SARS-CoV-2 surveillance is vital to track spread + evolution of SARS-CoV-2, rapidly detect and characterize new VOI/VOC, and calibrate PHSM and medical interventions.
- **In all settings, remains important to:**
  - **Maintain + strengthen transmission trend surveillance (cases, deaths, COVID-19 hospital admissions)**
  - Maintain + enhance early warning capacities through event-based surveillance and, where feasible, environmental surveillance
  - **Continue strategic testing linked to genomic sequencing with better geographic representation worldwide.**

At this stage, there is a need to reallocate/shift resources to enable more strategic and sustainable approach for SARS-CoV-2 surveillance:

- Tracking morbidity and impact by strengthening surveillance of hospitalization and ICU admission, health system capacity and mortality – degree of adjustments must be dictated by the epidemiological context.
- I**ntegrating surveillance of SARS-CoV-2 with systems for surveillance of influenza and other respiratory pathogen.**
- Improving detection of Post-COVID-19 Condition, to reduce long-term morbidity.
- Capturing high quality patient-level data linking epidemiological and clinical characteristics with immunity status and genomic and phenotypic characterization.
- Increasing surveillance in at-risk animal populations and monitoring evolution of SARS-CoV-2 virus associated with jumps between species.

Core components of COVID-19 preparedness, readiness and response: Vaccination and PHSM



Vaccination

- Strategy to Achieve Global Covid-19 Vaccination lays out the different goals of COVID-19 vaccination programme with priority to i) minimize deaths, severe disease and overall disease burden, and impact on health systems, followed by ii) resume full socio-economic activity; and iii) reduce future risks, including the risk of new variants.
- **In pursuit of 70% goal, focus must be on fully vaccinating most clinically vulnerable, and using an optimal schedule of vaccines, including boosters.**
- Adjustments to the Strategy to Achieve Global COVID-19 Vaccination are under consideration to account for new available evidence and the evolving context.

Public Health and Social Measures (PHSM)

- **Scale up PHSM as COVID-19 burden increases to avoid preventable morbidity and mortality**, and reduce risk of spread of the virus and therefore the emergence of new variants – use risk-based approach, prioritizing most vulnerable. Strategies and communication initiatives must be tailored and nuanced to reach all social groups.

Infodemic Management

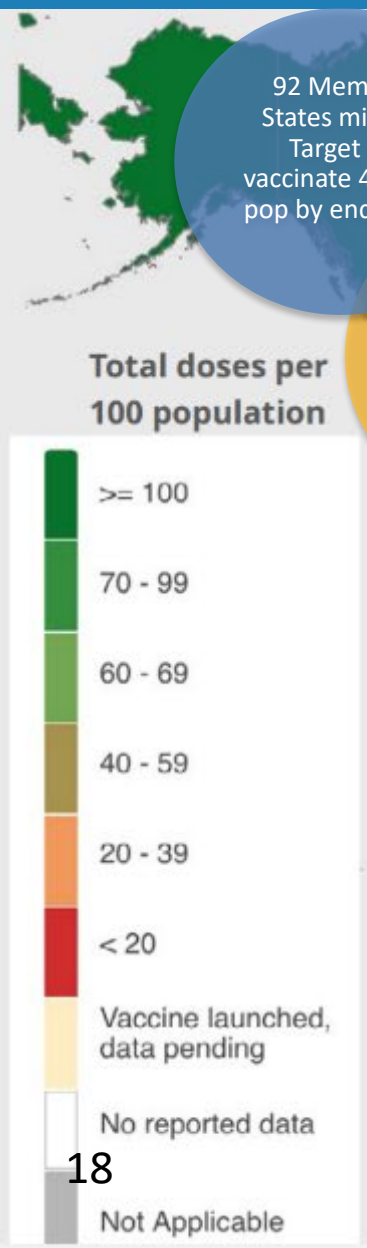
- Robust social listening systems needed to facilitate rapid integrated analysis to produce insights that can be rapidly acted on to improve emergency response and immunization programme strategies.

Vaccinating the most vulnerable is critical

92 Member States missed Target to vaccinate 40% of pop by end 2021

>1.3 billion doses delivered through COVAX by end March 2022

Approximately 36% of the global population has not received a first dose of COVID-19 vaccine, with significant disparities between regions



While science delivered, politics too often triumphed over solidarity."
Tedros Adhanom Ghebreyesus
Director-General, WHO

Targets to end the acute phase

All countries to have vaccinated 70% of people by end July 2022

Achieving 100% vaccination coverage in the most clinically vulnerable groups will optimize public health impact on the road towards 70% of the population being vaccinated

80% of financing needs for delivery met in low-income countries

World Health Organization

Coverage of highest risk populations is insufficient to protect from waves of disease and mortality

DATA AS OF APR 04, 2022 NOT EXHAUSTIVE, HIGH DEPENDENCE ON DATA REPORTED

Healthcare workers

Elderly (60+)

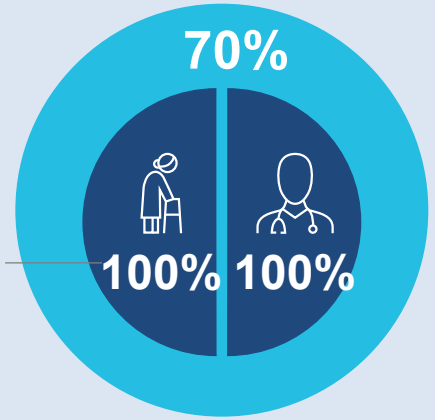
Completed primary vaccination Not completed primary vaccination

Income group	WHO MS reporting, N count. (total)	COVID-19 primary vaccination status, % of HCW population		Income group	WHO MS reporting, N count. (total)	COVID-19 primary vaccination status, % of 60+ population	
WHO MS	111 (193[1])	65	35	WHO MS	124 (193[1])	69	31
HIC	28 (57)	55	45	HIC	42 (57)	74	26
UMIC	27 (56)	89	11	UMIC	29 (56)	79	21
LMIC	36 (54)	73	27	LMIC	36 (54)	40	60
LIC	20 (27)	30	70	LIC	17 (27)	20	80

1. excluding India

Source: eJRF, and other monthly regional reporting systems, ILO health workforce data, UNDP

Overall coverage target (primary series)



Primary focus is for highest and high risk groups to be **protected with primary series and boosters**

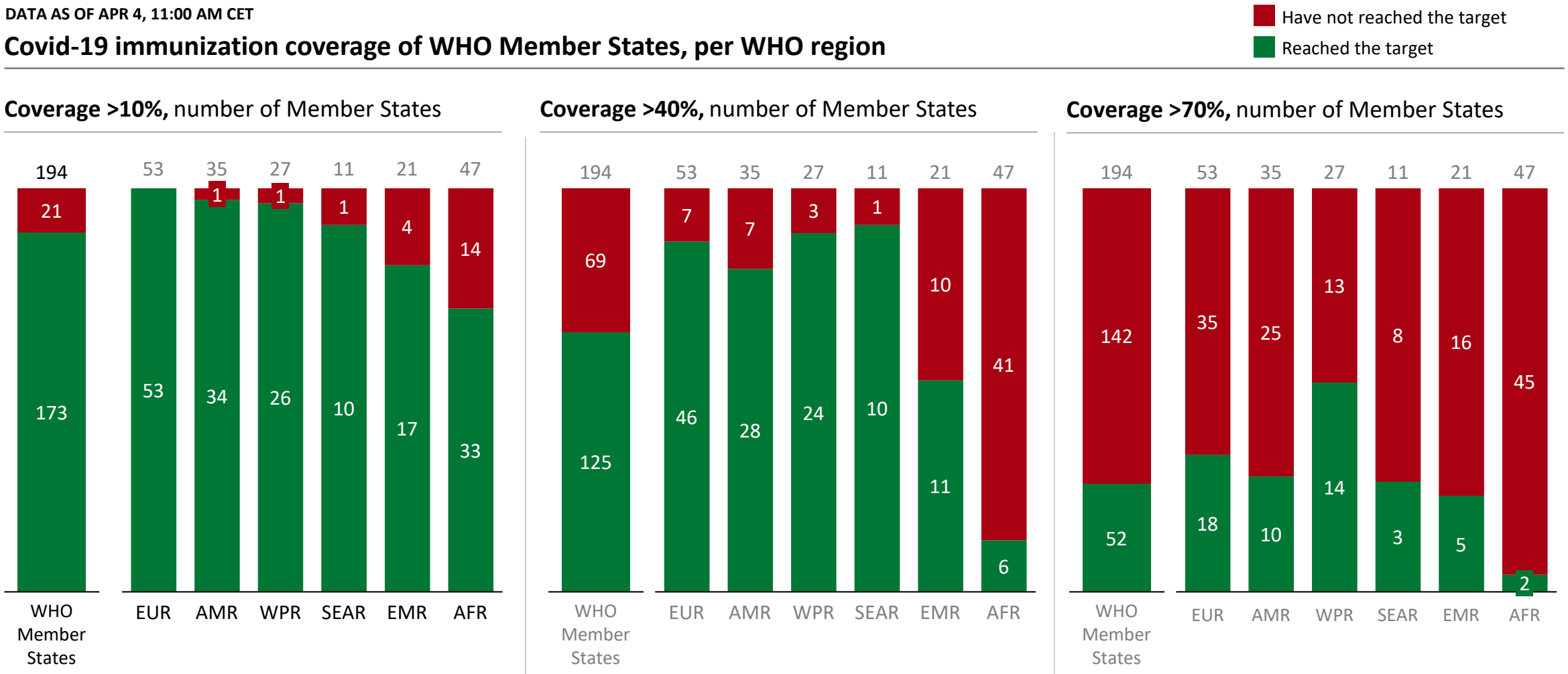
Key takeaways

- The coverages of Healthcare workers and 60+ population are currently inadequate to protect health system
- Reporting of these metrics is still a challenge
- How countries proceed toward global coverage targets is as important as the target itself

16 months after the first Covid-19 vaccine dose has been administered, 69 WHO Member States are still below 40% immunization coverage

DATA AS OF APR 4, 11:00 AM CET

Covid-19 immunization coverage of WHO Member States, per WHO region



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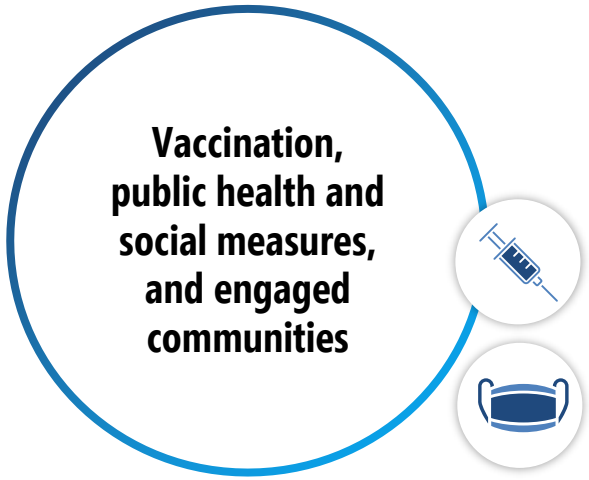
Core components of COVID-19 preparedness, readiness and response: RCCE



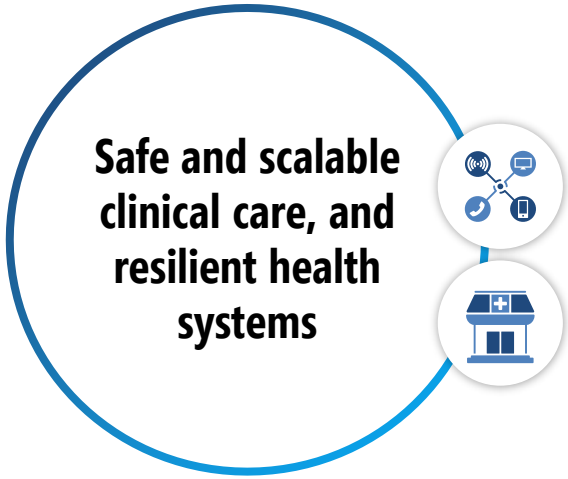
Risk Communication and Community Engagement (RCCE)

- WHO will expand RCCE efforts to refocus attention on the information and engagement needs of marginalized communities and vulnerable populations, including those who are under-vaccinated and unvaccinated.
- Data and evidence related to social dynamics (e.g. public perceptions) must be combined with other data, such as social listening and epidemiologic data, to inform effective interventions.
- Training and capacity building for civil society organizations, faith-based organizations, and other community-focused entities must be a priority to ensure long-term competency at the local level.

International Travel and Mass Gatherings

- Implementation, calibration or lifting of risk mitigation measures in the context of international travel in the context of COVID-19 must continue to be informed by regular risk assessments and updated reviews on the effectiveness of these measures.

Core components of COVID-19 preparedness, readiness and response: Safe and scalable clinical care, and resilient health systems



Integrated clinical care pathways

- **Effective management of COVID-19 requires mechanisms for early recognition, triage and safe patient flow, and access to reliable diagnostics and timely resuscitation and treatment.**
- Ensure operationalization of large investments in availability and safe use of medical oxygen.
- Continue to update the Living guidelines on COVID-19 clinical management and therapeutics, synthesizing emerging evidence to inform real-time clinical practice.
- Continue to advance the research agenda pertaining to clinical characterization and management of COVID-19.

Infection prevention and control

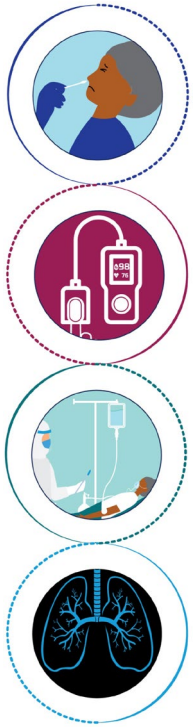
- **National gaps must be addressed in accordance with WHO's IPC Minimum Requirement – essential to maintain key achievements from COVID-19.**
- Essential to strengthen and maintaining IPC operational readiness for a resurgence of cases.
- Countries should take stock of lessons learned, make in-depth situational analysis regarding IPC, and make plans to address further IPC priorities – for COVID-19 and beyond.

Health Workforce

- **Policy, management and investment decisions to respond to the pandemic should include measures to protect and safeguard health and care workers.**
- Scale up of health workforce may be required to respond to temporary or sustained spikes in demand for services and to deliver vaccines, diagnostics and therapeutics.

Early Clinical Care Saves Lives

One of future scenarios of COVID-19 should include: significant reductions in severe disease and death as clinical care improves and as access to live saving tools increases globally



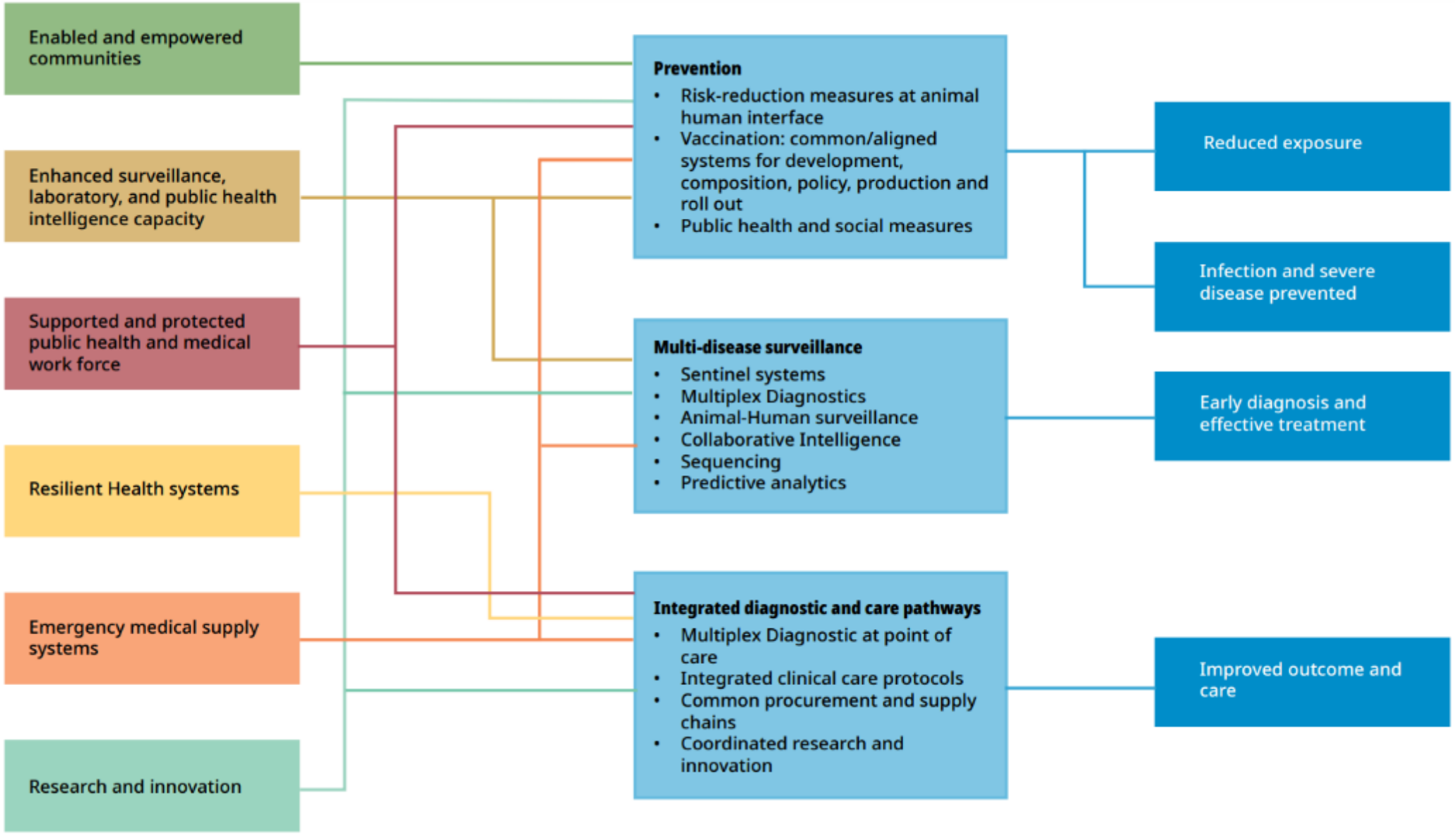
C **CONFIRM** SARS-CoV-2 infection

A **ASSESS** symptoms, risk factors and severity

R **RESPOND** with appropriate care and treatment

E **EVALUATE** clinical response and recovery

Longer term goal of developing a Sustainable System for Integrated Epidemic Respiratory Disease Preparedness, Response and Control

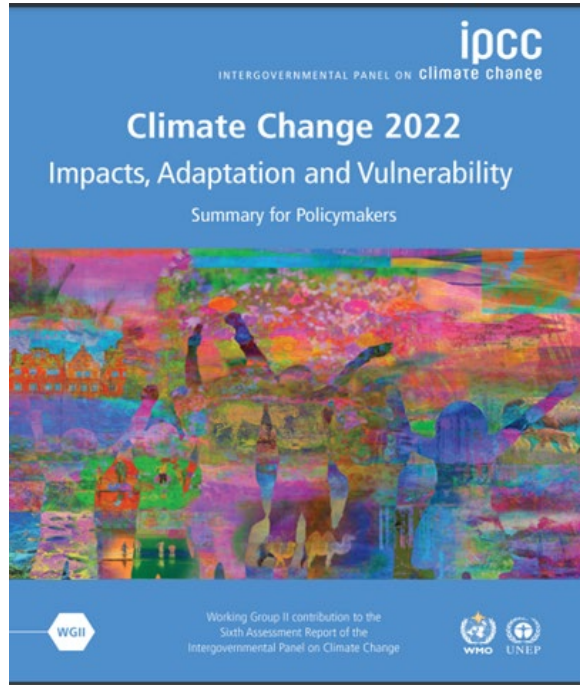


COVID-19 and the future of pandemic preparedness and response: A new health threat architecture: if not now when?

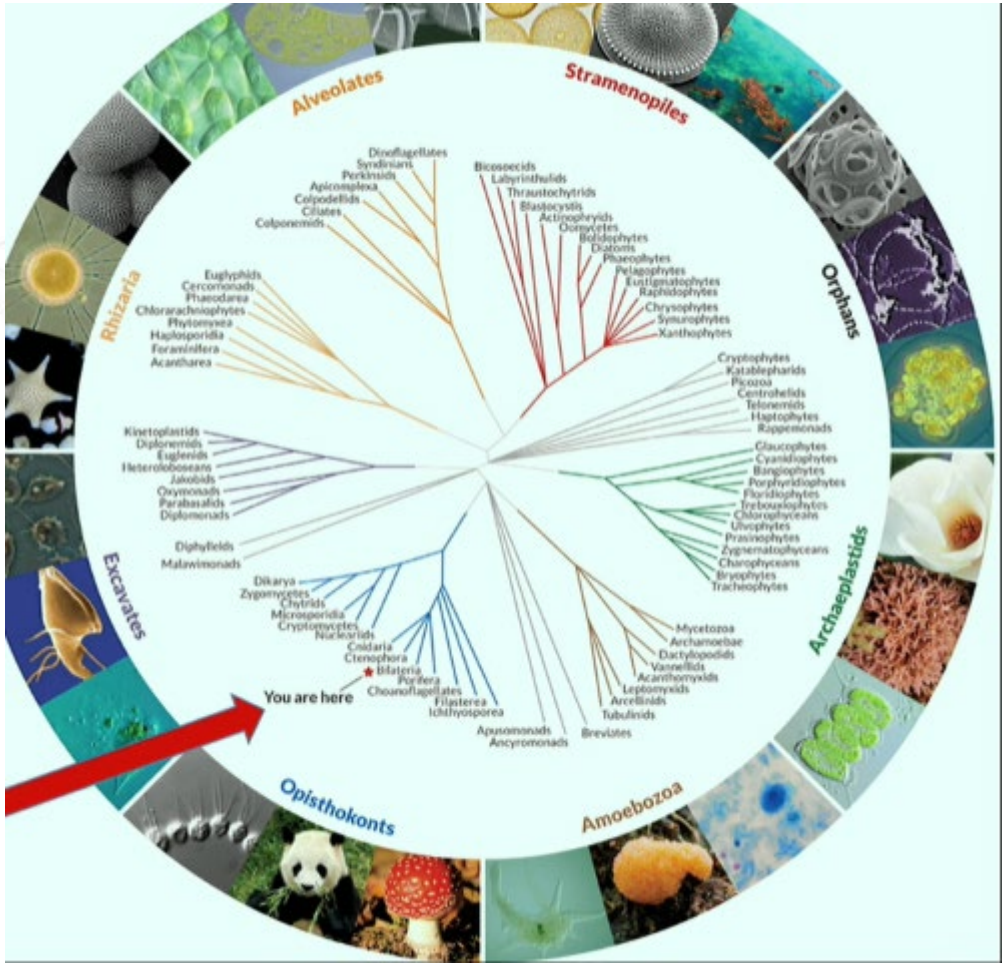
- Any analysis of prevailing trends strongly suggests that outbreaks of pathogens of pandemic potential are set to continue to increase in frequency for the foreseeable future. COVID-19 was disease X, and the next disease X is out there.

- Without swift and coordinated action to strengthen the global architecture for pandemic preparedness and response, backed by the necessary financing, the costs of the next pandemic are likely to exceed those of COVID-19.

- "The climate crisis is a health crisis: the same unsustainable choices that are killing our planet are killing people" Dr Tedros



Thank you



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