

WHO's COVID-19 PANDEMIC RESPONSE

WHO's role in the Access to COVID-19 Tools Accelerator (ACT-A): The spinal cord of the global COVID-19 response

Delivering science, solutions, and solidarity to end the acute phase of the pandemic

- **WHO has brought the world together for the past two years to apply science and find evidence based solutions to tackle the threat by SARS-CoV-2.** The virus and its variants are better understood, and the vaccines, diagnostic tools, treatments and other public health and social measures exist to address the drivers of SARS-CoV-2 transmission, reduce the impact of COVID-19 disease, and end the acute phase of the COVID-19 pandemic.
- **Although the world has the science and solutions to tackle COVID-19, collectively we have lacked the solidarity needed to mount a truly effective global response.** 2022 must be the year that we end the acute phase of the pandemic through the equitable distribution and effective use of tools that can enable every country to protect itself from COVID-19.
- **Vaccination remains absolutely crucial to ending the emergency of COVID-19.** However, last year 92 Member States out of 194 missed the target to vaccinate 40% of their population. WHO is committed to working with governments, industry and civil society, and all of our partners in the ACT-A initiative to deliver 70% vaccine coverage in every country by the start of July 2022. Crucially, it is imperative to boost vaccination of the most vulnerable in every country as the first priority. Ensuring that vaccines are translated into vaccination around the world means that we can save lives, prevent disease, and protect societies and economies.
- **In 2022, WHO will intensify its work with partners to increase access to SARS-CoV-2 testing, including genomic sequencing, around the world.** Boosting COVID-19 surveillance in every country is vital to track the spread of SARS-CoV-2, calibrate public health and social measures, and rapidly detect and characterise new SARS-CoV-2 variants of interest and concern. WHO will work with all countries to ensure testing for SARS-CoV-2 is integrated into robust surveillance for all respiratory pathogens. By leveraging WHO's global footprint to work more closely with affected communities, the Organization will strive alongside ACT-A partners and governments to raise testing rates to ensure cases are identified and diagnosed as rapidly as possible to ensure prompt treatment and break chains of transmission.
- **Access to basic therapeutics such as medical oxygen remains unequal and unfair globally.** In 2022, WHO will continue to work with partners to ensure that patients, wherever they are in the world, have access to safe and quality clinical care and information, and approved therapeutics for COVID-19 on the basis of clinical need, provided by trained, protected and respected health workers.
- **The past two years have put health workers and health systems under incredible strain.** WHO will continue to work with all partners throughout 2022 to build resilience and protect health systems, essential health services, and health workers, including through investing in infection prevention and control programmes, identifying IPC focal points, supporting infrastructural improvements (ventilation, WASH), provision of personal protective equipment, essential commodities, training and guidance to promote effective IPC in every setting around the world.
- **WHO is committed to convening partners** to strengthen inclusion and systematically include community stakeholders throughout the emergency management cycle.
- **WHO will use a risk-based approach** to promote safe international travel and organization of mass gathering events during the COVID-19 pandemic alongside partner organizations.
- **Communities remain central to equitable solutions** in responding to the ongoing pandemic, and WHO is committed to convene partners to strengthen inclusion and systematically include community stakeholders throughout the emergency management cycle.
- **WHO will use a risk-based approach to mainstream protection** from sexual exploitation, abuse, and harassment during the response to COVID-19, including during vaccination rollout. PRSEAH functions will be embedded in all emergency operations with key activities comprising of SEAH risk and capacity assessments, prevention, promoting victim/survivor centred approach to reporting, ensuring access to comprehensive victim support services and enhanced partner and stakeholders' engagement.
- **WHO is committed to diagnosing challenges from the infodemic, translating infodemiology** into practice, and identifying best buy policies and tools to address health inequities and build and maintain trust in the health system throughout the emergency lifecycle.

“While science delivered, politics too often triumphed over solidarity.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Science, solutions and solidarity

Since SARS-CoV-2 was first reported, WHO has emphasized that effective global, national and local responses to the pandemic would depend on three things: science, solutions, and solidarity. We relied on science to help us to understand SARS-CoV-2, and to rapidly find the evidence-based solutions we needed to protect ourselves. Just as importantly, we need solidarity to ensure that those solutions are shared and delivered wisely and equitably. For the past two years WHO has been at the front and centre of an unprecedented global effort to deliver science, solutions and solidarity to end the acute phase of the epidemic, and there have been some major successes.

Yet, for all the successes the pandemic remains an acute crisis in 2022. The surge of cases at the end of 2021 and the start of 2022 is once again putting health systems and societies under significant strain at a time when health workers and the public are suffering from pandemic fatigue. The evolution and spread of the Alpha, Beta, Gamma, Delta and Omicron variants of SARS-CoV-2 and our collective failure to vaccinate the most vulnerable globally has prolonged the pandemic, with the unacceptable loss of life, health, and global prosperity that entails.

More than 5.5 million deaths from COVID-19 have been reported to WHO since January 2020: a number that is even more shocking when we keep in mind that it is certainly an underestimate. Of those 5.5 million reported deaths, 3.5 million were reported in 2021. The cause of this failure to end the acute phase of the pandemic is very simple: inequity born of a lack of solidarity.

“... this can be the year we not only end the acute stage of the pandemic but we also chart a path to stronger health security.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

We must end inequity to end the pandemic

Our collective task is simple: to equitably share the COVID-19 tools, knowledge and solutions delivered by science (including vaccination, therapeutics and clinical care protocols), and effective public health and social measures over the past two years. At the same time, we must remain constantly vigilant for the evolution and spread of new SARS-CoV-2 variants, and redouble our efforts to guard against already stressed health systems and health workers being overwhelmed by new surges of COVID-19. We must ensure that those health systems and services that have taken a hit over the past two years are supported to recover quickly and to build in resilience to future shocks. WHO will work with every partner, from governments, industry and academia to the most marginalized communities, to save lives and protect the most vulnerable.

Turning vaccines into vaccination

As of 28 February more than 9 billion doses of COVID-19 vaccine had been administered globally, but that impressive headline figure masks stark global inequity. Of WHO's 194 Member States, 36 have vaccinated less than 10% of their population, and 92 less than 40%. High-income countries have administered 14 times more doses per inhabitant than have low-income countries, and every day there are more than 15 times more additional doses administered globally than primary doses in low-income countries. Remedying this inequity will go a long way towards ending the acute phase of the pandemic.

At the G7 and G20 in 2021, WHO Director-General Tedros Adhanom Ghebreyesus challenged leaders to ensure that countries had vaccinated 40% of their populations by the end of the year, and 70% of their populations by the middle of 2022, with vaccines delivered to the most clinically vulnerable in society first in accordance with WHO's Prioritization Roadmap. A total of 92 Member States missed the 40% target in 2021, but the 70% target can still be reached in 2022, and WHO will support countries and work with partners at every step of the global value chain.

WHO and partners created the ACT-A in April 2020 to accelerate access to tests, treatments, and vaccines. So far the vaccine pillar, COVAX, has shipped 935 million doses to 144 participating economies, and directly enabled 40 participating economies to start their immunization programmes in 2021.

COVID-19 Vaccine Delivery Partnership

To accelerate global efforts to close the vaccine equity gap and achieve broader population coverage target in 2022, in January 2022 WHO, UNICEF and Gavi, the Vaccine Alliance launched the COVID-19 Vaccine Delivery Partnership. These agencies, supported by a large network of partners, are accelerating support to countries to address the bottlenecks that are hindering vaccination in their countries and effectively turn vaccine doses into vaccinated, protected communities.

The Partnership will support countries to rapidly identify and implement solutions that could include accessing funding, deploying specialized technical and operational assistance for cold chain and logistics, providing political engagement and advocacy support, planning and forecasting, deploying community mobilizers and addressing misinformation, and strengthening data systems and analysis for decision making. These efforts will be combined with existing health priorities to maximize and sustain the impact of these additional investments.

As of January 2022, there are 34 countries where national COVID-19 vaccination coverage is below 10% and off-track to reach 70% by June 2022. The Partnership will focus its first efforts on eight high-priority countries. The list of countries for this concerted support will be reviewed regularly.

WHO plays a lead role in COVAX, from the approval of vaccines for emergency use, to supporting countries to plan and roll out complex vaccination programmes, to shipping vaccines doses and essential supplies. But WHO and our partners in ACT-A will go further and faster in 2022. WHO is committed to accelerating access to vaccines and removing health system bottle necks, working with our ACT-A partners, including through ACT-A's relaunched and re-energised Health System Response Connector (HSRC), to support governments and respond to the needs of communities.

The Organization will step up in 2022 to help communities drive the response by boosting bottom-up microplanning, with strong community engagement and support for the type of mobile vaccination teams that have been so effective at protecting hard-to-reach populations from polio and Ebola virus disease. WHO will also continue to support the regular review of national capacities required to roll-out COVID-19 vaccines, including through application of intra-action reviews (IARs). To date, 110 IARs have been implemented by 71 countries across the six WHO Regions.

“The priority for vaccine programmes is to provide protection against severe disease, hospitalization and death.”

Dr Kate O'Brien

WHO Pillar Lead for COVID-19 Vaccination

At the same time, WHO will continue to intensify its support for countries to formulate and implement evidence-based policy based on the latest science. This will include support to combat the COVID-19 infodemic both online and offline, providing countries the training and tools to counter misinformation and disinformation that has undermined science and trust in lifesaving health tools. As part of the Risk Communication and Community Engagement Collective Service, WHO will continue to work with partners to overcome vaccine hesitancy and to support frontline responders to engage effectively with vulnerable and hard to reach communities.

Finally, vaccines and vaccination are not only the key to ending the acute phase of the COVID-19 pandemic, but will also be a key part of the response to any potential pandemic in the future. That is why WHO is working with partners to take a “never again” approach to pandemic preparedness and vaccine manufacturing, so that when the next generation of COVID-19 vaccines become available they, along with those for any future “disease X,” are produced rapidly and equitably. WHO will continue to invest in vaccine manufacturing hubs, work with any and all manufacturers who are willing to share know-how, technology and licenses, and work with the countries that have already provided a blueprint rapid mass production of vaccines and other health tools in an emergency. WHO's mRNA technology transfer hubs are already moving ahead in developing an mRNA vaccine.

WHO supported COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh. WHO also assisted the Institute of Epidemiology Disease Control And Research Field Laboratory in Cox's Bazar to increase COVID-19 testing capacity from around 100 tests per day to over 1500 per day. © WHO / Fabeha Monir

“As long as SARS-CoV-2 continues to spread it will continue to evolve, and new variants will arise.”

Dr Maria Van Kerkhove

WHO COVID-19 Technical Lead



“I want to ensure COVID-19 care pathways with new treatments are available in every single country.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Increasing access to testing to boost public health and vigilance for variants

In 2022, WHO will intensify its work with partners to increase access to SARS-CoV-2 testing, including genomic sequencing, around the world. Boosting COVID-19 surveillance in every country is vital to track the spread of SARS-CoV-2, calibrate public health and social measures, and rapidly detect and characterise new SARS-CoV-2 variants of interest and concern. Ensuring patients with suspected COVID-19 are tested and diagnosed early is the key to effectively treating and managing the disease and saving lives.

Of the more than 3 billion tests reported across the world, only 0.4% have been done in low-income countries. Without access to tests, countries are blind to the extent of the circulation of the virus and unable to calibrate public health and social measures to protect populations. Poor surveillance impedes public health, whilst a lack of routine genomic sequencing capability impairs the ability of countries to identify, report and respond to new SARS-CoV-2 variants as they inevitably arise.

WHO supports the ACT-A target to advance testing rates in low-income countries. Alongside antigen rapid diagnostic tests, with donor funding, WHO will also support the deployment of serological tests to enable understanding of the immune status of individuals – an essential step to identify high-risk populations and guide prioritization during the roll-out of vaccine programmes.

Recently, the COVID-19 Technology Access Pool and the Medicines Patent Pool, launched by WHO in May 2020, finalized its first licensing agreement with the Spanish National Research Council for a serological antibody test. Building on this example of solidarity in 2022 will hasten the end of the acute phase of the pandemic.

WHO created a laboratory community of practice for SARS-Cov-2 to respond to in-country laboratory needs, including testing, sequencing and screening for SARS-CoV-2 variants, and through 28 webinars has reached over 10 000 participants from 186 countries or territories since its launch in May 2020. Investments made in strengthening laboratory systems and capacities for SARS-CoV-2 diagnostics, such as genomic sequencing, will make countries better prepared for future outbreaks of other pathogens.

The Philippines received 480 000 doses of AstraZeneca vaccines on 4 March 2021 via COVAX. The delivery contributed to Philippine Government's efforts to prioritize the vaccination of the country's most vulnerable people, including health workers. COVAX, the vaccines pillar of the ACT-A, aims to accelerate the development and manufacture of COVID-19 vaccines and to guarantee fair and equitable access to vaccines for every country in the world.
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Ensuring access to safe and quality clinical care

At the beginning of the pandemic the world had no effective treatments for COVID-19. Two years later we have an ever-increasing arsenal to draw from, but access to even basic therapeutics such as medical oxygen remains unequal and unfair globally. In 2022 WHO will continue to work with partners to ensure that patients, wherever they are in the world, have access to safe and quality clinical care and approved therapeutics for COVID-19 on the basis of clinical need.

At the beginning of the pandemic WHO worked with clinicians and practitioners around the world to exchange experiences and rapidly develop guidance for the clinical management of patients with COVID-19. Throughout the pandemic, WHO has worked with experts around the world to conduct rapid literature reviews and develop a comprehensive living guidance for the clinical management of COVID-19. That work continues every day and must be sustained, but WHO's work to support clinical care goes much further. From policy and guidance to direct research and development through the Solidarity Clinical Trials, and from product assessment through to the procurement and delivery of oxygen and therapeutics, along with the technical assistance and support that countries and communities need to use them, WHO has worked with partners to link cutting edge global research bench to the bedside.

In 2022, ending the acute phase of the pandemic will mean ensuring that low-income countries, low-to-middle-income countries, and upper-middle-income countries have the capacity to treat 120 million cases of COVID-19. Along with access to basic life-saving medicines such as medical oxygen, the approval and availability of effective therapeutics, including monoclonal antibodies and oral antivirals, will transform the treatment of COVID-19 and save lives.

Health workers at Rafik Hariri University Hospital in Beirut, Lebanon work on the COVID-19 response in early 2020. © WHO / Rony Ziade

Protecting health workers and health systems, and speeding the recovery of essential health services

The past two years have put health workers and health systems under incredible strain. WHO will continue to work with all partners throughout 2022 to protect health systems, essential health services, and health workers, including through investing in infection prevention and control programmes, the provision of personal protective equipment, training and guidance to promote effective infection prevention and control in every setting around the world. So far WHO has shipped more than 200 million medical masks, almost 100 million gloves and 10 million face shields globally, protecting millions of health workers. Through OpenWHO course, hundreds of thousands of health workers have been trained in infection prevention and control. Continuing this work in 2022 in concert with our partners in ACT-A and elsewhere will ensure that health workers, health systems, and patients are protected from SARS-CoV-2 transmission.

Ensuring that health systems have the capacity to use COVID-19 tools effectively will form a major part of WHO's work in 2022, encompassing support for coordination and planning, financing, demand forecasting and delivery tracking, and providing direct technical, operational and financial support in concert with ACT-A partners and others. WHO already works closely with countries to guarantee that they have integrated COVID-19 plans, resource requirements and financing allocations for vaccination, testing and clinical management via the COVID-19 partners platform. In 2022, WHO will work to ensure that countries have at least 80% of their financing gaps for delivery met, preferably through domestic funding, but with additional concessional and/or grant financing when required.

Through OpenWHO health workers have been trained in infection prevention and control. Continuing this work in 2022 in concert with our partners in ACT-A and elsewhere will ensure that health workers, health systems, and patients are protected from SARS-CoV-2 transmission.

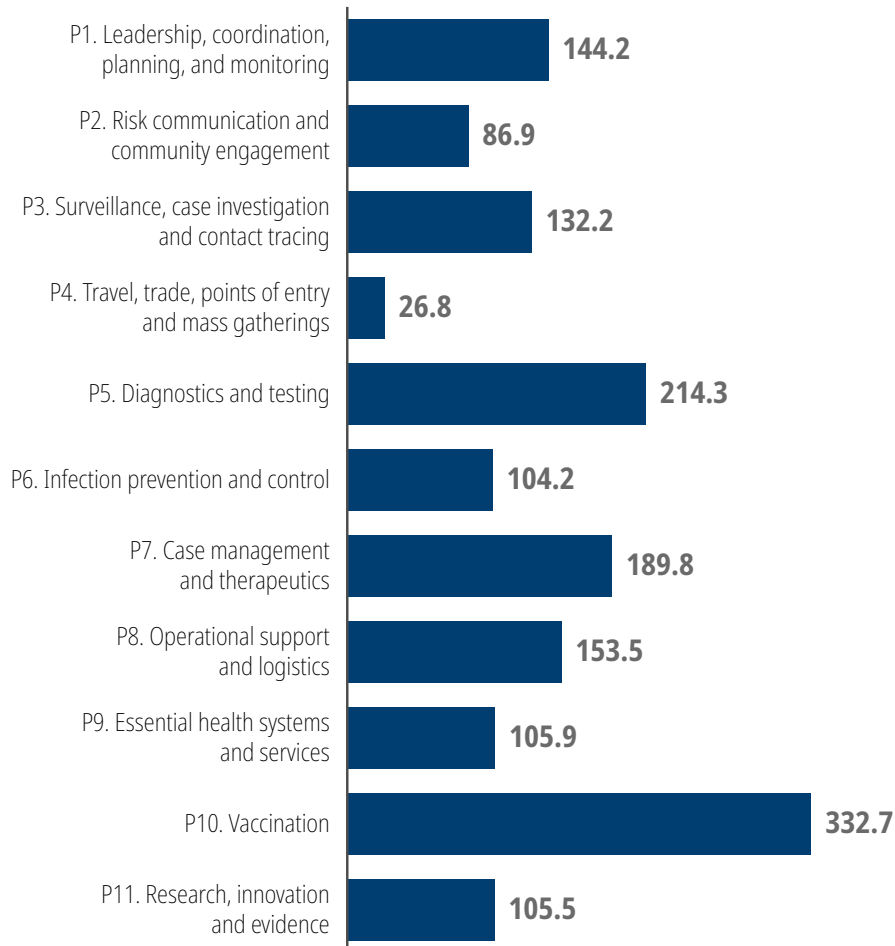


“By getting the vaccine equity equation right, by continuing to implement the measures we have at our disposal, continuing to protect the most vulnerable in our countries and in the world, we can bring the acute phase of the pandemic, that phase of death and hospitalization, to an end.”

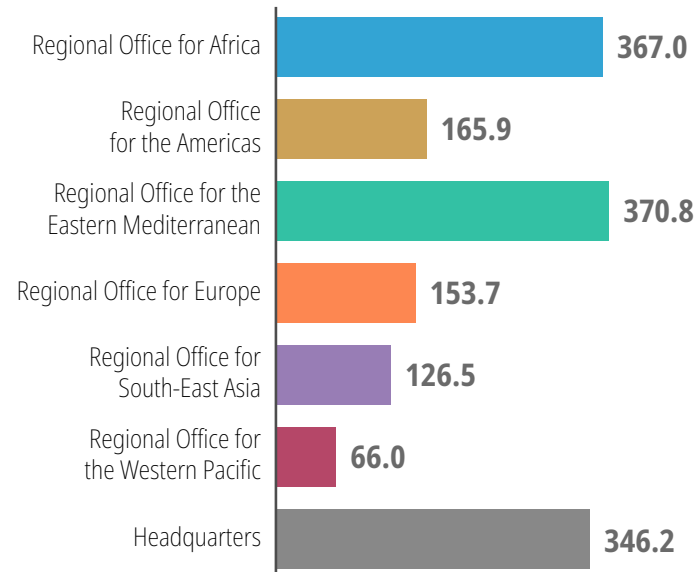
Dr Michael Ryan
Executive Director, WHO Health Emergencies Programme

Financial requirements in 2022

WHO COVID-19 budget by Strategic Preparedness and Response Plan pillar (US\$ million)



WHO COVID-19 budget by major office (US\$ million)



TOTAL US\$ 1.59 billion

WHO's COVID-19 budget broken down by Access to COVID-19 Tools Accelerator (ACT-A) pillar (US\$ million)

ACT-A pillars	Total
Diagnostics	214.3
Therapeutics	189.8
Vaccines	332.7
Health systems and response connector	753.7
Research and development	105.5
Total	1596.1