A COVID-19 Update with the World Health Organization

Monday, July 27, 2020

We will begin at 7:00am PST.
Health Services & Systems support to COVID-19 response

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Key Messages

While we tackle the pandemic, we must not lose focus on other pressing health needs. We must minimize healthcare disruptions caused by COVID-19 and ensure the continued delivery of essential health services such as immunization efforts.

WHO Director-General Tedros Adhanom Ghebreyesus
Outline

• Current Situation - Epi Updates
  • EHSS updates
    - Rapid assessment of continuity of essential health services (EHS) during the COVID 19 pandemic
    - ACT- Accelerator: Health Systems Connector
    - Updates on technical guidance
      • Policy brief: Long-term care facilities to prevent transmission and mortality
    - Review of national COVID-19 plans, with focus on maintenance of essential health services
  • Q&A
Current Epi Situation  
(as of 26 July, 10H Geneva Time)

• Updates from last 24 hours
  – 200,625 new confirmed cases from 147 countries/territories/areas:
  – The 10 countries reporting the highest number of cases in past 24 hours: Brazil (55891), India (48661), South Africa (12204), Mexico (7573), Colombia (7168), Russian Federation (5765), Argentina (5493), Peru (4865), Iraq (2862), Bangladesh (2520)
  – 4,823 new deaths from 83 countries/territories/areas
  – The 10 countries reporting the highest number of deaths in past 24 hours: Brazil (1156), Mexico (737), India (705), South Africa (312), Colombia (287), Iran (Islamic Republic of) (195), Peru (189), Argentina (125), Chile (106), Russian Federation (77)

• Globally, between 31 Dec 2019 - 26 Jul 2020
  – 15,785,641 cases from 215 countries/territories/areas and 2 international conveyance
  – 640,016 death from 189 countries/territories/areas and 1 international conveyance
  – The 10 countries with the highest number of cumulative cases: United States of America (4009808), Brazil (2343366), India (1385522), Russian Federation (812485), South Africa (434200), Mexico (378285), Peru (375961), Chile (343592), The United Kingdom (298685), Iran (Islamic Republic of) (288839)
  – The 10 countries with the highest number of cumulative deaths: United States of America (143663), Brazil (85238), The United Kingdom (45738), Mexico (42645), Italy (35102), India (32063), France (30078), Spain (28432), Peru (17843), Iran (Islamic Republic of) (15484)
Global epi - curve by region

Number of new confirmed COVID-19 cases and deaths by week to WHO and region

Jul 26 - Cases: 15785641; Deaths: 640016

Other: two international conveyances
Epi curve by region  (cases reported to WHO as of 26 July 10H)

Number of new confirmed COVID-19 cases and deaths by week to WHO and region

Jul 26 - Cases: 15785641; Deaths: 640016

AFRO

PAHO

SEARO

EURO

WPRO

Other: two international conveyances
### Rapid assessment of continuity of essential health services (EHS)

<table>
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<th><strong>What</strong></th>
<th>Comprehensive survey on impact of the pandemic on 25 essential health services across the life course</th>
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| **Aim**  | - Understand the extent of service disruptions across all services  
                        - Assess prevailing mitigation strategies for maintaining services  
                        - Identify priorities and technical assistance |
| **Where** | Responses: 16 May – 6 July  
                        Reporting: 3 months previous (March-June)  
                        Responses: 103 countries  
                        SEARO (82%); WPRO (69%); AFRO (64%); EURO (62%), EMRO (59%) |
| **How**  | Online survey platform – sent via/ in collaboration with regional offices  
                        MoH responses were submitted directly by MoH national counterparts or facilitated through WHO COs |
Rapid assessment of continuity of essential health services (EHS)

- Responses received from 103 countries
- High level findings:
  - Two-thirds of countries have defined a core set of EHS to be maintained during the COVID-19 outbreak
  - 80% of the surveyed countries have a core service package defined prior to COVID-19
  - Approximately half of the country governments have provided additional government funding for the maintenance of EHS during COVID-19
# ACT- Accelerator

Core assumptions guide ACT’s priorities

## Overarching assumptions
- The substantial gaps in immunity to COVID-19 globally will result in continued & substantial waves of disease through at least end-2021, straining health systems and further disrupting societies and economies.
- There are multiple potential approaches to change spread & profile of COVID-19, thereby restoring functional societies & economies; further innovation is key to finding new solutions as NPI’s alone will not be sufficient.

## Vaccines
- An innovative-platform based vaccine could be available by end-2020 but with limited supply; quantities for key subgroups could be available in Q1-2 2021 with broader use and additional products from Q3 2021.

## Therapeutics
- New molecules or biologics, will be needed to achieve significant reductions in mortality and/or morbidity (repurposing existing drugs is unlikely to be sufficient); these products may have higher costs, supply limitations and other access challenges.

## Diagnostics
- Expansion of PCR technologies is the near term solution for the global diagnostics challenge; innovation (e.g., rapid antigen diagnostic) would substantially facilitate the global response.

## Health systems strengthening
- Local capacities must be substantially strengthened to optimize in country delivery of new COVID-19 tools, including for ’the last mile’.
ACT- Accelerator
Health Systems Connector

- Focused at identifying critical health systems bottlenecks impeding delivery of vaccines, therapeutics and diagnostics
- Considers ongoing and completed work of each respective vertical pillars (vaccines, therapeutics and diagnostics) thus far and does not duplicate work being done by other pillars
- Challenges include (for each workstream):
  - difficulty of drawing the fine line of being narrow and Covid-19 focused, while working in the context of broader long term health system issues;
  - subsequent focusing on concrete and timely deliverables
- Each workstream has now made progress in narrowing the scope of its work

8 workstreams

1. Country readiness
2. Health Financing
3. Private Sector
4. HRH (Protecting the frontline health workers)
5. Community-led response (Community Involvement)
6. Integrated data (Health System Preparedness & Performance (HSPP) Monitoring)
7. Clinical Care
8. Supply Chain
**Challenge**
Countries face a multitude of questions and decisions that must be addressed to prepare for and respond directly to COVID-19 while simultaneously maintaining other health service delivery, mitigating the risk of system collapse.

**Rationale**
Rapid and accurate assessments of capacities of health facilities, management structures, health worker capacity and protection, and of material resources underpin the planning and redistribution of resources for COVID-19 case management, maintenance of essential health services and redistribution and reassignment of workforce.

**Goal**
To support member states to determine current and future capacities of health facilities to respond to COVID-19 and assure the delivery of essential health services.

**Objectives**
1. Identify modules needed (existing and planned)
2. Simplify, rationalize and integrate modules into a harmonized suite that can be implemented by countries in a modular way and that meet the rapidly changing needs of countries through pandemic phases
3. Ensure modules adhere to guiding principles and are released for urgent field application in a phased way
ACT-A Health Systems Connector: Clinical care workstream

Key considerations for clinical care

- One health system delivers care for patients with COVID-19 and all other conditions.
- Patients often present without a diagnosis (for example, with fever, difficulty breathing, altered mental status, etc.) and may or may not have COVID-19.
- Patients access the health system at a variety of sites. All first points of access should be prepared to screen patients for COVID-19.
- Key clinical processes of screening, isolation, triage, monitoring and targeted referral must be in place at all levels of the health system.
- A well functioning health system with robust acute care ensures that COVID-19 vaccine(s), therapeutic(s), or diagnostic(s) are provided in a safe and timely manner for those who need it.

Contribution of clinical care workstream

- Provide integrated clinical input, including targeted COVID-19 clinical guidance, to all three ACT-A pillars (vaccines, therapeutics, diagnostics).
- For example, in areas of: research & development; regulatory processes; supply chain, including biomedical equipment and oxygen (already executed through Clinical Operations pillar of UN supply chain task force)
- Support integration of key clinical processes to ensure safe and timely delivery of clinical care (through guidance, tools, training and country support through existing joint WHO HealthOps/Essential Health Services and Systems HelpDesk).
Long-term care facilities to prevent transmission and mortality

- Provides policy objectives and key action points to prevent and manage COVID-19 across long-term care
- Builds on current available evidence on the measures taken to prevent, prepare for and respond to the COVID-19 pandemic and its impact on those who use long-term care and care providers
Long-term care facilities to prevent transmission and mortality

Eleven policy objectives to mitigate the impact of COVID-19 across long-term care

1. Include long-term care in all phases of the national response to the COVID-19 pandemic.
2. Mobilize adequate funding for long-term care to respond to and recover from the COVID-19 pandemic.
3. Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care and ensure efficient information channeling between health and long-term care systems to optimize responses.
4. Secure staff and resources, including adequate health workforce and health products, to respond to the COVID-19 pandemic and deliver quality long-term care services.
5. Ensure the continuum and continuity of essential services for people receiving long-term care, including promotion, prevention, treatment, rehabilitation and palliation.
6. Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases.
7. Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services.
8. Provide support for family and voluntary caregivers.
9. Prioritize the psychosocial well-being of people receiving and providing long-term care services.
10. Ensure a smooth transition to the recovery phase.
11. Initiate steps for transformation of health and long-term care systems to appropriately integrate and ensure continuous, effective governance of long-term care services.
Review of national COVID-19 plans, with focus on maintenance of essential health services

• Conducted by the Health Service Resilience team
• The intended impact of this review is to inform actions for improvement including an integrated systems approach in planning during and beyond COVID-19 context, considering health systems strengthening and public health measures towards resilience

• Objectives
  – To assess alignment of CPRPs with the SPRP thematic pillars and GHRP strategic priorities (if on GHRP country list);
  – To evaluate considerations for health system strengthening and health service resilience in the context of COVID-19 preparedness and response. Specific areas covered:
    • Inclusion of maintenance of EHS in the CPRPs incl. consistency with EHS survey;
    • Quality aspects for essential health services including COVID-19;
    • Impact of COVID-19 on disruption of health services at subnational level; and
    • Integration of health systems and essential health services aspects, through a dedicated structure or mechanism.
  – To ascertain whether CPRPs are costed with M&E, and assess whether there is a dedicated budget line and M&E component for the maintenance of essential health services.
WHO AFRO countries have developed focused plans for responding to COVID-19 with alignment across the initial eight SPRP pillars and GHRP strategic priority one. However, alignment across all nine SPRP pillars and three GHRP strategic priorities (SP) is, overall, varied and limited.

- There are countries with multiple national plans (some with up to 4) for COVID-19 while the reasons behind this and interlinkages between them are often unclear.
- The consideration for maintenance of EHS (MEHS) in the COVID-19 Preparedness and Response Plans (CPRPs) is, overall, limited (20 out of 87 plans).
- Overall, GHRP countries have consistent focus on SP1 (contain spread, decrease mortality and morbidity) but limited and varied considerations for SP2 (decrease deterioration of human assets and rights, social cohesion and livelihoods) and SP3 (protect, assist and advocate for refugees, IDPs, migrants and vulnerable groups).
95% of CPRPs have dedicated consideration or sections for IPC – reflective of the nature of the outbreak; however the data in the plans are limited to explicitly ascertain their scope to cover other domains of quality outside of safety.

Only 17% of CPRPs have a focus for MEHS at subnational levels including primary care.

12% of plans have identified designated responsible focal person or entity with regards to health systems resilience or EHS in the response coordination mechanism (EOC).

95% of the CPRPs had indicated a budget to implement activities. Only 12% had specified allocation for EHS activities.

51% of CPRPs have M&E for activities while only three plans had M&E for MEHS.
Q&A