

WHO'S RESPONSE TO COVID-19

CONTEXT

Nearly four years since SARS-CoV-2 was first reported, the world continues to experience the devastating effects of COVID-19.

Globally, millions of people continue to be (re-)infected with and thousands continue to die from this disease every week.

Hundreds of thousands of people were estimated to be hospitalized with COVID-19 in the past month alone. Current research further suggests that around 6% of symptomatic infections will go on to develop Post-COVID-19 Condition. All of this is stressing health systems already grappling with competing health priorities.

While safe, effective tools are available to prevent and control COVID-19, important access inequities remain, preventing all people from benefitting equally.

Many countries have been able to move beyond the acute phase of the pandemic through their wide and early use of vaccines, diagnostics, and therapeutics. Most lower-income countries, however, only had access to consequential amounts of these tools much later, stalling their rollout, use and impact. Many low-income countries continue to face challenges in access to life saving tools four years on, and as a result, continue to face substantial COVID-19 burden as the virus remains able to circulate freely. This is especially true in conflict settings and other fragile contexts.

The effects of access inequities are compounded by rampant mis-/disinformation undermining the use of available tools, affecting not just low-income countries but all countries.

Demand for vaccines, among other tools, has decreased substantially over time, despite recommendations for their continued use, especially in high-risk groups. Globally, only 59 million doses were administered over the past 6 months, as compared with 327 million in the six months preceding.

Given widespread SARS-CoV-2 circulation, the risk of new variants with immune escape and increased growth rates looms large.

This is happening at a time when countries are transitioning their emergency responses to COVID-19 into longer-term prevention and control programmes. As they do so, many countries are facing uncertainty in how they sustain the gains in health system capacity made during the pandemic, on which they now rely to control COVID-19 and other public health threats.

Despite the world's desire to move on, COVID-19 continues to impact people's lives and national health systems. While people may want to forget, governments must not, and WHO will not. A robust, concerted response by WHO to support Member States is still required.



Diana, a community health worker involved in a door-to-door COVID-19 vaccination outreach program in Monduli Juu. Monduli Juu is one of the hardest to reach villages in Arusha, United Republic of Tanzania.

Photo: WHO / Ethnovision / Billy Miaron

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WHO 2024 RESPONSE STRATEGY

As outlined in WHO's Global Strategic Preparedness, Readiness and Response Plan (SPRP) 2023-25 for COVID-19, WHO will continue to work directly with Member States to (i) reduce and control the incidence of SARS-CoV-2, with a particular focus on reducing infections in high-risk and vulnerable populations and (ii) to prevent, diagnose and treat COVID-19 to reduce mortality, morbidity, and long-term sequelae.

WHO will do this by supporting:

- **Collaborative surveillance:** WHO will work with Member States to strengthen disease monitoring and reporting systems to collect & analyse impact data meaningful to this stage of the emergency, including data on hospitalizations, intensive care admissions, and deaths, by age, underlying condition and vaccination status.
 - **Community protection:** WHO, through Regional and Country offices, will continue to be in country, on the ground, providing direct support to Member States in implementing life-saving community-based protection measures, including vaccination, infodemic management, risk communication, public health and social measures, and more.
 - **Safe and scalable care:** WHO will help Member States to maintain and integrate critical clinical care pathways into primary health care systems to ensure that individuals who test positive for SARS-CoV-2 are efficiently linked to care, especially in fragile and conflict settings.
 - **Access to countermeasures:** WHO will support Member States in implementing COVID-19 tools, aiming to reduce access inequities, ensuring they are reaching those at highest risk from COVID-19. WHO will continue advocacy for research on and development of novel tools with enhanced characteristics to expand our ability to control the disease.
 - **Emergency coordination:** WHO will continue to support inclusive multi-sectoral, multi-disciplinary and multi-partner mechanisms for coordination, planning, financing, and monitoring & evaluation at all levels in areas most affected by COVID-19.
- Across all of these components, WHO will work with Member States to sustain and expand gains in health system capacity that have been made during the pandemic and to transition from crisis response to sustainable, integrated, longer-term COVID-19 disease management.

FOR MORE INFORMATION

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Nurse Rosemary Raikekeni smiles in front of a home in Kuvamiti village. She and her team had to make an arduous journey to bring COVID-19 vaccines and other essential health services to this remote area in East Guadalcanal, Solomon Islands, on 17 May 2023.

Photo: WHO / Zakarya Safari

2024 FUNDING REQUIREMENTS

COVID-19	US\$ '000							
			Eastern					
		Region of the	Mediterranean	European	South-East Asia	Western Pacific		
Funding requirement by response pillar and by country	Africa Region	Americas	Region	Region	Region	Region	Global Support	Grand Total
P1. Leadership, coordination, planning, and monitoring	3 285	753	1 163	889	829		540	7 459
P2. Risk communication and community engagement	1 818	2 123	162	644	209	968	450	6 374
P3. Surveillance, case investigation and contact tracing	2 675	3 267	435	918	1 810	729	1 350	11 183
P4. Travel, trade and points of entry	847	154	270	361	176		90	1 898
P5. Diagnostics and testing	1 535	5 408	3 756	6 082	2 098		3 600	22 479
P6. Infection prevention and control	1 713	409	1 415	883	376	90	360	5 245
P7. Case management and therapeutics	2 507	1 811	4 863	1 180	884	90	1 350	12 684
P8. Operational support and logistics	2 492	936	1 800	549	956	1 035	1 800	9 569
P9. Essential health systems and services	1 576	393	1 836	908	2 493		90	7 295
P10. Vaccination	1 652	10 493	15 608	19 502	186		1 800	49 240
P11. Research, innovation and evidence	1 685				351		2 700	4 736
Total	21 784	25 747	31 309	31 914	10 367	2 912	14 130	138 163

Maimouna proudly displays her COVID-19 vaccination certificate at Madina Community Health Centre in Ménaka, Mali.

Photo: WHO / Fatoumata Diabaté