COVID-19: Lessons from the pandemic: parliamentary action to reduce risks, strengthen emergency preparedness and increase resilience

WHO/UNDRR/IPU Webinar

Lessons from the COVID-19 pandemic: parliamentary action to reduce risks, strengthen emergency preparedness and increase resilience

Jointly organized by WHO/UNDRR and IPU

28 April 2020
**Background and key events**

31 Dec 2019
Cluster of 27 cases of pneumonia of unknown origin reported in Wuhan, China

7 Jan
Novel coronavirus isolated

12 Jan
First fatal case in China

20-21 Jan
First WHO mission to Wuhan

22 Jan
H2H transmission & HCW infection reported

22-23 Jan
1st Emergency Committee

30 Jan
2nd Emergency Committee:
WHO declares a PHEIC

16 Feb
Joint WHO-China Mission begins

Jan 5
First EIS and DON issued by WHO

1 Jan 2020
WHO activates emergency response

8 Jan
First confirmed case outside China

11-12 Jan
Whole genome sequence shared with WHO and publicly

10-11 Jan
First package of technical guidance issued

14 Jan
First press conference warning of possible H2H and wider outbreak

23 Jan
Lockdown of Wuhan begins

27 Jan
Second WHO Mission: WHO Director General in China

2 Feb
First fatal case outside China
COVID-19 laboratory confirmed cases reported to WHO

- Globally, between 31 Dec 2019 - 27 Apr 2020*
  - 2,883,603 cases from 212 countries/states/territories and 1 international conveyance

- Updates from last 24 hours
  - 85,408 new confirmed cases from 144 countries/states/territories:
  - 5,041 new deaths from 87 countries/states/territories

*As of 27 April, 18H Geneva Time
COVID-19 Mortality

Countries, areas or territories with COVID-19 deaths per 1,000,000 people
As of 27 April 2020, 10:00 (CEST)

Countries, areas or territories with COVID-19 deaths reported in the last day
(Per 1,000,000 population, from 26 April 2020, 10:00 to 27 April 2020, 10:00 (CEST))
Number of confirmed cases notified under IHR or from official government sources by WHO region, and International Conveyance (Diamond Princess) as of 27 April 18H

10-11 Jan: WHO issues first package of technical guidance: surveillance, lab, clinical management, IPC, readiness checklist, disease commodity package

5 Jan: WHO issues first EIS/DON

30 Jan: WHO declares public health emergency of international concern

Note: Numbers in the curve have not been adjusted to reflect the reconciliation in Spain, pending clarification on which days the cases should be removed.
The global strategic objectives are as follows:

- **Mobilize** all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.

- **Control** sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts.

- **Suppress** community transmission through context-appropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.

- **Reduce** mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and protecting frontline workers and vulnerable populations.

- ** Develop** safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.
Critical preparedness, readiness and response actions for COVID-19

Intensity of actions based on transmission scenario:

1. Countries with no cases (No Cases)
2. Countries with 1 or more cases, imported or locally detected (Sporadic Cases)
3. Countries experiencing cases clusters in time, geographic location, or common exposure (Clusters of cases)
4. Countries experiencing larger outbreaks of local transmission (Community transmission)

Countries could experience one or more of these scenarios at the sub-national level and should adjust and tailor their approach to the local context.
Adjusting public health and social measures

Considerations to minimize risk of resurgence in COVID-19 cases

- COVID-19 transmission is controlled
- Sufficient public health workforce and health system capacities are in place
- Outbreak risks in high-vulnerability settings are minimized
- Preventive measures are established in workplaces
- Manage the risk of exporting and importing cases from communities with high risks of transmission
- Communities are fully engaged
- Business continuity of services for non COVID-19 health issues

Background

Across the globe, countries have implemented a number of public health and social measures that are aimed to stop or slow the spread of COVID-19. The overarching goal of the WHO global COVID-19 response strategy is to, in all countries, control the pandemic by slowing down transmission and reducing mortality associated with COVID-19, while limiting the ultimate size of the outbreak and minimizing a rise in the number of low-level or resurgence transmission. Based on local epidemiological, setting-specific, and socio-economic conditions, the approach may vary. Public health and social measures adopted may need to be adjusted from time to time, while others are or may currently be sustained. Although the goal is for all countries to suppress transmission and provide care for all patients, the intensity of implementation of certain measures to achieve this goal will vary depending on the local epidemiological situation, capacity, timing and duration of all contacts, public health and social measures of individuals and community levels, among others based on the transmission scenario each country is facing (for cases, clusters, chains of cases, or community transmission).

Public health and social measures

Public health measures include general protective measures (hand hygiene, respiratory etiquette), ventilation measures, physical distancing measures, and non-travel-related measures. Physical distancing measures apply to individuals (e.g. isolation of cases and quarantine of contacts), specific aspects of the population, or the population as a whole. These measures are not mutually exclusive and are often implemented concurrently with other measures. WHO recommends that all supported cases be isolated, tested, contacted, and traced, and quarantined.

Additional measures that public health and social measures (PHSM) may include non-pharmaceutical control strategies, clusters of schools and businesses, geographically non-specific quarantine, and international travel restrictions have been implemented by a number of countries. These are sometimes referred to as “background” or “shadow” measures.

An assessment of the public health impact of PHSM for COVID-19 has not been established. This assessment needs to take into account the social and economic costs and benefits of such measures, which may be substantial. As such, a careful risk assessment and cost-benefit analysis is needed to balance the benefits and potential harms of adjusting these measures, as well as to trigger a resurgence of COVID-19 cases and protect the health of the population. Until specific and effective pharmaceutical interventions (e.g., antivirals and vaccines) are available, countries may need to continue to employ or sustain measures throughout the pandemic.

Decisions to tighten or loosen or re-institute PHSM should be based on scientific evidence and real-world experience and take into account other critical factors, such as economic factors, setting-related factors, human rights, social equity, and public sentiment and adherence to measures.

Individual measures, including medical interventions for symptom management, isolation and treatment of ill individuals, and hygiene measures (hand hygiene, respiratory etiquette) should be sustained.

This document is intended for national authorities and designers of interventions to provide a structure for how to introduce large-scale PHSM and are considering adjusting them. It offers guidance for adjusting public health and social measures, while maintaining the risk of resurgence of cases.

Scenarios

WHO has previously defined four transmission scenarios to describe the dynamic of the epidemic: no reportable cases (where the disease is no longer detectable), sporadic cases, clusters of cases, and ongoing transmission. The latter scenario can occur from one transmission situation to another (in either direction) while experiencing different situations at sub-national levels. Each transmission scenario requires a tailored control approach at the lowest administrative level.

Although it is unknown how the pandemic will continue to evolve, three scenarios can be anticipated:

1. Continuous transmission of human-to-human transmission;
2. Wave-like epidemic with high overall case numbers and continuing transmission; and
3. Continuous low-level transmission.

Based on current evidence, the most plausible scenario may involve ongoing periodic transmission with periods of low-level transmission. This guidance has been developed in the context of these scenarios and will be updated in light of the knowledge of the dynamics of the pandemic evolves.
COVID-19 therapeutics and vaccines

**Therapeutics:**

- There are currently no licensed therapeutics for COVID-19
  - Many clinical trials currently underway

- “Solidarity” is an international clinical trial to help find an effective treatment for COVID-19, launched by WHO and partners
  - International clinical trial to help find an effective treatment for COVID-19, launched by WHO and partners
  - Compares four treatment options
  - Assesses their relative effectiveness against COVID-19
  - >1600 patients enrolled from 11 countries*

**Vaccines**

- Harnessing a broad global coalition to develop and evaluate candidate vaccines as quickly and safely as possible
  - >120 vaccines are in development

- **Access to COVID-19 Tools Accelerator : ACT Accelerator** (launched Friday 24 April)
  - Brings together the combined power of several organizations to work with speed and scale
  - Shared commitment is to ensure all people have access to all the tools to defeat COVID-19
  - Development and production of vaccine; Production at scale; Equitable access to vaccine – global engagement

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*as of 27 April

Support from the parliamentarians for using evidence-based recommendations to manage COVID-19

• Implement evidence-based recommendations and guidance
  – Agile, adaptive according to transmission intensity and need

• Strengthening health systems now
  – Develop workforce to identify, isolate, test, treat all cases and trace and quarantine every contact
  – ensure resources to protect health workforce

• Advocate and adopt a whole of society, whole of government approach to ensure public health and social measures to reduce transmission and how they are adjusted as necessary over the course of the pandemic
  – Intensifying and easing

• Ensure lessons learned are documented and integrated into preparedness, response and recovery to reduce transmission and how they are adjusted across the course of the pandemic

• Document and share good practices/challenges with WHO and others
WHO COVID-19 resources

• Be well informed & stay informed with the latest information

• WHO Coronavirus website
  – Strategic preparedness and response plan
  – Country and technical guidance
  – FAQs Myth busters
  – Research and Development
  – EpiWin: WHO information network for epidemics
  – Advice for individuals
  – Training for frontline workers: OpenWHO.org
  – News, speeches, press conferences. Mission reports
  – And more...

http://www.who.int/emergencies/diseases/novel-coronavirus-2019