COVID-19 Pandemic

What does the ‘new normal’ look like and what are the strategies and options available?

Dr Dorit Nitzan
Regional Emergency Director a.i.
WHO European Region
Yuval Noah Harari: the world after coronavirus

...Yes, the storm will pass, humankind will survive, most of us will still be alive — but we will inhabit a different world

Spanish Flu, 1918
Regional Epidemiological Situation

COVID-19 situation in the WHO European Region

data as of: 26 April 2020, 10:00 (CET)

53 Countries

Total confirmed cases: 1,343,086
Total confirmed deaths: 122,252

Cases last 7 days: 219,240
Deaths last 7 days: 21,283

Cumulative confirmed cases:

Cumulative deaths:

Confirmed cases by date of report:

More Information:
WHO-EURO Situation Dashboard
WHO-Europe COVID-19 Tracker
COVID-19 clinical features and severity in the European Region

Slides will be updated as of 5 May

Case Demographics:
- 16% healthcare workers
- 51% female
- Median age – 55 years
- 16% with travel history

Fatal Cases:
- 11% of all cases were fatal
- 63% were male
- 95% were over the age of 60
- 95% had at least one underlying condition with the top-3 conditions being
  - Cardiovascular disease (70%)
  - Diabetes (33%)
  - Lung disease (22%)

Source: IHR Case Report Forms as presented in the EURO Weekly Surveillance Bulletin for EPI Week 16
Global Epidemiological Situation

Slides will be updated as of 5 May

- Globally there are 2,631,839 cases with the total number of deaths increasing to 182,100.

- The most affected WHO regions remain EURO and PAHO. EURO accounts for 49% of cases and 64% of deaths globally while the USA alone accounts for 32% of cases and 23% of deaths.

- The 10 countries with the most reported number of cases in past 24 hours: United States of America, Russian Federation, The United Kingdom, Spain, Italy, Turkey, Brazil, Germany, France, Canada.
* Data for Spain (cases and deaths) are subject to ongoing retro-adjustment by Spanish authorities to account for PCR-positive cases only
Public Health and Social Measures implemented in the European Region

Slides will be updated as of 5 May
WHO in action

Joint response of Member States, WHO and partners, with countries and communities at high risk or in situations of vulnerability at the centre
Since the end of February, Europe has represented approximately half of all global cases.

**Week 4:** First case in European Region (France ex China).

**Week 5:** PHEIC declaration (30 Jan)

**Week 8:** First case in Lombardy Region, Italy. WHO mission deploys on 24 Feb.

**Week 11:** France, Spain, Germany, UK and The Netherlands: first evidence of community transmission.

**Week 12:** Nearly all EURO MSs report at least one COVID-19 case (except TJK & TKM).

**Week 12-13:** Increased transmission in Eastern Europe (UKR, TUR, RF, BEL)

**Week 13-14:** Western European MS cases begin to decrease.
WHO Europe Supporting Emergency Preparedness and Response, Through the Hubs:

**Hub Support Mission:** Armenia

**Hub Support Mission:** Bosnia and Herzegovina x2

**Hub Support Mission:** Serbia

**Hub Support Mission:** Kazakhstan

**Hub Support Mission:** Uzbekistan

**Hub Support Mission:** Tajikistan x2

**Simulation Exercise Points of Entry Support Mission**

**PPE, Received**

**Lab Kits, Received**

**Rapid Response Team Mission**

**Hub Support Mission**

**Hospital Preparedness Support Mission**

**Lab Support Mission**

**Operational Planning Support Mission**

**Surveillance Support Mission**

**IPC Support Mission**

**Risk Comms Support Mission**

**Map Legend:**

- Red: Points of Entry Support Mission
- Blue: Hub Support Mission
- Black: Hospital Preparedness Support Mission
- Green: Operational Planning Support Mission
- Yellow: Simulation Exercise Points of Entry Support Mission
- Orange: IPC Support Mission
- Pink: Risk Comms Support Mission
- Lilac: PPE, Received
- Purple: Lab Kits, Received
WHO Europe Supporting Countries on the Ground:

- Rapid Response Team Mission: Ukraine
- Rapid Response Team Mission: Belarus
- Rapid Response Team Mission: Spain x2
- Rapid Response Team Mission: Italy
- Rapid Response Team Mission: Azerbaijan
- Rapid Response Team Mission: Georgia/Abkhazia x2

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- Surveillance Support Mission
- IPC Support Mission
- Risk Comms Support Mission
- PPE, Received
- Lab Kits, Received
WHO Europe Building Capacities Through In-Country Support:

- **Hospital Preparedness Support Mission**: Belarus, Ukraine
- **Laboratory Support Mission**: Kazakhstan, KGZ, TJK, UZB, ARM, AZE, GEO
- **Surveillance Support Mission**: Italy, Spain, Belarus
- **Risk Communications Support Mission**: Ukraine
- **IPC Support Mission**: Italy, Belarus
- **Operational Planning Support Mission**: BIH, MKD, MNE, SRB/KOS
- **Simulation Exercise**: Georgia
- **Points of Entry Support Mission**: ARM, AZE
- **Rapid Response Team Mission**: KAZ, KGZ, TJK, UZB
- **PPE, Received**: Lab Kits, Received

**Map Legend:**
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- Pink: Surveillance Support Mission
- Black: IPC Support Mission
- Purple: Risk Comms Support Mission
- White: Lab Kits, Received

**Countries and Missions:**
- **Kazakhstan**: Laboratory Support Mission, Simulation Exercise
- **Ukraine**: Hospital Preparedness Support Mission, Risk Communications Support Mission
- **Belarus**: Laboratory Support Mission
- **Ukraine**: Hospital Preparedness Support Mission
- **ARM, AZE**: Laboratory Support Mission
- **Italy**: Surveillance Support Mission
- **Belarus**: IPC Support Mission
- **Italy, SRB/KOS**: Operational Planning Support Mission
- **ARM, GEO**: Simulation Exercise
- **KGZ, UZB**: Operational Planning Support Mission
- **KAZ, KGZ, TJK, UZB**: Points of Entry Support Mission
WHO Europe Procuring and Distributing Essential Supplies:

- **PPE:**
  - ALB, BIH, MDA, MNE, MKD, SRB/KOS
  - Belarus

- **Lab Testing Kits:**
  - ALB, BIH, CZH, MDA, MNE, MKD, SRB/KOS
  - Belarus
  - Lithuania

- **PPE:**
  - Armenia (ARM), Azerbaijan (AZE), Georgia (GEO)
  - Russian Federation

- **Lab Testing Kits:**
  - ARM, AZE, GEO

- **Lab Testing Kits:**
  - Turkey
  - Armenia (ARM), Azerbaijan (AZE), Georgia (GEO)

Map Legend:
- Rapid Response Team Mission
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- Operational Planning Support Mission
- Lab Kits, Received
Supporting Emergency Preparedness and Response, through the Hubs:

**Hub Support Mission:**
- Armenia
- Bosnia and Herzegovina x2
- Serbia
- Azerbaijan
- Kazakhstan
- Tajikistan x2
- Uzbekistan

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Normative Guidance

- Strengthening and adjusting public health measures throughout the COVID-19 transition phases. Policy considerations for the WHO European Region, 24 April 2020
- Alcohol and COVID-19: what you need to know
- COVID-19 and breastfeeding - Position paper (2020)
- COVID-19 technical guidance – Providing care for children with acute respiratory infections
- Guidance on routine immunization services during COVID-19 pandemic in the WHO European Region (2020)
- Health care considerations for older people during COVID-19 pandemic
- Hospital readiness checklist for COVID-19
- Interim guidance for refugee and migrant health in relation to COVID-19 in the WHO European Region (2020)

Preparedness, prevention and control of COVID-19 in prisons and other places of detention
Interim guidance
15 March 2020

Keeping each other safe and connected is everyone’s responsibility

If you can’t meet your colleagues at the coffee machine … … organize a break together online.

Physical distancing is not social isolation

Together we can beat COVID-19 #covid19

The Health System Response Monitor (HSRM) has been designed in response to the COVID-19 outbreak to collect and organize up-to-date information on how countries are responding to the crisis. It focuses primarily on the response of health systems but also captures wider public health initiatives. This is a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies.

Click here for policy recommendations and technical guidance from the WHO Regional Office for Europe on how to strengthen the health systems response to COVID-19 and click here for the EU-coronavirus response in the area of public health.

CROSS-COUNTRY ANALYSIS: TRENDS AND KEY LESSONS

Cross-country analysis of health system responses and key policy lessons, including:
- How do the COVID-19 testing criteria differ across countries?
- How are countries creating extra bed and ICU capacity?
- How are countries keeping the rest of the health system operating?

COUNTRIES

Compare country responses

Select different countries and compare their responses to the COVID-19 crisis.

IMPORTANT REFERENCES

Important links and articles related to the COVID-19 crisis.

Please select a country from the list.
“Solidarity” clinical trial for COVID-19 treatments

No solution is expected in the near future

Expected treatments and vaccines on the horizon

“Solidarity” Trials
- International clinical trial to help find an effective treatment for COVID-19, launched by WHO and partners
- Compares four treatment options and assesses their relative effectiveness against COVID-19
- Over 1600 patients enrolled from 11 countries, as of 27 April
Access to COVID-19 Tools (ACT) Accelerator

- A Global Collaboration to **Accelerate the Development, Production, and Equitable Access** to new COVID-19 diagnostics, therapeutics and vaccines
- Shared commitment to ensure all people have access to all the tools to defeat COVID-19
- Focus on:
  - Development and production of vaccine
  - Production at scale
  - Equitable access to vaccine through global engagement
WHO COVID-19 Strategy for the WHO European Region

Regional adaptation of the WHO Global COVID-19 Strategy Update
Many short-term emergency measures will become a fixture of life. That is the nature of emergencies. They fast-forward historical processes. Decisions that in normal times could take years of deliberation are passed in a matter of hours.

Yuval Noah Harari
Complexity, uncertainty and dynamic changes

Critical moment – difficult choices

The evolving nature of the COVID-19 pandemic in the European Region is creating four parallel sets of demands that are interconnected and reinforce one another:

1. The outbreak of the virus, with no proven vaccines or therapeutics available as of this moment to prevent and treat the disease
2. The burden and demands on health services, including those on staff to meet the demands of COVID-19 response and maintain essential care and services
3. The burden of physical distancing on individuals, families and communities
4. The emerging economic crisis and the challenges for employers, businesses and economies
Approach to managing the Transition

Public health and epidemiological considerations

Capacity for dual track health system management

Data analytics
Communications
Governance

Population behavioural insights

Social and economic implications
Public Health and Social Measures against daily reported detections since Case 1 (a) and cumulative deaths since Death 1 (b).

Austria, Belgium, Denmark, France, Germany, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, UK
Transition must be guided by public health principles, economic and societal considerations

<table>
<thead>
<tr>
<th>Criteria to manage a controlled transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evidence COVID-19 transmission is controlled</td>
</tr>
<tr>
<td>2. Sufficient public health and health system capacities</td>
</tr>
<tr>
<td>3. Outbreak risks in high-vulnerability settings are minimized</td>
</tr>
<tr>
<td>4. Workplace preventive measures are established</td>
</tr>
<tr>
<td>5. Risk of imported cases are managed</td>
</tr>
<tr>
<td>6. Communities are fully engaged in the transition</td>
</tr>
</tbody>
</table>

Source: WHO. (Draft) Transitioning to and maintaining a steady state of low-level or no transmission (15 April 2020)
Shifts in non-pharmacological interventions carry different levels of risk - Bidirectional shifts may be required during the transition process

Consider:
- Healthcare (especially ICU capacity) & public health capacity (test, trace)
- Epidemiological indicators (Reproductive Factor should be R<1 to reduce rate of new infections)
- Population behaviour will in turn influence value of R

<table>
<thead>
<tr>
<th>Time</th>
<th>New infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Health system and public health capacity</td>
</tr>
<tr>
<td></td>
<td>Lockdown introduced</td>
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<tr>
<td></td>
<td>Change in control measures</td>
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<tr>
<td></td>
<td>Fully lift lockdown</td>
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<td></td>
<td>Allow lower risk activities</td>
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<tr>
<td></td>
<td>Keep lockdown</td>
</tr>
<tr>
<td></td>
<td>Allow higher risk activities</td>
</tr>
</tbody>
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Increased demand for health services – managing a dual system of response will be the new normal

- **Temporary crowd-out of essential services**
  - Demand and supply of essential services drops during peak of COVID-19 emergency response

- **Pent-up demand for essential services**
  - Addressing pent-up demand for essential services post-peak is essential

- **Test. Trace. Isolate.**
  - Public health surge capacity expands with the waves of easing up physical distancing

- **Demand for new services**
  - Due to secondary impact of crisis response and emerging economic crisis (e.g. mental health, rehabilitation, and social services)
**Dual Focus for Health Services Delivery**
Balancing COVID care with Health services Recovery

### Dual dashboard of key service, coverage, and outcome indicators

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Health services Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create <strong>public health surge capacity</strong> by joining forces with primary care</td>
<td>Build on and resource <strong>primary health care</strong> to respond to pent-up and new demand</td>
</tr>
<tr>
<td>Improved patient safety and guidelines for care in preparedness for further potential outbreaks</td>
<td>Enhance and resource <strong>optimized platforms of service delivery</strong> (video, phone, internet)</td>
</tr>
<tr>
<td>Estimate <strong>surge demand</strong> under new scenarios and procure supplies</td>
<td>Strengthen <strong>coordination</strong> between PHC, hospitals, and nursing homes</td>
</tr>
<tr>
<td>Create a <strong>step-wise elastic and flexible plan</strong> for acute and intensive care use</td>
<td>Identify and remove barriers to seeking care</td>
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</tbody>
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**Rethink patient flows for infection prevention and control at system and at facility level**

**Leave no one behind – prioritize vulnerable populations and create safe spaces**
<table>
<thead>
<tr>
<th>Going Forward Together</th>
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| Triage, isolate, test, trace and quarantine contacts |
| Flexible two-pronged approach for health system response |
| Leverage population behavioral insights for engagement |
| Protect the vulnerable and leave no one behind or marginalized |
| Coordinate and engage across government, mobilize society and build confidence |
| Work together in solidarity |
| Recover better - Use COVID-19 for learning |
How did healthcare change after the Spanish flu?

It gave a big boost to the concept of public health services

Russia was the first, followed by western Europe

Along with that comes epidemiology, the search for patterns and causes and effects of patterns in healthcare

The baseline health of populations started to become much more transparent, and much more visible

How will healthcare change after COVID-19?

Universal health coverage, leaving now one behind and at the margins

Strengthened PHS with community engagement

Innovation and technology at each level of care

What else?
THANK YOU