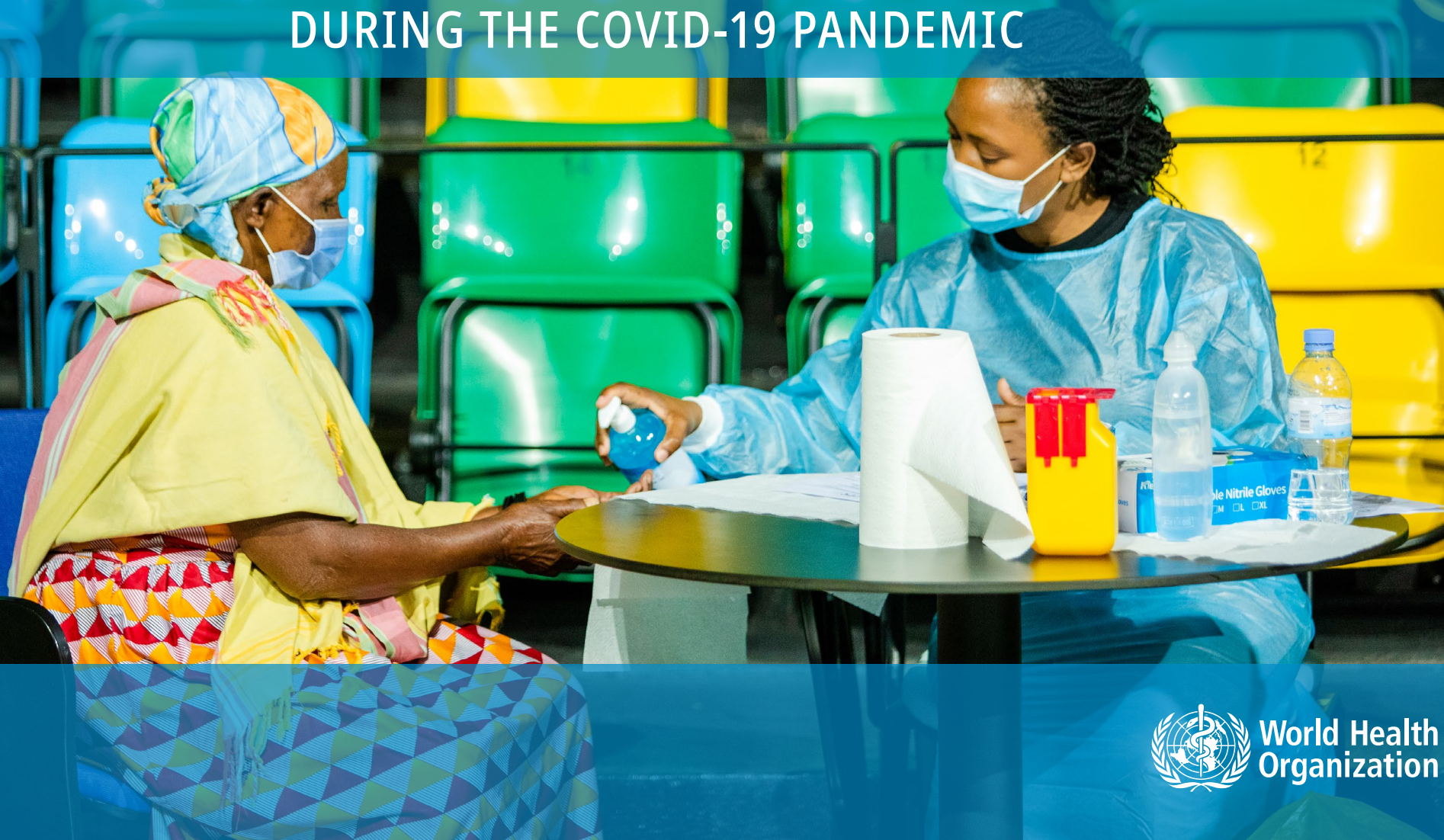


FROM EMERGENCY RESPONSE TO LONG-TERM COVID-19 DISEASE MANAGEMENT: SUSTAINING GAINS MADE DURING THE COVID-19 PANDEMIC



FROM EMERGENCY RESPONSE TO LONG-TERM COVID-19 DISEASE MANAGEMENT: SUSTAINING GAINS MADE DURING THE COVID-19 PANDEMIC



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Foreword from the Director-General



Tedros Adhanom Ghebreyesus
Director-General, WHO

As the COVID-19 pandemic enters its fourth year, we have every reason for hope. At the time of writing, the number of weekly reported deaths is at its lowest since the pandemic began, and in most countries, life has returned to “normal”. Still, millions continue to be infected or re-infected with SARS-CoV-2, thousands are still dying each week, and many questions remain about the potential emergence of new variants that could cause fresh surges.

At this moment of hope and uncertainty, WHO has updated its Global Strategic Preparedness, Readiness and Response Plan (SPRP) for the period 2023-2025. The previous plan, released in 2022, outlined two strategic objectives: to reduce the circulation of SARS-CoV-2; and to diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae.

This strategy retains those two objectives, and adds a third: to support countries as they transition from an emergency response to longer-term sustained COVID-19 disease prevention, control and management. This is a crucial step. We do not propose that countries abandon the ten pillars that served as a foundation for the pandemic response. Rather, the new strategy aligns these ten pillars with the five core components of equitable, inclusive and effective health emergency preparedness, response and resilience: collaborative surveillance, community protection, safe and scalable care, access to countermeasures, and emergency coordination.

In the wake of so much loss and disruption we must now restore, reinforce and strengthen health systems – which have been devastated – while sustaining the gains made during the pandemic. We must also continue to integrate COVID-19 surveillance and management into that for other respiratory diseases. WHO will continue supporting Member States as they make these adjustments.

I recognize that all countries are facing and fighting health threats other than COVID-19, and emergencies of different kinds. WHO understands that COVID-19 must be managed in the context of these other threats. We hope the new strategy will support the groundwork countries have laid and the momentum they have built to address the ongoing challenges posed by SARS-CoV-2.

This is why we urge countries to maintain sufficient capacity, operational readiness and flexibility to scale up during surges of COVID-19, while maintaining other essential health services and preparing for the emergence of new variants with increased severity or capacity.

The new SPRP places strong emphasis on addressing post-COVID condition (also called long COVID), which appears to arise after as many as 6% of symptomatic COVID-19 cases. Research is key: we need to better understand post-COVID condition, including its risk factors and the role of immunity, and to develop methods to better quantify its burden. At the same time, countries need to strengthen and resource care pathways for this often debilitating condition.

WHO continues to work diligently and comprehensively to support all countries to address all aspects of COVID-19. It is my great hope that the hard lessons of COVID-19 will spur robust engagement in pandemic preparedness. The response to COVID-19 has been costly, but the cost will be greater if we fail to build on those investments by making a sustained commitment to science and public health.

Tedros Adhanom Ghebreyesus
Director-General, WHO

Overview and objectives

Situation overview

For more than three years since SARS-CoV-2 was first reported, the world has been experiencing the devastating effects of COVID-19 and has been working hard to apply life-saving solutions that continue to reduce its impact. While this work continues, the COVID-19 pandemic remains a global emergency.


Many governments are adjusting their strategies to reflect the current status of the pandemic in their respective countries and for their populations, but they face uncertainties about how to maintain and sustain the COVID-19 response at a time when the pandemic appears to be in transition to a more endemic situation globally. Yet, because of stark inequities in access to life-saving tools, significant burdens from COVID-19 in many countries remain, and the risk of emergence of new variants resulting in future surges looms large.

While the world continues to learn and apply lessons learned for the management of COVID-19, countries are struggling to maintain the significant gains that have been made during the past 40 months. The pandemic demonstrates, once again, that health is not just central to development. It is also fundamental to economies and societies, national security and political stability. When health is at risk, everything is at risk.

Since the publication of the [2022 Strategic Preparedness, Readiness and Response Plan](#), life-saving tools including safe and effective COVID-19 vaccines, treatments, and diagnostic tests have become more available and have significantly reduced the impact of COVID-19 on morbidity and mortality. Governments have worked hard to vaccinate almost 70% of the

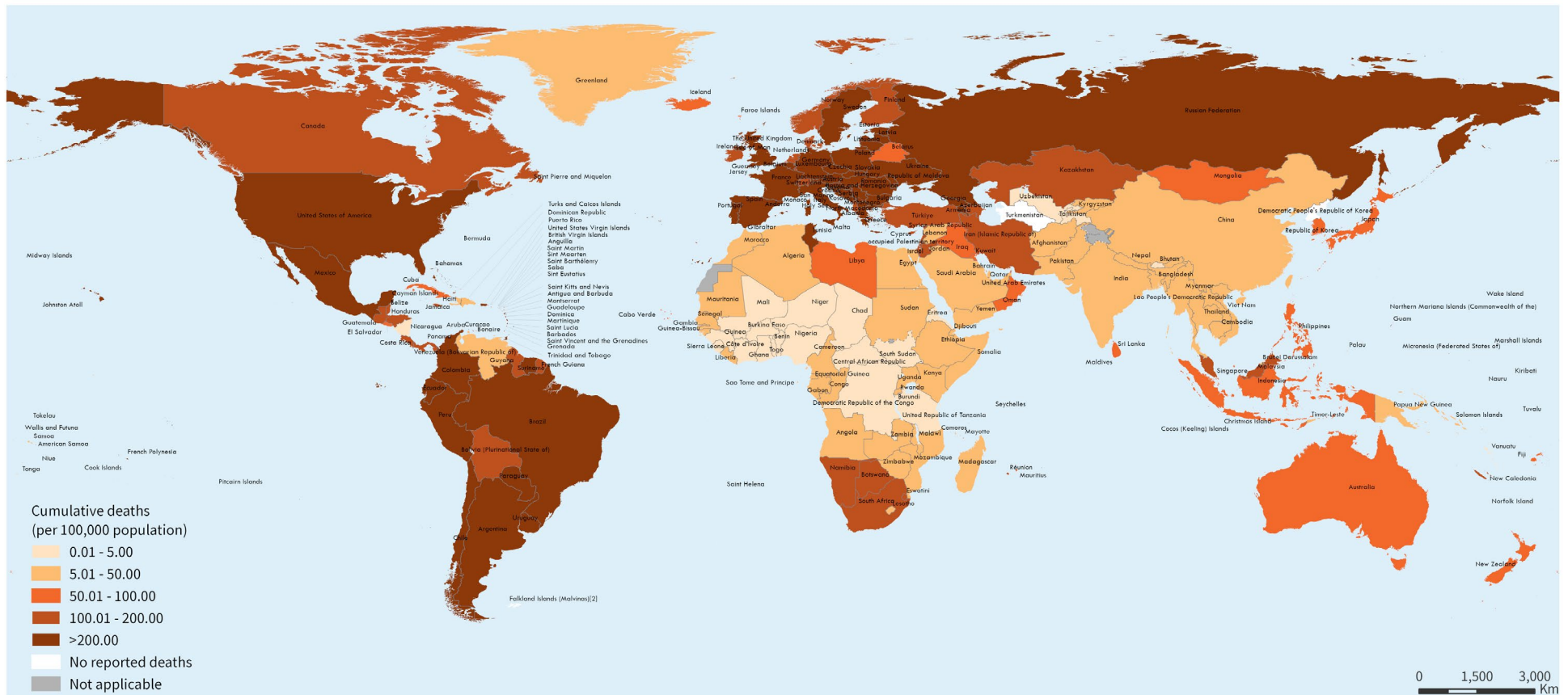
world's population, but this also means that over 30% of the world's population has yet to receive a single dose. While there are high seroprevalence rates around the world from infection with COVID-19 and/or vaccination, large gaps in vaccine-derived immunity persist, particularly in low-income and lower middle-income countries and among those at risk for severe disease. As of 5 April 2023, 89% of health workers and 82% of older adults worldwide had received a complete primary series of COVID-19 vaccination. Across the general population this figure is 66%. However, primary vaccination coverage for health workers in low-income countries (LIC) is 52% and for older populations is 35%; and booster dose coverage remains very low globally, with significant variation between and within individual countries.

At the time of publication, millions of people each week continue to be reported as infected/reinfected (a recognized underestimate of the true circulation of SARS-CoV-2 at the present time), hundreds of thousands of people are in hospital with COVID-19 and thousands of people are dying each week around the world (Figure 1). While we are currently dealing with the acute effects of COVID-19, current estimates suggest that [around 6% of symptomatic infections result in Post COVID-19 condition](#), suggesting that hundreds of millions of people are in need of longer-term care now and for the foreseeable future.



“When health is at risk,
everything is at risk”

Figure 1 | Total reported cumulative deaths from COVID-19 per 100 000 population (data as at 26 April 2023)



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Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 1 May 2023



“there is an opportunity to strengthen the public health foundation for future epidemic and pandemic response efforts”

The World Health Organization (WHO) recognizes the challenges countries face maintaining and sustaining the COVID-19 response while addressing competing public health challenges, conflicts, climate change and economic and other crises. To prevent further setbacks, WHO continues to support countries in calibrating COVID-19 strategies to reflect achievements and leverage learnings from national responses so that COVID-19 management is sustainable and integrated into strengthened national activities.

As countries adjust their emergency response, absorbing COVID-19-related actions into integrated respiratory disease management, there is an opportunity to strengthen the public health foundation for future epidemic and pandemic response efforts.

As outlined in the SPRP 2022, we must continue to address the primary factors that are driving transmission and impact of SARS-CoV-2 (Table 1). This work is critical to reducing the risk of emergence of SARS-CoV-2 variants of concern and driving the direct and indirect impacts of COVID-19 disease.

To assist national and global efforts to end the emergency response phase of the COVID-19 pandemic, WHO updated the [COVID-19 SPRP in 2022](#). It is time to update the SPRP again in 2023 because our work is not finished and the pandemic continues. It is worth noting that despite overall improvement in reducing the impact of COVID-19, collective efforts did not achieve the global goals outlined the 2022 SPRP.

In 2023, we are updating the global strategy to reflect the evolving situation and outline a strategy for the next two years (April 2023-April 2025) to support countries in transitioning, when and as appropriate, towards integrating the COVID-19 pandemic response into broader infectious disease prevention and control programmes. Therefore, the overall goals and objectives for the next two years (April 2023-April 2025) have been slightly adjusted and now include a focus on the longevity of managing and sustaining COVID-19 response efforts in the context of other concurrent health crises.

Table 1. Drivers of continued COVID-19 transmission and impact

Drivers of transmission	Drivers of impact
Virus evolution resulting in variants with increased growth rate and immune escape	Low coverage of primary series and/or booster vaccination, in particular in low-income countries
Reduced immunity due to lack of access to vaccination, hesitancy, or incomplete vaccination, and/or waning immunity	Waning protection against severe disease and death
Reduced use or abandonment of public health and social measures (PHSM)	Lack of access to life-saving tools including oxygen, antivirals and other therapeutics
Inability to adjust and scale up interventions as needed	Lack of diagnostics or late diagnosis and delayed entry into the clinical care pathway
Misinformation and disinformation undermining the effectiveness of proven PHSM, therapeutics and vaccines	Emergence of variants that can evade diagnosis and/or have reduced efficacy of live-saving tools
	Poorly defined and/or resourced care pathways for post-COVID-19 condition
	Insufficient capacity, limited infrastructure, limited resources and/ or flexibility to scale up during surges of COVID-19, especially in the context of burdens from other infectious diseases such as influenza, RSV and others

*Adapted from SPRP 2022-2023.

Strategic objectives

The underlying goal of the April 2023-April 2025 SPRP is to end the emergency phase of the COVID-19 pandemic in all countries and shift from emergency response to sustainable comprehensive management of COVID-19 within broader disease prevention and control programmes. This will be achieved by:

- 1) Reducing and controlling the incidence of SARS-CoV-2 variants with increased growth rates and immune escape, with a particular focus on reducing infections in high-risk and vulnerable populations;**
- 2) Preventing, diagnosing and treating COVID-19 to reduce mortality, morbidity, and long-term sequelae; and**
- 3) Supporting Member States' transition from crisis response to sustainable, integrated, longer-term and strengthened COVID-19 disease management.**

The updated 2023-2025 COVID-19 strategy outlines practical, high-level actions that need to be sustained as response activities are adjusted to address the drivers of SARS-CoV-2 transmission and prioritizes activities that will continue to lessen the impact of the COVID-19 disease. Activities outlined in Annex II are organized to reflect management and integration of COVID-19 activities along the five core components of WHO's proposed global health architecture for health emergency preparedness, response and resilience. The components are emergency coordination, collaborative surveillance, community protection, safe and scalable care, and access to countermeasures.

The main approaches to achieving the goals and objectives continue to be through the access and optimal use of safe and effective tools:

- vaccination in at risk populations to prevent severe disease and death;
- early diagnosis, treatment and clinical care, especially in at-risk populations;
- integration of COVID-19 vaccination and COVID-19 disease management into existing primary health services;
- protecting health workers and other priority groups; and
- strong surveillance and monitoring of SARS-CoV-2 variants, including strategic and geographically representative sequencing to track known and future variants, respiratory pathogens, and other pandemic threats.

WHO wishes to encourage Member States to begin or continue using the WHO [Partners Platform](#), a centralized vehicle for sharing preparedness, readiness and response actions that are being planned and implemented; identifying and updating resource needs; and tracking relevant contributions committed in the context of this pandemic.

“The underlying goal ... is to end the emergency phase of the COVID-19 pandemic in all countries and shift from emergency response to sustainable comprehensive management of COVID-19 ”

From 10 pillars to the five components of health emergency preparedness, response and resilience

WHO will continue supporting member states as they adjust COVID-19 activities from the ten pillars outlined in the 2020, 2021 and 2022 SPRPs to align with the integrated core components of WHO's framework for effective, equitable, inclusive and coherent [Health Emergency Preparedness, Response and Resilience](#) (Figure 2).

Table 2 aligns the 10 pillars with the five core components and briefly describes how each

Table 2. Alignment of COVID-19 operational pillars with core components of effective health emergency preparedness, response and resilience (HEPR)

HEPR core component	COVID-19 operational pillar
Emergency coordination	Pillar 1. Coordination, planning, financing and monitoring
Collaborative surveillance	Pillar 3. Surveillance, epidemiological investigation, contact tracing and adjustment of public health and social measures Pillar 5. Laboratories and diagnostics
Community protection	Pillar 2. Risk communication, community engagement (RCCE) and infodemic management Pillar 4. Points of entry, international travel and transport, mass gatherings and population movement Pillar 10. Vaccines research, policy and strategy
Safe and scalable care	Pillar 6. Infection prevention and control and protection of the health workforce Pillar 7. Case management, clinical operations and therapeutics Pillar 9. Strengthening essential health services and systems
Access to countermeasures	Pillar 8. Operational support and logistics and supply chains Pillar 10. Vaccines research, policy and strategy

of the components relate to the COVID-19 2023-2025 updated strategy. More complete descriptions of critical actions under each of the five core components appear in Annex II. This updated global strategy will need to be further contextualized at Regional levels to take into consideration local context, capacities and challenges.

Figure 2 | Five core components of COVID-19 preparedness, readiness and response





Collaborative surveillance

This component encompasses Pillar 5 (surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures) and Pillar 3 (laboratories and diagnostics) from the 2022 SPRP.

At this stage of the pandemic, it remains critical to sustain robust surveillance, using a One Health approach. Some countries are focusing surveillance and testing on priority risk groups and individuals with moderate or severe symptoms, and surveillance needs to be maintained. Several countries continue to have worrisome increases in the number of reported new COVID-19 cases and deaths due to the emergence of new Omicron subvariants, inadequate vaccination coverage, waning immunity and a lack of access to life-saving COVID-19-specific therapeutics. Globally, the fluctuating trend in the number of newly reported cases needs to be interpreted with caution due to significant changes to national surveillance systems and strategies, reductions in testing and delays in reporting by many countries. Furthermore, limited reporting of hospitalization data and reporting lags make it difficult to draw firm real-time conclusions from hospitalization trends.

WHO continues to strongly encourage countries to develop stronger data collection and reporting systems to report more meaningful impact data such as data on hospitalizations, intensive care admissions, deaths, ideally by age, underlying conditions and vaccination status.

Declining and unrepresentative surveillance and sequencing are making it more difficult to rapidly assess known variants and detect new ones. Moreover, the virus has not stabilized into a predictable pattern and does not yet have seasonality in temperate regions. More variants are expected with increased growth rates and

immune escape, with no certainty about changes in severity. There is some heterogeneity in dominant variants across regions, and some recombinants have been detected throughout the pandemic. With continued intense circulation worldwide, new variants could emerge anywhere. Countries must remain vigilant.

For 2023-2025, it is critical that countries maintain core SARS-CoV-2 surveillance activities to meet key strategic objectives and apply multiple approaches to surveillance, such as sentinel surveillance, environmental surveillance, participatory surveillance, seroepidemiologic surveillance, event based surveillance, and others. SARS-CoV-2 testing should be used strategically and integrated into existing respiratory disease surveillance activities, including the Global Influenza Surveillance and Response System (GISRS) and the Global Coronavirus Laboratory Network (CoViNet). CoViNet is a network of regional reference laboratories working across five priority areas for the risk assessment of coronaviruses and their variants (i.e. immune escape, pathogenicity, therapeutics resistance, diagnostic accuracy and one health), that will generate the evidence needed to support decision-making of WHO advisory groups and that will do so by establishing or linking with national coronavirus laboratories supporting [‘mosaic’ surveillance systems](#) for multiple respiratory pathogens. Countries should continue to strengthen genomic surveillance for SARS-CoV-2 and other pathogens with epidemic and pandemic potential. Strengthening real-time data collection on social listening, compliance, trust and hesitancy will support adjustment to strategies and interventions to implement lifesaving interventions. It is key that they maintain operational readiness for surges of COVID-19 and improve data linkages and reporting to WHO.

It remains critical for national programmes to continue monitoring COVID-19 cases through community-based surveillance, specialized surveys in specific population groups, and among hospitalized cases and to offer testing and enhance genomic sequencing for COVID-19 in line with the [three main objectives](#) : enable timely and appropriate clinical management of COVID-19; reduce the spread of SARS-CoV-2; and track the circulation and evolution of the virus to detect increases in incidence, and emergence and impact of SARS-CoV-2 variants. Testing is transitioning to priority risk groups and individuals with moderate or severe symptoms. Samples and metadata obtained by testing these COVID-19 confirmed cases should be prioritized for genomic sequencing and real-time sharing.

Data from surveillance systems remain vital to monitor and track known and new SARS-CoV-2 variants. They are of paramount importance for WHO advisory groups and expert networks, including TAG-VE, TAG-CO-VAC, SAGE and others.

“WHO continues to strongly encourage countries to develop stronger data collection and reporting systems to report more meaningful impact data”



Community protection

The key pillars from the 2022 SPRP that address community protection are risk communication, community engagement (RCCE) and infodemic management (Pillar 2), points of entry, international travel and transport, mass gatherings and population movement (Pillar 4) and vaccination, vaccines research, policy and strategy (Pillar 10).

Since the start of the pandemic, WHO has outlined a clear strategy to engage, empower and enable people and communities to use all available tools to protect themselves, their families and their communities. WHO guidance has been issued and updated to support countries to utilize public health and social measures, using a risk-based approach, according to circulation of SARS-CoV-2, capacities to respond to surges and in the context of increasing population-level immunity.

Credible, trusted, relevant, timely, accessible and actionable health information is crucial for the acceptance and adoption of life-saving interventions. Improving trust through strategic RCCE, managing the infodemic, and co-developing solutions with communities to meet their needs are critical to ending the COVID-19 emergency in every country. This includes working across sectors to ensure community members have access to basic preventive health services such as safe water, sanitation and hand hygiene facilities. Member States are encouraged to maintain RCCE teams at current emergency levels and establish an infodemic workforce to sustain operational readiness and respond to unpredictable events in the context of the COVID-19 emergency and future emergencies.

WHO issued strategic and policy guidance for using vaccination, once safe and effective COVID-19 vaccines became available.

Technical assistance from all three levels of the Organization for training, surge capacity and monitoring of coverage has been crucial to supporting the vaccine roll out. WHO has a clear strategy to use vaccination to protect those at highest risk from developing severe disease and highly recommends countries to set policies according to [SAGE guidelines](#). WHO, through Regional and Country offices, 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.

“Credible, trusted, relevant, timely, accessible and actionable health information is crucial”



Safe and scalable care

The key pillars from the 2022 SPRP that address safe and scalable care are infection prevention and control (IPC) and protection of the health workforce (Pillar 6); case management, clinical operations and therapeutics (Pillar 7) and strengthening essential health services and systems (Pillar 9).

Essential actions for Member States to consider in updating COVID-19 policies in infection prevention and control are to maintain IPC achievements made during the last three years and prioritize critical gaps in IPC programmes in health care settings; maintain operational readiness for surges of COVID-19 cases and other emerging and re-emerging pathogens; scale up IPC capacity with strong investments in the implementation of IPC minimum

requirements; and ultimately, ensure resilience and sustainability of all [IPC core components](#). In addition, considering the gaps in basic water, sanitation, hygiene and waste services in health care facilities, greater investment and monitoring are needed to ensure such services exist and IPC and quality care interventions can consequently be performed.

[Establishing and sustaining clear pathways to clinical care](#) remains a critical element of the response to COVID-19. WHO encourages countries to prioritize efforts to integrate COVID-19 clinical care pathways into primary health care systems to ensure that individuals who test positive for SARS-CoV-2 are efficiently linked to care. Such pathways should be adapted to provide for the clinical needs of vulnerable groups such as individuals who are pregnant or breastfeeding, children and persons with risk factors for severe disease or chronic conditions, especially when associated with immunosuppression. Countries should also proactively and actively address the needs of those individuals with post-COVID-19 condition (Long COVID).

Medical oxygen is lifesaving and an essential medicine used to ensure safe surgical, emergency and critical care services. It is used at all levels of the health care system and is crucial for the treatment of COVID-19 and other life-threatening conditions. WHO continues

to support countries in direct support to ensure sustainable, self-sufficient medical oxygen production and utilisation, which will make national and sub-national health systems resilient for COVID-19 and other infectious threats.

Countries around the world are making difficult decisions about balancing the demands of responding to COVID-19 with the need to maintain the safe delivery of other essential health services and public health functions. Agile health systems are required to ensure continuity of services during COVID-19 surges, with planning supported by estimation tools for essential supplies, equipment and workforce. Member States are encouraged to expand and promote longer-term health systems recovery and strengthening as part of Universal Health Coverage. Actions should prioritize leveraging the COVID-19 response to strengthen health systems for early recovery, minimize disruptions to all essential health services and public health functions and reduce indirect mortality and morbidity.

“Agile health systems are required to ensure continuity of services during COVID-19 surges”



Access to countermeasures

This component encompasses Pillar 8 (operational support and logistics and supply chains) and Pillar 10 (vaccines research, policy and strategy).

The COVID-19 supply chain system (CSCS) was established in 2020 to address acute shortages and provide countries with essential supplies for their COVID-19 response. In 2022, most, although not all, supply shortages have mainly been resolved, and there has been a return to pre-COVID-19 procurement practices. Key stakeholders at national level working on strengthening laboratories and diagnostics, case management, IPC and vaccination have ensured that procurement of and supply systems for key commodities in health and other sectors meet ongoing response operations. They have also worked hard to integrate these needs into sustained response planning, such as transition to longer-term solutions and Member State autonomy using long-term agreements (LTAs). Member States should ensure that technical capacity to support operation support and logistics (OSL) planning and implementation functions are available at all levels. Preparation of adequate supplies at the national and regional level will allow rapid deployment during future emergencies.

WHO continues to lead, alongside CEPI, Gavi and UNICEF, the COVAX vaccine programme. To date, COVAX has delivered almost 2 billion vaccines to 146 countries, with particular support to the AMC92 group. As part of COVAX, WHO jointly

established the COVID-19 Vaccine Delivery Partnership (CoVDP) with Gavi and UNICEF. Supporting the 34 countries with the lowest coverage, the CoVDP has played a key role in moving average vaccination coverage in these countries from 4% in January 2022 to 28% today. WHO's role supporting Member States' vaccination programmes will continue; through COVAX until the end of 2023 and through follow-on activity as it is agreed and established. WHO will also maintain broader activities such as evolutions in SAGE policy, regulatory processes and programme guidance.

With regards to research, the COVID-19 pandemic has shown the vital importance of continued study to address the unknowns of SARS-CoV-2 and efficacy of interventions. While the world has come together in solidarity around science and research, there remain critical unknowns with respect to, for example, the implications of viral evolution on key epidemiological parameters, vaccine-induced and natural immunity on transmission and disease severity; understanding effective and efficient combinations of PHSMs to prevent transmission; understanding of post-COVID-19 condition in different populations; further development of therapeutics, vaccines and diagnostics, and the effectiveness of available and future treatments and vaccines.

WHO encourages countries to invest in research to address critical unknowns

about epidemic and pandemic pathogens, including SARS-CoV-2. There remains a pressing need to reduce fragmentation in research and make the best use of available resources. Formal and informal interactions with partners and scientists worldwide facilitate discussions on best practices for the timely and simultaneous testing of different vaccines, drugs and diagnostics.

“WHO's role supporting Member States' vaccination programmes will continue”



Emergency coordination

Inclusive multi-sectoral, multi-disciplinary and multi-partner mechanisms for coordination mechanisms, planning, financing, and monitoring and evaluation at national and subnational level (Pillar 1) continue to be essential. Together they will maximize the impact of efforts within and between components of the response and of longer-term planning, minimize gaps in preparedness and response efforts, maximize the availability and efficient allocation of resources including new COVID-19 tools such as vaccines and support the strengthening of health systems. In the fourth year of the COVID-19 pandemic, many countries are faced with or are at risk of concurrent health emergencies with multiple causes and the necessity to address competing public health needs. Determining a transition strategy from a response-driven operation to existing or newly created public health programmes will be required, with participation of partners at all levels.

Although many countries have reduced the burden of COVID-19, inequalities persist in access to preventative and life-saving interventions as do uncertainties regarding the evolution of the virus. In this context, enhanced inter-ministerial, multi-disciplinary and multisectoral coordination remains necessary during this transition period with a focus on key priorities, including strengthening integrated surveillance to track known and detect new SARS-CoV-2 variants and achieve vaccination targets for at risk-groups, continuing to develop strategies to increase access to and use of affordable diagnostics and therapeutics to prevent severe disease and death among people with vulnerabilities and strengthening pandemic preparedness more broadly.

“Although many countries have reduced the burden of COVID-19, inequalities persist...”

COVID-19 and the future of pandemic preparedness and response

COVID-19 has changed the way we live, work and socialize, and everyone on the planet has been affected by this pandemic. Member States have worked hard to reduce the impact of COVID-19. While we continue to learn to live with this virus, we must work as hard to sustain and maintain the hard-fought gains that have been made across all aspects of the response – from surveillance to vaccination, from managing the infodemic to increasing access to life-saving diagnostics, oxygen and therapeutics, from increasing infection prevention and control in all health facilities to better risk communication and community engagement and more. WHO will work with all countries to ensure that COVID-19 is managed more sustainably.

We must continue to fight for equitable access to life-saving tools, address inequities that existed during the current pandemic, support and reinforce our health workforce, advance research and development for SARS-CoV-2 and more broadly for coronaviruses and advance the One Health approach for this zoonotic pathogen. While we apply lessons learned from COVID-19, we cannot become complacent and fall victim to the cycle of panic and neglect. We will end the global emergency of COVID-19 and end the COVID-19 pandemic. Together.


“...we cannot become complacent and fall victim to the cycle of panic and neglect”

Annex I: Acronyms

AAR – After Action Reviews
ACH – Air Changes per Hour
Ag- RDT - antigen detection rapid diagnostic test
AIRA – Africa Infodemic Response Alliance
ARI - acute respiratory infection
AEFI – adverse events following immunization
BiPAP- bilevel positive airway pressure
BMGF – Bill and Melinda Gates Foundation
CDC – U.S. Centers for Disease Control and Prevention
CHW – community health worker
CMT – Crisis Management Team
COVID-19 – coronavirus disease of 2019
CPRP – COVID-19 Country Preparedness and Response Plan
CSCS – COVID-19 Supply Chain Systems
DCP – Disease Commodity Package
eJRF – electronic Joint Reporting Form
EMT – Emergency Medical Team
EOC – Emergency Operations Centre
EPI – Expanded Programme on Immunization
EQAP – External Quality Assessment Programme
ERM – emergency risk management
ESFT – Essential Supplies Forecast and Tools
EUL – Emergency Use Listing Procedure
EWARS – Early Warning, Alert and Response System
FCV - fragile, conflict-affected and vulnerable
GDHP – Global Digital Health Partnership
GHRP – Global Humanitarian Response Plans for COVID-19, released by the Office for the Coordination of Humanitarian Affairs (OCHA)
GISRS – Global Influenza Surveillance and Response System
GOARN – Global Outbreak Alert and Response Network
HCAI/HAI – Healthcare associated infections
HEPA – high-efficiency particulate absorbing filter
HIS – health information systems
IAR – Intra-Action Reviews
IASC – Inter-Agency Standing Committee
ICAO – International Civil Aviation Organization
ICT – information and communication technology
ICU - intensive care unit
IDP – Internally Displaced People
IDSR - Integrated Disease Surveillance and Response
IFRC – International Federation of Red Cross and Red

Crescent Societies
IHR 2005 – International Health Regulations
IHRMEF – International Health Regulations Monitoring and Evaluation Framework
ILI – influenza-like illness
IMO – International Maritime Organization
IMST – incident management support team
IMT – incident management team
Infodemics – excessive amount of information about a problem, which makes it difficult to identify a solution
IMV – invasive mechanical ventilation
IOM WHO – United Nations International Organization for Migration
IPC – infection prevention and control
IPPP – Influenza Pandemic Preparedness Plan
KPI – Key Performance Indicator
LIMS- laboratory information management systems
LTA – Long-term agreement
MERS-CoV - Middle East respiratory syndrome coronavirus
MSF – Médecins Sans Frontières
NAAT - nucleic acid amplification test
NAPHS - National Action Plans for Health Security
NDVP- National deployment and vaccination plan
NGO – non-governmental organization
NIS – National immunization strategies
NITAG – National Immunization Technical Advisory Groups
NRA – National regulatory authority
OCHA – Office for the Coordination of Humanitarian Affairs
OECD - Organisation for Economic Co-operation and Development
OSL – operation support and logistics
PCR – polymerase chain reaction (molecular COVID-19 testing)
PHC – primary health care
PHEIC – public health emergency of international concern
PHEOC – public health emergency operation centre
PHSM – public health and social measures
PIE – post-introduction evaluation
PoE – points of entry
PPE – personal protective equipment

RRML – rapid response mobile laboratories
R&D – research & development
RC – United Nations Resident Coordinator
RCCE – risk communication and community engagement (Pillar 2)
RSV – respiratory syncytial virus
SARI – severe acute respiratory infection
SARS-CoV-2 - severe acute respiratory syndrome coronavirus 2
SOP – standard operating procedures
SPRP – COVID-19 Strategic Preparedness and Response Plan, released by the World Health Organization on 3 February 2020
SPRP2 – Update to COVID-19 Strategic Preparedness and Response Plan, released by the World Health Organization
SRA – Stringent Regulatory Authority
'Strategy Update' – Strategy Update of the Strategic Preparedness and Response Plan (SPRP), released by the World Health Organization on 14 April 2020
UN – United Nations
UNCT – United Nations Country Teams
UNDCO – United Nations Development Coordination Office
UNDP – United Nations Development Programme
UNFPA – United Nations Population Fund
UNHCR – United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNOPS – United Nations Office for Project Services
VLMIS – Vaccine Logistics Management and Information System
VOC – variants of concern
VVM – vaccine vial monitor
WASH – water, sanitation and hygiene
WHO – World Health Organization



Annex II: Ending the COVID-19 emergency and transitioning to longer-term disease management: guidance on calibrating response

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