

COVID-19: The Global Response and WHO Leadership



Dr Alissar Rady, NPO
Head technical team-
WHO CO Lebanon

The advent of the Covid-19 outbreak in China in December 2019, and the Declaration of WHO of the global Covid-19 pandemic took the world by surprise. As of July 21 2020, almost 8 months into the pandemic, the world counted a total of 14,538,094 cumulative cases, of which 1,411,431 were in the east Mediterranean region, and more than 607,358 deaths, of which 35,509 were in the East Mediterranean region.

As the Covid-19 is a new virus, much remains to be uncovered as to its patho- physiological impact on the human body, to its capacity to mutate, to its infectivity and spreading capacity; hence a lot of uncertainty remains as to the modalities of treatment, and to the potential vaccine development.

Nevertheless, the global response to this pandemic threat came very early in the course of the outbreak, under the leadership of WHO, as the global responsible body for International health regulations and pandemic control.

Very early in the course of the pandemic, WHO defined 4 phases of the outbreak, whereby:

- Phase 1: No cases: Countries/territories/areas with no confirmed cases
- Phase 2: Sporadic cases: Countries/territories/areas with one or more cases, imported or locally detected
- Phase 3: Clusters of cases: Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
- Phase 4: Community transmission: Countries/area/territories experiencing larger outbreaks of local

transmission defined through an assessment of factors including, but not limited to:

- Large numbers of cases not linkable to transmission chains
- Large numbers of cases from sentinel lab surveillance
- Multiple unrelated clusters in several areas of the country territory/area

A global Pandemic Strategic Response Plan (PSRP) was also developed, that described the main actions under each of the strategic 8 pillars proposed, necessary for the Global response. Among the 8 pillars of the PSRP, 5 pillars are directly lead by WHO, and 3 are co-lead by WHO. The 8 pillars include:

- Pillar 1: Country-level coordination, planning, and monitoring – lead by OCHA- co-lead by WHO
- Pillar 2: Risk communication and community engagement – lead by UNICEF- co-lead by WHO
- Pillar 3: Surveillance, rapid response teams, and case investigation – lead by WHO
- Pillar 4: Points of entry _ lead by UNICEF, co- lead by WHO
- Pillar 5: National laboratories – lead by WHO
- Pillar 6: Infection prevention and control- lead by WHO, co-lead by UNICEF
- Pillar 7: Case management – lead by WHO
- Pillar 8: Operational support and logistics – lead by WFP, co-lead by WHO

For each pillar, a set of indicators are proposed to monitor the response to the outbreak. The set of indicators needs to be adapted to the country context, and targets need to be set accordingly. For Lebanon, the national PSRP was developed in march 2020, only two weeks after the first case on Covid-19 was diagnosed in the Country.

Table 1 below summarizes the national indicators for the Covid-19 response, for two scenarios: phase 3 (cluster transmission, containment measures) and phase 4 (community transmission, mitigation measures)

Monitoring framework			
Type	Indicator	Target containment scenario	Target mitigation scenario
Point of entry and IHR	Number of POE that have capacity to detect suspected/confirmed cases	3	0
	Number of POE that have isolation	4	0
Health Information Management	% of HCF where surveillance guidelines are disseminated to healthcare workers including private sector	100%	100%
Case management	Public designated hospitals to treat COVID-19 cases	1	5
	% Nb. of Hospitals where case management were disseminated	100%	100%
Infection Prevention and Control	% of acute healthcare facilities with triage capacity	50%%	100%
	% of acute healthcare facilities with isolation capacity	5%	100%
Rapid Response Teams	Nb. trained multidisciplinary rapid response teams at mohafaza level	4	4
	% of hospitals that have adequate supplies including PPEs	100%	100%
	% of alerts have been verified and investigated within 48 hours	100%	100%
Laboratory diagnostics	Nb. of laboratory that can provide results within 72 hours	1?	5
	Number of national reference laboratories with capacity to test COVID-19	1	1
	Number of national laboratories with trained laboratory technicians on COVID-19 testing	1	5
	Number of national reference laboratories reporting virological data through EMFLU or FluNet	1	5
Risk communication and community engagement	Presence of health communication plan that was updated according to the new situation	1	1
	frequency of media interviews and press release in different languages	daily	Weekly
Operations support and logistics	Number of hospitals experiencing stock-outs of critical items	0	0
	Number of labs receiving IPC medical supplies and laboratory reagents in response to COVID-19	1	5
Program Management	% of surge deployment resources from the external and internal rosters of experts	0%	TBD

To date, Lebanon is still considered in phase 3 of the outbreak, as more than 80% of the clusters and cases have an identified source of infection. However, if the lockdown measures cannot be resumed for economic factors, the only measure that can slow down the outbreak is the community

engagement and adoption of safety measures namely: use of face masks, hand hygiene and physical distancing at community level, and strict infection prevention and control measures at Health facility level.