

14 April 2020

# COVID-19 STRATEGY UPDATE



World Health  
Organization



© World Health Organization 2020 Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercialShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>)

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Geneva, Switzerland.



# FOREWORD



## Overcoming COVID-19

It has now been more than 100 days since WHO was notified of the first cases of what we now call COVID-19, and much has changed since we launched the first Strategic Preparedness and Response Plan two months ago.

As of 13 April, more than 1.7 million people have been infected, and almost 85 000 people have lost their lives. WHO grieves with all families who have lost a loved one, and salutes health workers all over the world who have put themselves in harm's way every day to save lives.

The global spread of the virus has overwhelmed health systems, and caused widespread social and economic disruption.

By putting societies and economies on hold, we have curtailed the ability of the virus to spread through our communities. These defensive measures have helped to limit some of the short-term impacts of the virus, and bought us time to translate what we have learned about the virus into solutions so that we can get back to a more normal way of living: a new normal.

We have learned so much about this virus, and we're still learning. This strategy update is based on the evidence the world has accumulated in the past three months about how COVID-19 spreads, the severity of disease it causes, how to treat it, and how to stop it.

One of the main things we've learned is that the faster all cases are found, tested and isolated, the harder we make it for this virus to spread. This principle will save lives and mitigate the economic impact of the pandemic.

This document guides the public health response to COVID-19 at national and subnational levels, including practical guidance for strategic action, tailored to the local context.

This pandemic is much more than a health crisis. It requires a whole-of-government and whole-of-society response. The resolve and sacrifice of frontline health workers must be matched by every individual and every political leader to put in place the measures to end the pandemic.

We're all in this together, and we will only succeed together. There is no time to waste. WHO's singular focus is on working to serve all people to save lives and stop the pandemic.

Dr Tedros Adhanom Ghebreyesus  
WHO Director-General





# .....ABOUT THIS DOCUMENT.....

The coronavirus disease 2019 (COVID-19) pandemic is exacting a huge toll on individuals, families, communities, and societies across the world. Daily lives have been profoundly changed, economies have fallen into recession, and many of the traditional social, economic, and public health safety nets that many people rely on in times of hardship have been put under unprecedented strain.

In just a short time, a localised outbreak of COVID-19 evolved into a global pandemic with three defining characteristics:

- **Speed and scale:** the disease has spread quickly to all corners of the world, and its capacity for explosive spread has overwhelmed even the most resilient health systems (figure 1).
- **Severity:** overall 20% of cases are severe or critical, with a crude clinical case fatality rate currently of over 3%, increasing in older age groups and in those with certain underlying conditions.
- **Societal and economic disruption:** shocks to health and social care systems and measures taken to control transmission have had broad and deep socio-economic consequences.

This document is intended to help guide the public health response to COVID-19 at national and subnational levels, and to update the global strategy to respond to the COVID-19 pandemic. This document complements, and provides links to, the technical guidance published by WHO on preparing for and responding to COVID-19 since the beginning of the response. It translates knowledge accumulated since the publication of the [Strategic Preparedness and Response Plan \(SPRP\)](#)<sup>1</sup> on 3 February 2020, into additional practical guidance for whole-of-government and whole-of-society strategic action that can be adapted according to specific national and subnational situations and capacities.

This strategy update provides guidance for countries preparing for a phased transition from widespread transmission to a steady state of low-level or no transmission. This update also highlights the coordinated support that is required from the international community to meet the challenge of COVID-19: it complements plans (including the [Global Humanitarian Response Plan](#))<sup>2</sup> that specifically address the issues of COVID-19 response in humanitarian and fragile settings, and plans currently under development that will address the broader social and economic impacts of COVID-19.



1 For the Strategic Preparedness and Response Plan see: <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>

2 For the Global Humanitarian Response Plan see: <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>



# .....CURRENT SITUATION AND KEY INSIGHTS.....

COVID-19 is a new disease, distinct from other diseases caused by coronaviruses, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The virus spreads rapidly, and outbreaks can grow at an exponential rate. At present, there are no therapeutics or vaccines proven to treat or prevent COVID-19, although national governments, WHO and partners are working urgently to coordinate the rapid development of medical [countermeasures](#).<sup>3</sup> According to data from countries affected early in the pandemic, about 40% of cases will experience mild disease, 40% will experience moderate disease including pneumonia, 15% of cases will experience severe disease, and 5% of cases will have critical disease.

The crude mortality rate varies substantially by country depending on the populations affected, the point a country is at in the trajectory of its outbreak, and the availability and application of testing (countries that only test hospitalized cases will have a higher reported crude mortality rate than countries with more widespread testing). The crude clinical case fatality is currently over 3%, increasing with age and rising to approximately 15% or higher in patients over 80 years of age. Morbidity associated with COVID-19 is also very high. Underlying health conditions that affect the cardiovascular, respiratory, and immune systems confer an increased risk of severe illness and death.

Countries are at different stages of national and subnational outbreaks. Where there has been early action and implementation of comprehensive public health measures – such as rapid case identification, rapid testing and isolation of cases, comprehensive contact tracing and quarantine of contacts – countries and subnational regions have suppressed the spread of COVID-19 below the threshold at which health systems become unable to prevent excess mortality. Countries that have been able to reduce transmission and bring outbreaks under control have maintained the ability to deliver quality clinical care, and minimize secondary mortality due to other causes through the continued safe delivery of essential health services.

In many countries where community transmission has led to outbreaks with near exponential growth, countries have introduced widespread population-level physical distancing measures and movement restrictions in order to slow spread and set in place other control measures. Physical distancing measures and movement restrictions, often referred to as “shut downs” and “lock downs,” can slow COVID-19 transmission by limiting contact between people. However, these measures can have a profound negative impact on individuals, communities, and societies by bringing social and economic life to a near stop. Such measures disproportionately affect disadvantaged groups, including people in poverty, migrants, internally displaced people and refugees, who most often live in overcrowded and under resourced settings, and depend on daily labour for subsistence.

For countries that have introduced widespread physical distancing measures and population-level movement restrictions, there is an urgent need to plan for a phased transition away from such restrictions in a manner that will enable the sustainable suppression of transmission at a low-level whilst enabling the resumption of some parts of economic and social life, prioritized by carefully balancing socio-economic benefit and epidemiological risk. Without careful planning, and in the absence of scaled up public health and clinical care capacities, the premature lifting of physical distancing measures is likely to lead to an uncontrolled resurgence in COVID-19 transmission and an amplified second wave of cases.

For countries that currently have few reported cases, there is no time to lose in learning and applying the lessons of others to specific national contexts and capacities.



3 For the Global Research and Development Roadmap see: <https://www.who.int/blueprint/priority-diseases/key-action/Roadmap-version-FINAL-for-WEB.pdf?ua=1>



## A renewed focus on public health

Perhaps the most important insight from the global COVID-19 response to date has been that to successfully slow transmission and protect health systems, it is essential to accurately diagnose and effectively isolate and care for all cases of COVID-19 including cases with mild or moderate disease (in health setting or home setting, depending on the context and degree of illness).

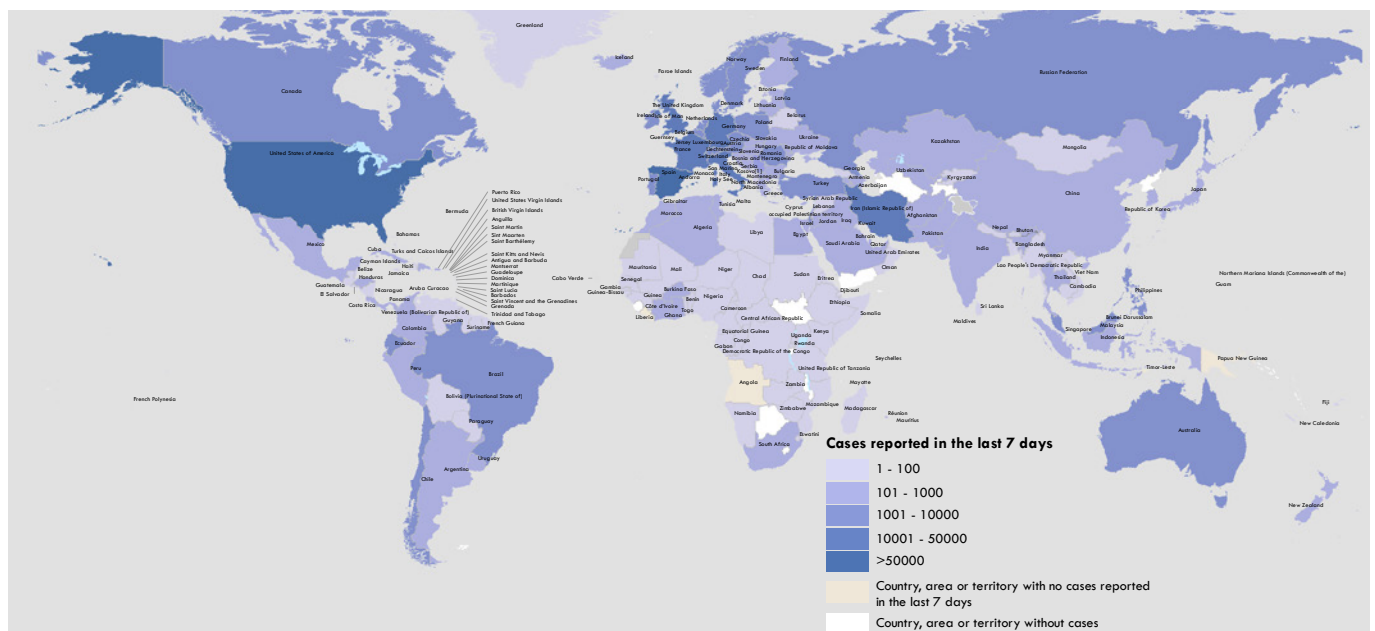
As COVID-19 transmission has advanced globally, the primary focus of most countries has been the rapid identification, testing and treatment of patients with serious and severe COVID-19, and the sheltering of individuals at the highest risk of poor outcomes. Fewer have put in place measures for those with mild disease, or contacts of cases.

Countries must do everything they can to stop cases from becoming clusters and clusters from becoming explosive outbreaks. They must put in place the capacities for testing and diagnosis, isolation, contact tracing and quarantine; they must engage everyone in the response.

A renewed focus on large-scale public health capacities must be implemented with urgency. The world stands at a pivotal juncture in the course of this pandemic. Collaborative research and knowledge sharing have helped to answer crucial questions about the benefits and costs of different response strategies in different contexts, the transmissibility of the virus, the clinical spectrum of the disease, and its capacity to rapidly overwhelm even the most resilient health systems. We know now what we are up against, and we are learning how to beat it. COVID-19 threatens human life, threatens livelihoods, and threatens the way of life of every individual in every society.

Speed, scale, and equity must be our guiding principles. Speed, because the explosive nature of the virus means every day lost in implementing effective response capacities and behaviors costs lives; scale, because everyone in society has a part to play in building the capacities required to control this pandemic; and equity, because everyone is at risk until the virus is controlled everywhere in the world: collective resources must be directed to where there is greatest risk. COVID-19 is a truly global crisis: the only way to overcome it is together, in global solidarity.

**Figure 1** Countries, areas or territories with COVID-19 cases reported in the last 7 days, as of 31 March 2020, 10:00 (CET)



[1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO and ministries of health





# .....GLOBAL STRATEGY TO RESPOND TO COVID-19.....

The overarching goal is for all countries to control the pandemic by slowing down the transmission and reducing mortality associated with COVID-19.

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.

Every country should be implementing a comprehensive set of measures, calibrated to their capacity and context, to slow down transmission and reduce mortality associated with COVID-19, ultimately with the aim of reaching and/or maintaining a steady state of low-level or no transmission. Appropriate strategies at the national level and subnational level must balance measures that address the direct mortality attributable to COVID-19, the indirect mortality caused by the overwhelming of health systems and the interruption of other essential health and social services, and the acute and long-term detrimental effects on health and wellbeing of the socioeconomic consequences of certain response measures.

Maintaining a steady state of low-level or no transmission is important because, as the pandemic has spread, its public health and socioeconomic impacts have been profound, and have disproportionately affected the vulnerable. Many populations have already experienced a lack of access to routine, essential health services. Migrants, refugees, displaced populations, and residents of high-density and informal settlements, are at a particularly high risk from the interruption of already limited health and social services. The closure of schools increases the risk of some students being neglected, abused or exploited, and risks the interruption of basic services such as school meals. Every action taken now to slow the transmission of COVID-19 is an action that brings forward the day that these services can return.

The risk of re-introduction and resurgence of the disease will continue and will need to be sustainably controlled through the rigorous application of public health interventions as the virus circulates between and within countries. Ultimately, the development and delivery of a safe and effective vaccine or vaccines and therapeutics may enable a transition away from some of the measures necessary to maintain this state of low-level or no transmission.





To prevail against COVID-19, we need an approach that unites in common cause every individual and community, every business and non-profit, every department of every government, every non-governmental organization, every international organization, and every regional and global governance body, to harness their collective capacity into collective action. Everyone has a crucial role to play in stopping COVID-19:

- **Individuals** must protect themselves and others by adopting behaviours such as washing hands, avoiding touching their face, practicing good respiratory etiquette, individual level distancing, isolating in a community facility or at home if they are sick, identifying themselves as a contact of a confirmed case when appropriate, and cooperating with physical distancing measures and movement restrictions when called on to do so.
- **Communities** must be empowered to ensure that services and aid are planned and adapted based on their feedback and local contexts. Critical functions, such as community education, protecting vulnerable groups, supporting health workers, case finding, contact tracing, and cooperation with physical distancing measures can only happen with the support of every part of affected communities.
- **Governments** must lead and coordinate the response across party lines to enable and empower all individuals and communities to own the response through communication, education, engagement, capacity building and support. Governments must also re-purpose and engage all available public, community and private sector capacity to rapidly scale up the public health system to find and test, isolate, and care for confirmed cases (whether at home or in a medical facility), and identify, trace, quarantine and support contacts. At the same time, governments must give the health system the support it needs to treat patients with COVID-19 effectively and maintain other essential health and social services for all. Governments may have to implement blanket physical distancing measures and movement restrictions proportionate to the health risks faced by the community, if they need more time to put in place the above measures.
- **Private companies** must ensure the continuity of essential services such as the food chain, public utilities, and the manufacture of medical supplies. Private companies can provide expertise and innovation to scale and sustain the response, most notably through the production and equitable distribution of laboratory diagnostics, personal protective equipment, ventilators, medical oxygen and other essential medical equipment at fair prices, and the research and development of diagnostic tests, treatments and vaccines.



预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_24690](https://www.yunbaogao.cn/report/index/report?reportId=5_24690)

