

Q&A on COVID-19 therapeutics



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We spoke to Dr Dina Pfeifer, Medical Officer in the Infectious Hazard Management team of WHO/Europe, to learn more about COVID-19 therapeutics, how they work and what role they can play in combatting the disease.

Therapeutics in the context of COVID-19 are the drugs used to treat patients with the disease, and they serve 2 main purposes.

All new medicines undergo rigorous testing for safety and efficacy through clinical trials before they are authorized for use. Numerous randomized controlled trials are currently underway to study how these products perform in a relatively small number of selected individuals over a certain period of time before they can be considered for wider use. The results of these trials then guide our recommendations as to the instances and manner in which these drugs should be used. Safety monitoring continues even after national regulatory authorities have granted marketing authorizations for new drugs to ensure that any rare side effects can be picked up.

The WHO Guideline Development Group (GDG), made up of a panel of global experts, frontline providers and patient partners, meets regularly to review evidence from international clinical trials. The GDG then develops practice guidelines containing recommendations for the use of therapeutics to treat patients with COVID-19 of any severity. These guidelines then undergo peer review by another set of clinicians and the Guideline Review Committee prior to publication.

There are several groups of therapeutics used in the treatment of COVID-19.

Some therapeutics were already on the market before the pandemic began and were being used to treat a range of other conditions, for example, corticosteroids and IL-6 receptor blockers. Antiviral monoclonal antibodies have been available since 2020 and have received marketing authorizations in a number of countries. Many of the current therapeutics are intended for use by specific population

groups, and in many circumstances are being used under special oversight provisions in order to gain more information on their safety and effectiveness, particularly with regard to drug interactions or potential for the development of virus resistance.

Some antiviral monoclonal antibodies are less effective against Omicron because they were initially developed in response to previous COVID-19 variants. Antivirals are likely to maintain effectiveness against Omicron, although monitoring of their effectiveness is essential. Anti-inflammatory medicines work just as well for severe and critical cases caused by Omicron as by other COVID-19 variants.

No, prevention is always better than cure. Even if proven safe and effective, these drugs will not be alternatives to vaccines. WHO-approved vaccines protect most people from severe disease and death. Drugs are important tools for helping people who have fallen sick, but is it still better not to be sick in the first place because of the risks of acquiring severe illness and possible long-term health consequences.

Antivirals are yet another tool in our toolkit for combatting SARS-CoV-2 infection and reducing the burden of COVID-19 on communities and health systems. Vaccines, however, are our primary method for preventing serious illness. And as with vaccines, it is important that we see equitable distribution of therapeutics when they become available, so they should be made available and affordable to all countries.

It is important to access information from trusted sources, such as WHO, that have the knowledge, expertise and latest data to be able to make sound judgements on the safety and efficacy of therapeutics. A link to the latest information on COVID-19 therapeutics is included below.

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