

Weekly Operational Update on COVID-19

5 July 2021

Issue No. 62



WHO COVID-19 Dashboard



As of 4 July 2021

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases

183 198 019

Confirmed deaths

3 971 687

Germany donates medical masks to Barbados and the Eastern Caribbean Countries

On 22 June 2021, a donation from Germany of 924,000 medical masks arrived at the PAHO/WHO Barbados Office for distribution to Barbados and the Eastern Caribbean Countries to support COVID-19 efforts.

The delivery is part of Germany's donation of 250 million masks worth US\$ 327 million to the WHO for distribution to countries hardest hit by COVID-19.

Dr Yitades Gebre, PAHO/WHO Representative for Barbados and the Eastern Caribbean countries noted his sincere gratitude to the government of Germany and said: "This generous donation facilitated by Germany will greatly expand the current public health and social measures and enhance preparedness to address health emergencies."

In accepting the masks, the Minister of Health and Wellness of Barbados, Lt. Col. Hon. Jeffery Bostic acknowledged appreciation and said, "Over the last several months I came to the realization and understanding as to how important it is to wear a mask in fighting this virus. The donation of masks by the Federal Republic of Germany will go a long way towards helping us in continuing with this fight."



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Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5.4 million** people registered on [OpenWHO](#) and accessing online training courses across **35** topics in **55** languages



18 822 041 PCR tests shipped globally



203 192 426 medical masks shipped globally



75 718 700 gloves shipped globally



9 102 511 face shields shipped globally



184 GOARN deployments conducted to support COVID-19 pandemic response



2 988 941 529 COVID-19 vaccine doses administered globally as of 5 July

^a COVAX has shipped over **95 million** vaccines to **134** participants as of 2 July

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For further information, click [here](#).



World Health Organization

HEALTH

EMERGENCIES

programme

From the field:

Control Room at COVID-19 Unified Central Hospital now in operation: Nepal

Now ready for operations with technical and financial support from WHO/Nepal, the Control Room at the COVID-19 Unified Hospital was officially handed over on 28 June in a ceremony with Dr Rajesh Sambhajirao Pandav, WHO Representative to Nepal, and Dr Jageshwar Gautam, Chief Administrative Officer at the Unified Central Hospital. The center will essentially function as a “war room” by leading communication and coordination efforts with COVID-19 designated hospitals in the country, and directing resources, information and people, where necessary.

This is the first time that a uniform channel has been created to govern a group of COVID-19 designated hospitals in Nepal. The center is conducting a rapid assessment of all



“The creation of a central command structure at the federal level will help to deliver a timely and well-coordinated COVID-19 response in the country. With support from 13 liaison officers from WHO Nepal stationed at various COVID-19 designated hospitals, we are able to receive real-time data and act upon the needs of the hour,” Dr Jageshwar Gautam, the Chief Administrative Officer (CAO) at the COVID-19 Unified Central Hospital, said.

COVID-19 designated hospitals in Kathmandu Valley, which will gradually expand to cover province-level designated COVID-19 hospitals. The assessment will be followed by the development of plans and policies to address any identified weaknesses. The center will also play a crucial role in ensuring that hospitals follow standard operating procedures and adhere to treatment protocols by providing regular updates to aid proper case management.

The Unified Central Hospital coordinates with the Ministry of Health and Population (MoHP) for management and deployment of required infrastructure, medical supplies, and human resources, as required.

WHO Nepal has deployed an Emergency Health Intervention Officer, an Incident Management Assistant, IT Support and a Liaison Officer at the Control Room to support the effective functional operations, along with 13 liaison officers deployed at COVID-19 hospitals within the Kathmandu Valley covering 3 districts (Kathmandu, Bhaktapur and Lalitpur). Dr Rajesh Sambhajirao Pandav noted “This is an important achievement not only for dealing with the current pandemic but will also support to strengthen the response to other health emergencies in the future.”.

For further information, click [here](#).

From the field:

Hellenic Ministry of Health and WHO hold a high-level meeting on post-COVID conditions in Greece

On 28 June 2021, the Hellenic Ministry of Health, in collaboration with the WHO Greece, convened a high-level meeting to discuss post-COVID conditions.

The meeting was coordinated by the Alternate Minister of Health, with the participation of Deputy Minister of Health, Secretary-Generals for Public Health and Health Services, and the President of the National Health Council. The WHO team was led by the WHO Country Representative to Greece and included WHO/EURO Regional Office technical experts.



Alternate Minister of Health, Mr Vasilis Kontozamanis meeting lead on post-COVID conditions Credit: WHO Country Office Greece

The Alternate Minister of Health invited health professionals, scientists, academia and patients to join forces to study the consequences of post COVID-19 conditions, both for the benefit of patients and the health system. The correlation between post COVID conditions and mental health were discussed and the Deputy Minister emphasized the need for follow-ups to ensure mental health needs are not left behind.

The WHO Representative to Greece highlighted the key role of the global health community to further study, document and share clinical and health service data related to the post-COVID-19 conditions, to facilitate further understanding on these conditions and best practices for health systems to subsequently pave the way for the development of common evidence-based recommendations. The technical experts from the WHO Regional Office for Europe highlighted ongoing efforts towards defining case definitions and provided WHO's recommendations on the clinical management and the optimal health system response.

Challenges identified included the lack of guidelines leading many professionals, particularly in the private sector, to follow their own protocols. The wide range of symptoms and different patient journeys was another challenge noted to the public health response. Participants also remarked that post-COVID conditions emphasize the need for and expose pre-existing gaps in the provision of rehabilitative care.

The meeting resulted in an agreement to collaborate closely with WHO on post-COVID conditions. The Alternate Minister announced a subsequent meeting will follow to solidify next steps, including the potential creation of a working group to focus on producing systematic data on the management of the post-COVID conditions.

From the field:

Strengthening partnerships with media in the Syrian Arab Republic to improve communication on COVID-19 vaccines

On 27 June, more than 30 representatives from key Syrian national media outlets took part in an information session organized by the Syrian Ministry of Health and the WHO country office in Syria to address rumours and misinformation and increase public acceptance of COVID-19 vaccines.

The information session presented new approaches for the media to deliver effective and consistent messages, so that individuals can understand the risks associated with vaccine-preventable diseases, the benefits and risks associated with vaccines, and know where to find accurate, trustworthy and clear

information. The session allowed participants to openly share challenges, lessons learned and best practices from their coverage of COVID-19 vaccines over the past months. The discussion focused on the importance of effective risk communication and community engagement as key factors towards improving compliance with public health and preventive measures to reduce the spread of COVID-19.



©WHO Country office Syria

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“Fighting the pandemic and misinformation requires a whole-of-society approach and since the pandemic started, access to reliable, consistent, and accurate information has been critical. In addition to supporting national authorities to develop and disseminate public health messages, media professionals play an important role in ensuring that the public can make informed decisions about critical issues that affect their health and well-being by tracking and addressing rumours and misinformation related to vaccines, along with their core responsibilities of accurate reporting and evidence-based coverage,” said Dr Akjemal Magtymova, WHO Representative in the Syrian Arab Republic.

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For further information, click [here](#).

Pandemic learning response

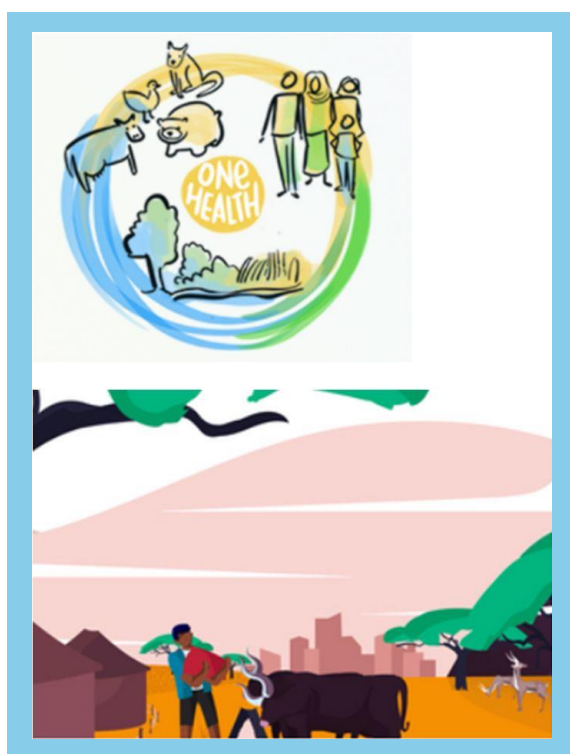
World Zoonosis Day 6 July: Online learning supports governments to operationalize a One Health approach in countries

'One Health' is an approach in which multiple sectors communicate and work together to achieve better public health outcomes. The One Health approach is particularly relevant includes the control of zoonoses (diseases that can spread between animals and humans, such as avian flu, rabies and Rift Valley Fever). A One Health approach is key to the management of shared threats for future outbreaks and pandemics at the human-animal-environment interface.

Three new courses are now available on the OpenWHO [One Health Channel](#), allowing learners from around the globe to explore principles and best practices for a One Health approach for zoonotic diseases. The first course introduces the critical role of international frameworks to help human and animal health sectors 'bridge' their work to meet shared goals for disease preparedness and response. Once learners understand the role of collaborative work in their country context, they can then explore the practical approaches set forth in the [Tripartite Zoonoses Guide](#) and its operational tools.

The second course offering on the One Health channel allows learners to explore and navigate the technical chapters of the Tripartite Zoonoses Guide in more depth, using country examples to propel their learning to the next level. And finally, a training for implementers is available for those interested in using the [Joint Risk Assessment operational tool](#) to assess and manage zoonotic diseases hazards at national and subnational levels.

Join us today and begin exploring the principles and best practices for a One Health approach in countries!



Global OpenWHO Users

5.4 MILLION
TOTAL COURSE ENROLMENTS

35
COVID-19 COURSE TOPICS

55
LANGUAGES

9.8 MILLION
WORDS TRANSLATED

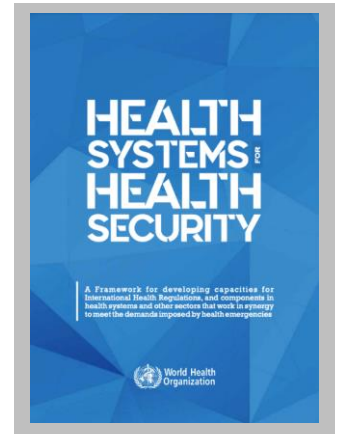
2.8 MILLION CERTIFICATES AWARDED

66 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES
AND WHO AREAS OF EXPERTISE

COVID-19 Preparedness

Strengthening Country Health Emergency Preparedness - WHO Health Systems for Health Security Framework

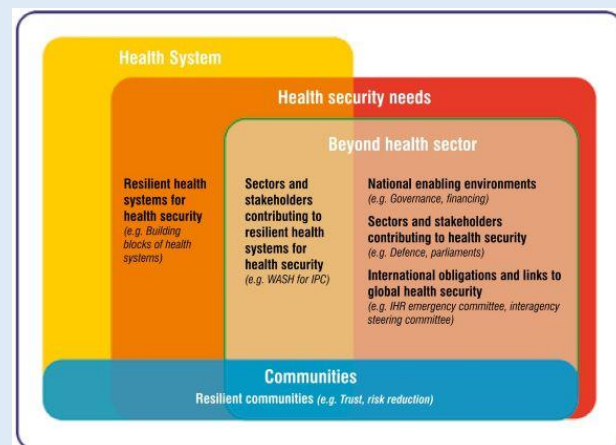
In June 2021, WHO published the "[Health Systems for Health Security](#)" (HSforHS) Framework to support countries and partners in bringing together capacities required for implementation of the International Health Regulations (2005), and components of health systems and in other sectors. To develop the Framework, WHO organized two consultations in 2019 ([expert group consultation](#)) and 2020 (Technical consultation). The framework is an innovative approach that complements existing emergency management concepts and tools for multisectoral, multidisciplinary, effective management of health emergencies, while maintaining the continuity of essential health services throughout.



The HSforHS Framework builds on lessons learned from recent health emergencies, including the COVID-19 pandemic, which highlighted limitations in health systems to absorb the shock and increased demands of severe and large-scale public health emergencies, including the need for flexibility and agility to adapt to the scale and severity of the emergency, while ensuring continuity of essential health services. This has highlighted the need for identifying and closing gaps in a wide range of capacities across all relevant sectors, in order to better prevent, detect and respond to future health threats.

The Framework contributes to:

- promoting a common understanding of HSforHS and how it contributes to national and global health security,
- delineating the essential components of health systems and other sectors that play a key role in meeting the demands imposed by health emergencies,
- explaining how countries can define, prioritize and monitor actions and investments in health security, health systems and other sectors,
- helping partners and donors better support countries by identifying where investment in health systems is most needed, how best to do so, and how financing can be sustained, and
- highlight challenges related to implementation of HSforHS.



To support the implementation of this framework in countries, WHO is currently updating the [WHO benchmarks for IHR capacities](#) with actions that countries can take to strengthen their health systems and components in other sectors towards better health security.

The implementation of HSforHS approach in countries using the Framework, updated Benchmarks and subsequent products is necessary to achieve more synergistic working relationships between health security, health systems and other sectors. This will lead to improved national, regional and global preparedness for future health emergencies.

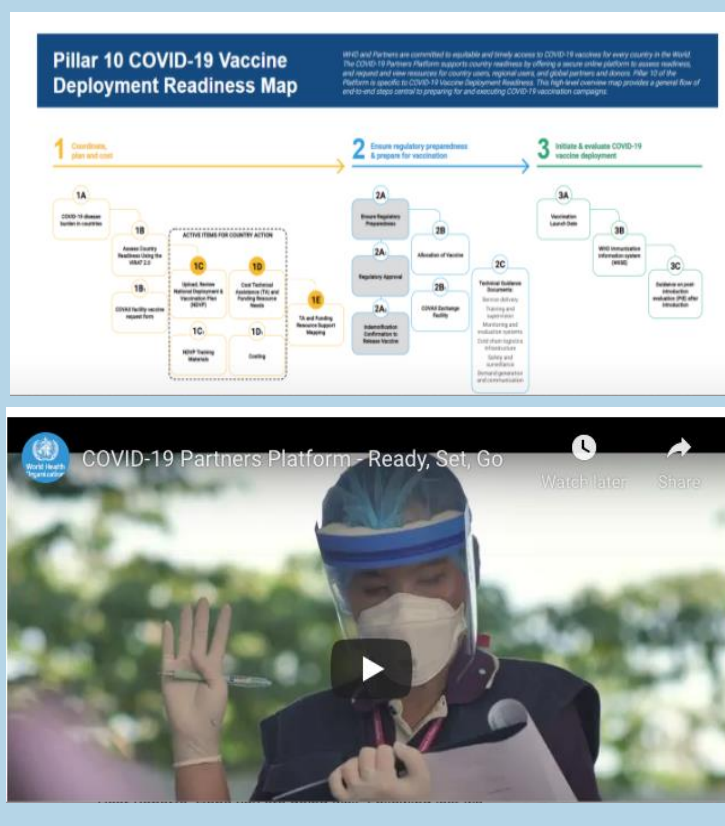
COVID-19 Partners Platform



The COVID-19 outbreak poses a significant challenge for all countries – creating an unprecedented need for international solidarity and a coordinated global response.

The [COVID-19 Partners Platform](#) was launched as an enabling virtual space for all countries to share their plans for the response and coordinate efforts between implementing partners, UN agencies, donors and contributors. This includes mechanisms to monitor and progress implementation of readiness and response plans regularly, to cost technical assistance and resource needs not covered by domestic budget and to match country needs with donor contributions. As the Partners Platform has continued to expand to match global needs of the evolving pandemic, this now includes its role with the COVAX Facility in tracking vaccine contributions and country needs.

The Partners Platform features real-time tracking to support the planning, implementation and resourcing of country preparedness and response activities in a transparent and efficient manner across all 10 response pillars of the [COVID-19 Strategic Preparedness and Response Plan \(SPRP 2021\)](#) and its accompanying [Operational Planning Guideline](#).



Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO/PAHO-procured items that have been shipped as of 1 July 2021.

Shipped items as of 1 July 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	4 904 925	1 103 775	2 164 396	1 529 970	33 830 300	316 850	2 016 579	54 214 400	3 224 030
Americas (AMR)	1 348 132	12 069 900	10 555 962	3,333,200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 724 920	2 012 925	2 185 935	1 326 785	14 014 000	253 040	2 136 722	29 875 550	1 821 095
Europe (EUR)	924 850	1 138 150	658 256	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 658	371 836	3 943 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	414 834	768 700	3 220 000	311 927	466 710	14 974 146	3 107 035
TOTAL	12 760 727	17 794 750	18 822 041	9 102 511	75 718 700	1 816 527	9 884 879	203 192 426	24 892 965

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory data are as of 22 June 2021*

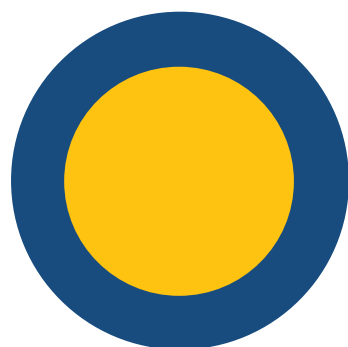
For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

SPRP 2021 Requirements US\$ 1.96 billion

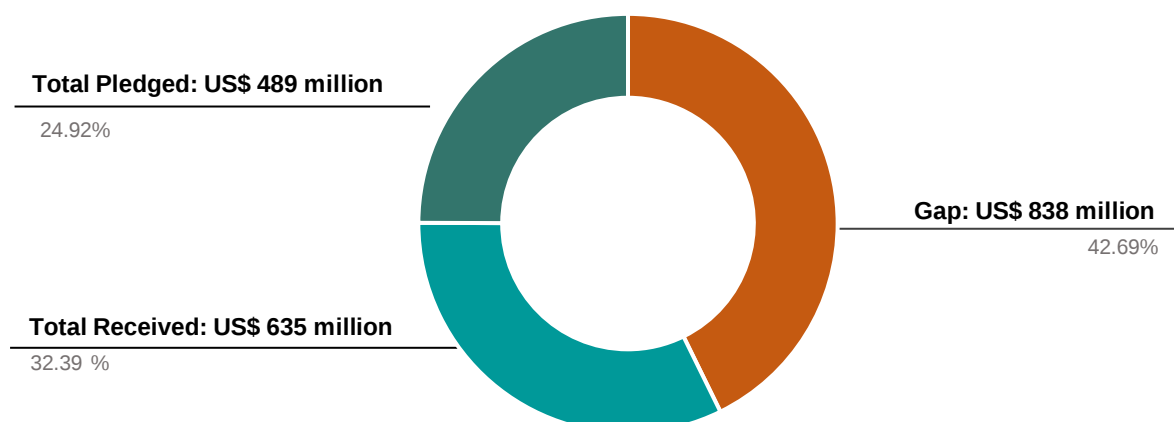


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

Contributions to WHO for COVID-19 appeal

Data as of 29 June 2021



The 2021 SPRP priorities and resource requirements can be found [here](#).
The status of funding raised for WHO against the SPRP can be found [here](#).

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Current Status	2021 Target
Pillar 1: Proportion of countries ^a that have conducted at least 1 Intra-Action Review (IAR) or equivalent country-level review of the COVID-19 response (N=194, as of 2 July) ^b	19% (n=37)	5% (n=10)	7% (n=13)	100%
Pillar 1: Proportion of countries ^a that have conducted at least 1 COVID-19-related simulation exercise (N=194, as of 2 July) ^b	14% (n=27)	3% (n=6)	3% (n=6)	N/A
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^c , as of epidemiological week 24 2021) ^d	22% (n=15) ^e	49% (n=34)	42% (n=29)	50%
Pillar 3: Number of countries ^a that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, as of Quarter 2 / 2021) ^f	n=59 ^g	66	69	N/A
Pillar 5: Proportion of Member States that publicly shared ^h SARS-CoV-2 genetic sequence data (N=194, as of 30 June) ^b	39% (n=75) ⁱ	51% (n=98)	56% (n=109)	75%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 5 July) ^d	0 ^j	97% (n=189)	97% (n=189)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 5 July) ^d	0 ^j	2 658 604 949	2 988 941 529	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, as of 5 July) ^d	0 ^j	13.5% (n=1.05 billion)	15.3% (n=1.2 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b Monthly reported indicator

^c 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

^d Weekly reported indicator

^e Baseline for epidemiological week for southern hemisphere season

^f Quarterly reported indicator

^g Baseline as of 31 December 2020

^h Data source for indicator calculation: GISAID submissions

ⁱ Baseline calculated for December 2020

^j Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 25 June 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 252 million from more than 673 083 donors.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by the WHO.

More than **US\$ 252 Million**



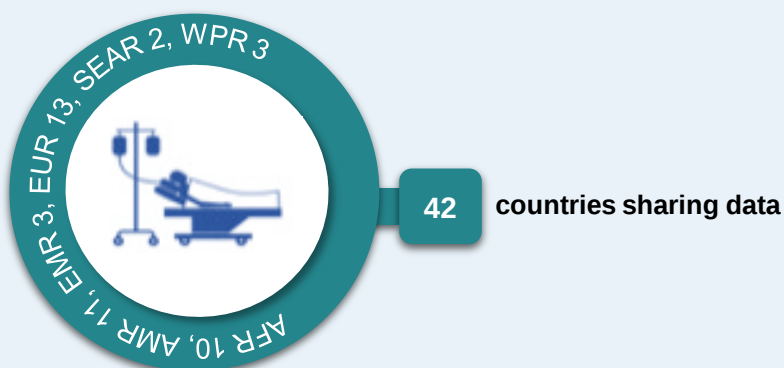
673 083 donors

[individuals – companies – philanthropies]

Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Key links and useful resources



GOARN

For updated GOARN network activities, click [here](#).

Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click [here](#).

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 29 June 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A special focus update on the variants is provided, along with the geographical distribution of variants of concern (VOCs) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2). This edition also includes an overview of current challenges in the context of the COVID-19 pandemic, as well as a summary of the WHO global conference on communicating science during health emergencies.

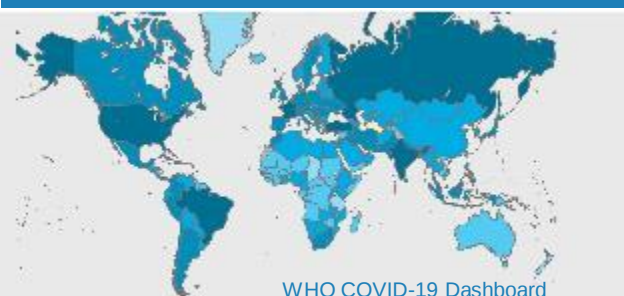
News

- For the Joint COVAX Statement on the Equal recognition of Vaccines, click [here](#).
- For the Joint Statement on the first meeting of the Task Force on COVID-19 Vaccines, Therapeutics and Diagnostics for Developing Countries, click [here](#).

Weekly Operational Update on COVID-19

12 July 2021

Issue No. 63



As of 11 July 2021

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases

186 232 998

Confirmed deaths

4 027 858

Scaling up COVID-19 vaccination in Africa

Africa marked its worst pandemic week ever. Yet, as the COVID-19 cases climb sharply, there are signs of progress on vaccine deliveries to the continent. Vaccine deliveries from the COVAX Facility are gathering momentum: in the past two weeks, more than 1.6 million

million doses were delivered through COVAX and more than 20 million doses are expected to arrive from the United States through COVAX, in coordination with the African Union.



Africa's COVID-19 surge tops second wave peak as vaccine deliveries pick up / Credit: WHO AFRO

“African countries must use this time to prepare to rapidly expand the roll-out,” said Dr Dr Matshidiso Moeti, WHO Regional Director for Africa. “Governments and partners can do this by planning to expand vaccination sites, improving cold chain capacities beyond capital cities, sensitizing communities to boost vaccine confidence and demand, and ensuring that operational funding is ready to go when it is needed.”

WHO has been working with countries to conduct reviews of the first phase of the roll-out so that they can implement the lessons learned. A series of WHO webinars have facilitated intra-country learning from countries that have had successful roll-outs, such as Botswana, Côte d'Ivoire, the Kingdom of Eswatini, Ghana and Rwanda.

For further information and videos, click [here](#).

Key Figures



WHO-led UN Crisis-Management Team coordinating **23** UN entities across nine areas of work



More than **5.4 million** people registered on [OpenWHO](#) and accessing online training courses across **35** topics in **55** languages



19 822 249 PCR tests shipped globally



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185 GOARN deployments conducted to support COVID-19 pandemic response



3 114 766 865 COVID-19 vaccine doses administered globally as of 5 July

^a COVAX has shipped over **102 million vaccine doses to 135 participants** as of 12 July

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

WHO and European Union partner to support Malaysia's COVID-19 response and emergency preparedness



© Corporate Communication Unit, Ministry of Health Malaysia

On 22 June 2021, the WHO Representative Office for Malaysia, Brunei Darussalam and Singapore launched a three-year programme with the European Union (EU) to support the government of Malaysia in its COVID-19 response and preparedness for future pandemics.

The EU is providing €1.7 million to Malaysia, as part of the overall €20 million programme for the South East Asia health pandemic response and preparedness project with seven other Asian countries including Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, the Philippines, Thailand and Viet Nam.

In Malaysia, the programme focuses on COVID-19 activities such as multi-source surveillance and testing strategies, subnational analysis and risk assessment, risk communication, community engagement, supporting the COVID-19 National Immunization Programme and strengthening essential health services.

WHO, through its Western Pacific and South East Asia Regional Offices, will also bolster its engagement and exchange of best practices with the Association of Southeast Asian Nations (ASEAN) to promote regional cooperation to the COVID-19 pandemic response, given the shared objectives, similarities and challenges shared by ASEAN Member States in the Region. In this initiative, WHO plays a critical role in supporting coordination, providing technical expertise across critical pandemic management areas and capturing lessons from the ground up to help address systemic challenges and effectively deal with future disease outbreaks.

"Malaysia has a strong health system and has years of experience in health emergency preparedness and response. But the COVID-19 pandemic has challenged health systems not only in Malaysia, but around the world," said Dr Lo Ying-Ru Jacqueline, WHO Representative to Malaysia, Brunei Darussalam and Singapore. "The European Union is one of WHO's major partners and this programme is a continuation of global and regional solidarity that will support Malaysia's COVID-19 national response and build on lessons learnt to better prepare for future health emergencies," added Dr Lo.

For further information, click [here](#).

From the field:

Enhancing COVID-19 testing – an investment in health

Almost a year and a half into the COVID-19 pandemic, Afghanistan is grappling with a substantial third wave with cases continuing to rise across the country. In response to mounting needs, the European Union (EU) Delegation in Kabul donated €15 million to support WHO's efforts.

Through the EU funding, WHO has supported the Ministry of Public Health to establish 12 new COVID-19 testing laboratories and train 68 laboratory technicians, among other areas of response. With this expansion, to date, Afghanistan has established 31 COVID-19 confirmatory public laboratories across 24 provinces. More than 300 laboratory technicians have also been trained on COVID-19 testing, and some trained as trainers to ensure continuous availability of services.

Mr Faridullah Safi, a virologist and Head of Surveillance Department at the Kabul Central Laboratory, was among those who received the EU-funded WHO training. "After the COVID-19 pandemic, I was trained as a trainer and now I regularly train our provincial surveillance teams to extract samples and properly send them to the central laboratory," said Mr Safi. The training of laboratory technicians has been crucial in quickly enhancing qualified human resource availability to expand COVID-19 testing.



The expansion of the laboratory network has been particularly beneficial for enabling people to get quickly tested without having to travel for long distances or to other provinces, significantly improving access for marginalised and vulnerable groups.

Daad Mohammad, from Wardak province, has been experiencing COVID-19 symptoms. "I am happy to be able to come to the Wardak lab for testing. A year back, things were very different for us here in Wardak province," he said. Last year, one of Daad's relatives was suspected of having COVID-19. To confirm the diagnosis, a sample was collected and sent to Kabul for testing. In the two weeks waiting for a result, 6 more family members became infected. "Now, we can get tested and have the result within a few hours and apply proper preventive measures if a person is positive," he continued assuredly.



For further information, click [here](#).

From the field:

WHO/Europe laboratory team carry out a biosafety and biosecurity training in Uzbekistan



*Practical session on donning and doffing of PPE as part of the Lab biosafety training in Uzbekistan.
Credit: WHO/Europe, M. Amante*

A 4-day interactive training on laboratory biosafety and biosecurity was held in Tashkent, Uzbekistan from 4 to 10 July in both English and Russian. This is the second training held in the WHO European Region based on the newly published [Laboratory Biosafety Manual 4th edition \(LBM4\)](#), following a similar training held in Kazakhstan from 22 to 25 June. This edition of the manual builds on the risk assessment framework which allows safety measures to be balanced with the actual risk of working with biological agents on a case-by-case basis. The manual focuses on training and applying an evidence-based approach to biosafety and biosecurity

In Uzbekistan, the training was attended by 16 laboratory specialists of the public health laboratory appointed biosafety officers and laboratory specialists with no previous background in biosafety. Training activities included practical sessions on risk assessment, donning and doffing of protective equipment (PPE), spill drill simulation and a laboratory audit checklist. The biosafety and biosecurity training package was developed by the WHO/Europe Incident Management Support Team (IMST) laboratory team as part of their action plan for the COVID-19 response and will be rolled-out to additional countries across the Region, with a special focus on priority Russian-speaking countries.

Well-functioning, sustainable laboratory services working in accordance with international quality and safety principles are needed to strengthen health systems and improve public health. Successful detection, characterization and tracking of transmission of diseases required to prevent and control public health interventions also requires effective laboratory systems.

WHO European Regional Office seeks to sustainably improve the quality of laboratory services in European countries through the [Better Labs for Better Health](#) initiative.



*Trained Uzbekistan laboratory staff.
Credit: WHO/Uzbekistan Country Office*

From the field:

Renovation of biosafety laboratories: enabling advancements in Thailand

WHO Thailand mobilized financial and technical support, to renovate five units of basic biosafety level 2 and one unit of containment biosafety level 3 laboratories. On 22 June 2021, Thai Public Health Minister Anutin Charnvirakul chaired the handover ceremony of the renovated laboratories by Japanese Ambassador Nashida Kazuya, in the presence of the WHO Representative to Thailand, Dr Daniel Kertesz.

“The labs have indeed been used to manage major disease outbreaks in the past, but as is expected, the equipment and operations system were going out-of-date,” explains Dr. Supakit Sirilak, Director General to the Department of Medical Sciences. “Through a generous donation of nearly 100 million baht mobilized for the Department of Medical Sciences by the Government of Japan through World Health Organization Thailand, modernization plans saw the renovation of indoor infrastructure, the installation of new IT, cooling systems and other major works completed to ensure the labs could maintain their capacities as the global and national reference laboratories. We can now rightly say that there are now few places in Thailand with lab capabilities of this level and it allows us to deal with diseases and viruses safely without putting the people and the environment at risk.”



“Laboratory works are important parts in supporting disease control. Biosafety laboratories are necessary for research and diagnostic works on highly dangerous pathogens,” says Thai Public Health Minister, Mr. Charnvirakul. “Research and development of vaccines and treatments for COVID-19 and other emerging diseases must be conducted in this type of laboratory.” According to the Public Health Minister, biosafety level 3 also has the capacity to cover standardized COVID-19 tests from across the country.



Staff of the National Institute of Health Renovated Laboratories (Levels 2 and 3) are demonstrating lab procedures. © WHO/Ploy Phutpheng 2021

Laboratories play a key role in achieving health security by contributing towards disease surveillance, patient management, and research and development, but they are also essential in the SARS-CoV-2 pandemic response.

For further information, click [here](#).

From the field:

PAHO/WHO and the Government of Canada donate portable pulse oximeters to Belize



PAHO/WHO and the Government of Canada donated 25 portable hand-held pulse oximeters to the Karl Heusner Memorial Hospital's (KMH) COVID-19 Unit in Belize City, Belize on 6 July.

The donation of pulse oximeters is part of PAHO's ongoing technical support to facilitate the monitoring of oxygen saturation among patients admitted to the KMH for observation and treatment of COVID-19. The device, used in case management and patient follow-up, provides quick and accurate, non-invasive measurements of oxygen concentration in the bloodstream.

Dr. Edwin Bolastig, PAHO/WHO Health Systems and Services

Advisor, said "PAHO/WHO continues to provide support to KMH through procurement of much-needed medical equipment as part of the overall strategy to improve health outcomes and save lives of those who have been afflicted with COVID-19." He further explained that these equipment represent continuing efforts to help strengthen the health system's capacity to respond to the pandemic and beyond.

Five oximeters were purchased from a grant from the Government of Canada to PAHO/WHO and the remaining 20 oximeters were purchased from WHO Funds for COVID-19 response.

"These portable pulse oximeters will be used in the monitoring of patients who have been discharged from the COVID-19 unit and are recovering," said Dr. Adrian Coye, Acting Director of Medical Services of the KMH. "Some of these patients may still have respiratory symptoms for a while therefore we need to be able to monitor their oxygen levels. With this tool, we can monitor their oxygen status and the heart rate, which is an important indicator to determine how well they are."

The KMH is the only public facility in the country providing critical care services for COVID-19 patients. By monitoring the oxygen status for the clinical management of moderate to severe cases of COVID-19, more lives can be saved. Improving KMH's capacity will allow the national referral facility for COVID-19 to be able to play a more effective role in the overall national health system response to the pandemic.

From the field:

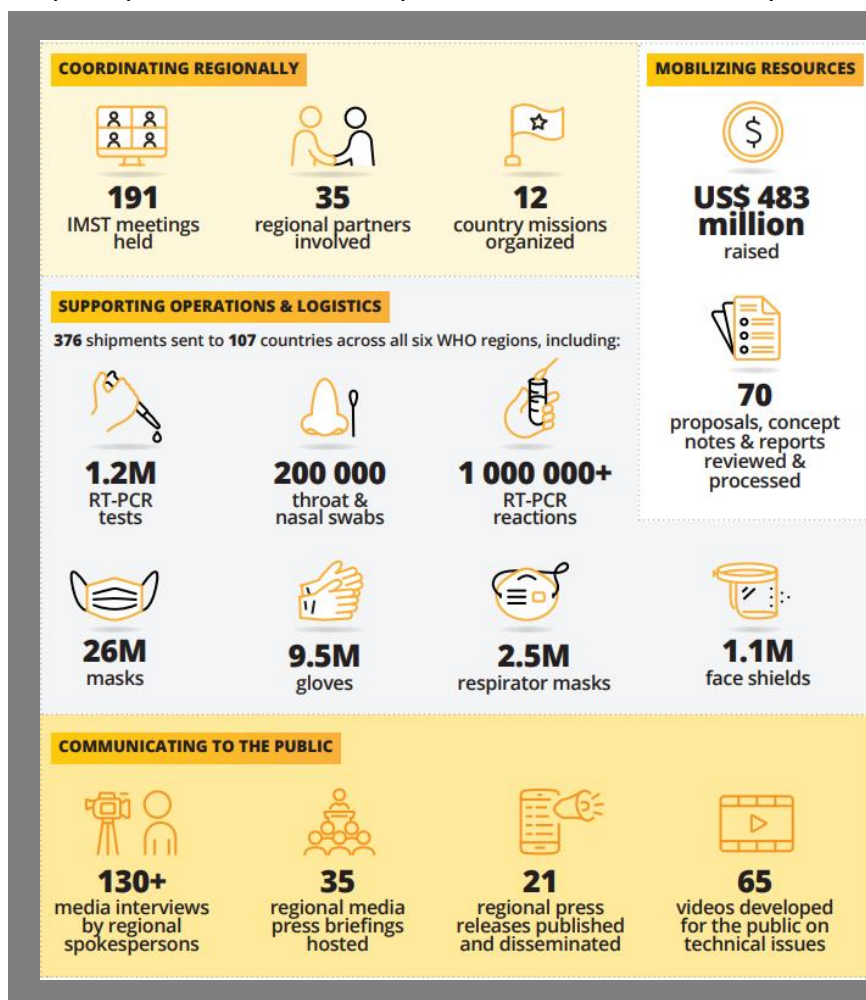
2020 Progress Report of the Incident Management Support Team for COVID-19 in WHO's Eastern Mediterranean Region

On 22 January 2020, a week before the first case of COVID-19 was reported in the Eastern Mediterranean Region, the WHO Regional Office for the Eastern Mediterranean established the Incident Management Support Team (IMST) to coordinate and prioritize readiness and response efforts for COVID-19.

Throughout 2020, the Regional IMST, composed of eight pillars, or key technical and operational groups, has provided the link between WHO headquarters IMST and WHO country offices for a methodical regional response and to provide strengthened support to Member States.

The newly released [2020 Progress Report of the IMST](#), published last week, summarizes IMST activities and achievements throughout 2020, paving the way forward as the response to COVID-19 continues to evolve.

The IMST's achievements in regional capacity-building, coordination and guidance placed the Regional Office for the Eastern Mediterranean as a central player and global asset in successfully responding to the COVID-19 pandemic.



Among its achievements, the Regional Office for the Eastern Mediterranean mobilized US\$ 483 million for the COVID-19 response in 2020. Additionally, a record-breaking value of supplies was dispatched, with the WHO logistics hub in Dubai serving as the largest repository of medical equipment and supplies in the world.

In 2021, the IMST will focus on the goal set in the Region's [Strategic Preparedness and Response Plan for 2021](#): to continue to support countries to leverage and sustain effective response capacities to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic in countries of the Eastern Mediterranean Region, while acting to build resilient health systems.

COVID-19 Preparedness

Preparing cities for health emergencies from all-hazards risks: Training for local authorities and urban development practitioners

With a projected 68% of the global population expected to be living in cities by 2050, risk informed emergency preparedness and multi-sectoral planning actions in cities are critical to prevent, prepare for, and mitigate the impacts of emergencies. WHO, in collaboration with the UN Office for Disaster Risk Reduction and the UN Office for South-South Cooperation, organized a certified training series aimed at cities called [‘Build Back Better: Harnessing South-South cooperation and risk reduction planning for resilient and healthy cities in the post-COVID-19 era’](#).

The third session, held on 22 June 2021 focused on “preparing cities for health emergencies from all-hazard risks,” aligning with International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction. The virtual session was attended by over 1800 participants from 149 countries, including representatives from local government, health, defence, international organizations, UN agencies, academia and civil society.

The session focused on:

- i) concepts and tools of [Health Emergency and Disaster Risk Management](#), strategic risk assessment, health facility resilience, preparations for re-opening cities, referencing good practices from Barcelona, Islamabad, Mumbai, Nairobi, New York and Seoul;
- i) multisectoral partnerships through [resource mapping and impact analysis](#), the Global Strategic Preparedness Network with examples from Côte d’Ivoire, Namibia and Niger;
- i) concepts and tools to address the challenges of zoonotic hazards in urban and suburban settings and limiting spread using the [Joint Risk Assessment Operational Tool](#) which applies One-Health principles; and
- i) the critical operational tools for continuous system testing and improvements in cities using [Country Simulation Exercises \(SimEx\) and Reviews](#).



Underscoring the need for strategic collaboration across levels of government and ongoing capacity development in urban settings using equitable and gender-sensitive approaches, this session concluded by calling on participants to take the lead in making their cities resilient and better prepared for emergencies.

COVID-19 Partners Platform



Partners Platform coordinating funding and teaming up with ECHO for a training series to support the scale up and roll-out of vaccine doses

Many countries are in dire need of operational funding to support COVID-19 vaccination. Countries are struggling to maintain routine essential services including routine immunization, while scaling-up the COVID-19 vaccine roll-out.

To address this gap in funding, the 'COVID-19 Vaccine Delivery Support' (CDS) managed by Gavi and UNICEF, has started an initial release off US\$ 350 million through an Early Access window closing end of August. This initial fund aims to enable the rapid roll-out and scale up of COVAX-funded vaccine doses for AMC eligible economies plus Angola, Indonesia, Timor-Leste and Viet Nam.



WHO, through the Partners Platform, is playing a critical coordinating role for the CDS funds by hosting the short application form, tracking application submissions and tracking the subsequent allocation of funds following a review process.

In addition, WHO is also partnering with [Project ECHO](#) to host a training series to support countries with simultaneous training sessions that align with countries' immediate and medium-term needs by encouraging the optimization of existing resources and providing technical assistance for COVID-19 vaccination programs using ECHO's innovative guided-practice model. Throughout the trainings, guidance and resources will be shared and technical assistance will be provided on budgeting, financing and available tools, including the updated [CVIC tool](#). The sessions will also support a community of practice and the sharing of key challenges and benefits on utilizing these tools, as well as strategies for maintaining routine immunization services. Countries will also learn how the Partners Platform facilitates the use of these costing tools and provides a function for countries to upload the resulting costed resource needs for global donor viewership.

The series will be comprised of fifteen sessions from July to December 2021, beginning on 13 July with the topic 'How to apply for Gavi COVID-19 Vaccine Delivery Support (CDS) funding on the Partners Platform'. Other session topics for July and August include 'Vaccination: Costing for scale-up' and 'Financing alone is not enough – planning and executing on the budget'.

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO/PAHO-procured items that have been shipped as of 7 July 2021.

Shipped items as of 7 July 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	4 838 975	1 146 375	2 277 948	1 529 970	33 830 300	316850	2 016 579	54 214 400	3 224 030
Americas (AMR)	1 348 132	12 080 775	10 555 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 861 920	2 162 925	2 324 455	1 326 785	14 014 000	253 040	2 136 722	29 875 550	1 821 095
Europe (EUR)	702 500	1 190 550	673 240	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 184 400	1 440 000	2 872 802	371 836	3 943 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	1 117 842	768 700	3 220 000	311 927	466 710	14 974 146	3 107 035
TOTAL	12 588 027	18 050 625	19 822 249	9 102 511	75 718 700	1 816 527	9 884 879	203 192 426	24 892 965

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory data are as of 9 July 2021*

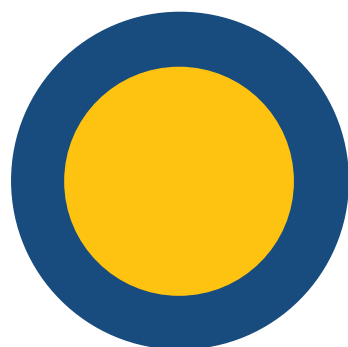
For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

SPRP 2021 Requirements US\$ 1.96 billion

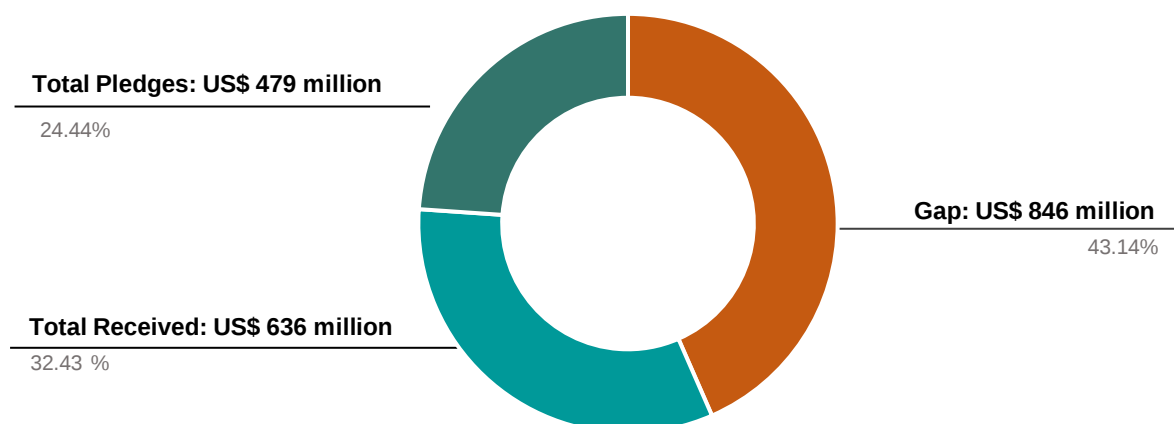


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

Contributions to WHO for COVID-19 appeal

Data as of 6 July 2021



The 2021 SPRP priorities and resource requirements can be found [here](#).
The status of funding raised for WHO against the SPRP can be found [here](#).

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 5 July 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 253 million from more than 673 083 donors.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by the WHO.

More than **US\$ 253 Million**



673 083 donors

[individuals – companies – philanthropies]

Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



42

countries sharing data

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Current Status	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , as of epidemiological week 25 2021) ^c	22% (n=15) ^d	42% (n=29)	41% (n=28)	50%
Pillar 9: Countries ^a where at least one vaccine preventable disease (VPD)-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=67, as of 5 July 2021) ^e	N/A	51% (n=35)	57% (n=38)	N/A
Pillar 9 (Humanitarian and Fragile and Vulnerable Country Context): Proportion of countries ^b in humanitarian settings with a functioning multi-sectoral mental health and psychosocial support (MHPSS) coordination group (N=72, as of 5 July) ^e	55% (n=35) (January 2021)	60% (n=38)	65% (n=47)	100%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 12 July) ^c	0 ^f	97% (n=189)	97% (n=189)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 12 July) ^c	0 ^f	2 988 941 529	3 114 766 865	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, as of 12 July) ^c	0 ^f	15.3% (n=1.2 billion)	16.3% (n=1.3 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Monthly reported indicator

^f Indicator reporting start date: start of COVID-19 vaccination used to calculate baseline

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System



Key links and useful resources



GOARN

For updated GOARN network activities, click [here](#).

Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click [here](#).

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 6 July 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A special focus update on the variants is provided, which includes updates on emerging evidence surrounding the phenotypic characteristics of VOCs (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance), updates on the geographic distribution of VOCs and on the variant classification. It also includes the variant working definitions, as well as other variants and amino acid changes under monitoring.

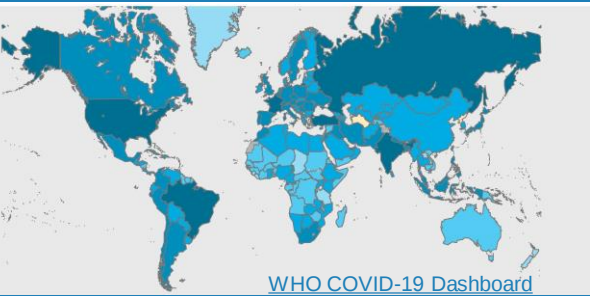
News

- For more on the COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS) review of cases of mild myocarditis reported with COVID-19 mRNA vaccines, click [here](#).
- For more information on WHO recommending interleukin-6 receptor blockers for COVID-19, click [here](#).
- For more information on the WHO global conference on communicating science during health emergencies, click [here](#).

Weekly Operational Update on COVID-19

20 July 2021

Issue No. 64



As of 18 July 2021

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases
190 169 833

Confirmed deaths
4 086 000

Strengthening clinical management of COVID-19 in Ghana

The World Bank through the Pandemic Emergency Financing Facility (PEF) provided funds to WHO to enhance the capacity of Ghana's health system to adequately equip treatment facilities to support improved clinical outcomes for COVID-19.

Treatment facilities in all 16 regions of Ghana have received critical medical supplies including oxygen concentrators, patient monitors, arterial blood gas analyzers, electrocardiograms, nasal oxygen cannulas and more. To ensure adequate protection of health workers, personal protective equipment (PPE) was also supplied to healthcare workers and the National Ambulance Service.

Approximately 360 multidisciplinary health staff were trained to effectively manage COVID-19 patients in isolation, treatment facilities and at home. Additionally, in Greater Accra Region, the hotbed of the COVID-19 outbreak in Ghana, 225 contact tracers were trained to identify and promptly link cases to care, and follow-up contacts of confirmed cases as part of reducing community transmission.

For further information, click [here](#).



Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5.5 million** people registered on [OpenWHO](#) and accessing online training courses across **36** topics in **55** languages



20 069 555 PCR tests shipped globally



203 202 426 medical masks shipped globally



76 101 700 gloves shipped globally



9 102 511 face shields shipped globally



185 GOARN deployments conducted to support COVID-19 pandemic response



3 434 304 520 COVID-19 vaccine doses administered globally as of 19 July

^a COVAX has shipped over **129 million** vaccines to **136** participants as of 19 July

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

Viet Nam receives 2 million doses of COVID-19 vaccines donated by United States of America through the COVAX Facility



Airport staff are unloading the vaccines from the cargo airplane landed at Noi Bai International Airport at 04:35 on 10 July 2021. These are Moderna vaccines donated by the US Government through COVAX facility. WHO staff joined the welcome of the vaccine arrival. Photo credit: WHO Viet Nam/Loan Tran

On 10 July 2021, Viet Nam received 2 000 040 doses of the Moderna COVID-19 vaccine donated to the COVAX Facility by the United States Government. The shipment is part of the 80 million doses of vaccine that the President of the United States committed to donating in May, with approximately 41 million of those doses shared through the COVAX Facility to support global needs. In Viet Nam, in addition to this vaccine donation, the United States has contributed over US\$ 17.7 million in COVID-19 related assistance to the country since the start of the pandemic.

Viet Nam has successfully managed the response to the COVID-19 pandemic since 2020. However, due to global supply constraints, the vaccination rates are still low at about 4% of the population vaccinated to date and the number of infections rising sharply in the last few weeks.

In addition to the 10 July shipment, Viet Nam has previously received 2 493 200 doses of the Oxford-AstraZeneca vaccine via the COVAX Facility since its first shipment of vaccines from the COVAX Facility in April. Now, close to four million COVID-19 vaccines have been administered in Viet Nam. The additional vaccines will help the Ministry of Health to expand coverage and reach more people from priority groups, contributing to attaining the country's target of vaccinating more than 70 percent of population by the end of the first quarter of 2022.

For further information, click [here](#).

From the field:

WHO/Europe COVID-19 readiness and response at Points of Entry in Armenia: 28 June – 14 July 2021

The reopening of borders and resumption of cross-border movement, as well as increasing flow of travelers due to the summer season, has highlighted the need for well-established International Health Regulation (IHR) capacities at Points of Entry (PoE). The National IHR Focal Point in Armenia (the National Center for Disease Control and Prevention) together with the Health and Labour Inspection Body responsible for public health capacities at the country's PoE, invited WHO to support an internal assessment of COVID-19 capacities at the Zvartnots International Airport in Yerevan and ground-crossing with the neighboring Georgia.

From 28 June - 01 July, a joint mission comprised of representatives from responsible national agencies, WHO/Europe's Incident Management Support Team through WHO Health Emergencies Programme's (WHE) South Caucasus Hub and WHO Armenia conducted several on-site assessments.

During these site-visits, the following preparedness aspects were reviewed: coordination and communication mechanisms, public health and social measures in place, cleaning and disinfection, training of responsible staff, availability and use of personal protective equipment and standard procedures to transport suspect cases or ill travelers to designated facilities. Observations of the premises, structural facilities and equipment were noted, and focused discussions were conducted with persons responsible for key functions related to COVID-19 preparedness and response.



*Points of Entry assessment at Zvartnots International Airport in Yerevan.
Credit: WHO Armenia Country Office*

These three activities (on-site observations, discussions with key informants and the results of the completed COVID-19 PoE checklists) then served as a basis for a round-table discussion at the WHO Armenia Country Office with key stakeholders on 8 July. Actionable recommendations were provided for immediate strengthening of COVID-19 response capacity at PoEs.

The recommendations will be used to inform the Armenian action plan for PoEs, which will be undertaken by the responsible national agencies in both the shorter- and longer-term perspectives with technical support from WHO through the WHE Hub for the South Caucasus sub-region.

From the field:

Decentralization and planning in Mumbai, India to fight the second COVID-19 surge

Mumbai was hit hard by the second wave of the COVID-19 pandemic in March 2021. Multi-pronged strategies, with WHO support, has enabled the city administration to stem the surge.

The Municipal Corporation of Greater Mumbai (MCGM) decentralized its central war room structure, creating 24 peripheral control rooms in all 24 wards for a localized



WHO Surveillance Medical Officer Dr.Vivek Pardeshi(left) and Dr.Pradip Angre, dean at Mulund Jumbo COVID-19 Center, Mumbai reviewing options. ©UNICEF/Bhushan Koyande

COVID-19 response. Patient admissions were mandated through the war rooms, which enabled equitable access to hospital beds as per availability in civic hospitals, dedicated COVID-19 health centres (DCHCs), and private hospitals, preventing health facilities from becoming overwhelmed and optimizing utilization of critical supplies. Senior engineers have been appointed at all Jumbo COVID-19 Centres to ensure seamless supply of electricity and oxygen. Inventory management ensured availability of the critical medical supplies for emergencies.

“

“In Mumbai, 69 dedicated COVID-19 health centres were reopened in April 2021 and the WHO team assessed 19 of these facilities based on WHO’s standard assessment checklist. The findings were shared with the Mumbai Executive Health Officer for necessary actions. To support the surge response, WHO officers also conducted infection prevention and control trainings for more than 250 health care workers (including staff and medical officers) in five batches,” shared Dr Vivek Pardeshi, Surveillance Medical Officer, WHO India.

”

The MCGM had created five Jumbo COVID-19 Centres as part of the response to the first wave. These Jumbo COVID-19 Centres were not dismantled even when cases declined at the end of 2020. Following the launch of the COVID-19 vaccination drive on 16 January 2021, a part of these facilities were turned into vaccination centres with vaccination teams trained by WHO officers, UNDP teams and MCGM medical officers. Since January, more than 600 000 vaccine doses have been administered at the 55 session sites in the Jumbo COVID-19 centres.

This model has demonstrated that optimum utilization of resources through inventory management, decentralization of responsibilities and response, and a robust real time monitoring system can flatten the COVID-19 curve and save hundreds of lives.

For further information, click [here](#).

From the field:

Haiti receives 500,000 vaccine doses donated by the United States of America through COVAX Facility

On 14 July 2021, Haiti received 500 000 doses of COVID-19 vaccines donated by the United States Government through the COVAX Facility. “The arrival of these vaccines is quite promising and now the challenge is to get them to the people that need them the most,” said PAHO Director, Dr. Carissa F. Etienne.

“These vaccines, which have obtained WHO emergency use license, will be administered free of charge to the Haitian population,” declared Dr. Marie Gréta Roy Clément, Haiti’s Minister of Public Health and Population. “In public health, vaccination remains one of the most effective interventions. This first allocation of vaccines puts an end to a long period of waiting, an end to a long period of waiting not only for the Haitian population but also for the people of the region who were very concerned that Haiti was the only country in the Americas that had not yet introduced the COVID 19 vaccine,” added the Minister.



[The PAHO Revolving Fund](#) and the PAHO Representation in Haiti have worked with the Haitian authorities, the USA, and the COVAX Facility on logistics and other relevant aspects to ensure that these vaccines arrived promptly, safely and are ready for deployment as soon as possible.

“Over the last few weeks, PAHO has delivered significant personal protective equipment (PPE), helped expand care for COVID-19 patients and provided thousands of tests and laboratory materials to strengthen surveillance activities in Haiti,” added Dr. Etienne. “We have also helped train community health workers and have supported the Ministry of Health in preparing for COVID-19 vaccine introduction and setting up new systems to dispel rumors and COVID-19 misinformation.”



So far, in Latin America and the Caribbean through the COVAX Facility, close to 26 million doses of COVID-19 vaccines have been delivered to 31 countries. However, only about 14% of the total population in the Caribbean and Latin America has completed their vaccination schedule, and some countries have not yet been able to vaccinate more than 1% of their population.

For further information, click [here](#).

From the field:

“My Hero is You” mental health campaign enhances resilience among parents and children in the Syrian Arab Republic

WHO Syrian Arab Republic and local nongovernmental organizations in rural Damascus recently launched the “My Hero Is You” campaign, which aims to reduce anxiety and fear associated with COVID-19 among children and enhance the ability of parents to effectively talk to children about their well-being. In the Syrian Arab Republic, one in ten live with a mild to moderate mental health condition and prolonged exposure to conflict and the COVID-19 pandemic have continued to strain the mental well-being of families.

The pilot campaign reached 5000 children and included messages about how to cope with stress through a colouring book. The children’s book developed by WHO and members of a UN inter-agency committee on mental health and psychosocial support in emergency settings was adapted to local context. The campaign also included the provision of psychosocial support sessions and focus group discussions, attended by 2000 parents, caregivers and health educators who discussed their concerns, coping mechanisms and support strategies for children experiencing stress in the context of the COVID-19 pandemic.



©WHO country office Syria

“In Syria, the conflict was exacerbated by the COVID-19 pandemic and its adverse economic impact, so the need to address mental health has become even more acute. Thus, our increased focus on mental health aims at listening to communities – to their fears, concerns and experiences of coping with COVID-19 - and empowering them with tools and skills to stay mentally resilient and adapt to a new normal,” said Dr Akjemal Magtymova, WHO Representative in Syrian Arab Republic.

The campaign, funded by the WHO Regional Solidarity Initiative, was made possible from partnerships with Al-Tal and Al-Qutayfah nongovernmental organizations, which received training by WHO from the WHO global package tailored to the current needs.



“Maintaining a healthy lifestyle and work life balance were among the recommendations I received during the psychosocial support sessions, in addition to tips on how to talk to children about COVID-19 related fears. It was important for me to share how the pandemic affected the mental well-being of my family. I felt others shared the same concerns and together we can overcome the challenges of the current times,” said one of the parents at the Al-Tal centre.



©WHO country office Syrian Arab Republic

Following the success of the pilot programme in rural Damascus, WHO plans to replicate the initiative in Homs, Aleppo and other governorates this year.

For further information, click [here](#).

Pandemic learning response

Exploring the use of WHO's COVID-19 vaccination online learning in countries

The Access to COVID-19 Tools (ACT) Accelerator's Country Readiness and Delivery workstream developed an OpenWHO training course for national and sub-national stakeholders on key aspects of COVID-19 vaccine deployment. The initial courses launched in December 2020 and were complemented by vaccine product-specific trainings in March 2021. As of June 2021, the [Orientation to National Deployment and Vaccination Planning for COVID-19 Vaccines \(NDVP\)](#) course had more than 15 000 learners in English alone and is available in over 13 languages.

A learner feedback survey was conducted from March to April 2021 to understand the impact of the trainings, usability for learners, and potential value of online training expansion for other immunizations. Using the survey responses and data available from the OpenWHO platform, WHO assessed the knowledge gained from participating in the course. The increase of knowledge from the course was assessed using the average score change between the pre-test and the post-test.

The scores increased by an average of 44% for the NDVP course from an average pre-test score of 51.5% to an average post-test score of 95.5%. Additionally, a substantially higher rate of the enrolled learners completed the course than the industry benchmark for a Massive Open Online Course (MOOC).

The user feedback provides insight for WHO learning providers in health emergencies. Over 96% of the survey participants agreed that they have more confidence in performing their professional roles related to COVID-19 vaccination after taking the course. More than 60% of learners in the survey indicated that they prefer online learning over other training options. However, 44% of survey participants had at least one barrier to online learning (such as internet connection, IT related issues, not enough time to complete the course, language barriers, etc.). Despite these limitations, learners, all levels of WHO and partners have expressed strong interest in further expansion of the OpenWHO online learning courses.

GLOBAL USER FIGURES

5.5 MILLION
TOTAL COURSE ENROLMENTS

36
COVID-19 COURSE TOPICS

55
LANGUAGES

9.8 MILLION
WORDS TRANSLATED

2.8 MILLION CERTIFICATES AWARDED

77 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES
AND WHO AREAS OF EXPERTISE



COVID-19 Partners Platform



Partners Platform coordinating funding and teaming up with ECHO for a training series to support the scale up and roll-out of vaccine doses

Many countries are in dire need of operational funding to support COVID-19 vaccination. Countries are struggling to maintain routine essential services including routine immunization, while scaling-up the COVID-19 vaccine roll-out.

To address this gap in funding, the 'COVID-19 Vaccine Delivery Support' (CDS) managed by Gavi and UNICEF, has started an initial release of US\$ 350 million through an Early Access window closing end of August. This initial fund aims to enable the rapid roll-out and scale up of COVAX-funded vaccine doses for AMC eligible economies plus Angola, Indonesia, Timor-Leste and Viet Nam.



WHO, through the Partners Platform, is playing a critical coordinating role for the CDS funds by hosting the short application form, tracking application submissions and tracking the subsequent allocation of funds following a review process.

In addition, WHO is also partnering with [Project ECHO](#) to host a training series to support countries with simultaneous training sessions that align with countries' immediate and medium-term needs by encouraging the optimization of existing resources and providing technical assistance for COVID-19 vaccination programs using ECHO's innovative guided-practice model. Throughout the trainings, guidance and resources will be shared and technical assistance will be provided on budgeting, financing and available tools, including the updated [CVIC tool](#). The sessions will also support a community of practice and the sharing of key challenges and benefits on utilizing these tools, as well as strategies for maintaining routine immunization services. Countries will also learn how the Partners Platform facilitates the use of these costing tools and provides a function for countries to upload the resulting costed resource needs for global donor viewership.

The series will be comprised of fifteen sessions from July to December 2021, beginning on 13 July with the topic 'How to apply for Gavi COVID-19 Vaccine Delivery Support (CDS) funding on the Partners Platform'. Other session topics for July and August include 'Vaccination: Costing for scale-up' and 'Financing alone is not enough – planning and executing on the budget'.

Upcoming: Clinic 1 on Mini-COVID-19 vaccine Post-introduction Evaluations (mini-cPIE or COVID-19 vaccination Intra-Action Review)



LANGUAGES:
English, French and Spanish

CLICK TO REGISTER

- Request technical support from WHO
- Receive practical tips and tools
- Share country learnings and experiences with peers on their review and adjustment to their COVID-19 vaccine roll-out
- Propose new tools
- Directly connect with countries that have already conducted a mini-cPIE
- Seek advice and receive answers to questions

COVID-19 Solidarity Response Fund

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of partners. It's never been more urgent to support the global response and donations can be made via the website from anywhere in the world.

More than US\$ 253 Million



673 083 donors

[individuals – companies – philanthropies]

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO and PAHO-procured items that have been shipped as of 14 July 2021.

Shipped items as of 14 July 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
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Western Pacific (WPR)	652 100	30 000	964 818	768 700	3 220 000	311 927	466 710	14 974 146	3 107 035
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Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory data are as of 13 July 2021*

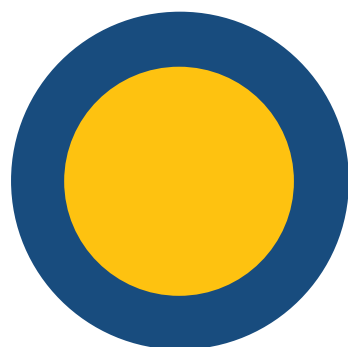
For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

SPRP 2021 Requirements US\$ 1.96 billion

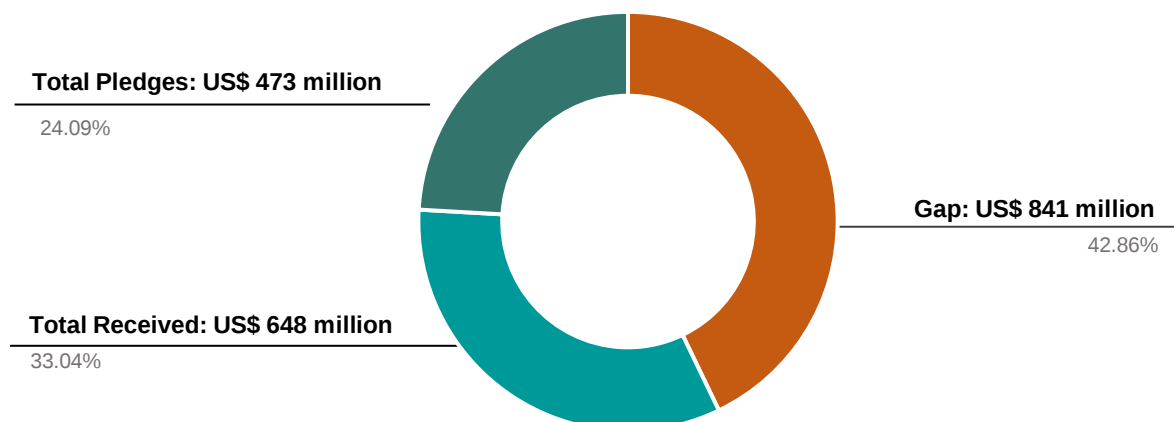


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

Contributions to WHO for COVID-19 appeal

Data as of 13 July 2021



The 2021 SPRP priorities and resource requirements can be found [here](#).
The status of funding raised for WHO against the SPRP can be found [here](#).

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Current Status	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , as of epidemiological week 25 2021) ^c	22% (n=15) ^d	41% (n=28)	51% (n=35)	50%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 19 July) ^c	0 ^e	97% (n=189)	98% (n=190)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 19 July) ^c	0 ^e	3 114 766 865	3 434 304 520	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, as of 19 July) ^c	0 ^e	16.3% (n=1.3 billion)	17.2% (n=1.3 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System



Key links and useful resources



GOARN

For updated GOARN network activities, click [here](#).

Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 13 July 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- A synopsis of the latest WHO COVID-19 Rapid Risk Assessment, which aims to review the current status of global public health risks associated with the pandemic through an in-depth hazard, exposure and context assessment.
- A short update on the geographical distribution of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta.

News

- For the WHO Director-General's opening remarks at the 15 July COVID-19 media briefing, including the WHO Emergency Committee expressing concern on both the level of funding for the WHO COVID-19 Strategic Preparedness and Response Plan and that the pandemic is being mischaracterized as coming to an end when it is nowhere near finished, click [here](#).
- For the statement on the eight meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic, click [here](#).
- For more on how COVID-19 has led to a major backsliding on childhood vaccination click [here](#).

Weekly Operational Update on COVID-19

26 July 2021

Issue No. 65



As of 25 July 2021

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases

193 657 725

Confirmed deaths

4 154 660

Strengthening essential services in Nepal

The NORAD (Norwegian Agency for Development Cooperation) and WHO project for strengthening basic non-communicable Diseases (NCDs) health services in Nepal was launched on 16 July.

Secretary of the Ministry of Health and Population, Mr Aryal stressed “A well-organized and well-prepared health system has the capacity to maintain essential service delivery throughout an emergency such as COVID-19, limiting mortality. The COVID-19 pandemic has highlighted the need for urgent action for overall health systems preparedness for continuity of services. This provides an opportunity to rethink building back better for essential NCD services and innovations.”



The project aims to improve the delivery of essential NCD services through the use of the Nepal Integrated NCD Care Model (NINCM) and will build on existing initiatives of Package of Essential Noncommunicable (PEN) and mental health interventions to develop a comprehensive service delivery that includes early detection, management, and long-term care for common NCDs.

This project is critical as gaps remain nationally with only 5% of hypertensive patients having controlled blood pressure and will be implemented in six districts with WHO's continued technical support.

For further information, click [here](#).

Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5.5 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



19 655 689 PCR tests shipped globally



203 202 426 medical masks shipped globally



76 101 700 gloves shipped globally



9 102 511 face shields shipped globally



186 GOARN deployments conducted to support COVID-19 pandemic response



3 694 984 437 COVID-19 vaccine doses administered globally as of 26 July

^a COVAX has shipped over **138 million** vaccines to **136** participants as of 23 July

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

Maintaining safe delivery of essential services for pregnant women, mothers and their babies during the COVID-19 pandemic in Cambodia

Since the start of COVID-19 pandemic, the Royal Government of Cambodia has taken swift actions and implemented a robust response while ensuring the continuity of essential health services and programmes. From mid-March 2021, the number of COVID-19 cases has significantly increased including among pregnant women, newborns and children.

Ensuring all women of reproductive age including pregnant women, mothers and their children continue to have access to quality care before, during and after childbirth is a priority of the National Maternal and Child Health Center (NMCHC) of the Ministry of Health, located in Phnom Penh, Cambodia. WHO, the United Nations Population Fund and other health partners have jointly supported NMCHC to develop guidance on organizing services during the pandemic for nationwide implementation.



Preventive measures and patient safety, such as temperature screening and triage areas set up at the entrance of NMCHC. ©NMCHC

As one of the national hospitals, NMCHC has taken preventive measures to improve infection prevention and control (IPC) with WHO's technical advice, such as establishing screening and triage for all patients who arrive to access services and the flow of patients (from waiting rooms to delivery rooms, post-delivery monitoring, etc.). Isolation rooms have been organized for pregnant women with COVID-19.

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Between 18 April 2021 and 06 July 2021, 206 pregnant women with COVID-19 safely delivered at NMCHC, including 33 by cesarean section. These safe deliveries were made possible by the support of WHO, the United States Centers for Disease Control and Prevention and Khmer-Soviet Friendship Hospital, which supported NMCHC to set up an operation room for COVID-19-positive pregnant women with complications requiring operative delivery. WHO, specifically, provided technical advice during a joint site visit to set up the operation room.

WHO continues to work with health partners to support NMCHC to guide the national response to keep reproductive, maternal, newborn, child and adolescent health services safe and accessible.



World Health Organization

HEALTH
EMERGENCIES
programme

Nahid from Baku, Azerbaijan and Joanna and James from London, United Kingdom spoke to WHO about their COVID-19 experiences [here](#). Credit: WHO

European Region: Mass gathering monitoring from 14 – 21 July 2021

WHO/Europe's mass gathering taskforce to monitor and respond to public health risks during the 2020 UEFA European Football Championship finals

The Union of European Football Associations (UEFA) Euro 2020 football tournament vividly captured the attention of millions from 11 June to 11 July 2021. With fans traveling and mixing across the European continent, the hosts of the tournament faced numerous challenges to hold matches across 11 different countries across the region with 50 games played by 24 different teams during the COVID-19 pandemic. Each host country was in a different phase of the pandemic with varied levels of public health and social measures, restrictions, and vaccination uptake.

To provide support to countries, ahead of, during and after the mass gathering, WHO/Europe's Incident Management Support Team established a mass gathering taskforce active between 28 May and 25 July 2021 involving WHO staff at the Regional and country levels to coordinate WHO actions.

During the Taskforce's tenure, an enhanced event-based surveillance (EBS) system was established to detect signals of public health concern related to the tournament. Its aim was to trigger public health action and response, using WHO's Epidemic Intelligence from Open Sources (EIOS) collaboration, as needed.

This system not only included data on COVID-19, but also other infectious diseases prone to spread during mass events and signals related to other public health threats, such as stampedes, deliberate chemical, biological, radio-nuclear and explosive (CBRNE) hazards. In partnership with the EIOS core team, the Taskforce designed a new set of 'categories', using 6 search components, to pick up relevant signals (see Figure 1 above).

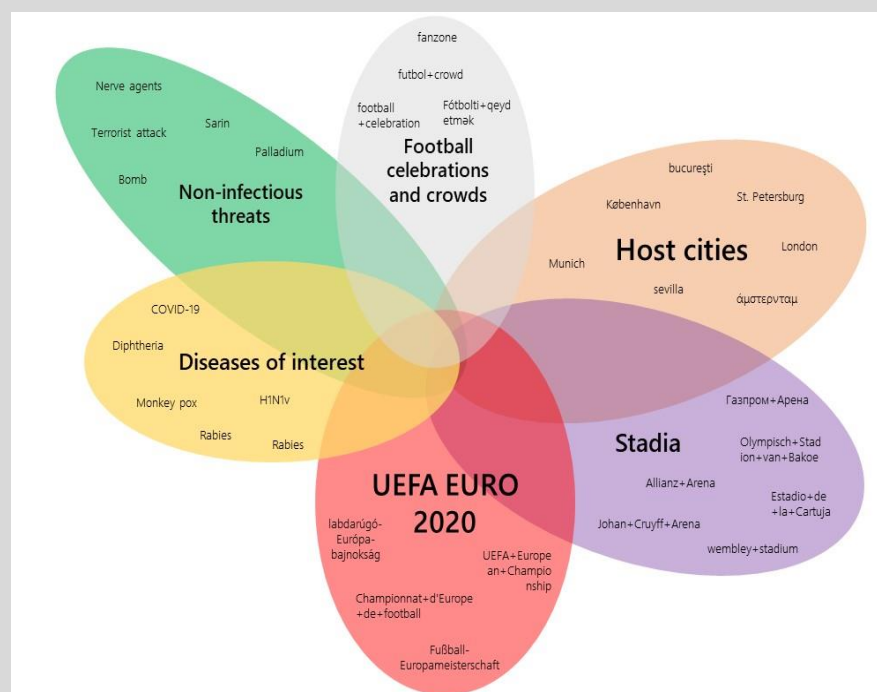


Figure 1 – Illustrative representation of grouped search criteria combinations used in Epidemic Intelligence from Open Sources (EIOS)

European Region: Mass gathering monitoring from 14 – 21 July

Continued: WHO/Europe's mass gathering taskforce to monitor and respond to public health risks during the 2020 UEFA European Football Championship finals

The Taskforce conducted continuous risk monitoring and compiled live data on COVID-19 incidence; mobility data; information on stadium restrictions, public health and social measures; as well as open-sourced signals of public health concern and news stories related to the tournament that were picked up by WHO's surveillance system on a [public dashboard](#) (see Figure 2 below) available for authorities, organizers and the public to better understand the COVID-19 situation in host cities, and assess related risks at a public health and individual level.

As part of WHO/Europe's #SummerSense campaign (Figure 3), WHO/Europe issued specific considerations for sporting events based on WHO guidance, promoted risk communication messages, and shared [stories with football fans](#) to engage communities to take COVID-19 risks into account, while enjoying the games.

"We need to look much beyond just the stadiums themselves," WHO's senior emergency officer, Catherine Smallwood, noted to the public. "We need to look at how people get there, are they travelling in large crowded convoys of buses? And when they leave the stadiums, are they going into crowded bars and pubs to watch the matches?"

Up to two-weeks after the tournament's official end, the Taskforce has continued to monitor any public health alerts detected through EBS, share immediate information with Member States, support countries with public health and social measure calibration when requested, promote risk reducing behaviors through communications and social media, and communicate in real time with Member States through IHR channels, and with partners such as European Centre for Disease Prevention and Control (ECDC) and UEFA.

Engagement with Member States through Taskforce meetings, IHR and EWRS mechanisms were key to picking up more detail on signals of public health concern, and were effective leverages to share information quickly and in documenting the broader lessons learnt from the event. Lessons learnt on the development of the EBS system using EIOS and methods for managing signal noise have already been shared across WHO for other mass gathering events including Copa America football tournament and the Olympics.

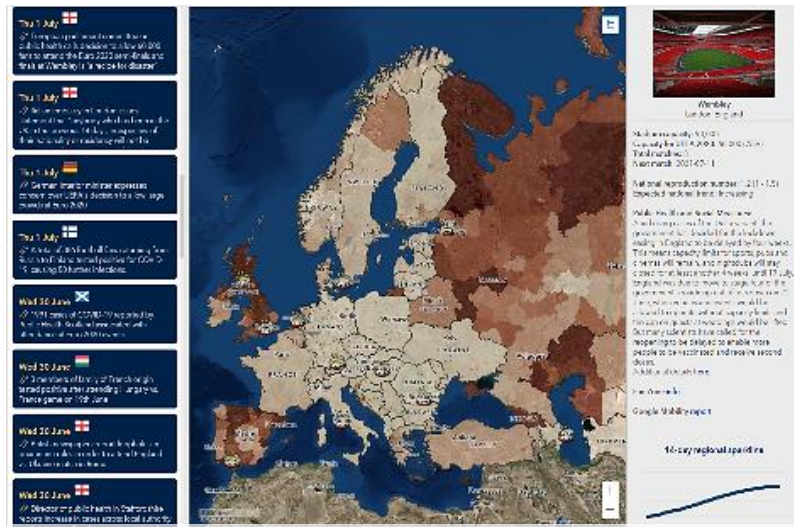


Figure 2: Public facing dashboard for UEFA Euro 2020 tournament



Figure 3: An example of WHO's social media campaign during the UEFA EURO 2020 tournament

From the field:

PAHO/WHO donates 12 tonnes of COVID-19 supplies to Cuba

A donation of 12 tonnes of supplies from PAHO/WHO to support Cuba's response to the COVID-19 pandemic arrived 21 July after swift transfer and delivery in coordination with the Ministry of Public Health (MINSAP).

The supplies included ten kits consisting of 155 boxes with disposable gowns, gloves, masks and face shields; three kits with 42 boxes containing rapid antigen tests for health institutions to make diagnoses of COVID-19; a trauma kit with 104 boxes of medicines, consumables and medical instruments for emergency situations; 110 boxes of personal hygiene products that can be used in centres dedicated to the isolation and medical care of COVID-19 patients.

This donation, organized as part of the close collaboration between PAHO/WHO and the Ministry of Health of Cuba in favor of public health, complements the efforts that the entire country is implementing to contain the pandemic, which is in the most complex moment since the first COVID-19 cases were detected in the island. In the first 17 days of

July, Cuba reported four times more COVID-19 cases than the same period in June with the daily average of cases continuing to increase over the past few days.



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For further information, click [here](#).

Public health response and coordination highlights

- At the **UN Crisis Management Team (CMT)** meeting on 21 July 2021, WHO noted a global upward trajectory of COVID-19 case incidence, reporting a total of 3.4 million cases worldwide in the previous week. WHO also reported that the number of cumulative deaths has exceeded 4 million, and the cumulative number of cases reported globally could exceed 200 million in the next three weeks.
- WHO stressed that vaccines protect against severe disease hospitalization and deaths, but also noted that no vaccine is 100% effective, citing reports of people vaccinated with two doses being infected. WHO reported that there will be increased vaccine donations to the COVAX facility, projecting an additional 250 million vaccines over the next six to eight weeks. The next CMT meeting will feature a dedicated briefing on COVID-19 vaccination roll out and distribution.
- WHO gave a presentation on the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, which aims to strengthen the world's capacity to identify risks earlier, and initiate responses faster, to facilitate better decisions to mitigate and manage pandemic and epidemic risks. It will partner with stakeholders across disciplines, sectors and jurisdictions, to build a collaborative global intelligence system. In this respect WHO noted collaborative efforts with UNICEF on integrated epidemic or outbreak analytics that combines the measurement of disease cases, with that of social impact and response.
- **ICAO** (International Civil Aviation Organization) reported that the third phase of the ICAO Council Aviation Recovery Taskforce recommendation has been launched and is fully in line with the recommendation of WHO that vaccination is not be a prerequisite for travel. ICAO further noted ongoing collaboration with WHO on the digital documentation of COVID-19 certificates, while WHO noted that it has published [policy](#) and [technical](#) considerations for implementing a risk-based approach to international travel in the context of COVID-19. WHO also provided an update on the recent launch of a joint project with WFP – Initiate Squared, which seeks to bring together a number of emergency actors to work on technical solutions that integrates individual care and operational research.
- **FAO** reported that together with IFAD, UNICEF, WFP and WHO, it has launched the report [The State of Food Security and Nutrition in the World](#) on 12 July. It estimates that between 720 and 811 million people in the world faced hunger in 2020.

Pandemic learning response

Equipping healthcare workers with knowledge and skills for an effective COVID-19 pandemic response in North Macedonia

As the backbone of health systems, equipping frontline workers with the knowledge they need is key to a successful pandemic response, ensuring quality care for patients and saving lives. To provide new opportunities for professional learning for COVID-19, WHO in North Macedonia has adapted 14 specialized OpenWHO training modules about COVID-19 in Macedonian and Albanian languages. These courses cover various aspects of the COVID-19 response, including preventing transmission of infectious agents, correct use of personal protective equipment (PPE), prevention of contamination in the clinic of cloth, skin, and environment, administrative preventive measures and more topics.

“All personnel responding to the COVID-19 outbreak need to have the knowledge and skills to mount an effective response. We support healthcare workers by providing critical information they need to keep themselves and others safe during the COVID-19 pandemic”, says Dr Jihane Tawilah, WHO Representative to North Macedonia, continuing “OpenWHO courses are an excellent opportunity for timely transfer of life-saving knowledge to large numbers of health workers.”



To promote the available courses in North Macedonia, WHO has partnered with the Ministry of Health. All courses can be accessed through the Ministry of Health e-health platform (<https://obuki.zdravstvo.gov.mk>) and are officially accredited course by the Macedonian Medical Chamber. Over 3000 health care workers have completed the courses thus far, acquiring the knowledge they need to better contain this and future disease outbreaks and manage health emergencies in general.

WHO will continue to support an informed and educated health workforce to provide the best health services in North Macedonia and populations worldwide. To find free courses in your language and start learning, click [here](#).

GLOBAL USER FIGURES

As of 20 July

5.5 MILLION
TOTAL COURSE ENROLMENTS

37
COVID-19 COURSE TOPICS



55
LANGUAGES

10.2 MILLION
WORDS TRANSLATED

2.8 MILLION CERTIFICATES AWARDED

77 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES
AND WHO AREAS OF EXPERTISE

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

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Shipped items as of 22 July 2021	Laboratory supplies*			Personal protective equipment					
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**Personal protective equipment data are as of 14 July 2021*

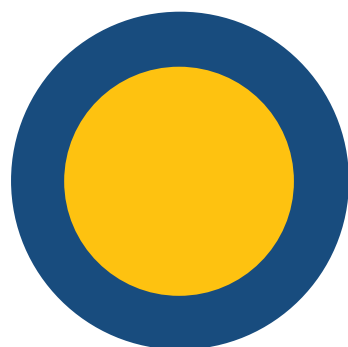
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SPRP 2021 Requirements US\$ 1.96 billion

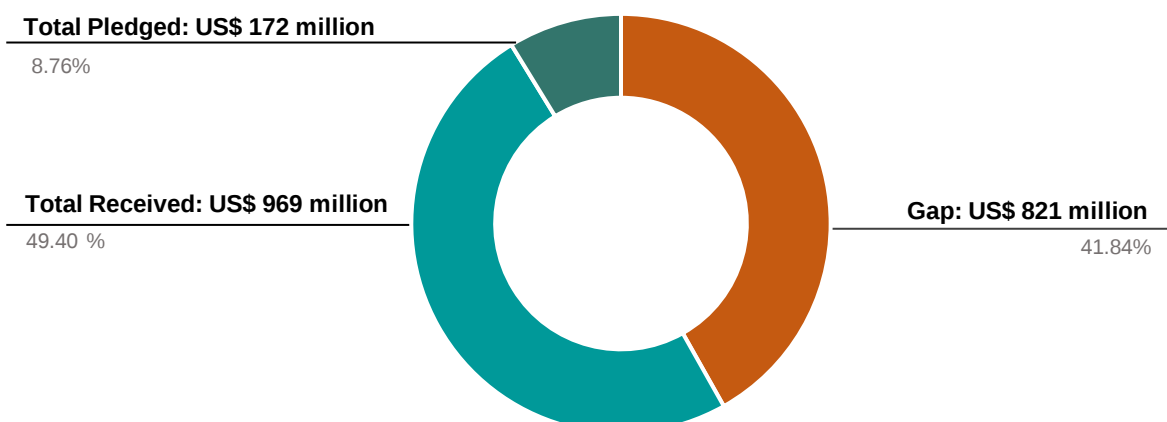


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**Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

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Data as of 20 July 2021



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The status of funding raised for WHO against the SPRP can be found [here](#).

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Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 26 July) ^c	0 ^e	3 434 304 520	3 694 984 437	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 26 July) ^c	0 ^e	17.2% (n=1.3 billion)	18.4% (1.4 billion)	N/A

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^b 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

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- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 20 July 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- The release of a WHO COVID-19 detailed surveillance data dashboard, including a downloadable database feature.
- A detailed update on the phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta. It also includes updates on the geographic distribution of VOCs.

News

- For more information on how vaccine inequity is undermining global economic recovery, click [here](#).
- For global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study, click [here](#).