

Weekly Operational Update on COVID-19

4 August 2021

Issue No. 66



As of 1 August 2021

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

Confirmed cases
197 865 160

Confirmed deaths
4 219 861

Supporting COVID-19 emergency preparedness and response in Thailand

Thailand's Ministry of Public Health, the National Vaccine Institute, the European Union (EU), WHO Thailand and the World Vision Foundation of Thailand launched a programme on 23 July to support the COVID-19 response of Thailand and strengthen preparedness for future pandemics.



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The EU is providing €1.9 million to Thailand, as part of the overall €20 million for "The EU Southeast Asia Health Pandemic Response and Preparedness Programme in Thailand". The initiative includes eight other member countries from the Association of Southeast Asian Nations (ASEAN) and the ASEAN Secretariat. COVID-19 priorities will focus on multi-source surveillance and testing strategies, subnational analysis and risk assessment, risk communication and community engagement, support to the national COVID-19 Immunization Programmes and strengthening essential health services.

WHO plays a critical role in supporting coordination of the initiative, providing technical expertise, supporting the exchange of best practices and capturing lessons learned to help address systemic challenges.

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



203 272 426 medical masks shipped globally



77 139 700 gloves shipped globally



9 114 711 face shields shipped globally



186 GOARN deployments conducted to support COVID-19 pandemic response



3 886 112 928 COVID-19 vaccine doses administered globally as of 3 August

^a COVAX has shipped over **177 million** vaccines to **138** participants as of 3 August

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

From the field:

Supporting treatment of COVID-19 patients across Yemen

WHO and the King Salman Humanitarian Aid and Relief Centre (KSRelief) are working together to fill critical gaps and strengthen preparedness and response to COVID-19 and other public health concerns in Yemen.

WHO and KSrelief are working to advance pandemic preparedness, early detection of COVID-19 and promoting appropriate public health containment measures. The large-scale support includes building local capacity at the intensive care unit (ICU) level, providing oxygen and essential medical and nonmedical supplies and supporting the national referral laboratory capacity through provision of equipment and essential supplies and training laboratory staff.

Through this project, 173 health care workers have been trained including 70 laboratory staff in order to build capacity across 14 ICUs and 12 laboratories. This has made treating 2560 COVID-19 patients possible in WHO and KSRelief supported facilities between January and June 2021.

Sameh is a father who works in Al Sadaqqah hospital's ICU, one of the largest hospitals supported by WHO and KSRelief in Aden. When Sameh was infected with COVID-19 around 2 months ago, he stayed home hoping to feel better. But his condition worsened, and he was rushed to the ICU due to difficulty breathing.

“

“My health situation was dire..” He says while out of breath. “I’ve been receiving treatment, monitored oxygen supply and care here at the ICU for 3 weeks now. I feel much better and the doctors report that I’m doing well. But I still need to get regulated supply of oxygen as directed by the doctor,” adds Sameh. “I am grateful I am now better and that I will soon be able to be discharged,” says Sameh.

”



Health care workers in the frontlines of COVID-19 and other diseases are risking their lives daily. In Yemen, they face compounded challenges due to the damaged infrastructure and socioeconomic difficulties, yet they continue to work under dire circumstances.

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

From the field:

WHO facilitating the implementation of Single Nucleotide Polymorphism (SNP) assays to detect SARS-CoV-2 variants in Ukraine: 13 – 19 July 2021

The WHO Regional Office for Europe continues to support countries in the detection and monitoring of [Variants of Concern](#) (VOCs). One example is by providing trainings and facilitating the procurement of Single Nucleotide Polymorphism (SNP) assays. SNP assays allow for the detection of single nucleotide changes within the SARS-CoV-2 genome and provide an easy, fast-track and reliable way to screen for VOCs. Mutations like the N501Y and E484K are key mutations present in VOCs currently circulating in the



WHO Ukraine Country Office National Professional Officer receiving SNP assays from TIB MOLBIOL in Germany. Credit: WHO EURO

European Region and thus can serve as a reliable indicator of the presence of a VOC.

On 13 July, the WHO Ukraine Country Office facilitated the reception of 40 VirSNiP assays for SARS-CoV-2 variant detection which rely on melting curve analysis (enough for approximately 4000 samples). The kits, which were donated to the Ukraine Public Health Center by the German company TIB MOLBIOL, can be used to detect mutations associated with the Delta variant (30 assays) and other VOCs (10 assays). The timely donation of these kits will allow Ukraine to get important information on the prevalence and distribution of VOCs in the country and enable nationwide pre-sequencing screening for the Delta VOC.

In addition, the WHO Regional Office for Europe and the Ukraine Country Office held a joint webinar on methods of detection and identification of SARS-CoV-2 VOCs. Other areas covered included the viral evolution of SARS-CoV-2, reviewing the melting curve analysis method, and presenting the various SNP assays used to identify mutations that are associated with different variants. It is important to note that genome sequencing is the most accurate and gold standard method for variant detection/monitoring. Overall, the webinar was attended by 80 participants from Ukraine and Europe.

The WHO Regional Office for Europe has further used this donation by providing details on the TIB MOLBIOL SNP assays and carrying out a practical training on how to perform an SNP assay in Azerbaijan as part of a laboratory mission from 20 – 28 July 2021.

From the field:

More than one million COVID-19 vaccines arrive in Lao People's Democratic Republic through the COVAX Facility

The Lao People's Democratic Republic received their third shipment of COVID-19 vaccines through the COVAX Facility. This new shipment, consisting of 1 008 000 doses of the Johnson & Johnson/Janssen COVID-19 vaccine, was donated by the United States of America and arrived on 16 July.

With this single-dose vaccine, the Lao People's Democratic Republic Government will be able to provide protection against the virus to more than one million people, out of the country's total population of approximately seven million.

These J&J/Janssen doses will be used to first vaccinate priority groups, including people above 60 years of age, people with underlying health conditions and health workers across the country, in line with the National Deployment and Vaccination Plan. Further plans are being made for delivery to other target populations, including those in remote and hard-to-reach areas.

In addition to this latest shipment of the J&J/Janssen vaccines, Lao People's Democratic Republic previously received a shipment of 132 000 doses of AstraZeneca/Oxford COVID-19 vaccines in March 2021 and a shipment of 100 620 doses of Pfizer BioNTech vaccines in early June 2021, both of which were procured through the COVAX Facility.

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



Airport staff unloading the COVID-19 vaccines for Lao PDR. Photo credit: ©WHO/Vannaseng Insal



H.E. Pany Yathortu, Vice President of Lao People's Democratic Republic (left) and U.S. Ambassador to Lao PDR Dr. Peter M. Haymond (right) during the official handover ceremony ©WHO/Vannaseng Insal

From the field:

Driving COVID-19 vaccine uptake in Ghana's hard-to-reach communities

Ghana's COVID-19 vaccine rollout has utilized best practices and lessons learned from decades of immunization campaigns for the mass COVID-19 vaccine rollout.

"We have a migratory population that travels routinely from north to south across the country so their animals can graze," says Dr Francis Kasolo, WHO Representative in Ghana. "Just as we have done with routine immunization, vaccination stations along their travel routes have been set up so that these populations can also access COVID-19 vaccines."



Fred Osei Sarpong, WHO Immunization Officer, explained "Information on vaccination points was shared on every channel, including national television, radio, social media and chat apps like WhatsApp, as well as through networks of district and community leaders and organizations." Ghana has also used drones to deliver vaccines to areas without roads and sent vaccinators out into communities to stay with them for periods of time while administering the vaccines.

Twenty days after the first COVAX delivery in February, the country had reached over 470 000 people in areas with the highest number of COVID-19 cases, including around 90% of all health workers. "We identified 43 areas where high transmission of the virus was evident, and started with those districts, sending out mobile teams to administer vaccines," notes Fred Osei Sarpong. To date, Ghana has fully vaccinated around 2.7% of its population.

Dr Kasolo recently visited Kumasi in the Ashanti Region, noting their high COVID-19 related mortality rates and recalls his experience:

“There were huge queues of people waiting to be vaccinated there. When I talked to them, I realised that some had lost relatives to the virus and suddenly it had all become very real for them... They were no longer being told about the devastating effects of COVID-19, they were living through them. Vaccine availability is now a real challenge for Ghana, but we have been given assurances that hundreds of thousands of doses are likely to reach us by about August,” he says.

Offering his best advice, Dr. Kasolo explains that one of the most important lessons Ghana learned early on was to involve everyone, from the President who was vaccinated live on national television right down to communities. He further noted that efficient planning, driven by a strong national coordination mechanism supported the country's success: "Chaired by the President, the inter-ministerial task force included both government and independent players. While our regulatory authorities imparted critical advice about the safety and efficacy of vaccines, the inclusion of independent partners helped boost confidence among the population," he explains.

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

Pandemic learning response

Expanding capacity in Infection Prevention and Control during a pandemic



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anytime, from anywhere



One of the global investments in expanding Infection Prevention and Control (IPC) capacity has been making IPC training available for free on [OpenWHO](https://openwho.org) over the course of the pandemic.

The platform hosts 16 [IPC-related courses](#), of which 5 are COVID-19 specific ([IPC in the context of COVID-19](#), [personal protective equipment](#), [long-term care](#), [mask use](#) and the prevention, identification and management of [infections in health workers](#)). The remaining 11 are part of a core IPC series. In total, the courses have 1.9 million enrolments. More courses are expected to be added over time, while others are being updated as needed.

OpenWHO has played a critical role during the COVID-19 emergency response by expanding the reach of training, capacity building and knowledge transfer, especially in light of the critical need for multilingual and multimodal learning materials and the travel measures restricting the movement of experts to deliver this training. To date, the IPC courses are available in 26 languages.

GLOBAL USER FIGURES

As of 20 July 2021

5.5 MILLION
TOTAL COURSE ENROLMENTS

37
COVID-19 COURSE TOPICS

2.8 MILLION CERTIFICATES AWARDED

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

55
LANGUAGES

10.2 MILLION
WORDS TRANSLATED



COVID-19 Partners Platform

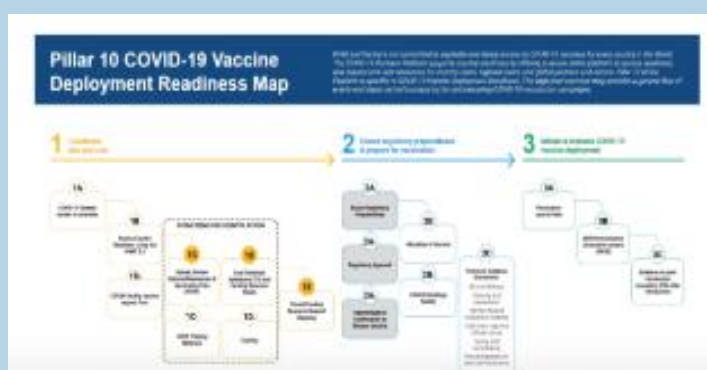


Partners Platform supporting IHR (2005) Emergency Committee recommendations

The Eighth meeting of the International Health Regulations (2005) Emergency Committee regarding the Coronavirus Disease pandemic was held on 14 July 2021.

In response, the Partners Platform remains ready to work hand-in-hand with countries and partners to carry out the Temporary Recommendations to States Parties. Among the advice to the WHO Secretariat listed in the [official statement](#), the Partners Platform remains particularly engaged to:

- **Continue to work for equitable vaccine access and distribution.** The Partners Platform is already a strong partner in WHO's work towards vaccine equity. On the Platform, countries can cost and upload their comprehensive vaccine needs, using the COVID-19 Vaccine introduction and Costing (CVIC) tool and aligned with the National Deployment and Vaccination Plan (NDVP) guidance. The Platform's new visual dashboard on the vaccine space also allows all authorised vaccine users to easily track the global flow of vaccine technical assistance and resource needs, identifying resource gaps. This information is vital to all partners in the campaign to progress towards equitable vaccine access and distribution.



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 29 July 2021.

Shipped items as of 29 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	1 103 775	2 275 932	1 529 970	34 350 300	366 770	2 156 579	54 284 400	3 224 030
Americas (AMR)	1 348 132	12 069 900	10 555 962	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	1 866 270	2 112 925	2 312 935	1 326 785	14 412 000	253 040	2 136 722	29 875 550	1 826 295
Europe (EUR)	707 500	1 160 550	673 240	1 772 020	15 978 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 184 400	1 440 000	2 872 802	381 436	4 393 500	86 510	632 300	6 940 500	1 894 495
Western Pacific (WPR)	652 100	30 000	964 818	768,700	3,220,000	311,927	466,710	14,974,146	3,107,035
TOTAL	12 597 377	17 917 150	19 655 689	9 114 711	77 139 700	1 866 447	10 059 979	203 272 426	24 965 365

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 supplies data are as of 20 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, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 27 July 2021, WHO has received US\$ 989.8 million out of the 1.9 billion total requirement. **A funding shortfall of 50% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 27 July 2021

Total Pledges:
US\$ 159 million

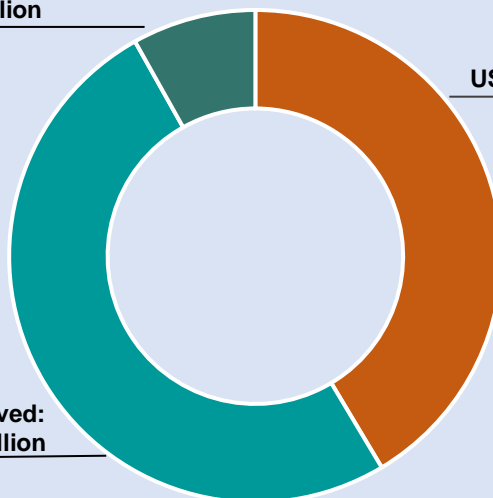
8.13%

Total Received:
US\$ 990 million

50.45%

Gap:
US\$ 813 million

41.42%



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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 27 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 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	Status Update	2021 Target
Pillar 3: Proportion of Member States implementing sero-epidemiological investigations or studies (N=194, as of quarter 2 / 2021) ^a	N/A	42% (n=81)	50% (n=97)	40%
^a Quarterly reported indicator N/A not applicable; TBD to be determined;				

Since quarter 1 of 2021, 16 new Member States have been added to the global initiative, with the majority of new additions focusing on COVID-19 vaccine effectiveness. Of the 97 countries implementing at least one sero-epidemiological investigation using WHO Unity studies master protocols, 62 (64%) are low- and middle-income countries. Additionally, 53% of all the countries with a Humanitarian Response Plan (HRP) on the [Global Humanitarian Overview](#) (GHO) are implementing an investigation or study. Disaggregation of Member States implementing each type of study protocol can be seen below.

97

Member States have started implementation

71

Population-based age-stratified seroepidemiological investigation protocol for COVID-19 infection



17

Measuring COVID-19 vaccines effectiveness



39

The First Few X (FFX) cases and contact investigation protocol for COVID-19 infection & Household transmission investigation protocol for COVID-19 infection



Assessment of risk factors and transmission for COVID-19 in health workers

36



A prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2

10

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	Status Update	2021 Target
Pillar 1: Proportion of flexible funding received by WHO for SPRP 2021 (SPRP budget: US\$ 1.96B, as of 29 June 2021 for quarter 2 / 2021) ^a	N/A	8.7%	8.0%	30%
By the end of the second quarter (April to June) 2021, the percentage of flexible funding received by WHO for SPRP 2021 had decreased from the initial reporting to 8% compared to the target of 30%. As of 27 July, 5% of all funds received by WHO for SPRP 2021 are flexible. For more updates on WHO's SPRP 2021 Appeal, see page 9.				
Pillar 3: Proportion of countries ^b 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 28 2021) ^d	22% (n=15) ^e	46% (n=32)	45% (n=31)	50%
This week, of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 31 (45%) have timely reported COVID-19 data. An additional 11 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 3: Proportion of Member States with COVID-19 detailed surveillance reporting to WHO (N=194, as of 30 June 2021) ^f	39% (n=75) ^g	42% (n=81)	37% (n=71)	100%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 3 August) ^d	0 ^h	98% (n=190)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 3 August) ^d	0 ^h	3 694 984 437	3 886 112 928	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 3 August) ^d	0 ^h	18.4% (1.4 billion)	19.4% (1.5 billion)	N/A

^a Quarterly reported indicator

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

^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 Monthly reported indicator

^g Baseline calculated by the number of countries having reported age and sex for at least 50% of their confirmed cases

^h 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 27 July 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- The evaluation of COVID-19 vaccines and their effectiveness in real world settings.
- An overview of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs.

News

- For the joint statement of the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics for Developing Countries following its second meeting, click [here](#). For their new website, click [here](#).
- For the Director-General's opening remarks at the media briefing on COVID-19 on 30 July, click [here](#). He noted testing rate gaps between low- and high-income countries, that less than 2% of all global COVID-19 vaccine doses have been administered in Africa and that on average in 5 out of 6 WHO regions infections have increased by 80% over the last 4 weeks.

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9 August 2021

Issue No. 67



As of 8 August 2021

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Confirmed cases
202 138 110

Confirmed deaths
4 285 299

PAHO Director urges countries to prioritize indigenous communities in COVID-19 pandemic responses

At a press briefing in advance of August 9, International Day of the World's Indigenous Peoples, PAHO Director Dr Carissa F Etienne noted: while lacking robust data, there have been at least



© PAHO

617 000 COVID-19 cases and nearly 15 000 deaths of indigenous peoples in the Americas. She urged countries to collect more disaggregated data on indigenous groups to help better understand and resolve challenges they face and to guide better policies.

“PAHO has worked closely with organizations that represent indigenous groups in our region – like FILAC, the Fund for Development of Indigenous Peoples of Latin America and the Caribbean, and COICA, the Coordinator of Indigenous Organizations of the Amazon River Basin – to issue culturally appropriate recommendations to countries across our region. PAHO has also been supporting a cross-border vaccination campaign to reach indigenous communities in the Amazonian regions of Colombia, Ecuador, Peru, and Bolivia, where we’ve seen the importance of intercultural dialogues to build support for COVID vaccinations.” said Dr Etienne, adding “we must ensure our responses and our COVID vaccination campaigns do not widen inequities that have long plagued our region.”

For further information and the Director’s Opening Remarks, 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



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188 GOARN deployments conducted to support COVID-19 pandemic response



4 033 124 099 COVID-19 vaccine doses administered globally as of 9 August

^a COVAX has shipped over **190 million** vaccines to **138** participants as of 9 August

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

From the field:

Hajj 2021: Successful and safe hajj season in Saudi Arabia during the COVID-19 pandemic

As the hajj season for 2021 concludes, WHO's Regional Office for the Eastern Mediterranean acknowledges the efforts of Saudi Arabia in successfully implementing health and safety measures amid the COVID-19 pandemic resulting in no cases of COVID-19 or other illnesses reported among pilgrims.

"WHO greatly appreciates the high level of coordination and collaboration that was adopted by all sectors throughout the hajj season, using a collaborative and multisectoral approach. The Saudi Ministry of Health and WHO are in continuous dialogue and cooperation on all fronts related to the COVID-19 response," said Dr Ibrahim El-Ziq, WHO Representative in Saudi Arabia.



From a risk assessment of the pandemic including the evolving epidemiology nationally, regionally, and globally, mitigation measures were enacted to only permit individuals who are fully vaccinated against COVID-19 and individuals who were previously infected and received one dose of the COVID-19 vaccine.

Other measures were put in place, including using innovative technology procedures by Saudi Arabia to protect pilgrims' health. Electronic cards, which registered the pilgrim's contact and medical details were used to provide access to all religious sites, accommodation, and transport, as well as to facilitate health authorities to identify crowded areas at sites. Saudi Arabia also used electronic robots to prevent physical contact and disperse physical gatherings, distribute bottled water and to help sanitize religious sites.

In addition, the Ministry of Health enforced strict physical distancing measures during the transitioning of pilgrims in the two Holy Mosques and the central area in Makkah and Madinah, all residential buildings and tents.

"This year's hajj came at a critical time in which cases are increasing across the Region and globally, calling for stricter procedures to prevent spread. We welcome all mitigation measures put in place by Saudi Arabia to ensure a safe hajj season without COVID-19 infections reported," said Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean.

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

From the field:

Viet Nam receives additional COVID-19 vaccines through the COVAX Facility



Viet Nam received 1 188 000 doses of COVID-19 vaccines from the COVAX Facility on 2 August 2021, bringing the total donations to the country to 8 681 300 doses. The total number of doses includes 5 000 100 doses of Moderna vaccine donated through the COVAX Facility by the United States Government and 3 681 200 doses of AstraZeneca.

As of 2 August, over 6.2 million COVID-19 vaccine doses have been administered in Viet Nam, among them 620 611 second doses. 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% of population by the end of the first quarter of 2022.

“

“COVID-19 vaccines are lifesaving tools, but with a limited supply, prioritizing the most vulnerable is the most optimal way to save lives” says Dr Kidong Park, WHO Representative for Viet Nam. “As we face the surge of cases, we need to accelerate and ramp up our efforts in Viet Nam to vaccinate health workers, the elderly and those with underlying conditions to protect them from severe illness and death.”

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From the field:

Sri Lanka receives a large consignment of AstraZeneca vaccines from Japan via the COVAX Facility

On 31 July 2021, over 728 000 doses of the AstraZeneca COVID-19 vaccines have been delivered to Sri Lanka from a total contribution of over 1.4 million doses provided by the Government of Japan through the COVAX Facility. This is the third COVAX allocation to Sri Lanka, all entirely donor-funded with no cost to the country.

The first delivery of COVID-19 vaccines from the COVAX Facility comprised of 264 000 doses of AstraZeneca in March, followed by 1.5 million doses of Moderna vaccines donated by the United States Government earlier in July.



The Minister of Health, Hon. Pavithra Wanniarachchi, emphasized the role the COVAX Facility and donors play in Sri Lanka's fight against COVID-19. "The arrival of this batch of vaccines is the result of continuous advocacy over the past several months by the Government of Sri Lanka, WHO, UNICEF, and the United Nations. And of course, it would not be possible without substantial support from the Government of Japan, who recognized that it is in every country's best interest to work together to accelerate vaccination, because no country is safe until every country is safe."

The Ambassador of Japan to Sri Lanka, Sugiyama Akira, noted that "Japan has also provided USD 16.2 million to Sri Lanka to assist its combat against COVID-19, including improving its cold chain system. Globally, Japan has pledged USD 1 billion to the COVAX facility to accelerate vaccination in developing countries."

The WHO Representative to Sri Lanka, Dr Alaka Singh, stated that "Japan's donation is much appreciated as an exemplary demonstration of global solidarity for the pandemic response. The contribution is critical for fully vaccinating those who have already received the first dose of AstraZeneca. This would be an important milestone for H.E. President Rajapaksa's laudable vaccination plan and puts Sri Lanka on track to lead on WHO's call to each country to vaccinate 40% of their population by year end. WHO recognizes this as one of the key factors against transmission, along with critical reinforcement from public health and social measures.

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

From the field:

WHO/Europe carries out an Infectious Substance Shipment Training (ISST) for priority countries in Almaty, Kazakhstan: 02 - 04 August 2021

The ability to detect, confirm or control global disease threats often relies on the transfer of patient samples and other biological materials between healthcare providers and laboratories. In order to ensure safe and timely operations, shippers of infectious substances must have appropriate knowledge on the national and international processes and regulations for transport by air, road, rail and sea. The COVID-19 pandemic has highlighted that capacity building of human resources in performing international shipments of infectious substances is a priority to allow confirmation and further testing.

From 2 to 4 August, a 3-day face to face Infectious Substance Shipment Training (ISST) was held in Almaty, Kazakhstan in order to certify shippers of infectious substances against applicable international transport regulations. The training was carried out by the WHO Regional Office for Europe in Russian and attended by laboratory experts from Azerbaijan, Tajikistan, Kyrgyzstan, Kazakhstan and Uzbekistan as well as WHO National Professional Officers from both Tajikistan and Kyrgyzstan.



Demonstration of triple packaging as part the Infectious Substance Shipment Training (ISST) carried out with in Kazakhstan. Credit: WHO Kazakhstan Country Office

The training was composed of interactive lectures, short presentations, demonstrations, hands on activity, question & answer sessions as well as a pre- and final- examination. As part of the ISST course different modules cover: the introduction to transport of infectious substances, shipping terms, categorization, packaging, marking and labeling, documentation and refrigeration.

This is one of two ISST trainings covering priority countries that will be carried out by the WHO Regional Office for Europe. The following training will be held in Kiev, Ukraine from 13 – 15 September 2021.

From the field:

Adamawa State Government, Nigeria, with WHO support, increases COVID-19 risk messaging to scale-up community knowledge and perceptions

The Adamawa State Government in Nigeria and in partnership with WHO initiated a community sensitization campaign across five Local Government Areas (LGAs) to disseminate risk messages about the COVID-19 and dispel associated misinformation including about COVID-19 vaccines.

The State Ministry of Health (MoH), through the State Primary Healthcare Development Agency (ADSPHCDA), with support from WHO, worked with community resource groups in the five LGAs from April to June 2021, visiting a total of 229 settlements, educating 57 254 males and 75 883 females respectively.

WHO provided logistics and allowances for the community health volunteer teams in the five LGAs. During the campaign, the teams used a multi-pronged community-based strategy adopting an inter-personal communication approach as they moved from settlement to settlement, targeting households, churches, tsangayas (learning centres), Islamiyya Schools and street joints (Majalisa).



The volunteers sensitized households and other community members on COVID-19 using job aids such as poster and flip charts with educational messages as well as conducting practical demonstrations to deliver key messages. Prior to the campaign, the volunteers were trained on how to adhere to COVID-19 safety guidelines while doing their jobs.

“To reinforce our efforts and messages, we are also working with the mass media, that is, radio and television, religious and traditional leaders”, said Dr Bashir Sulaiman, the Executive Chairman, ASPHCDA.

“A housewife in Doubeli ward, Yola North LGA, Hajiya Amina Ibrahim, said “I watch those things on television, but I usually regarded them as mere drama until when I interacted with those women. They taught us how to wash our hands, use facemasks and hand sanitisers. To protect my household, I will ensure my children observe the COVID-19 prevention measures at home, when out to school and in their day to day functions,” added Mrs Ibrahim.

Alhaji Abdu Musa, a nomadic Fulani, stated that the campaign changed his perception of Covid-19 because he did not believe it exist[ed]. “I will educate my people about the disease. I also urge the government to send personnel to the settlement for better enlightenment,” he added.

Pandemic learning response

Webinars attract worldwide audience during COVID-19

As the pandemic continues, webinars have endured as a popular interactive tool to transfer life-saving knowledge to all corners of the globe. Grounded on OpenWHO.org principles of equity, free access and lifelong learning, they provide a unique opportunity for anyone with an internet connection to interact directly with experts and those in the field.

OpenWHO has collaborated on 2 widely-attended webinar series for COVID-19. In June and July alone, a total of 13 352 participants attended 6 webinars. The events included 2 [#LearningSavesLives webinars](#) on [competencies](#) for health emergencies and [One Health](#), as well as the 4-part [joint training](#) which provided simultaneous translation in 5 languages: Chinese, French, Portuguese, Arabic and Spanish. Overall, the webinar series have counted nearly 20 000 participants over 12 webinars.

➤ the [#LearningSavesLives webinar series](#), which was launched in February to spotlight how learning and training are helping to protect people in health emergencies like COVID-19;

➤ the joint online training launched in June entitled, "[Build back better](#): Harnessing South-South cooperation and risk reduction planning for resilient and healthy cities in the post COVID-19 era" by the UN Office for South-South Cooperation (UNOSSC), the UN Office for Disaster Risk Reduction (UNDRR) Global Education and Training Institute (GETI), and the WHO Health Emergencies Programme.



GLOBAL USER FIGURES

As of 20 July 2021

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

COVID-19 Preparedness: engaging civil society organizations

Solidarity Response Fund initiative on engaging civil society organizations (CSO) in COVID-19 response at national and local levels

WHO Country Readiness Strengthening Department, with the leadership of the WHO Health Emergencies Programme and the Department of Health and Multilateral Partnerships, is coordinating an initiative on engaging grassroots civil society organizations (CSOs) in COVID-19 responses at the local level in alignment with national response actions to mitigate the impact of the pandemic.

To date, with the support of the COVID-19 Solidarity Response Fund, 54 CSOs across 40

countries in all six WHO regions have received direct financial support (a total of US\$ 5 million) and are receiving programme support to strengthen readiness and resilience in their communities to respond to the current and future pandemics.

A CSO mapping survey was conducted and responses show that implementation in countries, supported by WHO regional offices, benefits over 80 million people living in vulnerable communities, including migrants, internally displaced people, refugees, indigenous groups, ethnic and social minorities, the elderly, people with disabilities, children and women in distress, youth groups, as well as front-line care providers.

The novel initiative is guided by joint WHO/CSO efforts to plan, implement, and monitor response directly with communities in the spirit of empowering community ownership, enhancing participatory governance, and strengthening global solidarity in building back better and preparing for future emergencies.

The selected CSOs significantly contribute to connecting hard-to-reach and marginalized communities to services, focusing on culturally appropriate approaches and sustainable solutions with initiatives ranging from 'information caravans' (awareness campaigns) to local soap production and more.

Reaching out to communities via CSOs increases the efficiency of national efforts for achieving health for all and contributes to accelerating the progress toward attainment of Sustainable Development Goals.

The initiative began in October 2020 and will continue until December 2021 with countries beginning the implementation phase from January 2021 onwards. Stay tuned for country implementation highlights in future WOU editions.



Local training of Shuar and Achuar community workers in soap production and prevention of domestic violence in Ecuador. ©PAHO

COVID-19 Partners Platform

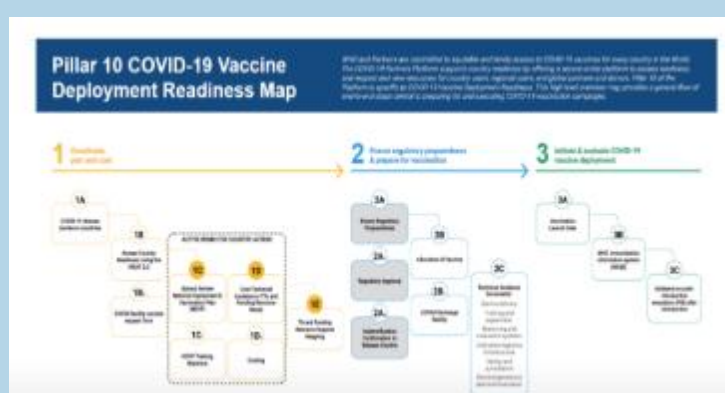


The COVID-19 outbreak poses a significant challenge for all countries – creating an unprecedented need for international solidarity and a coordinated global response.

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 and PAHO-procured items that have been shipped as of 4 August 2021.

Shipped items as of 4 Aug 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 036 925	1 255 950	2 361 204	1 529 970	34 350 300	366 770	2 156 579	54 284 400	3 224 030
Americas (AMR)	1 348 132	12 259 900	10 555 962	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 201 020	2 112 925	2 314 438	1 340 185	14 412 000	253 040	2 136 722	29 895 550	1 826 295
Europe (EUR)	849 600	1 160 550	679 080	1 772 020	15 978 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 630 800	3 175 000	2 976 658	381 436	4 393 500	86 510	632 300	6 940 500	1 894 495
Western Pacific (WPR)	659 450	30 000	931 154	770 620	3 260 000	311 927	468 710	14 984 146	3 107 035
TOTAL	13 725 927	19 994 325	19 818 496	9 130 031	77 179 700	1 866 447	10 061 979	203 302 426	24 965 365

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 supplies data are as of 2 August 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, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 3 August 2021, WHO has received US\$ 1 billion out of the 1.96 billion total requirement. **A funding shortfall of 41% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, as of 3 August, only 5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 3 August 2021

Total Pledges:
US\$ 153 million

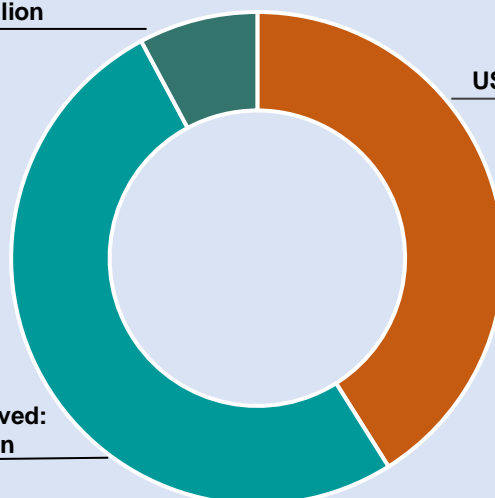
7.82%

Total Received:
US\$ 1 billion

51.12%

Gap:
US\$ 805 million

41.06%



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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 4 August 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 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 WHO.

More than **US\$ 254 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

..... **AFRO 10**
..... **AMRO 11**
..... **EMRO 3**
..... **EURO 13**
..... **SEARO 2**
..... **WPRO 3**

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	Status Update	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 29 2021) ^c	22% (n=15) ^d	45% (n=31)	45% (n=31)	50%
This week (epidemiological week 29), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 31 (45%) have timely reported COVID-19 data. An additional 9 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
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 3 August 2021) ^e	55% (n=35) (January 2021)	57% (n=38)	60% (n=40)	100%
The recent observed change is due to updates in reporting.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 9 August) ^c	0 ^f	98% (n=191)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 9 August) ^c	0 ^f	3 886 112 928	4 033 124 099	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 9 August) ^c	0 ^f	19.4% (1.5 billion)	20.4% (1.6 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 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 3 August **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs.

News

- For more information on the record weekly COVID-19 deaths in Africa, click [here](#).
- To watch the newest Science in 5 on HIV & COVID-19, click [here](#).
- FIFA has launched #ReachOut with the support of WHO among others, a campaign designed to raise awareness of the symptoms of mental health conditions, encourage people to seek help when they need it, and take actions every day for better mental health. For more information, click [here](#).

Weekly Operational Update on COVID-19

16 August 2021

Issue No. 68



As of 15 August 2021

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

Confirmed cases
206 693 357

Confirmed deaths
4 352 488

WHO supports 1.6 million antigen-detecting rapid diagnostic tests to strengthen COVID-19 diagnostic in Indonesia

The ability to detect SARS-CoV-2 infection early is crucial to curb its chain of transmission. Nucleic acid amplification tests (NAATs) have been used to confirm suspected COVID-19 cases. However, during the surge of the cases, the high workload for laboratories is affecting the ability to diagnose cases rapidly. Antigen-detecting rapid diagnostic tests (Ag-RDTs) could significantly enable quick isolation of cases and timely start of contact tracing to curb COVID-19 transmission in a community.

The Ministry of Health released a ministerial decree on 23 June 2021 to augment and speed up the country's capacity to detect the SARS-CoV-2 by implementing antigen-detecting rapid diagnostic tests (Ag-RDTs). "High-quality rapid tests show us where the virus is hiding, which is key to quickly tracing and isolating contacts and breaking the chains of transmission", said Dr N. Paranietharan, WHO Representative to Indonesia "The tests are a critical tool for governments as they look to reopen economies and ultimately save both lives and livelihoods", he emphasized.

WHO facilitated the procurement of 1.6 million Ag-RDTs, which arrived in Jakarta on 7 August and will support the government's effort to control the pandemic by increasing the testing, tracking, and treatment capacity.

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

Key Figures



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



More than **5.6 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



19 878 496 PCR tests shipped globally



203 476 426 medical masks shipped globally



82 605 700 gloves shipped globally



9 142 751 face shields shipped globally



191 GOARN deployments conducted to support COVID-19 pandemic response



4 452 111 864 COVID-19 vaccine doses administered globally as of 16 August

^a COVAX has shipped over **203 million** vaccines to **138** participants as of 16 August

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



World Health
Organization

HEALTH
EMERGENCIES
programme

From the field:

WHO supports the roll-out of Go.Data contact tracing tool in Ukraine: 01 – 06 August 2021

Last week, at the request of Ukrainian national authorities, a WHO mission to Ukraine took place from 01 – 06 August 2021 to undertake a review and support a scale-up strategy for the use of the WHO's Go.Data platform in Ukraine's day-to-day management of the COVID-19 pandemic.

In early June this year, Ukraine's Ministry of Health (MOH) and WHO launched a pilot approach for contact tracing using [Go.Data](#) implemented in Chernivtsi Oblast, Ukraine. The pilot project, funded by the European Union (DG NEAR project), procured 100 smartphones and 2 desktop servers, which were distributed to 99 epidemiologists, virologists and laboratory technicians that were trained by WHO on contact tracing and the use of the Go.Data smart application.

The pilot phase has so far been used to iron out the challenges contact tracers face while using Go.Data. Remaining challenges include that cases

tend to only provide phone numbers for their household contacts; some contacts hesitate to provide accurate employment information as they might be unofficially employed, and some cases are not willing to provide any contact information at all.

To tackle these challenges, during a field visit to the Chernivtsi Oblast, the Center for Disease Control and Prevention (OCDP) has started working with religious leaders to convey messages on contact tracing during church gatherings and through local media outlets. The oblast underlined that the fact that an average of 2 contacts are traced for each case is far from the minimum target of at least 5 contacts per case, in order to slow COVID-19 transmission.

National authorities, with WHO support, are now considering the possible national scale-up of this initiative and national roll-out of the Go.Data WHO platform for COVID-19 other public health events. A video further highlighting the roll out of Go.Data in Ukraine and produced by the country office is also available [here](#).



*Mission to Western Ukraine to visit the Chernivtsi Center for Disease Control and Prevention, where WHO supported the launch of pilot initiative on contact tracing.
Credit: WHO Ukraine Country Office*

From the field:

108 000 doses of COVID-19 vaccines donated by France arrive in Somalia



©WHO Country office Somalia

On 9 August 108 000 doses of the Oxford/AstraZeneca COVID-19 vaccine donated by France through the COVAX Facility arrived in Somalia.

Since the outbreak began Somalia has reported a total of 15 735 laboratory-confirmed cases of COVID-19, including 837 deaths. Owing to low vaccination coverage in the country where less than 1.8% of the population are fully vaccinated, it faces the dual challenge of improving the uptake among its general population, as well as ensuring an equitable and predictable supply of COVID-19 vaccines to support an effective rollout of mass vaccination.

“

“The arrival of this new batch of COVID-19 vaccines comes at a critical time, as cases in Somalia are on the rise,” said Dr Fawziya Abikar Nur, Somalia’s Federal Minister of Health and Human Services.

”

Somalia will continue to prioritize frontline health and other essential workers, the elderly, and people with chronic health conditions in this next phase of the roll out. An estimated 186 094 people in Somalia have received their first dose and 92 792 have received their second.

WHO and UNICEF will continue to support the Ministry of Health to ensure safe and equitable distribution of the vaccines through the management of cold chain systems and training of vaccinators and the monitoring of vaccine utilization. Efforts will continue to promote safety and uptake of the COVID-19 vaccine.

“If we can end the pandemic in Somalia, we can end it everywhere. The country’s fragile health system, high number of its population, especially high-risk people, still to be vaccinated can make the virus more transmissible and we risk emergence of a new variant of the virus if we cannot roll out the vaccination programme with speed and scale” said Dr Mamunur Rahman Malik, WHO Representative to Somalia.

For further information on the vaccination scale-up and response efforts, click [here](#)

From the field:

Community health at the center of COVID-19 vaccination in indigenous communities in Paraguay

To encourage vaccination and promote other measures PAHO and the UN in Paraguay have launched a communication campaign in coordination with the National Directorate for the Health of Indigenous Peoples (DINASAPI) of the Ministry of Health and validated by the National Council for the Health of Indigenous Peoples (CONASAPI). The campaign messages considered the cosmovision of indigenous peoples and community centered health.

“The COVID-19 vaccine protects the life of your family and your community. Get vaccinated.” “COVID-19 vaccine protects life. Get vaccinated.” “COVID-19 vaccine protects against severe forms of the disease. It is important to get vaccinated.” These are some of the messages available in different languages spoken in Paraguay (Guarani, Guarani ñandeva, Nivacle, Enlhet, Maka, Ache, Yshir Ybytoso, Ayoreo, Sanapaná, Qom) where the indigenous population is about 120 000 people (2% of the population). They belong to 19 peoples and live in 13 departments of the Eastern Region, Chaco and Asunción.”



To prevent infection the Federation for the Self-Determination of Indigenous Peoples and other organizations as well as indigenous leaders and representatives have promoted implementation measures such as hand washing, use of masks and physical distancing.

Paraguay began vaccinating people over 60 years old, including indigenous people, against COVID-19 in April of this year, after vaccinating health workers. Since July vaccination efforts were intensified for all indigenous populations to ensure inclusion of youth, young adults and pregnant people.

Since the beginning of the pandemic, PAHO has supported Paraguay's vaccination centers and the modernization of the cold chain, which also benefits indigenous communities.

PAHO is providing support to vaccination of indigenous populations in the Chaco region, including logistics, transportation, equipment and messages to raise awareness and encourage communities to get vaccinated. These communities are located far from urban areas and health services and mobile vaccination brigades were formed to reach villages. The teams are accompanied by community health promoters and community leaders with the objective to leave no one behind in a life-saving vaccination campaign.

For further information, click [here](#)

Pandemic learning response

Online learning opportunities to support hospital infection prevention and control committees in Azerbaijan

The COVID-19 pandemic has increased the importance of online training tools to disseminate knowledge and skills. In July 2021, as part of the EU-funded Solidarity for Health Initiative project, the Azerbaijan WHO Country Office launched the first course in [Azerbaijani](#) on the OpenWHO platform – *Leadership and programme management in Infection Prevention and Control (IPC)* – to support hospital IPC committees. The course will support IPC in health facilities by providing committee members with necessary knowledge and skills on project management, quality improvement strategies, as well as multimodal strategies to support behaviour change and influence stakeholders.



Participants in IPC committee training in Azerbaijan. ©WHO Country office Azerbaijan

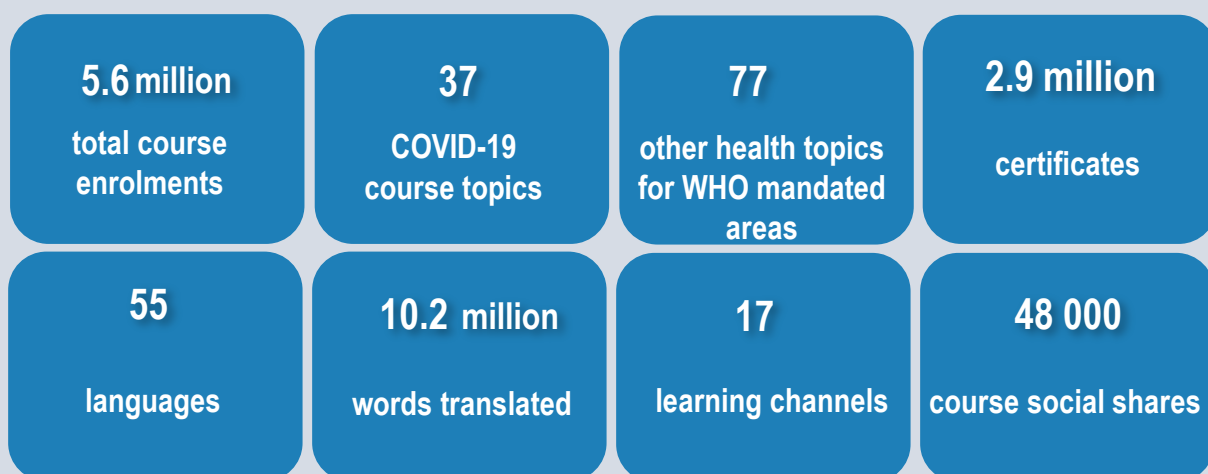
WHO will partner with the Ministry of Health and Administration of Regional Medical Divisions (TABIB) to disseminate the course to all hospital IPC committees and focal points across the country to ensure broad reach and sustainability.

“Improving IPC measures within health facilities will not only be instrumental in reducing the spread COVID-19 and infectious diseases but shall have an impact on reduction of antimicrobial resistance and hospital-acquired infections.” said Dr Hande Harmanci, WHO Representative to Azerbaijan, highlighting the importance of IPC capacity-building support to the country.

This online course builds on the recent face-to-face training conducted by IPC experts from WHO's South Caucasus Hub for 56 hospital IPC committee members from 29 main hospitals in Azerbaijan. The training focused on organizing the work of the committees utilizing WHO's core components for IPC, including on conducting monitoring and evaluation independently and in a sustainable manner. The committees were also equipped with all necessary tools to build hand hygiene improvement strategies, which proved to improve patient outcomes.

OpenWHO Overall COVID-19 User Figures

As of 10 August 2021



Partnerships

The Global Outbreak Alert and Response Network - GOARN



GOARN partners continue to support Member States and institutions in COVID-19 response activities. As of August 10, 2021, GOARN has supported COVID-19 response activities through 191 expert deployments supported by 48 institutions. Experts have been deployed to 35 countries and territories with roles including epidemiology and surveillance, laboratory, and data management.

Currently, 13 experts from GOARN partner institutions are deployed or in process of being deployed, supporting 8 countries in the 5 functional areas of epidemiology and surveillance, laboratory, data management, case management and anthropology. In 2021, a total of 52 deployments have taken place.

In addition to providing on-site and remote support to COVID-19 response activities in countries, GOARN partners are also supporting a range of other activities:

- **Global Go.Data rollout and implementation:** WHO and GOARN continue to support Go.Data projects in 60 countries / territories, and providing technical assistance to local responders for epidemiology, analytics, interoperability and technology.
- **RCCE and collective service:** GOARN is supporting a collaborative action via partnership in the new [RCCE Collective Service](#).
- **Information sharing and partner coordination:** GOARN Operational Support team continues to host weekly operational coordination calls with GOARN Steering Committee members and operational partners for information exchange on COVID-19 activities and operations. Information is also shared via the [GOARN Knowledge platform](#).

COVID-19 Partners Platform



Partners Platform in action: tracking vaccine deployment and last-mile delivery in humanitarian settings

As Inter-Agency Standing Committee (IASC) designated Cluster Lead Agency, the World Health Organization (WHO) hosts the [Global Health Cluster \(GHC\)](#) within the WHO Health Emergencies Programme (WHE). Global Health Cluster agencies work collectively, in support of national authorities to minimize the impacts of humanitarian and public health emergencies and are currently activated in 31 settings. To support identifying the challenges and barriers to vaccine deployment and last-mile delivery to populations of concern, the health clusters are making use of the Partners Platform's transparent sharing of information.

Using the data uploaded to the Platform, particularly involving National Deployment and Vaccination Plans (NDVPs) and country level information such as funding needs, the Global

Health Cluster's COVID-19 task team has created a tracking mechanism for vaccine administration, inclusion, and deployment in fragile, conflict-affected and vulnerable (FCV) settings. This task team has been able to effectively mobilize stakeholders to identify and address gaps reaching populations of concern and to inform vaccine deployment of the [COVAX](#) "Humanitarian Buffer." The buffer was established to act as a measure of last resort in order to ensure access to COVID-19 vaccines for high-risk and vulnerable populations in humanitarian settings which were not reached through country vaccine plans.



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 11 August 2021.

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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 supplies data are as of 12 August 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, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 10 August 2021, WHO has received US\$ 1.028 billion out of the 1.9 billion total requirement. **A funding shortfall of 47.6% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 10 August 2021

Total Pledges:
US\$ 134 million

6.81%

Total Received:
US\$ 1 billion

52.43%

Gap:
US\$ 799 million

40.75%

A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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 10 August 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 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 WHO.

More than **US\$ 254 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

..... AFR 10
..... AMR 11
..... EMR 3
..... EUR 13
..... SEAR 2
..... WPR 3

The objectives of the Platform are to:

1. Describe the clinical characteristics of COVID-19
2. Assess the variations in clinical characteristics of COVID-19
3. Identify the association of clinical characteristics of COVID-19 with outcomes
4. Describe the temporal trends in clinical characteristics of COVID-19

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

For further information, click [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	Status Update	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 30 2021) ^c	22% (n=15) ^d	45% (n=31)	49% (n=34)	50%
This week (epidemiological week 30), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 34 (49%) have timely reported COVID-19 data. An additional 13 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 5: Proportion of Member States that publicly shared ^e SARS-CoV-2 genetic sequence data (N=194, as of 31 July) ^f	39% (n=75) ^g	57% (n=110) ^h	58% (n=113)	75%
WHO promotes the rapid sharing of SARS-CoV-2 sequences internationally through publicly accessible databases. The number of Member States publicly sharing SARS-CoV-2 genetic sequence data has increased by 3 Member States to 58% (n=113) of all Member States sharing for the month of July 2021.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 16 August) ^c	0 ⁱ	98% (n=191)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 16 August) ^c	0 ⁱ	4 033 124 099	4 452 111 864	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 16 August) ^c	0 ⁱ	20.4% (1.6 billion)	21.9% (1.7 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 Data source for indicator calculation: GISAID submissions

^f Monthly reported indicator

^g Baseline calculated for December 2020

^h The recent observed slight change for the number of Member States that publicly shared for the previous month (June) is due to retrospective reporting.

ⁱ 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 10 August **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A detailed update on the phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine effectiveness) of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta. It also includes updates on the geographic distribution of VOCs.

News

- Numerous countries face concurrent emergencies during the COVID-19 pandemic. Click [here](#) to read further about Cote d'Ivoire declaring their first Ebola outbreak in over 25 years or [here](#) for how PAHO is deploying experts to support Haiti in the earthquake aftermath.
- To read the WHO Statement on advancing the next series of studies to find the origins of SARS-CoV-2, click [here](#).
- To read further about the new phase of WHO's Solidarity clinical trial with three new candidate drugs, click [here](#).

Weekly Operational Update on COVID-19

23 August 2021

Issue No. 69



As of 22 August 2021

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

Confirmed cases

211 288 358

Confirmed deaths

4 422 666

Restoring essential health services in Haiti post-earthquake

PAHO Director, Dr Carissa F. Etienne, reported that “staff is being deployed to the Grand’Anse and Nippes departments to support reestablishing health services at departmental levels,” she said, referring to areas near the epicenter of the earthquake. COVID-19 and concurrent health emergencies have presented a challenge of caring for those with COVID-19 while adapting to ensure safe delivery of essential health services; pillar 9 of the [COVID-19 2021 SPRP](#) focuses on mitigating such service disruptions.

Health facilities in three departments in post-earthquake Haiti are overwhelmed and “In total 24 health facilities suffered damage, mainly first level of care.” In addition to supporting Haiti’s Ministry of Health and Population, PAHO has delivered essential medicines and other medical and surgical supplies for distribution to health institutions in need.



©PAHO

Dr Etienne called on the global community to meet the “urgent health needs” identified by the health ministry: “health personnel, supplies and equipment to treat patients with trauma, injuries, acute illnesses, chronic diseases and mental issues”. She continued, “There is an urgent need to restore health services mainly in the most affected areas and to ensure adequate water and sanitation to prevent increases of diarrheal, respiratory, and skin diseases.”

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

Key Figures



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



More than **5.6 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



19 893 672 PCR tests shipped globally



203 896 426 medical masks shipped globally



83 086 700 gloves shipped globally



9 150 431 face shields shipped globally



188 GOARN deployments conducted to support COVID-19 pandemic response



4 615 260 567 COVID-19 vaccine doses administered globally as of 23 August

^a COVAX has shipped over **209 million** vaccines to **138** participants as of 19 August

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

From the field:

Delivering critical health services in Afghanistan

WHO Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari issued a statement regarding essential health services (pillar 9 of the [COVID-19 2021 SPRP](#)) and noted the following:

“WHO is committed to staying in Afghanistan and delivering critical health services and calls on all parties to respect and protect civilians, health workers, patients and health facilities.”



©WHO Country office Afghanistan

“Months of violence have taken a heavy toll on Afghanistan’s fragile health system, which had already been facing shortages in essential supplies amid the COVID-19 pandemic. In areas where people have fled to seek safety and shelter, including Kabul and other large cities, field reports indicate that there are increasing cases of diarrhoea, malnutrition, high blood pressure, COVID-19-like symptoms and reproductive health complications. As a result of the recent conflict, trauma injuries have increased, requiring scaled up emergency medical and surgical services. In July 2021, some 13 897 conflict-related trauma cases were received at 70 WHO-supported health facilities, compared to 4057 cases in July 2020.

On 17 August WHO dispatched to Wazir Akbar Khan Hospital in Kabul 33 units of different modules of trauma kits, enough to cover 500 surgical procedures for 500 trauma patients and 750 burn victims, and 10 basic medical kits to provide essential medicines for 10 000 people for 3 months. This week, WHO also provided Helmand regional hospital with 6 basic medical supply kits and one cholera kit to support the provision of basic medicines for 6000 people for 3 months and the management of 100 cases of diarrhoea. WHO donated medical supplies to 3 health partners to sustain critical work at their health facilities this week.

Over the past 3 months, health staff in 10 referral hospitals have been trained in mass casualty management. Since January, WHO has provided trauma care support to 134 health facilities in 34 provinces. Since June, WHO has provided 500 health facilities with emergency kits and medical supplies. WHO is also training health workers in mental health support.

WHO and partners have conducted an initial assessment of the health needs of displaced populations and have deployed 2 mobile health teams to provide medical services.”

For the Regional Director’s full statement, click [here](#).

From the field:

WHO/Europe strengthening Infection Prevention Control with the Georgian ambulance service: 9 - 20 August 2021

The ongoing transmission of SARS-CoV-2 continues to highlight deficiencies in Infection Prevention and Control (IPC) within health facilities. Rigorous implementation of IPC measures protects health workers from infection and needs to be regularly assessed, reviewed and strengthened.

During a period of intense COVID-19 transmission in Georgia, WHO and national teams are assessing the national ambulance service's IPC capabilities. The work aims to build upon previous efforts conducted under the European Union funded project (DG NEAR) which supported rapid improvements to the ambulance service response to COVID-19.

To support this assessment, a WHO IPC specialist was deployed from the WHO South Caucasus Hub from 09 to 20 August.



*IPC strengthening in ambulance service in Georgia.
Credit: WHO Georgia Country Office*

During the mission, IPC experts visited ambulance services in both urban and rural settings, with the assessment focusing on surveillance, cleaning and disinfection, training, and the implementation of current IPC guidance.

The current project being carried out within the ambulance services, will help to improve infection prevention control through the introduction of structured IPC programmes, policies and trainings which will utilize multimodal strategies to create long lasting IPC improvements in Georgia.

Overall, the assessment will help to inform the creation of national IPC guidelines and standard operating procedures for ambulances services throughout Georgia.

WHO/Europe will continue to support Georgia in the development and implementation of IPC guidelines within the ambulance services and in other clinical settings.

From the field:

Lao People's Democratic Republic receives 616,820 doses of the COVID-19 vaccine through the COVAX facility

On 5 August 2021, Lao People's Democratic Republic received a donation from the Government of Japan through the COVAX Facility, which consisted of 616 820 doses of the Astra Zeneca/Oxford COVID-19 vaccine manufactured in Japan.

This donation will contribute towards vaccinating more than 300 000 Lao people by the end of 2021.

The Lao People's Democratic Republic Government will use the latest donation of doses to continue vaccinating priority groups including people above 60 years of age, people with underlying health conditions and health workers across the country, in line with the National Deployment and Vaccination Plan (NDVP) and in support of the Government of Lao People's Democratic Republic's goal of vaccinating 50% of the population by the end of 2021.



Dr. Jun Gao, Officer-In-Charge WHO Lao PDR, putting on the stickers to cargo boxes filled with COVID-19 vaccines that arrived in Lao PDR. ©WHO/Somphong Sihaphonh

“

“The latest donation from the Government of Japan via the COVAX Facility reminds us of the power of global partnerships in ending the COVID-19 pandemic. No country is safe until every country is safe and WHO is urging countries to continue to share vaccines equitably,” said Dr. Jun Gao, WHO Officer-in-Charge to Lao PDR.

”

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

From the field:

All-women teams trek miles to vaccinate in Meghalaya, India

On 14 July 2021, five all-women vaccination teams set-off carrying heavy backpacks filled with COVID-19 vaccine vials in vaccine carriers, adverse events following immunization (AEFI) kits, documents, packed foods and water to promote COVID-19 vaccination as well as continued COVID-19 appropriate behaviour.

The officer-in-charge of Nonghyllam police station volunteered the support of police personnel, who travelled with them for their security and safety on a journey that began by road at 5:30 am to reach the first stop at 08:00 am. Undeterred by monsoon fury, the all-women teams of COVID-19 vaccinators in the state strapped backpacks with vaccine carriers and other equipment and trekked for nine hours, through hills, amidst rain and slush, to take lifesaving COVID-19 vaccines to these five villages.

Dr Anita Chauhan, who is part of the WHO Rapid Response Team (RRT) in Meghalaya, was among the women supporting the district administration in COVID-19 advocacy-related activities in South-West Khasi Hills district.

During her field visits, these hard-to-reach areas were identified and prioritized and then discussed in District Task Force meetings, leading to the planning of special outreach campaigns. She has also been providing training and support to the state's COVID-19 response including for COVID-19 vaccination and transport via the RRT vehicle, essential services such as routine immunization strengthening and more.

Many villages served by the Ranikor Community Health Centre are hard-to-reach and inaccessible during most times of the year



Vaccinators carrying heavy backpacks containing vaccine carriers trekked through forests for 9-hours to reach hard-to-reach villages in South-West Khasi Hills district in Meghalaya



Dr Anita from WHO Rapid Response Team sets off to a remote vaccination centre on top of a hill in South-West Khasi Hills district



“All our field workers have been working tirelessly in immensely challenging conditions to ensure that the vaccines and health care reaches everyone,” said Dr Patmos Warjri, Medical and Health Officer in-charge of the vaccination teams.

“There were leeches and snakes throughout the way, and we joked about who had the most leech bites. Our teams vaccinated 147 beneficiaries in the villages in one day. We made our way back on foot to Pormawdar and were back at Kulang by 11:00 pm, finally reached at Ranikor Community Health Centre at around 1:30 am the following day,” said Dr Patmos Warjri.



In remembrance of WHO Dr Ousmane Touré

Dr Ousmane Touré, a young doctor and public health emergencies specialist whose commitment and expertise served PAHO and WHO in the polio eradication programme in Guinea, the fight against cholera in Haiti and Ebola in West Africa and tragically lost his life in the earthquake that struck Haiti on August 14, 2021.

“We are devastated by the loss of Ousmane, a dedicated medical doctor who supported our response in Haiti” said Director of PAHO, Dr. Carissa F. Etienne. “He will be extremely missed by his colleagues and friends at PAHO and the World Health Organization (WHO). Our deepest sympathies are extended to his own family – his wife and two daughters.”



Dr. Ousmane Touré ©WHO

“Over the years Ousmane worked in some of the most difficult places, assisting communities who found themselves in difficult and dangerous situations,” said WHO Director General Dr. Tedros Adhanom Ghebreyesus. “It is tragic to lose Ousmane in the line of duty. His selfless dedication was admired by his peers and greatly appreciated by the colleagues he served.”

To read more about Dr Ousmane Touré’s life and service to WHO, click [here](#).

Public health response and coordination highlights

- At the UN Crisis Management Team (CMT) meeting on 18 August 2021, **WHO** noted the continued increase of COVID-19 cases globally, with many countries around the world reporting surges, including some countries with high vaccination coverage. This increasing trend is largely attributed to increases in the Western Pacific Region and the Region of the Americas which reported 14% and 8% increases respectively as compared to the previous week.
- WHO informed that as of 16 August, 4,710 million doses of COVID-19 vaccine have been administered in 217 countries, areas, territories and economies, with 10 countries having administered 73% of all doses.
- WHO stressed that the increased use of boosters in some countries would worsen the already inequitable distribution of COVID-19 vaccines. WHO reported that COVAX has now shipped 203.8 million doses to 138 participants to date, among which 90 million doses were donated from 8 countries.
- WHO further reported that the pace of COVAX shipments are increasing, with 1.75 billion COVAX doses planned for delivery in the 3rd and 4th quarters of the year.
- **UNICEF** brought attention to the issue of potential short shelf life of donated vaccines while **UNHCR** noted that 108 countries are vaccinating refugees, IDPs and others, but are facing limited vaccine supply.
- **WHO** called upon UN partners to support countries in absorbing the increased volume of COVAX shipments that would arrive in the last quarter of the year.

Pandemic learning response

Bringing the latest clinical management knowledge to frontline health workers in emergencies

Free online courses are now available on 9 different topics to support quality clinical care for the COVID-19 pandemic and other disease outbreaks through WHO's learning platform, OpenWHO.org. The courses are hosted on a dedicated [Clinical Management learning channel](#) to provide frontline health workers across the globe with easy access to evidence-based tools and training, attracting more than 282 000 total enrolments thus far.

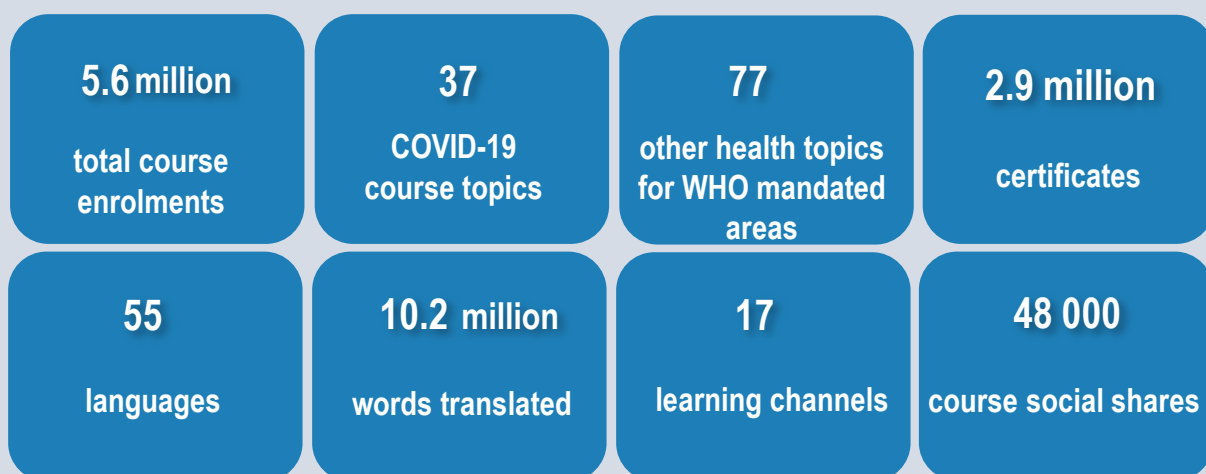
The channel offers training courses on a range of diseases, including COVID-19, Ebola, diphtheria and influenza, as well as a new course on recognizing and managing anaphylaxis. Four of the courses are part of an in-depth series on the clinical management of patients with COVID-19, which currently covers [general considerations](#), the initial approach to [acutely ill patients](#), investigations and care for [mild, moderate and severe disease](#), and [rehabilitation](#). The next course in the series will focus on the care of patients with critical disease.

In total, the clinical management courses are available across 16 national and local languages: 10 languages hosted on the Clinical Management channel and an additional 6 languages provided through OpenWHO's new 'Serving countries' portal, accessible via the platform navigation bar.



OpenWHO Overall COVID-19 User Figures

As of 10 August 2021



COVID-19 Partners Platform



Partners Platform updates include Pfizer vaccine readiness checklist

The [ACT-Accelerator](#) is a framework for collaboration with the goal of ending the COVID-19 pandemic as quickly as possible by reducing COVID-19 mortality and severe disease through the accelerated development, equitable allocation and scaled-up delivery of vaccines, therapeutics and diagnostics. Managing the storage, transport and distribution of vaccines that requires an ultra-cold chain (-70C) and can only spend limited time outside of these conditions (14 days -20C, 31 days at +2 to +8C), such as the Pfizer-BioNTech COVID-19 vaccine, can be challenging for many countries and requires additional training and logistics to ensure sustained vaccine quality and minimize wastage.

Due to these specifications, allocation for the Pfizer-BioNTech vaccine for COVAX participants will now undergo a three-step process that includes a readiness checklist, legal documentation and an organization call with all relevant actors to confirm preparedness agreements and logistics. All COVAX AMC participants are required to fill in the new readiness checklist by 31 August 2021 to receive allocated Pfizer-BioNTech doses for the fifth allocation round which summarizes critical risk identification and management strategies related to the introduction of this vaccine.

WHO is supporting the coordination of this step 1 of this process via the Partners Platform; the Vaccine Country Administrators can now upload the completed action checklist for the Pfizer-BioNTech COVID-19 Vaccine Delivery Support (CDS) funds. Once the action checklist has been uploaded to the Platform, GAVI and UNICEF will be notified and download the document for review.

The Partners Platform team will be conducting live demo sessions for any vaccine country administrators who are interested in learning more about the three-step process and timelines for Pfizer-BioNTech doses including how to upload the Pfizer action checklist to the Partners Platform.

Vaccine country administrators can drop into the helpdesk for the Pfizer Checklist via the Partners Platform on Wednesday and Friday until end of August 2021

- From 10h00 to 10h30 Geneva time CET/(GMT+1) [Click here to join the meeting](#)
- From 22h00 to 22h30 Geneva time CET/(GMT+1) [Click here to join the meeting](#)

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 18 August 2021.

Shipped items as of 18 Aug 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	4 989 925	1 175 950	2 346 236	1 542 930	34 631 300	385 010	2 235 179	54 554 400	3 394 030
Americas (AMR)	1 348 132	12 259 900	10 555 962	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 265 020	2 112 925	2 374 438	1 341 145	14 214 000	254 000	2 694 722	30 195 550	2 376 695
Europe (EUR)	849 600	1 197 550	679 080	1 772 020	21 128 900	526 260	3 046 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 006 802	381 436	4 893 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	30 000	931 154	777 100	3 434 000	311 927	488 710	15 008 146	3 142 035
TOTAL	13 742 927	19 951 325	19 893 672	9 150 431	83 086 700	1 886 647	10 718 579	203 896 426	26 665 765

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 supplies data are as of 20 August 2021*

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

Appeals

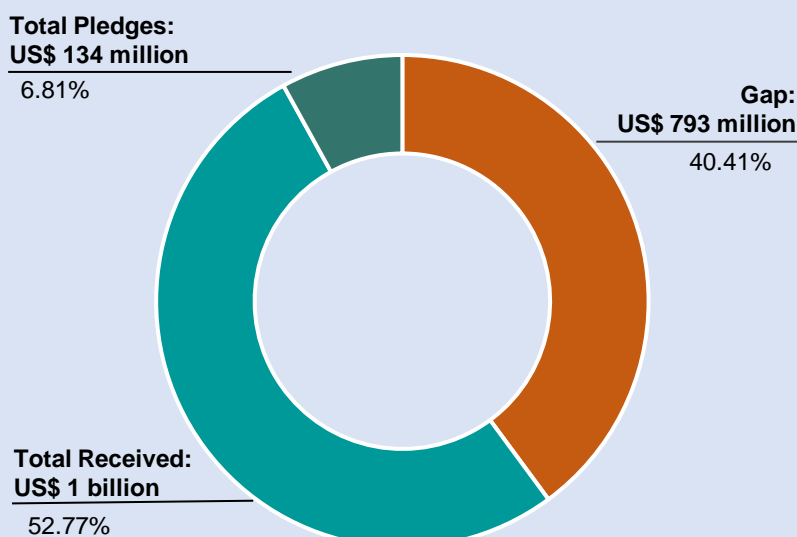
WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A).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

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Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 17 August 2021



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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

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As of 10 August 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 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 WHO.

More than US\$ 254 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**

..... **AFR 10**
..... **AMR 11**
..... **EMR 3**
..... **EUR 13**
..... **SEAR 2**
..... **WPR 3**

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of weekly 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	Status Update	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 31 2021) ^c	22% (n=15) ^d	49% (n=34)	48% (n=33)	50%
This week (epidemiological week 31), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 33 (48%) have timely reported COVID-19 data. An additional 16 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 23 August) ^c	0 ^e	98% (n=191)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 23 August) ^c	0 ^e	4 452 111 864	4 615 260 567	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 23 August) ^c	0 ^e	21.9% (n=1.7 billion)	23.1% (n=1.8 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



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

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

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EPI-WIN

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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 17 August **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs.
- COVID-19 in Prisons

News

- For the Joint Statement from Unitaid and WHO (on behalf of the Access to COVID-19 Tools Accelerator) regarding availability of tocilizumab, including **the call to ensure equitable allocation of current stocks of this medicine for all countries** and encouraging Roche to facilitate technology transfer and knowledge and data sharing to broaden access to this important treatment, click [here](#).
- For the WHO Director-General's opening remarks at the media briefing on COVID-19 including **the call for a temporary moratorium on COVID-19 vaccine boosters** to help shift supply to countries that have not been able to vaccinate their health workers and at-risk communities despite current spikes in COVID-19, click [here](#). Just 10 countries have administered 75% of all vaccine supply.
- For more on the ACT-Accelerator launching an urgent US\$ 7.7 billion appeal to stem the surge of dangerous variants and save lives, click [here](#).

Weekly Operational Update on COVID-19

30 August 2021

Issue No. 70



As of 29 August 2021

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

Confirmed cases

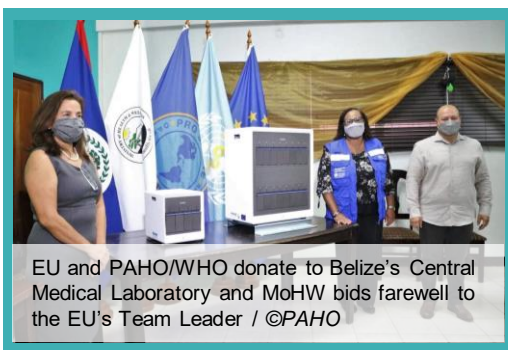
215 714 824

Confirmed deaths

4 490 753

GeneXpert machine donated to Belize's Central Medical Laboratory

Through PAHO/WHO, the European Union Directorate-General for International Partnerships (formerly EU-DEVCO) donated a 16-module GeneXpert machine to the Central Medical Laboratory (CML)/Ministry of Health and Wellness (MoHW) in Belize.



As the only national referral laboratory in Belize, the CML's overall capacity to conduct molecular diagnostic testing will be upgraded, while staff efficiency and productivity will be enhanced. Given the need to address backlogs especially during emergencies even beyond COVID-19, it is expected that both the access to diagnosis and timeliness of results will be improved with this technology.

"This is a significant and essential investment in strengthening the country's laboratory capacity to timely detect and respond to emerging and reemerging infectious diseases like COVID-19, within the context of International Health Regulations," said Dr. Noreen Jack, PAHO/WHO Representative in Belize."

This state-of-the-art analyzer will allow laboratory technicians to deliver faster and quality-assured laboratory services that will guide the decision-making process of physicians and improve overall patient care.

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

Key Figures



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



More than **5.6 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



20 146 000 PCR tests shipped globally



203 896 426 medical masks shipped globally



84 628 700 gloves shipped globally



9 150 431 face shields shipped globally



189 GOARN deployments conducted to support COVID-19 pandemic response



5 019 907 027 COVID-19 vaccine doses administered globally as of 30 August

^a COVAX has shipped over **224 million** vaccines to **139** participants as of 30 August

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

From the field:

WHO supporting quality management implementation, coordination and costing as part of the COVID-19 laboratory response in Kyrgyzstan

WHO Regional Office for Europe continues to support Kyrgyzstan in improving health through the provision of timely and accurate laboratory results that are trusted by the user. Laboratory experts are deployed to Kyrgyzstan from 10 August – 03 September 2021 to strengthen the COVID-19 laboratory response. The mission covers several areas including auditing the progress of the implementation of the Quality Management System (QMS) through national mentoring, the costing of clinical tests and coordination strengthening through a national dialogue meeting on COVID-19 involving high level laboratory stakeholders.



➤ **Auditing**

During the mission, audits of current progress in QMS implementation were carried out in the maternal and child health hospital laboratories and COVID-19 labs in eight regions of Kyrgyzstan. Overall, over 10 maternal and hospital labs were audited across the country. Following the work of the national mentors, all laboratories audited showed significant progress in terms of QMS implementation.

➤ **Costing**

A costing training is also planned for 01-02 September and aims to train local laboratory and financial experts in costing the appropriate price of lab tests. In addition, a cost analysis will be performed in the Karakol region in order to further analyze the cost-effectiveness of laboratories.

➤ **Advanced National Mentor Training**

As part of the ongoing mentor program (see the [3 May 2021](#) Issue for an update that includes more information on this in Kazakhstan), national mentors from Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan will also attend an advanced training on the implementation of QMS. This training will cover areas including contingency planning, facility and safety assessment, pre-service training needs and checklists for competency assessments. In addition, the mentors will present on the mentoring experience as well as laboratory quality progress in their country and share lessons learned from across Central Asia.

From the field:

15 000 kg of medical supplies arrive in Fiji to support the response to a deadly surge in COVID-19 cases

With support from the World Food Programme (WFP) and WHO, Fiji's ability to care for COVID-19 patients has received a critical boost thanks to the delivery of life-saving medical supplies via WFP's Pacific Humanitarian Air Service on Friday 13 August.

The WFP-managed Pacific Humanitarian Air Service transported more than 15 000 kilograms of medical cargo on behalf of WHO from Manila, Philippines, to Nadi, Fiji. The flight arrived in Fiji late on Friday 13 August carrying 75 oxygen concentrators and accessories, 1000 pulse oximeters, 100 000 gowns and 100 000 N95 masks from WHO's regional emergency stockpile.



The supplies have been brought in at the request of Fiji's Ministry of Health and Medical Services and will be used to treat COVID-19 patients, while ensuring the safety of frontline healthcare workers. Support from Australia, the European Union and the United States made the flight possible.

“Thanks to this Humanitarian Air Service flight, these supplies have arrived at just the right moment to provide a critical boost to our arsenal as we face our biggest battle yet against this virus,” said Dr James Fong, Fiji's Permanent Secretary for Health. He continued, “These donations will be put to immediate use to assist our frontline teams in delivering the response and will make an impact on the health care provided to the COVID-19 patients they treat.” ”

The WFP-managed Pacific Humanitarian Air Service supports organizations and Pacific governments responding to the COVID-19 pandemic with transportation for urgently required cargo when commercial options are not available. Over the last year, the Pacific Humanitarian Air Service has operated 30 flights, transporting a total of 250 000 kilograms of vital cargo to 14 Pacific Island countries and territories in need of crucial medical and relief supplies. Seventy-three humanitarian personnel have also been transported across the region.

For further information, click [here](#)

From the field:

Bangladesh extends COVID-19 vaccination to Rohingya refugees in Cox's Bazar camps

Demonstrating equity and inclusiveness, Bangladesh has launched COVID-19 vaccination for Rohingya refugees, housed in one of the world's largest and most densely populated camps in Cox's Bazar. Vaccination of Rohingya refugees is part of the National Deployment and Vaccination Plan to ensure equity and fair allocation of vaccines across the country.

Mohammad Shofi, a 64-year-old, was among those to get the COVID-19 vaccine on day one of the campaign that rolled out on 10 August to vaccinate nearly 48 000 refugees in the age group of 55 years and above.

In the Rohingya refugee camps, the COVID-19 campaign is led by the government with technical support of WHO among other partners. WHO has led the partnership support for preparation of the operational plan, training of medical officers, vaccinators and other health workforce. WHO has also repurposed field staff working in other programmes, in addition to deploying medical officers specializing in vaccine preventable diseases and its entire Cox's Bazar health emergencies team to support the rollout of COVID-19 vaccination in Cox's Bazar camps. WHO, in partnership with UNICEF and UNHCR, has also trained community health workers in the refugee camps.



“Vaccination of this highly vulnerable population is important to contain the spread of COVID-19 virus and prevent prolonging the pandemic. No one is safe until everyone is safe,” said Dr Bardan Jung Rana, WHO Representative to Bangladesh.

”



Engaging communities and getting their support is critical for uptake of COVID-19 vaccines as well as adherence to public health and social measures. Thousands of refugee and host community volunteers are working tirelessly promoting and mobilizing communities for health and hygiene measures and connecting them with critical health services. “Bangladesh is demonstrating what WHO has been advocating for – equitable access to vaccines. Inclusion is key to protecting vulnerable populations like the refugees, for safeguarding their health and that of their host communities and societies,” Regional Director Dr Poonam Khetrpal Singh said.

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

From the field:

Responding to COVID-19 in Jordan: The Innovative Use of Online Platforms

From 21 to 25 March 2021, WHO's Regional Office for the Eastern Mediterranean conducted a mission to Jordan to review the COVID-19 response. This mission, an enriched Intra-Action Review, covered 11 key areas of the COVID-19 response ranging from partnership and coordination to points of entry, COVID-19 vaccine and more to identify best practices, challenges, and their impact on the response, through desk reviews, interviews with key informants, group discussions, field visits, and direct observations. During the mission and IAR, the online platforms established within the COVID-19 response, such as the vaccination registration dashboard and the hospital bed management platform, were highlighted as successful examples of coordination.

Vaccination Registration Dashboard

As of 23 August 2021, 26.9% of the population is fully vaccinated, and a further 5.9% of the population is partially vaccinated against COVID-19 – above the goal [set by the WHO Director-General](#) to enable 10% of every country's population to be vaccinated by end of September.

The success can largely be attributed to the online vaccination registration dashboard/platform ([vaccine.jo](#)) created to monitor daily registrations and vaccinations. The Corona Crisis Cell, established for COVID-19-related decision-making with Members from the Ministry of Health, regulates and manages the vaccination process, including vaccine distribution and the registration platform. Thanks to this platform, Jordan had the capacity to make and complete 28,000 appointments daily as early as March 2021, expanding to 100,000 daily appointments by July 2021.

In the first phase of vaccination, priority groups included health care workers, essential staff, people over 60 years of age, and those with comorbidities. To encourage vaccination, an “open day” prioritizing health care workers in all vaccination sites was organized in late March, allowing them to be vaccinated without appointments. Since mid-July 2021, individuals can register for vaccination directly in the health care center. Jordan now actively vaccinates teachers and has opened vaccination for adolescents above the age of 12. The COVID-19 vaccination strategy in Jordan has been praised for being inclusive of all individuals, including migrants and refugees.

Hospital Bed Management Platform

The hospital bed management platform managed by the Communicable Disease Department in the Ministry of Health reflects available beds and their location to expedite the transfer of COVID-19 patients. This platform includes the over 118 public, private, military and university hospitals admitting COVID-19 patients. These hospitals report their data (new cases, deaths, discharged patients, and bed availability) twice daily through the platform to improve national coordination of the response.



Pandemic learning response

The Elsje Finck-Sanichar College COVAB in Suriname embraces OpenWHO and online learning during COVID-19 pandemic



The Elsje Finck-Sanichar College COVAB in Suriname specializes in the education of nurses and caretakers. COVAB and PAHO/WHO have cultivated a longstanding relationship, and PAHO has facilitated the improved access for students and staff to the online educational platform OpenWHO. During the pandemic, five key courses related to COVID-19 were translated and offered in Dutch, making the material even more accessible for the local college. PAHO spoke with Winamba Bamoeje, Education Manager at COVAB and Farzana Mohamed, who recently graduated from COVAB as a nurse practitioner, about the use of the OpenWHO courses during the pandemic.

“Language was definitely a barrier at first and we found that most people did not want to or were not able to participate in the courses in English. This changed after the courses got translated”, said Mrs. Bamoeje. As participation went up, and the courses could be finished by the students independently, the teachers had more time to prepare on other segments of education. The students simply had to provide their certificates of the completed mandatory courses.”

“PAHO has significantly contributed towards the improvement of our education through the continuous support of distance-learning, by providing material and courses.” Adding, “On June 14th... our students that live in District Nickerie, who previously had to travel all the way to Paramaribo to participate in the courses, have now been able to follow the courses at the COVAB facility in Nickerie, with laptops and material provided by PAHO. Students, both in Paramaribo and Nickerie are also able to borrow these laptops for studying or completing assignments at home. In addition, the OpenWHO courses are not only beneficial for COVAB, but for healthcare in general in Suriname. We share the courses with our colleagues from other healthcare institutions, with our alumni, with our freelance and part-time teachers, to further help spread the essential knowledge to better respond to the COVID-19 crisis”, Mrs. Bamoeje elaborated.

Continued on the next page

Pandemic learning response: *continued*

“For me, the certificates I obtained through the OpenWHO COVID-19 response courses on topics such as PPE, COVID-19 patient care, and vaccination training helped me not only expand on essential knowledge and training during the pandemic, but also helped me and other students get temporary jobs at the vaccination sites. As a recent graduate, the Director of a hospital where I got hired as a nurse practitioner, also specifically applauded these additional courses on my CV and I’m sure other graduates will also experience, or have also had similar experiences when applying for jobs”, added Ms. Mohamed.

“ Ms. Mohamed continued, “Because the OpenWHO courses not only cover how to administer the vaccinations, but also broader knowledge such as storage, proper handling etc., I noticed that at the vaccination sites, I was entrusted with more responsibility than those that had not followed these courses. The OpenWHO courses are very thorough.” ”

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

OpenWHO Overall Learning Platform Figures

As of 24 August 2021



COVID-19 Partners Platform



COVAX seeks to support countries to rapidly and equitably scale-up COVID-19 vaccines. To enable rapid roll-out and scale up of COVAX-funded doses until the end of 2022, Gavi is providing a funding opportunity to all AMC-eligible COVAX (Advanced Market Commitment) participants during the second half of 2021. To support urgent needs, Gavi and UNICEF (who is helping disburse CDS funds) have made available an Early Access Window through which countries can request funding following a rapid process available on the Partners Platform. Submission for the early window closes on 31 August 2021. Longer term needs will be addressed through a second COVID-19 vaccine delivery support (CDS) funding window later this year, for which applications can be submitted starting October 2021 on the Partners Platform.

By offering the Partners Platform as one, central online space for countries to find, complete, and submit all applications for CDS, WHO and its partners have created a streamlined and efficient application process that takes considerable burden off of countries. All CDS Early window applications have been uploaded and reviewed on the Partners Platform, with access restricted to Vaccine Country Administrators (VCA) authorized to complete the form. Once submitted, the form is being reviewed by UNICEF and GAVI. In addition, a CDS dashboard is available from the platform offering visibility on the progress of submission as well as amount approved and disbursed. Having the form recorded online also allows analysis of data in terms of urgent needs by country, region, and income classification.

As of 27 August, 53 countries have submitted their request online for the early window funds, of which 30 were successfully completed. So far, a total of 141,207,914 USD has been requested through this process, of which 42% has already been disbursed to recipients.

This streamlined process online offers great flexibility and rapid access to funds for countries to fulfill their urgent needs within a very short period of time.

Drop into our open house help desk to complete the CDS Early Access window application process online here: [Click here to join the meeting](#)

- Monday 30 August from 10h00 to 22h00 Geneva time CET/(GMT+1)
- Tuesday 31 August from 10h00 to 22h00 Geneva time CET/(GMT+1)

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 25 August 2021.

Shipped items as of 25 Aug 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5, 42 925	1 255 950	2 365 194	1 542 930	34 711 300	385 010	2 235 179	54 554 400	3 394 030
Americas (AMR)	1 348 132	17 189 900	11 176 692	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 265 020	2 112 925	2 374 438	1 341 145	15 730 000	254 000	2 694 722	30 195 550	2 376 695
Europe (EUR)	849 600	1 197 550	679 080	1 772 020	21 128 900	526 260	3 046 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 006 802	381 436	4 893 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	30 000	543 794	777 100	3 434 000	311 927	488 710	15 008 146	3 206 035
TOTAL	13 795 927	24 961 325	20 146 000	9 150 431	84 682 700	1 886 647	10 718 579	203 896 426	26 729 765

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 supplies data are as of 25 August 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, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 24 August 2021, WHO has received US\$ 1.048 billion out of the 1.9 billion total requirement. **A funding shortfall of 46.5% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 24 August 2021

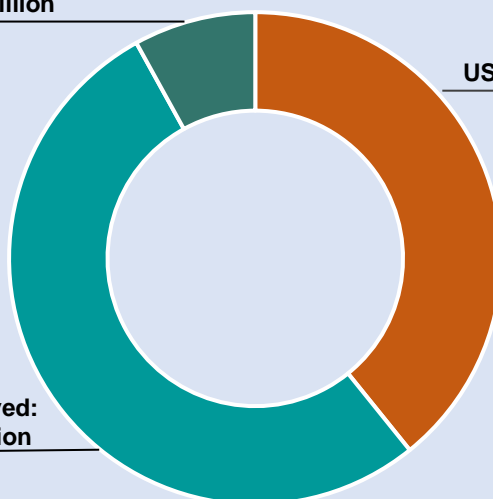
Total Pledges:
US\$ 133.7 million

6.81%

Total Received:
US\$1.05 billion

53.47%

Gap:
US\$ 779 million
39.72%



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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	Status Update	2021 Target
Pillar 7: WHO dashboard updates on therapeutics/oxygen utilization amongst hospitalized patients published monthly ((N=N/A, as of 28 August) ^a	N/A	N/A	Published on 18 August	One update monthly
<p>Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete. WHO compiles this information from various countries to inform the characterization of the key clinical features and prognostic factors of the disease and the characterization of clinical interventions thereby increasing the understanding of severity, spectrum and impact of the COVID-19 in the global hospitalized population and facilitating global, regional and national operational planning. The interactive platform portrays data for hospitalized patients by severity of disease, type of treatment (oxygen, corticosteroids, antibiotics), age, sex, underlying health conditions, vital signs on admission and patient outcomes. Presently there are data on 304 564 patients from 38 countries on the dashboard. Of the severe/critical patients 99.6% received oxygen; of all the patients, 36.6% had 1 or more underlying condition.</p> <p>WHO encourages Member States, health facilities and other entities to participate in this 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. The larger the sample size of hospitalized patients and number of countries reporting, the more representative and useful the dashboard can be for understanding the disease and facilitating operational planning. To learn more, visit the WHO Global COVID-19 Clinical Platform.</p>				
<p>^a Monthly reported indicator 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</p>				

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 August 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 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 WHO.

More than **US\$ 254 Million**



673 083 donors

[individuals – companies – philanthropies]

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of weekly 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	Status Update	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 32 2021) ^c	22% (n=15) ^d	48% (n=33)	46% (n=32)	50%
This week (epidemiological week 32), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 32 (46%) have timely reported COVID-19 data. An additional 10 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 30 August) ^c	0 ^e	98% (n=191)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 30 August) ^c	0 ^e	4 615 260 567	5 019 907 027	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 30 August) ^c	0 ^e	23.1% (n=1.8 billion)	24.8% (1.9 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 24 August **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A detailed description of the phenotypic characteristics (transmissibility, disease severity, and vaccine effectiveness) 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 the Joint Statement of the Multilateral Leaders Taskforce on Scaling COVID-19 Tools: A Crisis of Vaccine Inequity, click [here](#).
- For more information on the Health Ministers reviewing the COVID-19 fight to plan for future shocks, click [here](#).
- For the Director-General's opening remarks at the 25 August media briefing, including information about the new Strategic Advisory Group for the Origins of Novel Pathogens (SAGO), click [here](#).