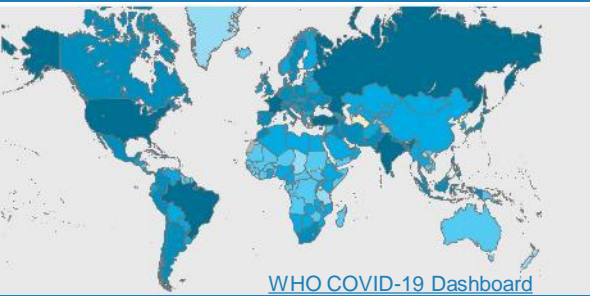


Weekly Operational Update on COVID-19

6 September 2021

Issue No. 71



As of 6 September 2021

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

Confirmed cases
220 563 227

Confirmed deaths
4 565 483

WHO provides medical supplies to Viet Nam

WHO handed over medical supplies, equipment and consumables to the Viet Nam Ministry of Health on 27 August 2021 as part of its ongoing support to the Government for the COVID-19 response.

Additional equipment and supplies arrived on 30 August for deployment to hotspot provinces.



WHO Representative in Viet Nam Dr Kidong Park and Viet Nam Vice Minister of Health Prof Dr Tran Van Thuan welcome the arrival of medical supplies. © WHO Viet Nam/Uyen Vu

“These medical supplies and consumables from WHO have arrived at the critical time as the Government and Vietnamese people are making effort to control and prevent the spread of COVID-19. They will be delivered immediately to Ho Chi Minh City as COVID-19 emergency response for Southern provinces. Viet Nam also expects WHO’s continuous technical support, especially in research and development of treatments and vaccine,” said Prof Dr Tran Van Thuan, Vice Minister of Health at the handover.”

The two batches of delivery included over US\$ 413 451 worth of medical supplies, including 36 000 surgical masks, 70 000 respirator masks and 50 sets of High Flow Nasal Cannula systems to Viet Nam. More supplies are expected to arrive in coming days.

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



85 080 700 gloves shipped globally



9 150 471 face shields shipped globally



189 GOARN deployments conducted to support COVID-19 pandemic response



5 352 927 296 COVID-19 vaccine doses administered globally as of 6 September

^a COVAX has shipped over **238 million** vaccines to **139** participants as of 6 September

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



World Health
Organization

HEALTH
EMERGENCIES
programme

From the field:

AFRO-MoVE network helps track COVID-19 vaccine effectiveness

As [COVID-19 vaccines](#) are rolled out in Africa, understanding vaccine effectiveness in real world settings is crucial for countries to plan and refine their vaccination programmes and other public health measures. Through AFRO-MoVE (for Monitoring of Vaccine Effectiveness), a new network launched earlier this year, the World Health Organization (WHO) Regional Office for Africa, in collaboration with countries and HQ, is spearheading efforts to conduct studies assessing how well COVID-19 vaccines protect against disease and infection in real world settings.

The network builds on long-term collaborations in epidemiology, virology, vaccinology and infection sciences across the WHO African region. It taps into the skills and infrastructure of influenza surveillance and monitoring systems and networks in Africa, including 15 National Influenza Centres.

17 countries have joined the network so far, including ministries of health, national institutes of public health, research institutes, academia and humanitarian organizations.

All network members will share experiences and expertise and help standardize practices to compare and combine results



Afro-Move network helps track COVID-19 vaccine effectiveness. ©WHO

To date, the AFRO-MoVE network has delivered:

- Two generic study protocols, adapted from the 2 [global protocols](#), for use in Africa to measure vaccine effectiveness in health workers and in patients with severe acute respiratory infection.
 - [Cohort study to measure COVID-19 vaccine effectiveness among health workers](#)
 - [COVID-19 vaccine effectiveness against severe acute respiratory infections \(SARI\) hospitalisations associated with laboratory-confirmed SARS-CoV-2 \(test-negative case-control design\)](#)
- Technical orientation workshops for each study design.
- Support to study groups with design, planning and funding studies.
- Landscaping activities with partners across the region.

WHO, in collaboration with technical partners, has developed several [standardized generic epidemiological investigation protocols](#) through the [Unity Studies](#) initiative that aim to support national public health and social measures, promote the international comparability of research and address gaps in current knowledge regarding the COVID-19 pandemic.

The network will continue to strengthen African countries' contributions to the global knowledge base on the effectiveness of COVID-19 vaccines. It also helps build up capacities and expertise in Africa to tackle future epidemics. AFRO MoVE will collaborate also with other regional vaccine effectiveness networks in EMRO, EURO, and PAHO.

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

From the field:

WHO/Europe supports capacities for real-time PCR testing for SARS-CoV-2 and biosafety at Montenegro's first subnational laboratory in Kotor: 24 – 26 August 2021

Montenegro is currently responding to a significant surge in COVID-19 transmission throughout the country. Between 24-26 August 2021, WHO led a training on biosafety and risk assessment in Kotor, Montenegro. The training also covered sampling and real-time RT-PCR detection of SARS-CoV-2.

The training was carried out at the first subnational lab in the Public Health Center in Kotor, Montenegro, which has the capacity to perform approximately 600 COVID-19 tests per day and is responsible for testing citizens from four major tourist cities (Kotor, Budva, Tivat and Herceg Novi) and surrounding areas.

Eight members of the lab staff had their first training on lab biosafety which included an introduction to biosafety and biosecurity through good microbiological practice, operation of biosafety cabinets, proper use of Personal Protective Equipment (PPE), disinfection and decontamination.

As the majority of participants were receiving this information for the first time, additional training was provided on



sampling, the storage of samples, adequate transport, nucleic acid extraction methods, basics on PCR and real-time RT-PCR; quality control and actions in case of contamination; test verification and proper documentation in the PCR laboratory. At the end of the training, participants demonstrated an increased level of knowledge and enthusiasm to improve biosafety in their lab.

The training also included one day on risk assessment to help initiate the process of performing a risk assessment for the Kotor Public Health Center laboratory. The risk assessment process will be finalized with the support of WHO/Europe and a strategic improvement plan will be developed to further enhance safety and quality at the laboratory.

From the field:

WHO supports COVID-19 response hotline training supporting migrant workers living in Thailand

As COVID-19 continues to threaten livelihoods, it is vitally important that health authorities continue to relay important risk messages to everyone in Thailand, including migrant workers and their families and ensure access to answer questions and link to practical support. To meet this need, the COVID-19 hotline 1422 was established in April 2020 by the Department of Disease Control of the Ministry of Public Health with technical input from the WHO Country Office for Thailand and partners such as the World Vision Foundation of Thailand (WVTHA).

The hotline serves as a trusted source of information on COVID-19 in six languages: English, Thai, Khmer, Laos, Burmese and Vietnamese. Thanks to generous funding from the European Union the programme has provided high-quality training to hotline responders to help them to raise awareness of preventive measures.

A third virtual training session for 29 hotline responders (17 from World Vision Thailand and 12 from Raks Thai Foundation) was



organized by the Department of Disease Control, Ministry of Public Health, WHO Country Office Thailand and World Vision Foundation for Thailand in June 2021. Conducted by clinicians and public health practitioners, the refresher course aimed to update hotline responders with technical knowledge on COVID-19 and vaccines and provided tips on how to assist people with mental health support needs and to deal with frustrated or rude callers.

"The callers are not just getting information in their own languages, but also counselling and support," says Aree Mounsookjareoun, National Professional Officer at WHO Thailand who has supported the hotline project from the beginning. "This means we can connect this group to the government system in line with our 'whole of society' and 'whole of government' approaches. More importantly, we need to equip the responders with the skills needed to recognize serious cases that require urgent attention and facilitate their access to healthcare facilities".

“I feel so good to be able to help my fellow citizens from Myanmar,” said Mr. Kyaw Thet Khaing, who has been a migrant hotline responder for over a year now. “I wanted to be part of the solution by sharing my knowledge and providing answers to the most frequently asked questions – like how to get tested if someone suspects they’ve been infected with COVID-19, how to self-isolate, or how to register for vaccines.”

For more information on the COVID-19 hotline project, click [here](#).

From the field:

Civil Society Organization (CSO) engagement initiative from the WHO Office for Eastern Mediterranean in North-West Syria

Globally and in the Eastern Mediterranean region, the pandemic has significantly exacerbated existing inequalities. In NW Syria, this has been hardest felt for its millions of internally displaced persons (IDPs). Responding to the needs of the most vulnerable, in March 2021, the Relief Experts Association UDER, with support from WHO, commenced an initiative on engaging CSOs in COVID-19 response.

To address information barriers for communities and ensure community members were guided to available services, the project supported a central call center and trained 22 operators on COVID-19 community mobilization. These trained operators provided critical information on home-based care to 439 confirmed.

COVID-19 cases and referred 297 persons to the nearest health facilities. The call center service played a particularly important role for communities with limited public transportation access or those located at far away from health centres.



©CSO UDER

Furthermore, illiterate community members gained access to information and services that would not otherwise have been achieved.

As part of the efforts in empowering communities to adapt to the new normal by making environmental adaptations, the initiative further trained 98 volunteers who then worked with community leaders in identifying 40 public spaces and providing COVID19 awareness-raising drawings.

“It’s like a breath of fresh air to use my humble skills and tell that life goes on with physical distancing measures,” a volunteer said finishing the COVID-19 awareness drawing on the wall of a building destroyed by the war. ”

In total the project has served to directly reach more than 13,000 individuals in towns in Idlib, West and North Aleppo. As the project ends, efforts are underway to identify alternate and more sustainable funding sources to ensure continuity of this successful service, as local authorities continue to severely lack the resources to implement such activities.

Public health response and coordination highlights

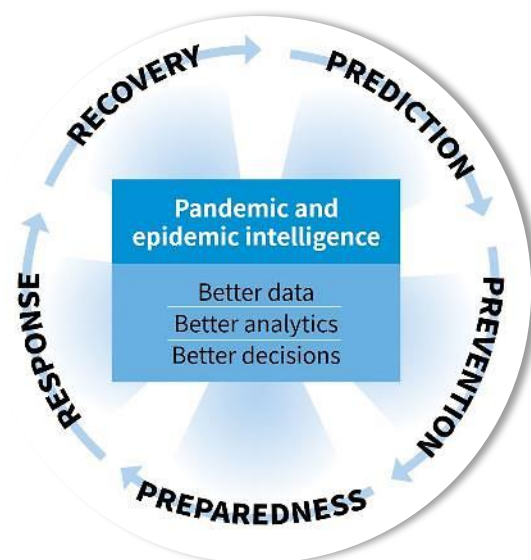
WHO Hub for Pandemic and Epidemic Intelligence Inaugurated in Berlin

To better prepare and protect the world from global disease threats, H.E. German Federal Chancellor Dr Angela Merkel and Dr Tedros Adhanom Ghebreyesus, World Health Organization Director-General, inaugurated the new WHO Hub for Pandemic and Epidemic Intelligence, based in Berlin.

The WHO Hub is part of WHO's Health Emergencies Programme and will foster enhanced collaboration of countries and partners worldwide, driving innovations to increase availability of key data; develop state of the art analytic tools and predictive models for risk analysis; and link communities of practice around the world.

The WHO Hub, which is receiving an initial investment of US\$ 100 million from the Federal Republic of Germany, will harness broad and diverse partnerships across many professional disciplines, and the latest technology, to link the data, tools and communities of practice so that actionable data and intelligence are shared for the common good.

Critically, the WHO Hub will support the work of public health experts and policy-makers in all countries with the tools needed to forecast, detect and assess epidemic and pandemic risks so they can take rapid decisions to prevent and respond to future public health emergencies. Dr Chikwe Ihekweazu, currently Director-General of the Nigeria Centre for Disease Control, has been appointed to lead the WHO Hub.



“

“Despite decades of investment, COVID-19 has revealed the great gaps that exist in the world’s ability to forecast, detect, assess and respond to outbreaks that threaten people worldwide. The WHO Hub for Pandemic and Epidemic Intelligence is designed to develop the data access, analytic tools and communities of practice to fill these very gaps, promote collaboration and sharing, and protect the world from such crises in the future.” ”

--- Dr Michael Ryan, Executive Director of WHO’s Health Emergency Programme.

For more information on the Hub, click [here](#)

Pandemic learning response

Online course launched for Rapid Response Teams (RRTs) in India

The WHO India Country Office with technical support from the National Centre for Disease Control (NCDC), Ministry of Health and Family Welfare, Government of India, and the U.S. Centers for Disease Control and Prevention (CDC) India country office produced and published a course for Rapid Response Teams (RRTs) working at the national, sub-national, district and sub-district levels to respond to the COVID-19 outbreak in India.

This 90-minute condensed [learning package](#) consists of five learning modules that are adapted from a standard RRT training programme, more specific to the COVID-19 pandemic and emphasizes essential elements such as capacity building, case finding and contact tracing, data management, laboratory management, infection prevention and control (IPC) community engagement, and risk communication



In the context of the ongoing COVID-19 pandemic, RRTs are one mechanism of a larger emergency response strategy that can be utilized for efficient response. With the current need for surge capacity, a multidisciplinary public health approach has been used to support efficient response efforts. Capacity building of RRTs is crucial in the current environment and the online learning package is intended to provide the key knowledge and understanding needed to mitigate, detect and respond effectively to the COVID-19 outbreak. To date, 2000 learners have already enrolled in the course, with more than half of enrollees from India. Additional learners from Indonesia, China, the Philippines, Saudi Arabia, and Mexico also participated in the online learning course.

The course offers a record of achievement certificate to participants who score at least 80% of the total points available across all quizzes. Participants who receive a Record of Achievement can also download an Open Badge for this course.

OpenWHO Overall Learning Platform Figures



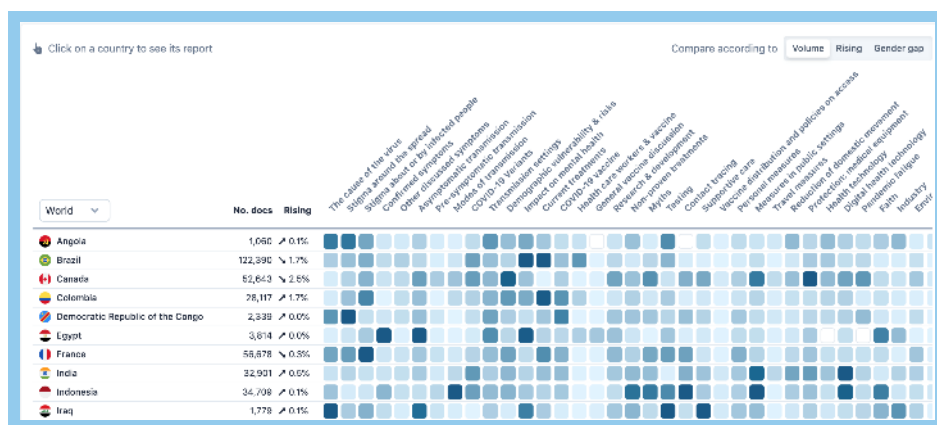
As of 24 August 2021

Risk Communication, Community Engagement and Infodemic Management

Adding more countries, more languages: WHO Early AI-Powered Social Listening Tool (EARS) Supports Global Infodemic Response

WHO [EARS](#) is an innovative platform helping to understand public concern during the pandemic. The platform pulls together content from online sources such as social media, news articles and blogs, and analyses it in real-time, providing actionable insights for health authorities.

From the initial pilot launched in December 2020, the platform has grown significantly to now cover 30 countries across all 6 WHO regions, analysing content in 9 different languages. Since its launch, the platform has analysed over 40 million posts.



The public facing tool enables users to see if conversations in certain categories are escalating, what people are talking publicly about the most, and if there are information voids or gender differences in conversations. A [comprehensive user-authorised portal](#) is increasingly being used by regional and country WHO teams to inform and guide their Infodemic response.

This tool is the first global platform to use an [innovative social listening taxonomy](#) developed by WHO to separate signal from noise and enable rapid response in times of emergency. The tool is allowing for greater efficiency of WHO resources and feeds for example into the weekly Infodemic risk assessment of the [Africa Infodemic Response Alliance \(AIRA\)](#).

“The rapid insights we get from the EARS platform can help us to identify emerging areas of concern or information voids, and, importantly, see if narratives are moving from country to country in the region. It is very important that WHO has developed its own platform, constantly evolving to respond to the changing needs of Infodemic response.”

Sergio Cecchini. Coordinator, AIRA

The platform is dynamic with new countries and languages being added all the time, as well as ongoing testing and iterations as global uptake increases. The team is looking beyond the COVID-19 context with plans to use the technology to pivot application to other areas of pandemic and Infodemic response.

To access the WHO EARS tool, click [here](#).

COVID-19 Preparedness

Strategic Framework for Prevention and Control of Emerging and Epidemic-prone Infectious Diseases in the Eastern Mediterranean Region: 2020-2024

The devastating effects of the COVID-19 pandemic have highlighted the urgent need to anticipate future outbreaks, by strengthening countries' prevention, preparation, detection, and response to emerging and epidemic-prone infectious diseases. In order to enhance this capacity, WHO's Regional Office for the Eastern Mediterranean has published the [Strategic Framework for Prevention and Control of Emerging and Epidemic-prone Infectious Diseases in the Eastern Mediterranean Region: 2020-2024](#).

The aim of this strategic framework is to strengthen the detection of and response to all emerging and epidemic-prone infectious diseases as required by International Health Regulations (2005), through four strategic priorities:

The four strategic priorities are:

- **strengthen public health capacity** to prepare for and prevent emerging and epidemic-prone infectious diseases;
- **strengthen capacity for the early detection** and investigation of outbreaks of emerging and epidemic-prone infectious diseases;
- **build capacity to implement high-impact control strategies for rapid response** to high-risk emerging and epidemic-prone infectious diseases;
- **enhance knowledge management** and innovation.

The framework focuses on emerging infectious diseases prevalent in the Region which may have pandemic potential, diseases caused by highly infectious pathogens routinely reported in the Region, emerging and re-emerging infections that have caused outbreaks/epidemics in the past, emerging and re-emerging infections in other parts of the world which have the potential to cause severe epidemics in the Region, and diseases with international surveillance requirements (IHR/PHEIC). Priority diseases include seasonal, pandemic and zoonotic influenza, and emerging vector borne and zoonotic diseases such as COVID-19.

The framework should be used by countries as a resource to aid in the formulation of preparedness and response plans adapted to national needs, priorities, and capacities. It sets out clear roles for Member States and WHO and guidance on related monitoring and evaluation, to initiate and continue its implementation. Countries will report to WHO on progress yearly, through a self-assessment approach.

The anticipated outcomes are for Member States to be better prepared to prevent, detect, and respond to the threat of emerging and epidemic-prone infectious diseases, and for people living in the Region to be better protected from the impacts of these diseases.

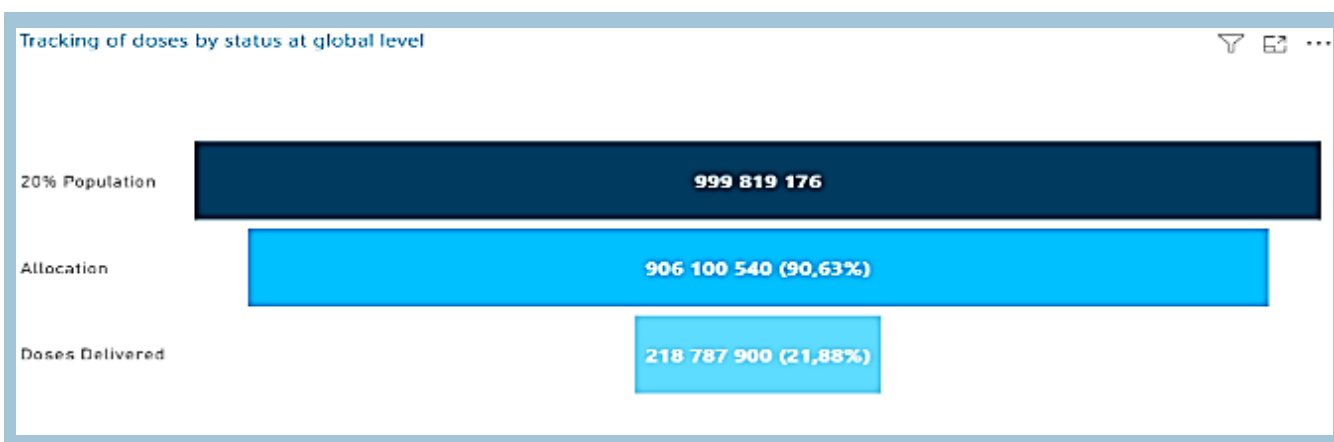
For the full framework, click [here](#)

COVID-19 Partners Platform

Ready • Set • Go
partnersPLATFORM
FOR HEALTH IN EMERGENCIES

In 2021, when the global coordination and introduction of COVID-19 vaccines became a top priority, WHO adapted the [Partners Platform](#) to provide governments and immunization partners a safe digital space to host and track vaccine support applications and funding taking place under the direction of [COVAX](#). From January 2021 Advanced Market Countries (AMC) were required to upload their [National Deployment and Vaccination Plans \(NDVPs\)](#) to the Platform for review and approval by COVAX prior to allocation of COVID-19 vaccine doses.

The Partners Platform's vaccine dashboards, which track all allocated vaccine doses and technical support, offer crucial visibility to countries and partners. These dashboards show where technical assistance and resources are needed, as well as the rate of vaccine allocation and roll-out efficiency. As of August 2021, more than \$US 7 billion of contributions have reached countries from major partners. This support includes technical assistance as well as COVAX-allocated vaccines. Of the nearly 1 billion doses needed to cover 20% of the population in AMC participating economies, nearly 91% have already been allocated to countries. To date, 22% of the required doses have been delivered.



Through the Country Readiness and Delivery workstream, WHO, UNICEF and the GAVI Secretariat and partners are working together at the global and regional levels to: (1) develop and disseminate adaptable global goods and (2) support all countries and economies to prepare for COVID-19 vaccination. However, gaps remain in countries' readiness to deploy COVID-19 vaccines allocated by COVAX. To address these gaps in country readiness, in July 2021, the COVID-19 Vaccine Delivery Support (CDS) Programme funding in partnership with GAVI and UNICEF was launched on the Platform starting with the Early window opportunity, a streamlined and agile process to disburse funds rapidly to improve vaccine roll out.

The Partners Platform remains firmly committed to facilitate the process for country to rapidly access resources for the roll-out of the allocated COVID-19 vaccine doses under the COVAX Facility. New CDS requests windows will be made available from end September 2021. Before applying online for longer term needs, countries are strongly encouraged to revise their NDVPs.

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 2 September 2021.

Shipped items as of 2 Sept 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 042 925	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	3 335 840	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	16 128 000	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	9 150 471	85 080 700	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

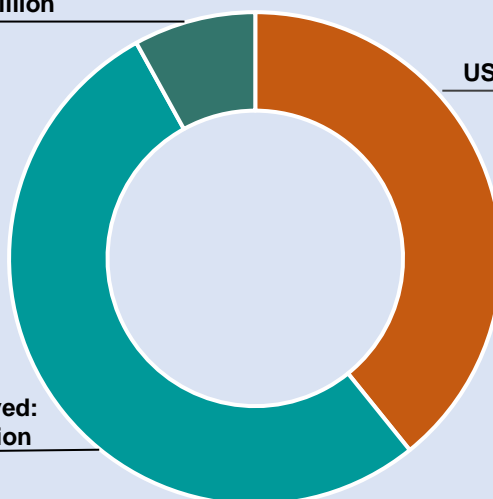
Total Pledges:
US\$ 133.7 million

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 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	46% (n=32)	49% (n=34)	50%
This week (epidemiological week 33), 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 11 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 6 September) ^c	0 ^e	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 6 September) ^c	0 ^e	5 019 907 027	5 352 927 296	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	24.8% (n=1.9 billion)	25.9%(2.01 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

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 1 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 673 735 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**



673 735 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**



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 31 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 these VOCs as well as a description of a newly classified Variant of Interest (VOI), Mu.

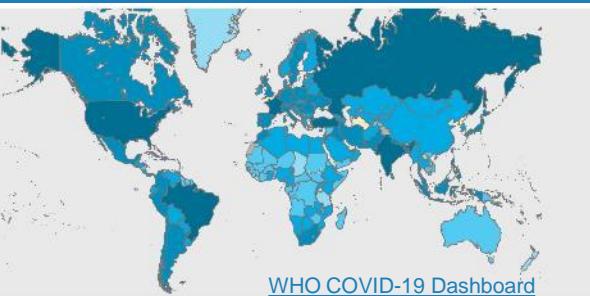
News

- WHO met with **G20 Health Ministers**. For links to the Director-General's speeches, which highlighted the need for equitable access to disease control tools, click [here](#).
- WHO releases [a new compendium of innovative health technologies for COVID-19](#) and other priority diseases. **This compendium of 24 new technologies can be used in low-resource settings.**
- This week's [Science in 5](#) (WHO's conversation in science) highlighted risks of **COVID-19 to tobacco users and the health benefits of quitting tobacco.**

Weekly Operational Update on COVID-19

20 September 2021

Issue No. 72



As of 19 September 2021

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

Confirmed cases
227 940 972

Confirmed deaths
4 682 899

WHO supports Sri Lanka's COVID-19 vaccination drive with 2 million syringes

In its continued support to Sri Lanka's COVID-19 response, WHO has provided 2 million syringes urgently needed for ongoing vaccinations delivered in two consignments on 13 and 27 August.



Dr Alaka Singh, WHO Representative to Sri Lanka stated “at this critical time, WHO values the collaboration extended by donors for the COVID-19 response. WHO appreciates the volume and, importantly, the flexibility of funding which means we can be more responsive to country needs. This procurement is a case in point whereby we have been able to make a critical contribution to Sri Lanka's ambitious vaccination drive through priority procurement of syringes.”

Dr Singh continued, “moreover, the reinforcing longer-term perspective of the partnership with donors allows us to build towards sustainable recovery with MoH leadership. For example, combining the provision of essential supplies with further assistance to our frontline health workers, including support on psychosocial well-being”.

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

Key Figures



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



More than **5.7 million** people registered on [OpenWHO](#) and accessing online training courses across **38** topics in **55** languages



20 725 192 PCR tests shipped globally



206 384 426 medical masks shipped globally



96 775 700 gloves shipped globally



9 466 151 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



5 771 619 897 COVID-19 vaccine doses administered globally as of 20 September

^a COVAX has shipped over **286 million** vaccines to **141** participants as of 20 September

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

From the field:

Qatar supports shipment of WHO life-saving medical supplies to Kabul

An aircraft carrying around 23 metric tonnes of life-saving medicines and supplies from WHO landed in Kabul on 13 September. The shipment, among the first humanitarian aid to arrive at Kabul airport since operations were disrupted on 15 August, was flown by a Qatar Airways flight donated by the Government of the State of Qatar. A second flight donated by the State of Qatar is arrived 14 September, carrying more WHO medical supplies.

“

“As health needs increase in Afghanistan, we must move quickly to address the shortages in medical supplies to keep life-saving health services running. I thank the Government of the State of Qatar for its generous and timely support, which has allowed WHO to replenish depleted stocks and meet the needs of the most vulnerable Afghans,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization.

”



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The two shipments contained essential medicines such as insulin, medical consumables, trauma and surgery kits, and COVID-19 testing kits to address the urgent health needs of 1.45 million people. These supplies will support COVID-19 response efforts and essential health services, including providing for 5400 major and minor surgeries. The supplies will be distributed to 280 health facilities and 31 public COVID-19 laboratories across Afghanistan. In total, from 6 flights since 30 August, WHO has airlifted 131 metric tonnes of supplies, which are enough to cover the urgent health needs of 2.43 million people and provide for around 19 000 major and minor surgeries. Over the past three weeks, WHO's Global Shipping Team in Kuala Lumpur has orchestrated flights around the world to deliver supplies to Afghanistan. Working in close collaboration with WHO/Afghanistan, WHO/Dubai and external partners, the team delivered over US\$ 2.7 million in health supplies.

WHO is committed to staying and delivering and is exploring options to expedite further shipments of health supplies to Afghanistan; the establishment of a reliable humanitarian airbridge continues to be a pressing need to ensure timely movement of humanitarian aid and personnel to respond to the evolving situation. Two additional flights with 8 and 30 metric tons of supplies respectively are currently being coordinated to arrive in the next few days.

From the field:

WHO logistics hub airlifts largest single shipment of humanitarian cargo to Ethiopia

The WHO Logistics Hub in Dubai delivered 85 metric tons of life-saving medical supplies to Ethiopia, the largest single shipment of humanitarian cargo to date airlifted by the Hub. The supplies including essential medicines, trauma and surgical medicines, infusions, consumables equipment and cholera kits were flown by a charter flight donated by the United Arab Emirates that landed in Addis Ababa on 10 September. The supplies will address the urgent needs of more than 150 000 people.



“This is an important demonstration of solidarity with people in need. This delivery will help bolster our efforts to provide relief to hundreds of thousands of families who are grappling with a difficult humanitarian situation,”

Dr Boureima Hama Sambo, WHO Representative in Ethiopia.

While these supplies are critical to saving lives, WHO and partners are working closely to address the health needs of nearly 2.5 million people in the current crisis.

“We thank the United Arab Emirates and the International Humanitarian City for their immense and ongoing support to WHO's humanitarian operations. Our strong collaboration continues to enhance WHO's response to health emergencies of all types including those arising from natural disasters, conflict, and outbreaks of infectious disease. The delivery of health supplies is vital to alleviate the suffering of people around the world.” said Robert Blanchard, WHO Emergency Operations Manager in Dubai.

The shipment to Ethiopia wrapped up a historic week for the WHO Dubai Logistics Hub. Dispatching over four times the weekly average, the operation shipped over 450 metric tons of medical supplies valued at more than US\$ 4.3 million in support of cholera outbreak response in Nigeria, critical shortages of medicines in Afghanistan, and trauma and surgical supplies to Syria and Yemen.

The WHO's Logistics Hub in Dubai plays an instrumental role by rapidly responding to health emergencies around the world. Since the outset of the COVID-19 pandemic, the Hub has successfully delivered US\$ 90 million worth of health supplies through 705 shipments to over 120 countries.

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

From the field:

WHO/Europe and the Federal Republic of Germany support children with disabilities in Belarus

Children and people with disabilities are among the key populations who are vulnerable to COVID-19 and its negative consequences in terms of social and mental health. WHO Country Office in Belarus and its partners have continued to support communities in addressing these challenges. The Republican Center for Children in Belarus works to provide education and rehabilitation for children, so that they get the support and care needed, especially during the COVID-19 pandemic.

The WHO Country Office in Belarus, with the support of the German Embassy in Minsk, provided 20,000 surgical masks to the Republican Rehabilitation Centre for Disabled Children for protection against COVID-19. This support to the Centre is part of a larger WHO supported donation from Germany of 1.386 million surgical masks worth US\$ 435,204.

The hand over event took place on 2 September 2021, as part of the #Back2School campaign which was launched by WHO/Europe. An Interactive quiz was organized for children and their parents with questions and answers to improve their knowledge on COVID-19 and how they can protect themselves.

WHO/Europe is committed to supporting countries throughout the COVID-19 pandemic and recognizes the support provided from the Federal Republic of Germany, and in particular, the German Embassy

Embassy in Minsk for their donation. During the event, WHO acknowledged the continued need for all nations to work hand in hand and in solidarity, and highlighted the importance of physical distancing as well as correct use of masks, vaccination, early testing and treatment as cornerstones of the pandemic response.

WHO/Europe continues to strive to leave no one behind in the COVID-19 pandemic. As such, earlier in June 2021, WHO also supported the Belarusian Deaf Society by providing 20 tablets for remote sign language interpreters to use as part of the framework of the Solidarity for Health initiative, funded by the European Union.



From the field:

Cambodia reboots its COVID-19 response strategy and measures

Cambodia has entered in a new phase of the pandemic in which decreasing case numbers, high vaccination coverage, and a more transmissible circulating variant threaten a hidden surge. As a result, the government has rebooted its approach with an evidence-based and focused strategy to suppress transmission, minimize social disruptions and protect the people.



*An outdoor market in Banteay Srei District, Siem Reap Province, Cambodia.
©Banteay Srei District Administration*

In mid-2021, with the support of WHO, the Royal Government of

Cambodia, including the Ministry of Health, initiated efforts to reflect on the strategy to curb new surges and analyse virus transmission and assess the effectiveness of public health and social measures in Cambodia. The joint Ministry of Health-WHO missions engaged all provinces to explore successes and challenges of their response and generate feasible solutions. The resulting strategy is a response reboot, which outlines priorities for suppressing transmission that center on the Cambodian core value of keeping families and communities safe.

“An impressive part of the Royal Government of Cambodia’s strategy is that risk-based decision-making is being applied together with insights into the Cambodian context, including social and cultural dimensions,” said Dr Li Ailan, WHO Representative to Cambodia. “For example, recent social listening research shows that in Cambodia people worry more about the health of their loved ones than their own. This is a powerful motivator to make individual right choices to take COVID-19 measures for protecting their family and community,” said Dr Li.

The priorities of the strategy are to pause 3Cs (closed spaces, crowded places, and close-contact) settings until transmission is suppressed; to implement the 3 Dos and 3 Don’ts (wear a mask, wash hands regularly, maintain distance of at least 1.5 meters, avoid confined and enclosed spaces, avoid crowded spaces, and avoid touching each other); to prevent and prepare for a successful “circuit breaker” (i.e. movement restriction); to safely open low-risk businesses while preparing higher risk businesses to implement risk mitigation measures before opening; to limit non-essential travel and gatherings; and to make monitoring and compliance systems fully functional.

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

Pandemic learning response

Expanding capacity for Integrated Disease Surveillance and Response (IDSR) in the African Region

OpenWHO is collaborating with the WHO Regional Office for Africa (AFRO) on the production of an Integrated Disease Surveillance and Response (IDSR) 3rd Edition [online Training Package](#), which will consist of 5 courses in English, French and Portuguese.

To date, on OpenWHO, Course 1 is available in English and French with the remaining 4 courses all available in English with a total of 7712 enrolments, 2879 Records of Achievement and 2587 Confirmation of Participation certificates issued. All courses should be launched in French and Portuguese by the end of 2021.



The aim of the training package is to contribute to the implementation of the [Regional strategy for integrated disease surveillance and response: 2020-2030](#) for preventing and responding to health emergencies. This Strategy was adopted by Member States in August 2019 during the 69th session of the WHO Regional Committee for Africa for implementing comprehensive public health surveillance and response systems for priority diseases, conditions and events at all levels of health systems with the aim of lessening the impact of public health outbreaks.

The IDSR Technical Guidelines 3rd Edition explicitly describe what needs to be established at each level of the health system to detect and respond to diseases, conditions and public health events that are responsible for preventable illnesses, deaths and disabilities in local communities. The guidelines also recommend thresholds for action and for responding to alerts. In 2021, guidelines on COVID-19 have been added and are on each course landing page.

The IDSR online Training Package is part of a comprehensive IDSR capacity-building programme being implemented by AFRO, which also includes virtual training sessions and webinars by Project ECHO, and case-based and remote communities of practice.

OpenWHO.org learning platform figures



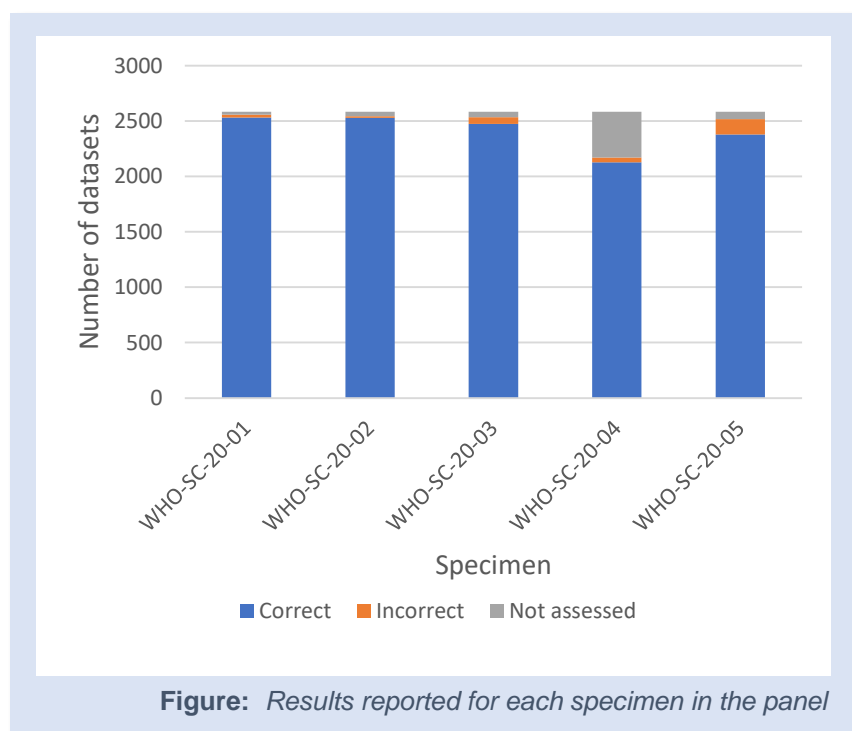
Public health lab strengthening unit

WHO supports External Quality Assessment for laboratories testing for SARS-CoV-2

In 2020, countries exponentially increased the number of laboratories that were testing for SARS-CoV-2 using polymerase chain reaction (PCR) assays in response to the COVID-19 pandemic. However, many countries did not have a means to monitor the quality of testing in these laboratories, some of which had limited experience in the type of testing there were now being asked to perform.

To provide countries with a better understanding of performance of their laboratories and target support actions, WHO organized a global round of laboratory proficiency testing designed to include subnational laboratories. A total of 3,300 panels consisting of five specimens were prepared and distributed to national and subnational laboratories in 102 countries. Laboratories were then asked to test the specimens in the panel and report their results.

Participants were given the opportunity to report two sets of results if they used more than one platform, such as generic real-time PCR and a proprietary assay such as GeneXpert, to test for SARS-CoV-2.



In total, 1809 laboratories reported their results back to WHO, including 775 laboratories reported two sets of results. This meant a total of 2,584 sets of results were available for assessment. Results from the 1,100 panels were subsequently shipped and scored with WHO to receive a summary report of performance.

Overall, the performance of participating laboratories was highly successful with 97.3% of assessed results being correct (see figure). Results were not assessed if they were left blank or reported as “not tested” or “invalid”. The specimen with the most incorrect results reported was WHO-SC-20-05 which contained the lowest concentration of SARS-CoV-2 nucleic acid.

Details of the performance of laboratories were reported back to the participants and shared with the ministries of health in each country. These EQA results will give Member States greater confidence in the results being reported by their laboratories and will assist them to target corrective action and support to laboratories with performance issues.

Partnerships

The Global Outbreak Alert and Response Network - GOARN

First virtual tabletop (V-TTX) exercise for Rapid Response Mobile Laboratories (RRML/GOARN) tests RRML deployment procedures and minimum standards

Rapid response mobile laboratories (RRMLs) have played a crucial role during outbreak response, including throughout the COVID-19 pandemic, where they have been deployed both domestically and internationally to meet surge demands for diagnostics. They are highly flexible and adaptable and have been deployed by partners through the Global Outbreak Alert and Response Network (GOARN) previously in response to a range of challenges including viral haemorrhagic fevers and complex emergencies.

Minimum operational standards for RRMLs are a prerequisite for coordinated, evidence-based outbreak control. Therefore, Member States of the WHO European region and GOARN partners formed an initiative to harmonize procedures and activities.

The WHO Health Emergencies Programme at the WHO Regional Office for Europe (WHE/EURO) is coordinating

the development of these minimum standards and a programme of RRML simulation exercises has been developed to test and refine these standards.



Setup of a type II Rapid Response Mobile Laboratory. © Jan Baumann/EURO.

During this first virtual tabletop (V-TTX) exercise, experts from 7 countries across the European region (Belgium, France, Germany, Poland, the Russian Federation, Spain and the United Kingdom of Great Britain and Northern Ireland) worked through a fictional outbreak scenario to discuss the coordination procedures and minimum standards needed to successfully implement mobile lab deployment. The RRML SimEx programme includes a series of exercises of increasing complexity, from discussion-based tabletop exercises to a full-scale field exercise planned in 2022. Each exercise package is reusable and can be used to provide an exercise backbone for future scale up of activities globally.

The design and implementation of the SimEx Programme was undertaken by the WHO Health Emergencies Programme at the WHO Regional Office for Europe (WHE/EURO), with support from the Country Simulation Exercises and Reviews Unit, WHO/HQ, the GOARN Operational Support Team and European GOARN partner institutions, including Rospotrebnadzor in the Russian Federation and the Robert Koch Institute in Germany.

For more information on RRMLs and their classification click [here](#)



© WHO / Blink Media - Nana Kofi Acquah

WHO connects countries to share experiences and learnings from their COVID-19 vaccine roll-out using the mini-cPIE (COVID-19 vaccination IAR) process

COVID-19 vaccination Intra-Action Review (IAR) / mini-cPIE



13 mini-cPIEs conducted globally



17 mini-cPIEs currently in planning stage

The urgency to vaccinate all vulnerable populations has become more time-critical than ever in the race against the emergence of new SARS-CoV-2 variants of concerns that could impact transmissibility and clinical severity. With the roll-out of multiple COVID-19 vaccine products across the globe, it is pertinent for countries to review, reflect and fine-tune their COVID-19 vaccine roll-out to ensure all populations, especially the most vulnerable groups are protected.

It is with this ideology that the WHO health emergencies preparedness and COVID-19 vaccine introduction colleagues joined forces to leverage on the existing [country COVID-19 intra-action review \(IAR\) methodology](#) so countries can conduct a quick review of their COVID-19 vaccine roll-out. This has also been coined as a mini version of the COVID-19 vaccine post-introduction evaluation (mini-cPIE).

As of 14 September 2021, since the launch of the [mini-cPIE tools](#) (April 2021), 13 mini-cPIEs have already been conducted across three WHO regions (African, Eastern Mediterranean and South-East Asia). In addition, 17 mini-cPIEs are currently being planned in three regions (African, Americas and the Eastern Mediterranean), with 23 further countries from all six WHO regions expressing interest in conducting a mini-cPIE.

To cultivate a community of practice that promotes learning throughout COVID-19 vaccine roll-outs, WHO is currently running regular mini-cPIE clinics to create a platform for countries to directly connect and share their experiences with peer countries on their review and adjustment to COVID-19 vaccine roll-out using the mini-cPIE tools. These clinics are also an opportunity for countries interested in reviewing their COVID-19 vaccine roll-out to receive practical tips and technical support on conducting a mini-cPIE from peer countries, WHO and partners.

During the [first mini-cPIE clinic](#) conducted on 28 July 2021, Bhutan, Gambia and Senegal, which were among the first countries to conduct a mini-cPIE, presented their learnings from the COVID-19 vaccine roll-out. Bhutan illustrated how having the Prime Minister receiving the first and second doses of a heterologous regimen boosted public confidence, resulting in 95% vaccine coverage for the first dose and more than 90% vaccine coverage for the second dose following the national vaccination campaigns. The Bhutan Vaccine System permitted pre-registration of the priority target population for vaccination, which was highly effective in facilitating vaccine roll-out.

Mini-cPIE Continued: WHO CONNECTS COUNTRIES TO SHARE EXPERIENCES AND LEARNINGS FROM THEIR COVID-19 VACCINE ROLL-OUT

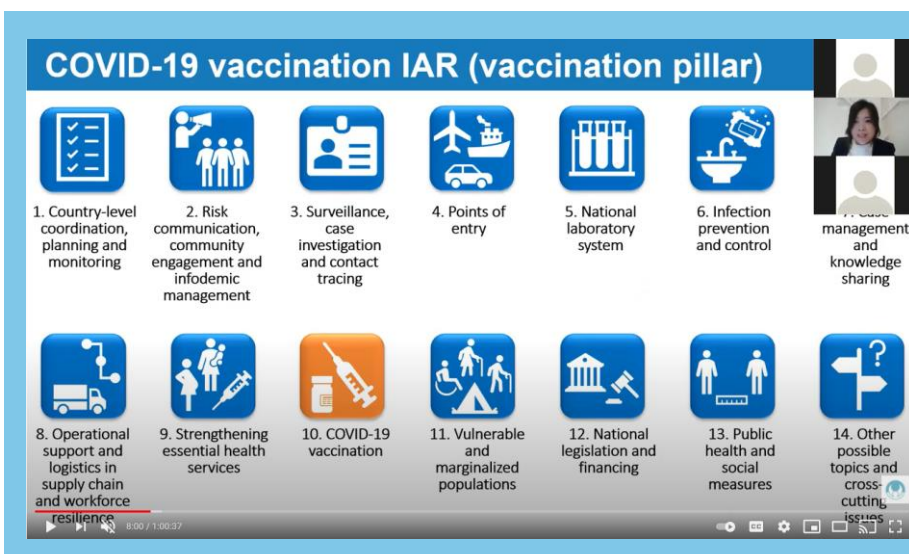
When asked for the most important piece of advice they have for other countries, Dr Sonam Wangchuk, the National Immunization Technical Advisory Group (NITAG) vice chair of Bhutan, recommended:

“adopt[ing] a digital solution to get real-time data” to help monitoring vaccine allocation and ensuring “media advocacy and risk communication through politicians, community leaders and religious leaders” before rolling out the vaccines, given “just posting on the website and social media is not enough; you have to reach out [to the people] through the leaders.”

The Gambia also explained how some districts addressed people from rural areas not coming to vaccination centres by using a “vaccine caravan” to facilitate vaccination and engage communities in remote places – a novel approach that may be applied in other countries facing similar challenges. Gambia’s Expanded Programme on Immunization (EPI) Team Lead from the Ministry of Health, Dr Sidat Fofana, also emphasized the importance of simplifying the process of releasing funding as “it was very cumbersome for COVID funds to be accessed because it was managed not by Ministry of Health but by multiple stakeholders”; the process has now improved.

The Director of the Division of Epidemiological Surveillance and Vaccine Response (Division de la Surveillance Épidémiologique et de la Riposte vaccinale) from the Ministry of Health and Social Action (Ministère de la Santé et de l’Action Sociale), Dr Boly Diop, presented on the experiences of Senegal and reiterated that an “exhaustive census of the priority target population at the level of service delivery points” was critical to ensure better logistic management. Senegal also shared their success in establishing Adverse Event Following Immunization (AEFI) Committees and investigating all severe AEFIs, while raising a challenge they are addressing related to the unavailability of free medical care for those experiencing serious AEFIs.

Moving forward, WHO anticipates running virtual mini-cPIE clinics on a monthly basis, with interactive formats for each session, such as panel discussions, presentation of key successes and challenges, and brainstorming of ideas via breakout rooms to help countries extract the key lessons from peer countries that may inspire solutions for their unique contexts. The next mini-cPIE clinic is scheduled for 21 September 2021, at 12:00-13:30 CEST.



To register for the next clinic on 21 September, please click [here](#).

For recording and resource materials from the first mini-cPIE clinic, please click [here](#).

COVID-19 Partners Platform



COVID-19 vaccine delivery support early window applications - still accepting applications

The deadline for COVAX AMC participants to submit applications for COVID-19 vaccine delivery support (CDS) from Gavi or UNICEF on the Partners Platform has been extended to provide flexibility for countries that are still submitting. Of the 60 countries who have already successfully submitted a CDS application, 25 of them have received the approved funding. Another 13 countries have received approval as of 14 September for the amount of support requested with delivery of the funds expected in the coming weeks. The remaining applications are pending review.

The COVID-19 vaccine delivery support (CDS) Early Access Window is primarily designed to support countries' urgent needs in preparing for the large scale up of COVID-19 vaccines expected in the second half of 2021. Gavi and UNICEF therefore encourage countries to plan to utilize this funding in the next six months.

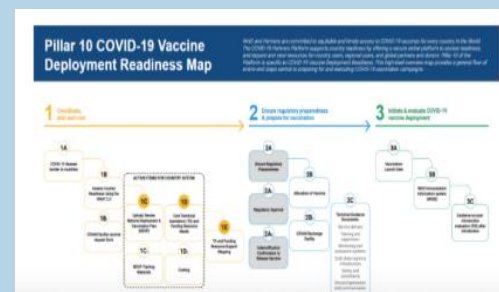
Long-term needs can be addressed through a later, additional

CDS funding window starting in October 2021. For the long-term funding opportunities, countries are strongly encouraged to update their National Deployment and Vaccination Plan in order to reflect current needs and challenges.

Pfizer readiness checklist process remains open

Due to the specific considerations that must be in place to manage the storage, transport and distribution of Pfizer-BioNTech vaccine doses, which require an ultra-cold chain (-70°C), allocation for the vaccine for COVAX participants has required a three-step process that includes a readiness checklist, legal documentation and an organization call.

WHO supported the coordination of step 1 of this process via the Partners Platform. The original deadline to complete the checklist has been extended and the functionality will remain open on the Partners Platform to allow countries who have not yet completed the checklist or who wish to keep the information updated, to do so.



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 16 September 2021.

Shipped items as of 16 Sept 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 072 925	1 316 550	2 381 538	1 553 010	35 206 300	453 536	2 353 079	54 800 400	3 525 030
Americas (AMR)	1 348 132	18 097 275	11 187 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 328 520	2 122 925	2 276 518	1 501 545	16 564 000	338 320	2 963 222	32 415 550	2 376 695
Europe (EUR)	849 600	1 197 550	654 984	1 911 220	27 997 900	627 860	3 316 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 618	381 436	8 714 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	117 000	1 221 842	777,100	3,434,000	311,927	488,710	15,008,146	3,206,035
TOTAL	13 889 427	26 026 300	20 725 192	9 466 151	96 775 700	2 141 093	11 393 579	206 384 426	26 860 765

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 6 September 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 14 September 2021, WHO has received US\$ 1.06 billion out of the 1.9 billion total requirement. **A funding shortfall of 45.7% 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 14 September 2021

Total Pledges:
US\$ 145 million

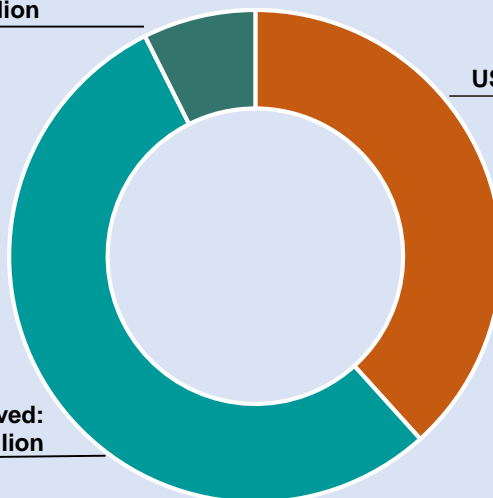
7.40%

Total Received:
US\$ 1.06 billion

54.28%

Gap:
US\$ 752 million

38.32%



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 weekly and monthly 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 35 2021) ^c	22% (n=15) ^d	58% (n=40)	49% (n=34)	50%
This week (epidemiological week 35), 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 12 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 1 September 2021) ^e	55% (n=35) (January 2021)	60% (n=40)	No change	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 20 September) ^c	0 ^f	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 20 September) ^c	0 ^f	5 352 927 296	5 771 619 897	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 20 September) ^c	0 ^f	25.9%(n=2.01 billion)	42.4% (n=3.3 billion)	N/A

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

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

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Monthly reported indicator

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

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



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 7 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 674 859 donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including with

partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

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**



674 859 donors

[individuals – companies – philanthropies]

The following amounts have already been dispersed to WHO and partners:

\$169 million

to the World Health Organization to procure and distribute essential commodities and coordinate response.

\$10 million

to CEPI to catalyze and coordinate global vaccine R&D.

\$10 million

to UNHCR to protect at-risk Internally Displaced People and refugees.

\$10 million

to UNICEF to support vulnerable communities in low-resource settings.

\$20 million

to WFP to support the shipment of vital commodities where they are most needed.

\$5 million

to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

\$2.6 million

to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.

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 14 September **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 children and adolescents.

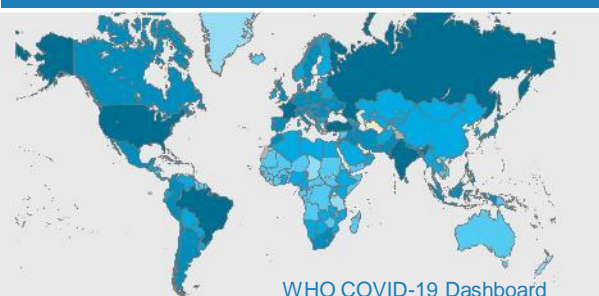
News

- For more on WHO calling on world leaders at the UN General Assembly to focus on vaccine equity, pandemic preparedness and getting the SDGs back on track, click [here](#).
- To register for a WHO EPI-WIN Webinar on updates on COVID-19 vaccine booster doses on 22 September, click [here](#).
- For WHO's Science in 5 on COVID-19 on Mixed and fractional vaccine doses on YouTube, click [here](#).

Weekly Operational Update on COVID-19

28 September 2021

Issue No. 73



As of 26 September 2021

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

Confirmed cases

231 703 120

Confirmed deaths

4 746 620

Philippines receives first tranche of additional doses from COVAX Facility



The Philippines received 2 million Pfizer-BioNTech vaccines donated by the COVAX Facility on 19 September; these vaccines are part of the 10 million doses co-procured by the United States and COVAX Facility. The Department of Health (DOH) and WHO continue to urge local government units to prioritize vaccination of senior citizens.

"While the national government recalibrates its strategies in addressing the rising COVID-19 cases to a more targeted scheme, the local government units must also ramp up their COVID-19 vaccination, especially to the elderly population who are most at-risk for severe COVID-19 and even dying from it. We also thank the COVAX Facility for the additional supply of much-needed COVID-19 vaccines," said Health Secretary Francisco T. Duque III.

World Health Organization Representative to the Philippines Dr Rabindra Abeyasinghe also called for the urgent vaccination of the elderly, stating: "[Vaccinating the elderly] is the most ethical and rational use of vaccines, especially now that COVID-19 cases have been rising in many regions with low coverage of senior citizens."

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

Key Figures



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



More than **5.7 million** people registered on [OpenWHO](#) and accessing online training courses across **38** topics in **56** languages



20 700 072 PCR tests shipped globally



206 966 426 medical masks shipped globally



97 093 700 gloves shipped globally



9 471 191 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



5 924 819 985 COVID-19 vaccine doses administered globally as of 27 September

^a COVAX has shipped over **301 million** vaccines to **142** participants as of 22 September

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

From the field:

Raising faith in COVID-19 vaccines in Lesotho

Myths and misinformation around COVID-19 vaccines are rife in Lesotho, where over 85% of nearly 500 health workers surveyed recently reported widespread misconceptions. A rapid survey, conducted in July by the World Health Organization (WHO) the United Nations Children's Fund (UNICEF) and other partners showed conspiracy theories may be driving up fear, confusion and reluctance to get vaccinated in this highly religious society.



In Lesotho, religious leaders are

loved, respected and followed and it is estimated that over 90% of people in Lesotho are Christian with the church providing over 40% of Lesotho's health services. With support from WHO and the Christian Council of Lesotho, the Ministry of Health is training religious leaders to spread life-saving facts on COVID-19 and COVID-19 vaccines.

"Prior to each training, participants are asked how much they know about COVID-19 vaccines. Most say they have very limited information, while some say they have no information at all, so we're working to build up this knowledge," noted WHO Immunization Officer Selloane Maepe.

50 religious leaders have been trained in six sessions in five of Lesotho's 10 districts so far, which have all been hit hard by COVID-19.

“I never believed in this vaccine. I never wanted to take it myself or to encourage others to get it, but through this teaching I realized that a lack of information is actually a sin and getting vaccinated is important. I will share what I learned with everyone in my village, with friends and my church-mates.” says Mamookho Masamane, a church leader in the northern region of Leriba at a training session in Leribe.

“The ability of religious leaders to effectively participate in responding to outbreaks depends on their understanding of them,” says Dr Richard Banda, WHO Representative in Lesotho. “These workshops aim to impart knowledge to religious leaders as they play a crucial role in community mobilization, raising awareness, dispelling myths and misconceptions, boosting vaccine acceptance and bringing compromises where public health measures are considered to be discordant with religious values.”

The Ministry of Health, WHO and partners have five further workshops planned with religious and community leaders in five districts in the next month.

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

From the field:

WHO Representative in Lebanon remarks on support to the Ministry of Public Health

The current complex crisis has heavily impacted the health system in Lebanon, decreasing availability, affordability, accessibility and quality of health care in general, and threatening the sustainability and resilience of the health system.

Due to the severe financial and fuel crisis, most hospitals are currently operating at 50% capacity; only lifesaving hospital interventions are being prioritized. Primary health care centres are rationing fuel consumption by reducing opening hours, and more than 600 private pharmacies are temporarily closed.

It is estimated that around 15–17% out of 20 000 registered nurses have left the country over the past 12 months, while more than 1000 have been laid off. Around 40% of medical doctors (mainly specialists) have permanently emigrated or are working on a part-time basis outside of the country. It is estimated that the Ministry of Public Health will need to cover health care for at least 70% of the population (compared to 48% prior to the current crisis) as unemployment and poverty are rising.

The Government's fiscal and financial situation has resulted in unpaid bills to both private and public health sectors, threatening the sustainability of health services, and increasing health financial hardship on vulnerable populations. This impacts both care for COVID-19 as well as the continuity of essential health services (Pillar 9 of the [COVID-19 Strategic Preparedness and Response Plan 2021](#)).

WHO will continue to support the Ministry of Public Health and people of Lebanon by:

1. Filling acute gaps in medications: more than 550 000 patients are receiving acute and chronic treatment.
2. Maintaining access to essential health care through its support to 12 public hospitals with equipment, supplies, recruitment of more than 620 nursing staff, training and reimbursement of intensive care for uninsured vulnerable individuals, contributing towards the doubling of public sector hospitalization capacity.
3. Bridge humanitarian support towards sustainable development, including integration of primary health packages of care.
4. Adopt innovative approaches during the COVID-19 response where selected major public hospitals have been twinned with private academic hospitals aiming at improving and standardizing COVID-19 and critical care practices.

WHO remains committed to continuing our immediate, lifesaving work in Lebanon, while also planning for longer term strategies for health.

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

From the field:

PAHO selects centres in Argentina, Brazil to develop COVID-19 mRNA vaccines

PAHO has announced the selection of two centres in Argentina and Brazil as regional hubs for the development and production of mRNA-based vaccines in Latin America in a bid to tackle COVID-19 and future infectious-disease challenges.

The Bio-Manguinhos Institute of Technology on Immunobiologicals at the Oswaldo Cruz Foundation (FIOCRUZ) in Brazil and Sinergium Biotech, a private sector biopharmaceutical company were selected. The two companies have extensive experience in the production and development of vaccines and biotechnological medicines.

The selection is the result of an April 2021 WHO call for expression of interest inviting manufacturers and research institutions to contribute to the establishment of COVID-19 mRNA vaccine technology transfer hubs in emerging economies.

The initiative was supported by PAHO/WHO global partners such as the Medicines Patent Pool.



PAHO launched a second call for expressions of interest in August 2021 aimed specifically at manufacturers that wish to become part of a regional consortium to supply pharmaceutical grade reagents and other inputs for mRNA vaccine production.

“Delays in production have meant that many countries [in the region] are still awaiting the doses they purchased months ago. Limited vaccine supplies continue to set us back,” PAHO Director Dr. Carissa F. Etienne said. “This limited production and unequal distribution of vaccines in the face of staggering demand hinder our COVID response in the Americas. Mass vaccination is critical,” she added.

PAHO has also recently launched the [Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas](#) to support collaboration across countries and agencies to apply existing regional biomanufacturing capacity to the production of COVID-19 vaccines and other medical technologies.

The principle behind the platform is that pharmaceutical manufacture should benefit the entire region, with regional production and distribution of vaccines by [PAHO's Revolving Fund](#) to all countries.

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



WHO/Europe: A *Hospital of Tomorrow* case study in Bologna, Italy, shows the way to safer hospitals *Redesigning health care facilities to scale up pandemic preparedness and response*

The unprecedented overload of the healthcare system due to the pandemic presented hospitals around the world with high demands on structural and operational capacities placed many medical facilities on the brink of collapse. As a result, the high influx of severe patients required hospitals to expand intensive care units and bed capacities using other units including operating rooms and close non-essential services.

These challenges experienced during the COVID-19 pandemic response have underscored the need to expand infectious disease and intensive care surge capacities and care units in hospitals and create designated pathways to ensure staff and patient safety.

St. Orsola-Malpighi Polyclinic in Bologna, a 1000-bed hospital facility, was among the first hospitals in Italy to experience the influx of COVID-19 patients at the start of the outbreak SARS-CoV-2 pandemic.

In September 2020, a WHO team, in collaboration with the St. Orsola-Malpighi Polyclinic, launched the *Hospital of Tomorrow* case study project to capture staff experiences and lessons learned.

The project also aims to shape how facilities look like in the future with aims to develop standards and guidelines to create more flexible resilient and adaptable structures for future COVID-19 waves or other health crises.

The initiative is an international collaboration, jointly implemented by WHO Health Emergencies Programme at both the global and regional levels and is supported by [*Téchne](#), a WHO network of architects, engineers, designers and public health partners from several institutions globally.

“The idea of this initiative is to rethink hospitals to be more resilient to emergencies, to scale up capacity to manage an influx of patients in an outbreak, and to be better prepared for future pandemics,” said Luca Fontana, an environmental toxicologist and epidemiologist in WHE’s Health Tech unit.

WHO and Téchne partners are working with the directors of St. Orsola-Malpighi Polyclinic to review ways to restructure the facility facilities to expand treatment services for the care of COVID-19 patients and to modify operations to make the hospital setting safer for patients, staff and visitors.

continued on next page...

WHO/Europe Continued: A *HOSPITAL OF TOMORROW* CASE STUDY IN BOLOGNA, ITALY, SHOWS THE WAY TO SAFER HOSPITALS *REDESIGNING HEALTH CARE FACILITIES TO SCALE UP PANDEMIC PREPAREDNESS AND RESPONSE*



Board of Directors at St.Orsola Polyclinic compound within the city of Bologna. ©WHO/Europe

St Orsola has served as a case study and working model for adapting hospital design and operations to strengthen capacities for providing COVID-19 treatment services, developing new standards and operational procedures to prevent the spread of COVID-19 infections and improving capacities for optimizing patient care and health services, while maintaining other vital medical services.

Re-design recommendations include proposals for modifying emergency rooms, waiting lounges and other public areas. With the hospital staff engaged in working groups to approach challenges holistically, creative solutions and effective plans have emerged, 'institutional memory' concerning past choices has been preserved, and communication among professionals across disciplines has been enhanced.

A key final output of the case study project will be a series of publications that will share the process and its outcomes with other hospitals and healthcare institutions. These publications are planned over the following months, as part of WHO's continued work to share and generate knowledge to strengthen pandemic preparedness and response.

***Téchne** is the Technical Science for Health Network, a global partnership convened by WHO in response to the COVID-19 emergency to promote the collaboration of universities, institutions, and humanitarian and international nongovernmental organizations to build new treatment centres and/or redesign existing healthcare facilities to improve clinical services for COVID-19 and to provide safer environments for healthcare workers, patients and communities. For further information or questions, contact: techne@who.int

Pandemic learning response

Celebrating International Translation Day on 30 September: OpenWHO multilingual approach advances equity

A multilingual platform: Courses in 56 languages

Albanian	French	Italian	Mongolian	Sinhalese	Ukrainian
Amharic	Fula	Japanese	Oriya	Shona	Urdu
Arabic	German	Kanuri	Oromo	Somali	Vietnamese
Azerbaijani	Haitian Creole	Kazakh	Pashto	Spanish	Yoruba
Bengali	Hausa	Kurdish	Persian	Swahili	Zulu
Chinese	Hindi	Latvian	Polish	Tamil	NEW language
Dari	Hungarian	Lingala	Portuguese	Telugu	Nepali
Dutch	Igbo	Macedonian	Punjabi	Tetum	
English	Indian Sign Language	Malagasy	Russian	Thai	
Esperanto	Indonesian	Marathi	Serbian	Turkish	

Upcoming languages: Armenian, Burmese, Greek, Maithili, Tajik

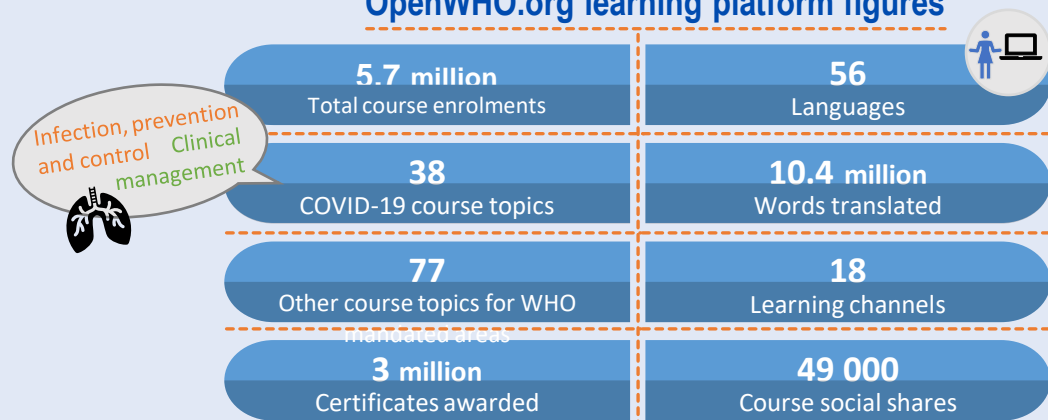
In pursuit of equitable access, the OpenWHO team of the Learning and Capacity Development Unit has worked across the three levels of the Organization, and in particular together with WHO country and regional offices, to translate WHO's evidence-based guidance into learning in the languages of Member States. Volunteer translators, public health institutes, Translators Without Borders and professional translation companies have been contributing to the translation work.

OpenWHO has translated COVID-19 online courses into as many languages as possible, nearing 60 languages on the platform, as WHO strives to ensure equitable access. Priority has been given to languages spoken by vulnerable or underserved populations in low- and middle-income countries as learning available in preferred languages enhances uptake and comprehension. These 56 languages available on OpenWHO include the official languages of every WHO region, the 15 most commonly spoken languages worldwide and the official languages of 43 out of 46 of the least-developed countries.

A total of 10.5 million words have been translated thus far and on average, each of OpenWHO's COVID-19 courses has been translated into 4.8 languages. The two course available in the most languages are the Introduction to COVID-19 course available in 44 languages and the Infection Prevention and Control course in 24 languages.

Multilingualism in OpenWHO's large-scale online production strategy has already resulted in 5.7 million course enrolments driven largely by 38 COVID-19 courses. The top 10 languages by enrolment are English (76.2%), Spanish (13.0%), French (3.1%), Arabic (1.5%), Portuguese (1.5%), Indian sign language (1.0%), Hindi (0.7%), Indonesian (0.6%), Russian (0.5%) and Italian (0.4%).

OpenWHO.org learning platform figures



As of 21 September 2021

COVID-19 Readiness

Rapid Response Teams Training in Sao Tome and Principe: 6 to 9 July, 16 to 19 August 2021

This summer, 23 health professionals from Sao Tome and Principe participated to a Rapid Response Team (RRT) Training. Based on an all-hazards approach, the training focused on emergency concepts with COVID-19 related examples. Inclusive of health workers from multiple disciplines (inclusive of epidemiologists,



Participants and facilitators, RRT training in Sao Tome and Principe, 16 to 19 August 2021

clinicians, laboratory personnel, IPC specialists and data managers), the RRT training reinforced the capacities and skills of multi-disciplinary teams from both the central and district levels to detect early and respond effectively to a potential outbreak and other public health events, including COVID-19.

The was delivered in two steps: a semi-virtual didactic session from 6 to 9 July, followed by a face-to-face practical session from 16 to 19 August, enabling participants to apply and practice the consolidated knowledge and skills.

The sessions included the following topics:

- Emergency response framework and Integrated Disease Surveillance and Response (IDSR); Emergency Operations Center (EOC) and Incident Management System (IMS); RRT mandate, composition and roles of RRT members; pre-deployment preparedness; the logistic function in emergencies; surveillance in public health emergencies; outbreak investigation; active case finding and contact tracing; data management in emergencies; infection prevention and control (IPC) for RRTs; environmental cleaning and disinfection; laboratory sample management; psychological first aid; emergency risk communication; community engagement during emergencies; the RRT Knowledge Network



Practicing how to prepare chlorine solution for disinfection, RRT training in Sao Tome and Principe, 16 to 19 August 2021

The WHO Country Office and the Ministry of Health in Sao Tome and Principe are currently building the foundation for institutionalization of RRTs, including defining the mandate, composition and role of RRT members, and have plans to cascade the RRT training at the district level.

COVID-19 Partners Platform



Call for countries to update National Deployment and Vaccination Plans

With an expected increase in COVAX Facility deliveries and available funding in the remaining three months of 2021, it is essential for all National Deployment and Vaccination Plan (NDVP) data to be up to date and adapted to reflect any needed changes from the initial development. The [NDVP Guidance](#) has also been updated from the initial version to better support countries. It is also highly recommended for any countries submitting requests for COVID-19 vaccine delivery support (CDS) funds on Partners Platform, that their NDVP is updated to reflect the most current information. This will allow for a better understanding of the resource needs that are not covered by domestic budgets and enable countries to accurately request funds for the next round of CDS (beginning in October).

Administrators can review the country's plan by going to the 'Info' tab on the Partners Platform, selecting 'Country Info', and selecting the relevant country from the drop-down list at top right. All uploaded documents belonging to that country can be found in the appropriate folders within this page. Vaccine country administrators should visit this page and ensure their plan is accurate according to the most recently available data.

Conduct an Intra Action Review (IAR) to update your NDVP

Vaccine administrators may consider conducting an [IAR for pillar 10](#) (also referred to as a mini-cPIE) to support assessing the limitations and weaknesses of an NDVP including budgeting and the impact on implementation with WHO's support to best revise and adapt the NDVP moving forward. Once completed, vaccine administrators can upload the review on the Platform under the Country Info tab in the "Reviews (Intra-Action Reviews, After Action Reviews, Others)" folder. IARs for multiple countries are currently available and can also be found on the [Strategic Partnership for Health Security and Emergency Preparedness \(SPH\) Portal](#)

Platform users can now use the WHO's CVIC tool to cost their vaccine plans

WHO's COVID-19 Vaccine Introduction and Deployment Costing tool, or [CVIC tool](#), can also be utilized to support costing a new National Deployment and Vaccination Plans (NDVP). [A video tutorial on this is available to those users who would like to learn more.](#)

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 24 September 2021.

Shipped items as of 24 Sept 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 072 925	1 316 550	2 381 538	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
Americas (AMR)	1 348 132	18 097 275	11 187 492	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 356 570	2 122 925	2 276 518	1 506 585	16 604 000	348 080	3 119 722	32 987 550	2 476 695
Europe (EUR)	849 600	1 197 550	654 984	1 911 220	27 997 900	627 860	3 316 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 658	381 436	8 720 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	117 000	1 196,882	777 100	3 434 000	311 927	488 710	15 008 146	3 206 035
TOTAL	13 917 477	26 026 300	20 700 072	9 471 191	97 093 700	2 150 853	11 570 079	206 966 426	27 090 365

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 24 September 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 21 September 2021, WHO has received US\$ 1.08 billion out of the 1.9 billion total requirement. **A funding shortfall of 44.9% 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 21 September 2021

Total Pledges:
US\$ 67million

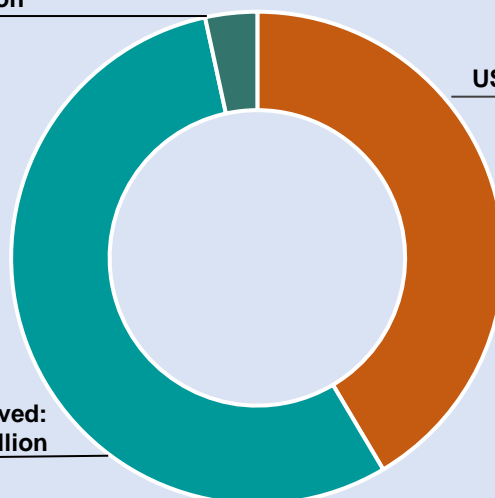
3.41%

Total Received:
US\$ 1.08 billion

55.13%

Gap:
US\$ 813 million

41.46%



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 weekly and monthly 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 35 2021) ^c	22% (n=15) ^d	49% (n=34)	58% (n=40)	50%
This week (epidemiological week 36), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 40 (58%) 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 27 September) ^c	0 ^e	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 27 September) ^c	0 ^e	5 771 619 897	5 924 819 985	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 27 September) ^c	0 ^e	42.4% (n=3.3 billion)	43.3% (n=3.37 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

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 7 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 674 859 donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including with partners to suppress transmission, reduce

exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

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



674 859 donors

[individuals – companies – philanthropies]

The following amounts have already been dispersed to WHO and partners:

\$169 million

to the World Health Organization to procure and distribute essential commodities and coordinate response.

\$10 million

to CEPI to catalyze and coordinate global vaccine R&D.

\$10 million

to UNHCR to protect at-risk Internally Displaced People and refugees.

\$10 million

to UNICEF to support vulnerable communities in low-resource settings.

\$20 million

to WFP to support the shipment of vital commodities where they are most needed.

\$5 million

to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

\$2.6 million

to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.



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

Updates on the impacts of the phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of SARS-CoV-2 Variants of Concern (VOCs), the geographic distribution of VOCs as well as changes to VOI classifications.

News

- For PAHO's new Annual Report of the Director of the Pan American Sanitary Bureau, with the theme of 'Working through the COVID-19 Pandemic', click [here](#).
- To watch the new WHO Science in 5: Keeping schools safe on YouTube, click [here](#).
- For the Director-General's remarks on global commitments on COVID-19 offering a way forward, but success depending on action being taken now – inclusive of **5 actions that must be at the heart of the world's common drive to keep people safe, serve the vulnerable and promote health**, click [here](#).