

Weekly Operational Update on COVID-19

4 October 2021

Issue No. 74



As of 3 October 2021

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

Confirmed cases
234 551 981

Confirmed deaths
4 796 171

Nearly a third of African countries hit 10% COVID-19 vaccination goal: WHO support to accelerate rollouts

Only 15 of the African continent's 54 nations have fully vaccinated 10% of their people against COVID-19 – a goal set for 30 September by the World Health Assembly.

COVAX is working with donors to identify countries that can currently absorb large volumes of vaccines and plans to strengthen support for countries that do not have other sources of vaccines.



Fifteen African countries hit 10% COVID-19 vaccination goal ©WHO / Andre Rugema

WHO has already assisted 19 African countries in conducting intra-action reviews (IARs) to analyze vaccination campaigns and identify recommendations for improvement.

These IARs show that uncertain deliveries have been a major impediment for many countries. WHO is also providing targeted support through the deployment of a team of international experts to specific countries to identify and resolve bottlenecks in COVID-19 vaccine rollouts, including working with local authorities and partners to identify and address the root causes of challenges to administering vaccines.

WHO is also working to share crucial lessons and best practices among African countries to help accelerate vaccine rollouts.

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



207 026 426 medical masks shipped globally



97 051 700 gloves shipped globally



9 474 791 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



6 188 903 420 COVID-19 vaccine doses administered globally as of 4 October

^a COVAX has shipped over **311 million** vaccines to **143 participants** as of 27 September

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

From the field:

WHO supports national vaccine cold chain system in Islamic Republic of Iran

The WHO country office in the Islamic Republic of Iran has supported maintenance of the vaccine cold chain in the country by equipping the existing cold rooms with 16 000 electronic temperature loggers, officially handed over on 27 September. These temperature loggers, procured through funds from the State of Kuwait, were delivered to the Ministry of Health and Medical Education.



The procured temperature loggers can record the temperature for up to 30 days, which is displayed on the attached

LCD panels and can be easily monitored by the cold chain staff. This will also help computer analysis of the data at district or national levels to ensure proper temperature is maintained for quality assurance of different vaccines.

“

“A number of universities of medical sciences have facilities that support ultra-low temperature storages, and if vaccines requiring such low temperatures arrive in Islamic Republic of Iran in batches of one million doses, they can be swiftly distributed in the original packaging and utilized at vaccination centres in due time,” said Dr Mohsen Zahrayi, Head of the Immunization and Vaccine Preventable Diseases Office of the Centre for Disease Control and Prevention.

”

Based on the Effective Vaccine Management Assessment facilitated by WHO early in 2020, a cold chain improvement plan was developed according to which the newly donated equipment will be distributed across the country. The handover meeting also allowed for conferring about other equipment needed in the country, including a variety of refrigerators and fridge-vehicles for safe transportation of vaccines to remote areas in the country.

Dr Jaffar Hussain, the WHO Representative and Head of Mission to the Islamic Republic of Iran, concluded the meeting by emphasizing WHO’s readiness to technically support immunization programme in Islamic Republic of Iran and the willingness to further invest in upgrading the national cold chain system pending available financial support from donors.

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

From the field:

WHO/Europe supports COVID-19 intensive care in Georgia: 13 – 24 September 2021

Throughout the month of August 2021, Georgia saw a sharp rise in reported COVID-19 cases and deaths reaching levels not previously seen in the country and placing significant pressure on the provision of quality care to patients.

Following a WHO expert mission conducted during the second half of August 2021, and upon the request of the Ministry of Health in Georgia, the WHO Health Emergencies



*WHO experts and Georgian healthcare workers discuss infection prevention and control practices
©WHO Europe*

Programme and the WHO Country Office in Georgia supported an additional mission to support COVID-19 Intensive Care Unit (ICU) care from 13 to 24 September 2021.

WHO experts in intensive and critical care of COVID-19 patients and in Infection Prevention and Control (IPC) were deployed to review intensive care management, operational procedures and infection control procedures in thirteen separate health facilities designated to provide services for severe and critical COVID-19 patients in several regions of the country.

The mission team's findings and recommendations were presented to key policy makers and experts in Georgia and a rapid refresher training was conducted with 26 intensive care medical staff. The training provided an occasion to refresh the knowledge of clinical practitioners involved in COVID-19 care on the provision of oxygen, prevention of complications in ventilated patients, nursing care and rationale use of pharmaceuticals within the ICU.

Based on the findings WHO will continue to support the Ministry of Health to strengthen clinical capacities and core nursing skills, including in support of enhanced specialized ICU care.

From the field:

Fourth Intra-Action Review (IAR) Meeting: Recommendations to strengthen Indonesia's COVID-19 response

The [intra-action review \(IAR\)](#) is a comprehensive multisectoral review to identify gaps and opportunities for learning from and improving the COVID-19 response. Between 11-14 August 2020, WHO supported the Ministry of Health (MoH) of Indonesia to conduct an IAR for the COVID-19 response.

WHO also supported MoH to conduct regular monitoring of IAR recommendations implementation and COVID-19 health sector response plan indicators. Previous monitoring meetings were held in November 2020, February 2021, and April 2021. As a follow up, MoH conducted the fourth monitoring meeting of the IAR recommendations and COVID-19 response plan implementation from 23-25 August 2021. During the meeting, the MoH presented COVID-19 situation analysis, evaluation of public health social measures, achievements, and gaps.



Around 84 participants actively engaged in the IAR monitoring meeting, comprising MoH, Ministry of Agriculture, National Disaster Management Authority, Presidential Staff Office, Coordinating Ministry of Human Development and Cultural Affairs, National Armed Forces, professional organizations, partners, and other stakeholders.

Outstanding achievements included updated COVID-19 guideline, silacak application (English: Information Tracing System) for contact tracing and E-Health Alert Card (E-HAC) implementation in 497 districts (96%), expansion of the laboratory network and genomic sequencing laboratory network, expansion of the number of referral hospitals and more.

The IAR highlighted that increased mobility and the spread of the delta variant were among the main contributing factors to the surge of COVID-19 cases in June and July 2021. Monitoring of epidemiological and response capacity indicators were crucial to adjust public health and social measures (PHSM) to prevent another surge of COVID-19 cases in the future.

Recommendations to further strengthen the national COVID-19 response included: integrate logistics information system and regular review of supply stockpile and forecasting using Essential Supply Forecasting Tool (ESFT), improve timeliness and completeness of ILI and SARI surveillance to monitor COVID-19 trends, continue public campaign including for vaccination involving community and timely infodemic management and more.

The IAR monitoring meeting facilitated continued stakeholders' engagements to identify gaps and embrace lessons learned from the COVID-19 response.

For further information on the IAR in Indonesia, including the full list of recommendations, click [here](#).

Public health response and coordination highlights



- At the **UN Crisis Management Team (CMT)** meeting on 30 September 2021, **WHO** noted continued decline of COVID-19 new cases and deaths globally, reporting over 3.3 million cases and over 55,000 deaths in the previous week. However, WHO commented that high levels of diseases and severity continue to be observed among unvaccinated people.
- **The United Nations Department of Global Communications (DGC)** provided an update on the media impact of COVID-19 related issues during the UN General Assembly, with an analysis of news coverage and social media activity.
- WHO reported on the work of the Mass Gatherings Working Group during the 2021 Tokyo Olympics, noted the effective coordination and joint work with partners of the IOC/Tokyo 2020 All-Partner Task Force and WHO's advisory role in the wide implementation of a public health and social measures package.
- **ICAO** reported that a High-level Conference on COVID-19 will take place in mid-October and briefed the CMT on its agenda and preparation.
- **OHCHR** highlighted human rights concerns associated with the stigmatization of COVID-19 patients, around mandatory vaccination legislations that lack free and informed consent, and on restrictions on fundamental freedoms.
- **FAO** stressed that together with WFP and OCHA, it will brief the Member States on the unprecedented famine faced by multiple countries and the 41 million people in IPC phase 4. **FAO** also noted that it is working on a global plan of action on One Health in the context of the FAO-WHO-OIE Tripartite Agreement, which will be briefed in the CMT in a future meeting.



Pandemic learning response

Nicaragua: Working together to bring training to the front lines

The pandemic has highlighted significant equity gaps that impact the capacity of health workers in remote communities. In the Managua, Nicaragua node of the Virtual Campus of the PAHO/WHO, they had to rethink their training practices: replacing face-to-face training with distance training and developing innovative strategies to overcome barriers such as internet access and computer equipment or smartphones.

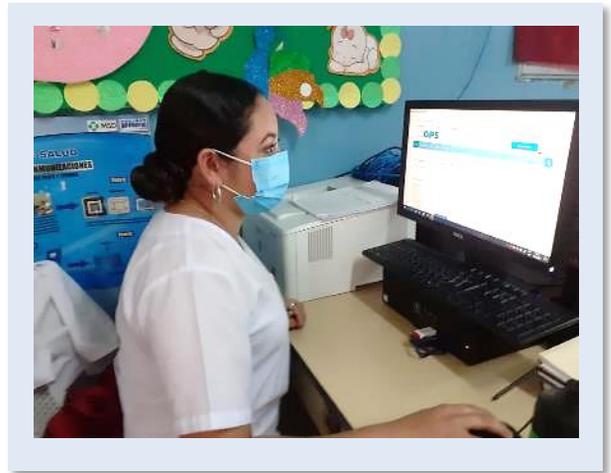
The [Diploma on the Management of the Expanded Program of Immunizations](#), based on content from OpenWHO and from the PAHO/WHO Virtual Campus for Public Health, started when the pandemic began and is currently running its third edition via USB stick distribution to health workers in a remote area of the Caribbean coast.

A support network was created with health worker families, Ministry of Health staff and the PAHO/WHO team that developed further

initiatives, such as collaboration with local authorities from remote health units for participants to access the technological infrastructure of health units to complete their distance training. Additionally, a network of over 300 tutors nationwide, trained by the Virtual Campus for Public Health, collaborated in the translation of courses available in Spanish into the Miskito language, Mayangna and English.

The two platforms play an important role in this process because "they put in our hands key tools to be able to advance learning," in the words of Perla Zeledón, lead of the Nicaragua node of the Virtual Campus.

The Nicaraguan team, together with specialists from the Ministry of Health, have adapted courses to local sensibilities and culture, such as the 'Training for health personnel for the application of the vaccine against COVID-19', launched in May 2021.



OpenWHO.org learning platform figures



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 1 October 2021.

Shipped items as of 1 Oct 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 072 925	1 316 550	2 381 538	1 553 010	35 442 300	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	42 101 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 658	385 036	8 714 500	91 470	642 300	6 950 500	2 841 695
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	9 474 791	97 051 700	2 155 813	11 580 079	207 026 426	27 097 565

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

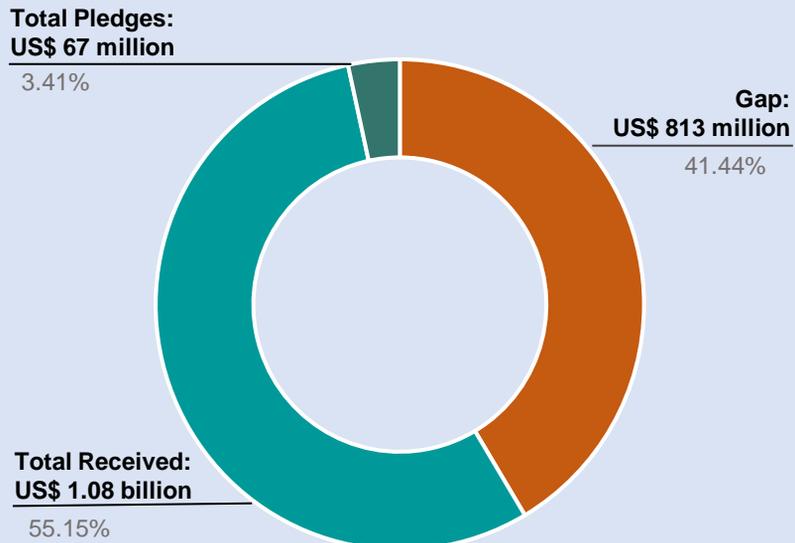
WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 28 September 2021, WHO has received US\$ 1.08 billion out of the 1.9 billion total requirement. **A funding shortfall of 45% remains at the close of the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 5.5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 28 September 2021



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

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

COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 1: Proportion of flexible funding received by WHO for SPRP 2021 (SPRP budget: US\$ 1.96B, as of 28 September 2021 for quarter 3 / 2021) ^a	N/A	8.0%	5.5%	30%
As of 28 September, only 5.5% of the total funding received by WHO for SPRP 2021 is flexible. This is a decrease from the 30% flexible funding that was received for SPRP 2020 and the current target for 2021.				
Pillar 3: Proportion of countries ^b testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^c , as of epidemiological week 37 2021) ^d	22% (n=15) ^e	58% (n=40)	54% (n=37)	50%
This week (epidemiological week 37), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 37 (54%) have timely reported COVID-19 data. An additional 15 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 3: Number of countries ^b that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, as of Quarter 3 / 2021) ^f	n=59 ^g	69	71	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 4 October) ^d	0 ^h	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 4 October) ^d	0 ^h	5 924 819 985	6 188 903 420	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 4 October) ^d	0 ^h	43.3% (n=3.37 billion)	45.3% (n=3.52 billion)	N/A

^a Quarterly reported indicator

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

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

^d Weekly reported indicator

^e Baseline for epidemiological week for southern hemisphere season

^f Quarterly reported indicator

^g Baseline as of 31 December 2020

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

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



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:





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

- Approaches to determining waning COVID-19 vaccine effectiveness
- SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs

News

- For the new Science in 5: Air Pollution & COVID-19 on YouTube, click [here](#).
- The Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings has developed a new book titled 'My Hero is You 2021: How kids can hope with COVID-19', a sequel to the successful 'My Hero is You: How kids can fight COVID-19!'. Both books have been a collaboration of 60 organizations including WHO; read more about the new book [here](#) or download it [here](#).

Weekly Operational Update on COVID-19

12 October 2021

Issue No. 75



As of 12 October 2021

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

Confirmed cases

237 655 302

Confirmed deaths

4 846 981

WHO supports scale up genomic sequencing in Africa

To scale-up capacities to monitor the evolution of SARS-CoV-2, WHO and the [Africa Centres for Disease Control and Prevention](#) established an African sequencing laboratory network, which has produced over 43 000 sequencing data to date. To further augment capacities, WHO is collaborating with the South African



©AFRO

National Bioinformatics Institute (SANBI) to set up the Regional Centre of Excellence for Genomic Surveillance and Bioinformatics in Cape Town, South Africa.

“

“Genomic sequencing paves a clear path for us to track the COVID-19 virus, monitor mutations that can lead to new variants and respond effectively and in a timely manner to more infectious variants,” says Dr Nicksy Gumede-Moeletsi. “The Regional Centre will allow countries to be a step ahead of the virus.”

”

The regional centre will initially support 14 countries in Southern Africa to increase sequencing capacity before expanding to serve more countries. Since its initial operations in July, genomic sequencing activities have since quadrupled.

For more information about the regional centre and integration of routine genomic sequencing into national response strategies in the African region, 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 **57** languages



20 700 072 PCR tests shipped globally



207 026 426 medical masks shipped globally



97 051 700 gloves shipped globally



9 474 791 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



6 364 021 792 COVID-19 vaccine doses administered globally as of **12 October**

^a COVAX has shipped over **344 million** vaccines to **144 participants** as of 11 October

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

From the field:

Supporting health workers - the backbone of the COVID-19 response

After reassuring his mother that he would have personal protective equipment (PPE) which would minimize his exposure to COVID-19 and other deadly infectious viruses that are widespread in Yemen, Monther Haider, 30, began working in the Al Sadakah isolation unit of Aden's Al Sadakah hospital in April 2021.



Monther began working in the Al Sadakah isolation unit of Aden's Al Sadakah hospital in April 2021 ©EMRO

“I have been working here for almost 5 months,” he said. “In not even the past 2 months, we have received nearly 30 COVID-19 cases transferred from Al Jumhoooria hospital. Some patients were very critical and barely recovered.” He goes on to explain that “As soon as a patient is admitted we provide all necessary health care, including medicines, oxygen, antibiotics and IV (intravenous) fluids”.

WHO is partnering with the King Salman Humanitarian Aid and Relief Centre to support infectious disease prevention measures in Yemen, including COVID-19 case management and provision of medicines and other essential medical supplies to 14 isolation units across the country. Distribution of personal protective equipment (PPE) is key to protecting the lives of health workers. “I’m very happy that I have the PPE,” Monther said, recalling the promise he made to his mother. “It makes me feel much safer, so I can focus on the safety of my patients, and I can also assure my family that I am protected.”

As of 31 August 2021, 8 265 confirmed cases of COVID-19 and 3 252 associated deaths have been reported. However, this number does not reflect the reality of actual COVID-19 cases that have been under-reported and are likely much higher. Yemen’s conflict, now entering its seventh year, has led to human displacement, overcrowding, inadequate safe water and sanitation, and increased exposure to infectious and deadly diseases, including COVID 19.

Frontline health workers like Monther have shouldered a disproportionate burden of the country’s fight against these diseases. “I feel so proud to be on the frontline of this battle with COVID19, especially when I see that the patients are recovering and becoming safely healthy, and this feeling gives us the motivation to continue working and saving the lives of patients”.

For further information on health worker support, click [here](#)

From the field:

WHO/Europe supports national coordination of emergency operations through support to the establishment of Public Health Emergency Operations Centers in Armenia and Kyrgyzstan: September – October 2021

The COVID-19 pandemic has emphasized that timely information sharing, strategic coordination and efficient management of resources are critical elements of an effective response to public health emergencies.

A functioning Public Health Emergency Operations Centre or “[PHEOC](#)” plays a vital role in coordinating the response to public health threats and emergencies. During the pandemic, WHO

strengthened its support to interested European countries in building their emergency coordination and operations capacities.



Field Mission to Armenia to support the establishment of a PHEOC ©WHO EURO

Under the “Solidarity for Health Initiative” supported by the European Union, WHO/Europe deployed a team to work with the Ministry of Health of the Republic of Armenia from 18 September – 3 October 2021. The team provided technical advice and guidance to the national working group identified for the coordination, planning and establishment of a PHEOC.

Mission objectives included mapping essential functions for emergency preparedness and response and information flows for alerts and deliverables. Based on the [WHO Framework and Handbook for PHEOC](#), the team worked together with national experts to describe the core components and functions of the PHEOC and identified main strengths, challenges and follow up points. The mission was an opportunity to promote national discussion and identify the priorities going forward.

In Kyrgyzstan, following the opening of the PHEOC on 21 September 2021, WHO provided technical support to enhance the COVID-19 response through the center and, in particular, develop an integrated epidemiological platform to help strengthen early detection and timely response actions. During this month, WHO will support further efforts to finalize the PHEOC’s concept of operation and standard operating procedures, particularly for the immediate reporting or verification of unexpected events, investigation and risk assessment, media monitoring and for the deployment of rapid response teams.

WHO/Europe will continue to provide technical support to the national authorities and advocate for the development of PHEOCs as a critical public health function required to better coordinate health security actions, deliver emergency operations and provide readily available health intelligence for evidence-based decision-making.

From the field:

USAID provides US\$ 2 million to WHO and UNICEF to support COVID-19 vaccine rollout in Lao People's Democratic Republic

On 13 September, the United States Agency for International Development (USAID) announced a grant of US\$ 2 million for Lao People's Democratic Republic to help support the readiness, delivery and monitoring of COVID-19 vaccines and to enhance the country's cold chain system.



WHO and UNICEF continue to support the strengthening of the country's overall capacity to deliver safe and effective COVID-19 vaccines. USAID's support will accelerate the implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 by ensuring the health system's readiness for vaccine delivery. This funding will also be used to support the Ministry of Health in strengthening the regulations and policies for vaccine administration and safety. It will also contribute to safe vaccine distribution and waste disposal practices; improving monitoring and evaluation of COVID-19 vaccine roll-out and expansion of pre-registration via the Government's vaccination website for better documentation.

With this support, UNICEF will work on strengthening Lao People's Democratic Republic's cold chain and logistics capacity, including the operationalization of cold chain hubs in Luang Prabang, Saravanh, Savannakhet, Oudomxay, Champasak and Vientiane.

Previous assistance from USAID to UNICEF and WHO has also supported Lao People's Democratic Republic in training for frontline workers, nurses and doctors, providing medical and laboratory equipment, and reopening schools safely and helping children throughout Lao PDR continue to learn.

“USAID's funding will greatly improve our ability to accelerate and monitor the progress in rolling out COVID-19 vaccination throughout Lao PDR, especially as we work towards the achievement of our goal of 50% coverage by the end of 2021. We appreciate the comprehensive support to accelerate the delivery of life-saving COVID-19 vaccines to reach people across the country, particularly those living in more remote areas”.

Dr Bounfeng Phoummalaysith, Minister of Health

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



Pandemic learning response

Bringing global knowledge during the Covid-19 pandemic to Tetum-speaking frontline workers in Timor-Leste

The World Health Organization (WHO) is committed to making available for free the latest life-saving knowledge to those working on the frontlines every day, anywhere.

In June 2020, OpenWHO.org in collaboration with WHO's Timor-Leste Country Office created and launched its first course in the Tetum - one of the country's national languages



As the COVID-19 pandemic unfolded, the WHO Country Office Timor-Leste understood the intricacies of this new, evolving virus and its impact on populations and prioritized adapting tools to the local language.

“ Most of the training materials were only available in English. To bridge the gap, the use of Portuguese-language content as provided by OpenWHO then helped us to develop and establish an agreed upon standardized scientific terminology in Tetum. For example, before the pandemic, there was no word in Tetum for ‘contact tracing’. However, through the Portuguese training materials, we were able to successfully adapt new vocabulary and technical terminology related to COVID-19”

- Luis dos Reis,
Team Lead- Planning and Programme Management, WHO Country Office

Today, through this joint effort, out of the 38 COVID-19 topical courses available on the OpenWHO.org platform, 15 were translated into Portuguese and 10 to Tetum.

OpenWHO.org learning platform figures



Infection, prevention and control
Clinical management



COVID-19 Partners Platform



WHO Partners Platform enabling streamlined and transparent funding application processes for Vaccine Delivery Support

To support countries to rapidly and equitably scale-up COVID-19 vaccines distribution, including the rapid roll-out of COVAX-funded doses, GAVI and UNICEF have made specific funding, known as COVID-19 vaccine Delivery Support (CDS) funding, available to all Advanced Market Commitment-eligible participants until end of 2022. To support the roll-out of CDS funding and streamline an efficient application process for countries, the Partners Platform has been adapted to offer a single, central online space for countries to find, complete, and submit all applications to facilitate information sharing and ensure transparency. All CDS funding applications are reviewed on the Partners Platform.

To visualize progress of applications, the Platform also features an interactive dashboard that details of the status of the application, including any approved or disbursed funds as well as cost per category. Since the Early Access Window was opened by GAVI and UNICEF in June 2021, 83 countries submitted requests for CDS funds, of which 82 were successfully completed. In total as of 11 October, \$US 212 million of funding support to countries has been approved out of \$US 225 requested. To date, 42 percent of approved funds have been disbursed to recipients.

To support countries to cover remaining gaps in implementing their respective National Deployment and Vaccination Plans, a second round of CDS funding will open on 13 October 2021 on the platform for GAVI-managed countries. As the second round opens, the CDS Early Access Window will then be closed.

GAVI and UNICEF continue to provide technical support in the application process, including remotely. For more information, an online training session on Covid-19 Delivery Support: Everything you Need to Know About Needs-Based Applications held October 06, 2021: [French](#); [Spanish](#); [English](#) is available.

Additionally, demonstration sessions facilitated by WHO are being organized from 13-23 October: In English: Mondays, Thursdays from 1h30 to 2h00 pm Geneva time CET/(GMT+1) & in French: Tuesdays, Friday from 1h30 to 2h pm Geneva time CET/(GMT+1). [Click here to join the meeting](#)

Operations Support and Logistics

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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	42 101 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 658	385 036	8 714 500	91 470	642 300	6 950 500	2 841 695
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	9 474 791	97 051 700	2 155 813	11 580 079	207 026 426	27 097 565

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. **Personal protective equipment data are as of 1 October 2021*

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



Appeals

WHO launches the COVID-19 SPRP mid-term report

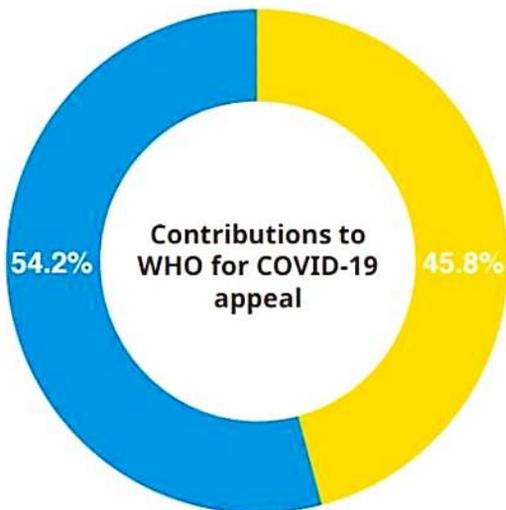
WHO has launched its COVID-19 midterm progress report, which gives a snapshot of the global scale of WHO's WHO COVID-19 preparedness and response work to put the SPRP 2021 into action from February to August 2021, and highlights some of the local impacts that the Organization has delivered for Member States. For more details, click [here](#)

WHO launches an updated appeal for urgent priorities and funding requirements

To operationalize the COVID-19 Strategic Preparedness and Response Plan (SPRP) published in February 2021, WHO appealed for US\$1.96 billion to fund its essential role in ending the acute phase of the pandemic. As of September 2021, WHO still faces a funding gap of almost US\$900 Million, this shortfall means that critical areas of the response are at risk.

[This updated appeal](#) is an urgent call for the international community, in particular our donors to fund the SPRP fully and flexibly to allow WHO to play its global role in tackling this pandemic and fulfill the mandate given to it by its Member State

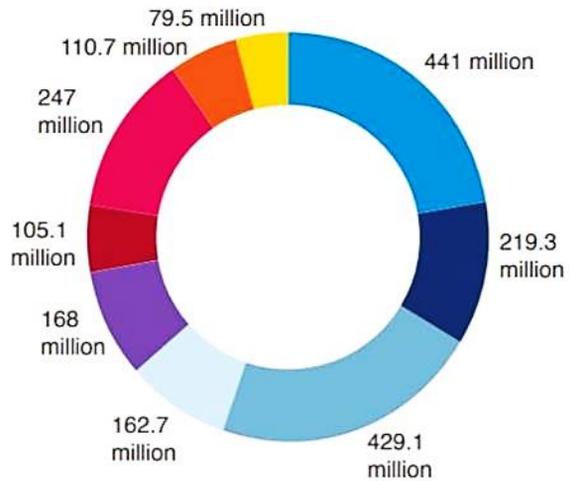
Total requirement US\$ 1.96 billion



● Total received: US\$ 1.06bn ● Gap: US\$ 898.2m

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

Total requirement by major WHO office (US\$)



● African region ● Reg. of the Americas ● Eastern Med. region
 ● European region ● South-East Asian region ● Western Pacific region
 ● Headquarters ● Global research and innovation ● Global services

COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries ^b testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^c , as of epidemiological week 37 2021) ^d	22% (n=15) ^e	54% (n=37)	52% (n=36)	50%
This week (epidemiological week 38), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 36 (52%) have timely reported COVID-19 data. An additional 19 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 11 October) ^d	0 ^h	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 12 October) ^d	0 ^h	6 188 903 420	6 364 021 792	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 12 October) ^d	0 ^h	45.3% (n=3.52 billion)	46.6% (n=3.64 billion)	N/A

^a Quarterly reported indicator

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

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

^d Weekly reported indicator

^e Baseline for epidemiological week for southern hemisphere season

^f Quarterly reported indicator

^g Baseline as of 31 December 2020

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

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



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:

<p>\$169 million</p> <p>to the World Health Organization to procure and distribute essential commodities and coordinate response.</p>	<p>\$10 million</p> <p>to CEPI to catalyze and coordinate global vaccine R&D.</p>	<p>\$10 million</p> <p>to UNHCR to protect at-risk Internally Displaced People and refugees.</p>
<p>\$10 million</p> <p>to UNICEF to support vulnerable communities in low-resource settings.</p>	<p>\$20 million</p> <p>to WFP to support the shipment of vital commodities where they are most needed.</p>	<p>\$5 million</p> <p>to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.</p>
<p>\$2.6 million</p> <p>to the World Organization of the Scout Movement to alleviate the pandemic’s negative impact on youth development.</p>		



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](#).

WHO clinical case definition

For the WHO clinical case definitions of the post COVID-19 condition, 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 5 October **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) and the geographic distribution of VOCs.

News

- This week's episode of [Science in 5 features information on the malaria vaccine](#) with Dr Pedro Alonso
- WHO highlighted the [global shortfall in investment in mental health](#) in advance of World Mental Health Day
- Latest WHO's Disease Outbreak News (DONs), click [here](#)

Weekly Operational Update on COVID-19

19 October 2021

Issue No. 76



As of 17 October 2021

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

Confirmed cases

240 014 942

Confirmed deaths

4 887 154

WHO Ghana supports ongoing COVID-19 vaccine rollout

WHO reiterated its commitment to supporting the Government of Ghana and their COVID-19 vaccine rollout by presenting 1000 digital tablets.

Presenting the items to the Ghana Health Service, Dr Sally-Ann Ohene, Disease Prevention and Control Officer at WHO Ghana Country Office said the tablets were to be used to scale up e-registration at the various vaccination centres and help reduce delays in data entry.



Dr Sally Ann Ohene DPC Officer presenting the tablets to Dr Kwame Amponsah-Achiano, EPI Manager, GHS. ©WHO Country office/Ghana

“With funding support from the Government of Canada, WHO Ghana plans to present additional 500 digital tablets to the Ghana Health Service”, Dr Ohene stated.

The Programme Manager for the Expanded Programme on Immunization (EPI) at the Ghana Health Service, Dr Kwame Amponsah-Achiano, stated that the donation of the tablets was very timely and would be deployed immediately to the field for use in the ongoing vaccination campaign.

The digital tablets are anticipated to be useful for data capturing in other health interventions beyond the COVID-19 pandemic.

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

Key Figures



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



More than **5.8 million** people registered on [OpenWHO](#) and accessing online training courses across **38** topics in **57** languages



22 427 470 PCR tests shipped globally



207 591 426 medical masks shipped globally



97 512 700 gloves shipped globally



9 576 791 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



6 542 857 318 COVID-19 vaccine doses administered globally as of 18 October

^a COVAX has shipped over **371 million** vaccines to **144** participants as of 18 October

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

From the field:

WHO/Europe supports COVID-19 response at mental health care facilities in Azerbaijan: 21 September – 8 October 2021

As World Mental Health Day was marked on 10 October, WHO recognizes that the COVID-19 pandemic has had a major impact on people's mental health.

As part of the European Union (EU) funded Solidarity for Health Initiative, WHO Azerbaijan Country Office and WHO Health Emergency Programme's South Caucasus Hub experts assessed infection prevention control (IPC) and COVID-19 case management capacities at the two largest mental health facilities in the country: the Republican Psychiatric Hospital No. 1 under the Ministry of Health and the Psycho-Neurological Social Service Facility No. 1 under Ministry of Labor and Social Affairs.



The assessment aimed to understand areas where COVID-19 has impacted the daily lives of patients, to identify a means to provide support for the implementation of infection prevention control measures, to identify and manage individuals with COVID-19, and to further support long-term care facilities to access other health services when needed.

From 1 September 2021, the EU-WHO project has deployed 3 psychologists and 3 social workers for 6 months to the abovementioned facilities to boost capacities to cope with the impact of the pandemic. The deployed specialists are providing mental health and psycho-social support capacity building for healthcare workers in these facilities.

The EU Solidarity for Health Initiative, in collaboration with WHO, will continue supporting long-term mental health care facilities in the context of COVID-19 by strengthening response capabilities and by providing the supplies required to help prevent the spread of infections, such as hand hygiene stations, hand sanitizers, and informative posters.

From the field:

Samoa's two-day vaccination campaign helps to boost coverage

From 23–24 September 2021, the Samoa Ministry of Health implemented a two-day lockdown in order to mount its nationwide COVID-19 vaccination campaign. As of 28 September 2021, 94.4% of its eligible population had received their first dose and 52.4% their second dose.

The campaign increased the overall number of vaccinated persons by 12% and 10% for first and second doses of the COVID-19 vaccine, respectively. Samoa is moving steadily toward achieving its vaccination coverage goal of 95-100% of the eligible population by 30 November 2021, using vaccines from the COVAX Facility, the Government of Japan through the COVAX Facility and bilateral donations from the Government of Australia.



WHO and MOH partnering during lockdown. Dr Baoping (Officer-in-Charge, WHO Samoa) and Leausa Dr Take Neseri (Director General, MOH, Samoa) discussing the vaccination roll-out on their way to the field. ©WHO Country office/Samoa

Additional doses are expected in October 2021 from the Government of New Zealand through the COVAX Facility.

Scores of leaders supported the vaccination effort including government ministers, chief executive officers and assistant chief executive officers from various ministries, NGOs, village mayors, matais (chiefs) and women's committees, church leaders and personnel from WHO, UNICEF and the United Nations Development Programme (UNDP). They visited vaccination sites, communities, community and residential fales (homes and meeting venues) and halls, and district hospitals to encourage members of the public to get vaccinated.

Dr Baoping Yang, Officer-in-Charge, WHO Samoa Country Office visited communities, vaccination sites and supported the vaccination effort in general on both days of the lockdown with MOH teams and other government officials.

“The WHO stands with the government and people of Samoa and calls on everyone who is eligible to get vaccinated as soon as it is their turn. I'd like to encourage everyone to get the facts on the vaccine to overcome concerns and misinformation and continue to “Do it all”: cover your coughs and sneezes; clean your hands regularly; avoid crowds, closed spaces, close contacts; and mask-up and get vaccinated”.

Dr Baoping Yang, Officer-in-Charge, WHO Samoa Country

From the field:

PAHO/WHO Belize donate IT equipment and supplies for vaccine safety surveillance to the Karl Heusner Memorial Hospital, the PAHO/WHO selected sentinel hospital

PAHO/WHO continues to support the Karl Heusner Memorial Hospital (KMH) with the latest donation of IT equipment and office supplies to strengthen existing surveillance activities as part of ensuring COVID-19 vaccine safety.

Due to the vast increase in COVID-19 vaccine administration, on both global and national scales, it is imperative to promote safe vaccines and safe vaccination procedures which will ultimately decrease health risks. Thus, monitoring the effects of the vaccines on the population will help prevent unnecessary health risks while maintaining trust in vaccination.



In January 2021, PAHO/WHO conducted a regional survey to evaluate the capacities of potential hospitals for COVID-19 vaccines. Based on the response submitted by the KMH, in May 2021, the hospital was selected as part of the Sentinel Hospital for the Surveillance of AESI (Adverse Event of Special Interest) and AEFIS (Adverse Event Following Immunization) for COVID-19 Vaccines.

As a sentinel hospital, it plays an important role in the surveillance system of the country, particularly in its ability to timely detect and notify ESAVI (Events Supposedly Attributable to Vaccination or Immunization) and AESI through passive, stimulated, or active surveillance. With the donated IT equipment and office supplies, KMH will be able to set up an ESAVI Situation Room to conduct proper vaccine safety surveillance in Belize, in collaboration with the Ministry of Health and Wellness which received the same donation for its own ESAVI Situation Room three weeks earlier. The office supplies and IT equipment included, amongst other miscellaneous stationery items, for use by the ESAVI Situation Room at the Karl Heusner Memorial Hospital: 1 laptop computer, 1 monitor with HDMI Port, 1 tablet with SIM, 1 printer and cartridges, 1 uninterruptible power supply (UPS) or battery backup, 1 Microsoft Office subscription license for a year, and office supplies and stationery items.

“This donation will be used to help with the continuous collection of data from COVID patients and their vaccination status to track any possible side effects of vaccines and to track the number of cases,” said Dr. Selma Bermudez, Epidemiologist at KMH.

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



World Health Organization

REVIEWING THE COVID-19 RESPONSE IN SOMALIA: HIGHLIGHTS OF THE WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN'S RECENT MISSION

From 26-30 September, six experts from the WHO Regional Office of the Eastern Mediterranean traveled to Somalia, with six additional colleagues connecting virtually, to review the national and subnational COVID-19 response through nine priority areas of the response, expanding a typical Intra-Action Review (IAR). During this mission, the team noted significant success regarding oxygen scale-up, notable progress on laboratory diagnostics, and potential opportunities regarding vaccination; all benefiting health beyond the COVID-19 response with WHO support.

Counting every breath: increasing access to sustainable medical oxygen supply

Prior to the COVID-19 pandemic, only 20% of Somalia's public hospitals had at least one medical oxygen source, despite it being an essential medicine for safe surgery, trauma care, maternal and childcare and many other medical conditions. This critical gap was exacerbated by COVID-19.

To overcome Somalia's challenge in establishing a sustainable oxygen supply, WHO acted quickly to procure medical oxygen in different formats. In addition to providing a surge supply of oxygen cylinders and other oxygen accessories, WHO procured a Pressure Swing Adsorption (PSA) oxygen plant and innovative solar-powered oxygen concentrators. WHO also supported a multi-disciplinary approach to the oxygen scale-up including clinical training and biomedical technical support. The first duplex containerized PSA oxygen plant procured by the WHO Country Office now runs in the De Martino Public Hospital in Mogadishu, one solar-powered oxygen concentrator was installed in the Hanano General Hospital in Dhusamareb (Galmudug State), and the other two units will be installed in Jubaland State and Southwest regional hospitals to support access to treatment across the nation.



Neonatal patient having benefitted from oxygen therapy, and his mother, met by mission members during the visit of Hanano Hospital, Dhusamareb (Galmudug State), 28 September 2021.

In a low-resource setting like Somalia with frequent power outages and referral challenges, the uninterrupted and timely oxygen supply available from the PSA plant and solar-powered systems can be lifesaving for patients requiring oxygen treatment and already benefits many patients beyond COVID-19.

CONTINUED: REVIEWING THE COVID-19 RESPONSE IN SOMALIA: HIGHLIGHTS OF THE WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN'S RECENT MISSION**Building COVID-19 laboratory testing capacity from scratch**

At the beginning of the COVID-19 pandemic, Somalia had no polymerase chain reaction (PCR) testing capacity. In April 2020, the Federal Ministry of Health and Human Services (FMOH) established three PCR laboratories in Banadir, Puntland, and Somaliland, with WHO support. With further WHO support in laboratory supplies, staff, and training, the testing capacity was expanded to 10 laboratories in both public and private sectors; WHO Somalia is currently working on establishing PCR capacity in the national laboratories of the four remaining states.

In addition, SARS-CoV-2 antigen rapid diagnostic tests (Ag-RDT) have been deployed across the country, giving access to testing to populations who previously had none. WHO Somalia has developed the Ag-RDT testing protocol alongside laboratory training provided to health care workers.

The progress in laboratory diagnostics is an opportunity to leverage the existing COVID-19 PCR laboratory network to detect and respond to diseases beyond COVID-19. With the support of WHO Somalia, the FMOH established Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance, supported by influenza testing, in the country's three reference laboratories.

The Janssen vaccine: A potential game changer for COVID-19 vaccination in Somalia

Somalia initially received vaccines through the COVAX facility in March 2021, yet as of 30 September 2021, vaccination coverage in the country has remained very low, at 3.3%, with 1.6% of the population fully vaccinated and 1.8%

partially vaccinated despite significant efforts and WHO support from training to demand generation and more.

In August 2021, the United States of America (USA) donated 302,000 doses of the one-dose Janssen vaccine through the COVAX facility, and in October 2021, the USA government and USAID announced the upcoming shipment of 336,000 doses of this vaccine.

One recommendation from the review is to scale up vaccination, in particular to a larger geographical area to reach more people; further deployment of the Janssen vaccine could increase access for those living in areas with security concerns and overcome the challenge of follow-up with about 26% of the population in Somalia living a nomadic lifestyle.

WHO will continue supporting Somalia in their COVID-19 response and for sustainable health system gains that will impact beyond the COVID-19 pandemic.



A laboratory technician conducting PCR testing at the National Public Health Reference Laboratory in Mogadishu. ©WHO EMRO



Vaccination center visit, De Martino Hospital, Mogadishu on 27 September 2021, as part of the WHO Regional Office of the Eastern Mediterranean's mission to Somalia to review the COVID-19 response. ©WHO EMRO

From the field:

Six in seven COVID-19 infections go undetected in Africa

A new assessment by WHO shows that only 14.2% COVID-19 infections are being detected in Africa. To reverse that trend and curb transmission, the WHO Regional Office for Africa today announced a new initiative to enhance community screening for COVID-19 in eight countries, aiming to reach more than 7 million people with rapid diagnostic tests in the next year.

The WHO analysis used the COVID-19 calculator developed by Resolve to Save Lives which estimates infections based on reported number of cases and deaths and an infection fatality rate grounded in population-based studies. It estimated that as of 10 October 2021 the cumulative number of COVID-19 infections to be 59 million in Africa, seven times more than the cases reported.



With limited testing, we're still flying blind in far too many communities in Africa... More testing means rapid isolation, less transmission and more lives saved through targeted action



- Dr Matshidiso Moeti, WHO Regional Director for Africa

WHO has disbursed US\$ 1.8 million to eight participating countries: Burundi, Cote d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Mozambique, Republic of the Congo, Senegal and Zambia.

WHO will support countries in active case finding by deploying teams in local communities to seek out possible contacts of people who have tested positive for the SARS-CoV-2 virus and offer antigen rapid diagnostic tests. The initiative will use a "ring strategy" to target people living inside a circle of 100 metres radius around each new confirmed case to prevent further spread of the disease. Additionally, each household within the 100 metres radius will receive hygiene kits including face masks and hand sanitizers; anyone who tests positive will be assessed for the severity of their condition to determine whether they should receive home-based care or transferred to designated COVID-19 treatment centres.

The programme aims to increase the testing capacity in each participating country by 40%, ensuring they reach the WHO recommended benchmark of 10 tests performed per 10 000 people weekly.

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



Pandemic learning response

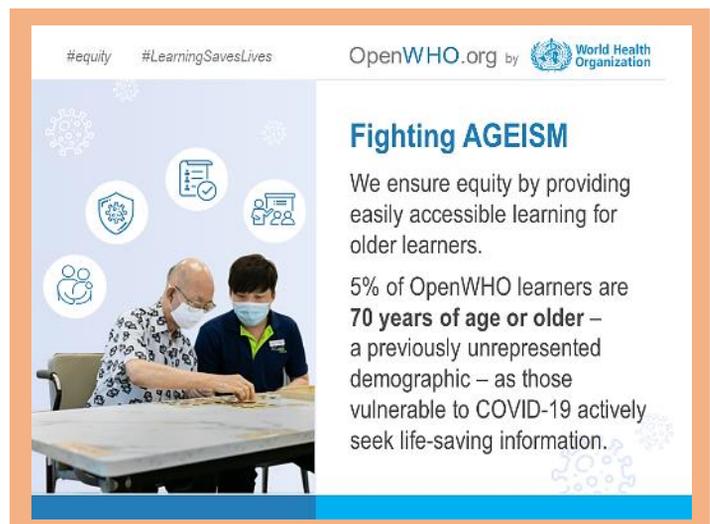
OpenWHO user trends shift to serve new demographics during the pandemic

The COVID-19 pandemic has equalized the use of OpenWHO by gender. Prior to the pandemic, women represented 40% of platform learners, while men represented 60%; during the pandemic, the proportion of women participating in online learning on OpenWHO grew to 51%, slightly overtaking male learners (49%). The percentage of users identifying their gender as 'other' also increased from 0.08% to 0.15%. In courses on topics other than COVID-19, female learners provided fewer enrolments (43%).

Completion rates on OpenWHO have increased from 39% to a platform average of 54% platform during the pandemic. The platform has also expanded its reach to older and younger user groups. The age bracket of 70 years and older rose from 0% to 4.6% of learners, and users under 20 years have grown from 1.3% to 9.8%.

During the pandemic, enrolments from the WHO African Region have decreased from 23.1% to 8.6% of total enrolments, as interest in COVID-19 courses globally has outpaced courses addressing other, more regionalized outbreaks. Meanwhile, COVID-19 courses are both the most popular and have increased enrolments in the Southeast Asian (36%) and American (26%) regions.

When platform use is assessed based on countries' classification by income level from the World Bank, additional shifts during the pandemic can be observed. Middle-income countries now dominate as the largest percentage of users (rising from 40.2% to 70.6% of total enrolments).



OpenWHO.org learning platform figures



As of 12 October 2021

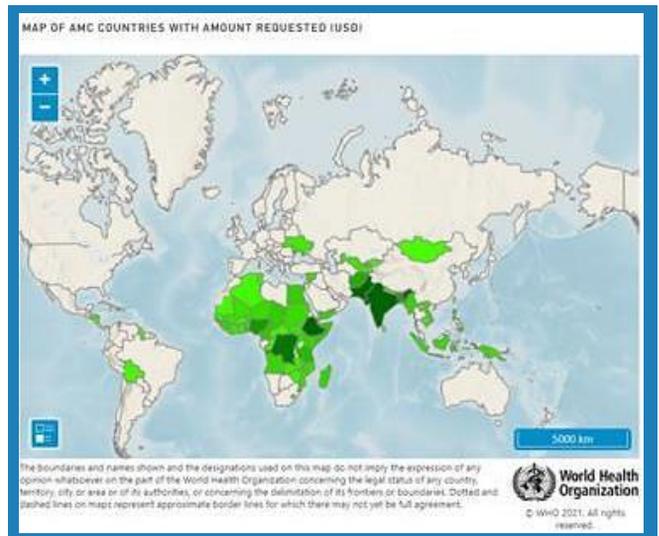
COVID-19 Partners Platform



As COVAX seeks to support countries to rapidly and equitably scale-up COVID-19 vaccines, GAVI and UNICEF provided an Early Window funding opportunity to all eligible Advanced Market Countries (AMC) COVAX participants to support rapidly expanding capacity for delivering COVAX-funded doses from 1 July to 13 October 2021 on the Partners Platform.

Those who wish to learn more about progress of applications can access the Platform's interactive CDS dashboard, which details current status, the amounts of approved or disbursed funds, and the amounts requested per category.

To date, 83 out of 89 eligible participants have submitted requests for CDS early window funds, all of which have already passed the quality check process. In total, US\$ 212 million of funding support to participants has been approved out of the US\$ 225 million requested (or 94%). Additionally, to date, 46% of approved funds have been disbursed to recipients.



The CDS early window funding succeeded as a means to assure rapid disbursement of funds to enable participants to rapidly deliver COVID-19 vaccines. The average number of days between submission and approval was 6.2 and 7.7 days between approval and disbursement.

The Platform's dashboard also provides an overview of how these funds are planned to be used in nine categories from COVID-19 National Deployment and Vaccination Plans (NDVPs). Globally, the three highest totals of requested cost by category of estimated cost are for vaccinators, vaccination delivery, and data management (inclusive of monitoring and evaluation and oversight). When broken down by WHO Region, however, needs differ; for example, the European and South-East Asian Regions' funds are primarily planned to strengthen data management, whereas Eastern Mediterranean participants plan to primarily use these funds for cold chain investment.

Operations Support and Logistics

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

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

The table below reflects WHO and PAHO-procured items that have been shipped as of 18 October 2021.

Shipped items as of 18 October 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 303 570	1 571 550	2 209 684	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
Americas (AMR)	939 092	18 414 325	11 187 308	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 639 520	2 285 875	2 844 128	1 606 585	16 835 000	348 080	3 119 722	32 987 550	2 478 695
Europe (EUR)	937 180	1 264 200	673 524	1 913 220	28 195 900	627 860	3 321 548	42 666 500	7 682 950
South East Asia (SEAR)	3 790 800	4 657 250	2 967 602	385 036	8 710 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 736 650	132 650	2 545 224	777 100	3 434 000	311 427	488 210	15 008 146	3 206 035
TOTAL	15 346 812	28 325 850	22 427 470	9 576 791	97 512 700	2 155 313	11 581 579	207 591 426	27 580 965

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 15 October 2021*



Appeals

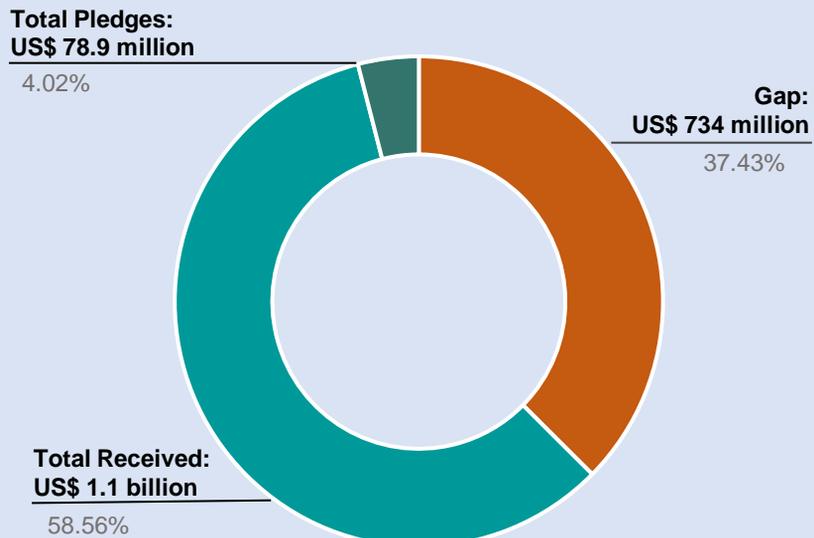
WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 12 October 2021, WHO has received US\$ 1.1 billion out of the 1.9 billion total requirement. **A funding shortfall of 41% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

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

Contributions to WHO for COVID-19 appeal

Data as of 12 October 2021



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

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

COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , as of epidemiological week 39 2021) ^c	22% (n=15) ^d	52% (n=36)	No change	50%
This week (epidemiological week 39), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 36 (52%) 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 18 October) ^c	0 ^f	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 18 October) ^c	0 ^f	6 364 021 792	6 542 857 318	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 18 October) ^c	0 ^f	46.6% (n=3.64 billion)	47.6% (n=3.7 billion)	N/A

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

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

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Quarterly 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 10 October 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 256 million from more than 675 704 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\$ 256 Million



675 704 donors

[individuals – companies – philanthropies]

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

<p>\$169 million</p> <p>to the World Health Organization to procure and distribute essential commodities and coordinate response.</p>	<p>\$10 million</p> <p>to CEPI to catalyze and coordinate global vaccine R&D.</p>	<p>\$10 million</p> <p>to UNHCR to protect at-risk Internally Displaced People and refugees.</p>
<p>\$10 million</p> <p>to UNICEF to support vulnerable communities in low-resource settings.</p>	<p>\$20 million</p> <p>to WFP to support the shipment of vital commodities where they are most needed.</p>	<p>\$5 million</p> <p>to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.</p>
<p>\$2.6 million</p> <p>to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.</p>		



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

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For more information on
COVID-19 regional
response:



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

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

An update on SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta along with their geographical distribution.

News

- Click [here](#) for the interim statement on booster doses for COVID-19 vaccination.
- Click [here](#) for the announcement on proposed members of the WHO Scientific Advisory Group for the Origins of Novel Pathogens (SAGO).
- Click [here](#) for more on WHO, UN setting out steps to meet the world COVID-19 vaccination targets.

Weekly Operational Update on COVID-19

25 October 2021

Issue No. 77



As of 24 October 2021

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

Confirmed cases

243 006 693

Confirmed deaths

4 937 199

Rapid Response Mobile Laboratory (RRML/GOARN) initiative strengthens international RRML deployment capabilities

RRMLs are a core component of the Global Outbreak Alert and Response Network (GOARN) and have been deployed to a range of challenges globally, including outbreaks of Ebola virus disease, Marburg, yellow fever, plague and now for COVID-19. They support national public

health structures during health emergencies by providing support and surge capacity during peak demands on health systems.

In support of the RRML initiative, the Regional Office for Europe (EURO), with support from WHO Headquarters, developed a RRML simulation exercise programme for 2021-2022, which [launched in September](#) with a three-day virtual tabletop exercise. This programme aims to strengthen response capacities and support workforce development, through establishing, standardizing and testing the technical processes required for emergency RRML deployments.

The first international functional exercise for RRMLs was led by WHO EURO from 5 to 7 October 2021, with significant contributions from GOARN partners and the WHO Country Office in Russia¹. During the exercise 30 participants applied RRML deployment procedures and tested newly developed minimum operational standards against a fictitious outbreak scenario in “GlobalLand”.



WHO EURO facilitates the virtual functional exercise for RRMLs ©WHO EURO

Key Figures



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



More than **5.8 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



20 932 672 PCR tests shipped globally



207 591 426 medical masks shipped globally



97 512 700 gloves shipped globally



9 576 791 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



6 697 607 393 COVID-19 vaccine doses administered globally as of 25 October

^a COVAX has shipped over **406 million** vaccines to **144 participants** as of 25 October

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

continued on next page ...

From the field: *continued*

Participants included RRML teams from different institutions and countries including Belgium, France, Germany, Poland, Russian Federation, Spain, and the United Kingdom of Great Britain and Northern Ireland. Simulation exercises are a key capacity building activity within the RRML initiative, bringing partners together to improve outbreak preparedness and response by enhancing the predictability, quality, and interoperability of the lab as part of a wider response.

Following the functional exercise, these components were tested during a **field exercise for RRMLs hosted by the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) in Kazan, Russian Federation**, between the 11 to 15 October. This was the first RRML simulation to be led by a Member State as part of the RRML SimEx programme, building on the outcomes of the previous RRML exercises, using the same fictitious country and scenario.

Over 150 participants from RRML teams travelled to Kazan with their mobile labs to deploy in a field scenario from B-LIFE, EMLab, Institut Pasteur and Rospotrebnadzor, with individuals from across the Commonwealth of Independent States (CIS).

In 2022, the RRML exercise programme will continue with operational based drills and a full-scale field exercise. Next steps include scaling up the RRML initiative from the European region to the global level and engaging partners through GOARN for the purpose of epidemic and pandemic preparedness and response.



Peer to peer learning in a type 2 RRML ©WHO EURO



Demonstration of personnel emergency evacuation by Rospotrebnadzor experts ©WHO EURO



EMLab experts apply minimum operational standard of RRMLs ©WHO EURO

“The COVID 19 pandemic has taught us that when it comes to health, we can never be too prepared. It is imperative to continue working together as a global community to strengthen the emergency preparedness and response capacities of WHO Member States, for we cannot afford to make the same mistakes when the next health emergency strikes.”

- Dr Hans Kluge, WHO Regional Director for the European Region

“This support will contribute to building strong response capacities for the future of global public health and allow us to build back better after the COVID-19 pandemic.”

- Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme

From the field:

PAHO and US Centers for Disease Control and Prevention Partner to Bolster COVID-19 Response in Jamaica

PAHO and the United States of America's Centers for Disease Control and Prevention (CDC) partnered to deliver the first in a series of donations, as part of a US\$1 000 000 (J\$ 147 344 000) CDC grant to strengthen the COVID-19 response. In a handover ceremony on 7 October 2021, Ian Stein, PAHO/WHO Representative to Jamaica, Bermuda and the Cayman Islands and John McIntyre, Chargé d'Affaires at the Embassy of the United States of America in Jamaica, delivered emergency response



equipment and supplies, valued at J\$ 32 556 540 to the Hon. Juliet Cuthbert Flynn, State Minister in the Ministry of Health and Wellness (MOHW).

The MOHW received a 16-seater Minibus for transporting rapid response and contact tracing teams to support COVID-19 containment measures. Donated sampling and laboratory supplies included: 80 GeneXpert kits to test for SARS-CoV-2, 7500 bottles of Universal Transport Medium, 15 000 swabs for sampling, and 39 700 nitrile gloves. Communication equipment for contact tracers included: 6 satellite phones, 30 Very High Frequency (VHF) radios, 70 cellular phones and 10 laptops.

Ian Stein remarked at the ceremony: “The pervasive impact of the COVID-19 pandemic has highlighted the importance of collaboration on multiple levels to support national health responses. In this instance, the collaboration between the CDC and PAHO to procure lifesaving equipment to support the work of the Ministry of Health and Wellness will redound to improved management of the pandemic response”.

While accepting the donation on behalf of the Government of Jamaica, Hon. Juliet Cuthbert-Flynn, Minister of State, Ministry of Health & Wellness noted that “This sort of collaborative effort from the CDC and PAHO/WHO is an example of the kind we need to see to work together to get through these challenging times. These acts, such as those demonstrated today, tell our nation that our international partners care. If there’s one thing we can all agree on–this pandemic has taught us that we need support; we need each other.”

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

From the field:

Leveraging polio campaign to integrate COVID-19 vaccination in Nigeria

Bassey Eyo, a mother of three, living in Cross River State travelled 5 miles to get to Big Qua town with the hope of accessing both vaccines. “I am happy that I had the opportunity to receive the COVID 19 vaccination and polio vaccine for my eligible child within the same health facility. We do not have access to the services in the village where my family lives. It was my husband who directed me to Big Qua Town (his hometown). I received the COVID-19 vaccine, and my child got his polio vaccination, and we are both doing well,” she said.

Nigeria is combating the Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2), and as a result, necessitated sustained nOPV2 vaccination across the country. To encourage the uptake of COVID-19 vaccination, the Cross River State Government, with support from the WHO, leveraged the polio vaccination campaign by integrating with COVID-19 vaccinations across health centers.

The Cross River State Government, supported by partners, implemented a four-days outbreak response (OBR) for eligible children (0-59 months) alongside COVID-19 vaccination from 2 to 5 October 2021.



Cross Rivers State Commissioner of Health, Dr Betta Edu, starting the vaccination campaign ©WHO Country Office Nigeria

Target reach was 887 162 children for the nOPV2 vaccine across 18 Local Government Areas (LGAs). By the campaign close, 926 732 children received the nOPV2 vaccine, and 124 524 and 59 843 eligible persons received the first and the second dose of COVID 19 vaccines respectively, surpassing the target.

“We are currently responding to COVID-19 outbreak, and we would not like to combat any other vaccine-preventable diseases. We have introduced the high impact interventions to bridge existing vaccination gaps, and we encourage eligible persons to present themselves for vaccination.”

- The Director-General of Cross River State Primary Health Care Development Agency, Dr Janet Ekpenyong

Representing the WHO Acting State Coordinator, Dr Biniam Getachew reiterated the importance of routine immunization, a key part of essential health services, to interrupt vaccine-preventable diseases and said, “WHO will continue to provide the necessary support to scale up provision of integrated service delivery towards the achievement of Universal Health Coverage.”

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

From the field:

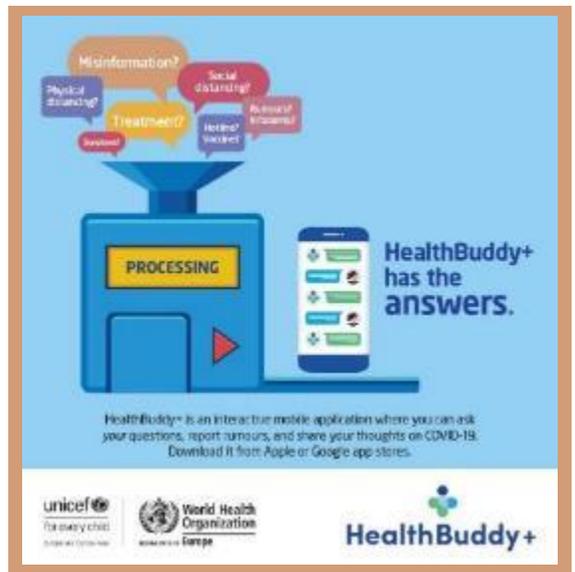
HealthBuddy+ in Bulgaria: innovative COVID-19 chatbot supports mental health during the pandemic

COVID-19-related misinformation has had a direct negative impact on people's health, leading to uptake of false cures, damage to trust in health institutions and responders, and vaccine hesitancy which can have a strong impact on people's mental health and wellbeing.

[HealthBuddy+](#) launched online in May 2020 by WHO/Europe and UNICEF European and Central Asian Regional Office to help debunk false claims about the virus, to support the dissemination of truthful information and to provide easily accessible information among the overwhelming amount of news and information generally.

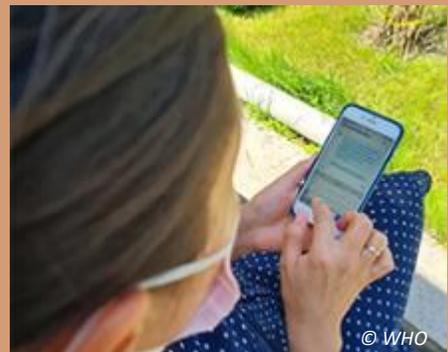
Since its launch, the tool has been adapted for use as a mobile application (available as [iOS](#) and [Android](#) versions from October 2020) and is available in 20 languages, including Bulgarian.

At the Bulgarian launch, the WHO Country Office outlined some of the benefits of HealthBuddy+ as a strong evidence-based tool for the sharing of important messages in an interactive and friendly manner.



Highlighting some longer-term advantages, Ivaylo Spasov, Communication for Social Change Officer at UNICEF Bulgaria and HealthBuddy+ implementer, said:

“It is serving an immediate crisis intervention role, but will have even greater impact if it becomes a trusted companion in the long run, a sustainable hub for health literacy and mental health beyond the COVID-19 crisis.”



In Bulgaria, the HealthBuddy+ app has been downloaded over 8000 times and generated 500 user questions. In total, over 300 000 chatbot users have registered, generating over 3 million interactions with the bot. Anonymized user data is accessible to WHO and UNICEF Country Offices for sharing with health authorities and partners, giving insight into the public's priority information needs, responses to the app's polls, and a list of user-submitted rumours and misinformation.

In addition to the web and mobile applications, the chatbot has already been embedded in 15 websites of national health authorities (e.g. [Romania's Ministry of Health](#)) and been used by other COVID-19 response partners and stakeholders in [mass media](#), [patient portals](#) and more.



Pandemic learning response

Online courses support rollout of Go.Data outbreak investigation tool

WHO and partners in the Global Outbreak Alert and Response Network (GOARN) expanded the rollout of an outbreak investigation and contact tracing tool during the COVID-19 pandemic with the support of online learning. Known as Go.Data, the platform focuses on case and contact data, including laboratory data, hospitalizations and other variables collected through investigation forms. Go.Data generates contact follow-up lists and provides functionality to visualize chains of transmission.



Léa Kanyere, a contact tracer, from Mabolio District of Beni, Democratic Republic of the Congo, is one of the first to be trained to use the Go.Data app. ©WHO AFRO

Global Go.Data rollout started at the beginning of 2019 with deployments to Bangladesh, Uganda, and the Democratic Republic of the Congo for multiple types of disease outbreaks. Beginning in 2020, global implementation efforts were affected by pandemic response, with the Go.Data team supporting over 60 implementation projects worldwide at the national, sub-national and institutional levels as SARS-CoV-2 implementation projects scaled up.

To support global Go.Data rollout and implementation, WHO developed two sets of online training resources and made them available on the [OpenWHO Go.Data channel](#):

- **Go.Data Online Training:** A 1.5 hour training which serves as a starting point for all users to obtain essential knowledge on Go.Data, including its features and functionalities; available in English, Spanish, Mongolian and Ukrainian, with 115 000 enrolments.
- **Go.Data How-to Tutorials:** These short 3 to 10 minute videos provide an overview and instructions on how to perform key functionalities in Go.Data; available in Arabic, English, French and Spanish, with more than 800 enrolments.

Go.Data global rollout efforts are defined by **collaboration** across multiple departments in WHO headquarters, regional and country offices and GOARN partner institutions, and provides a **versatile, innovative and fit-for-purpose** approach with quick adaptation to country-specific environments and needs.

OpenWHO.org learning platform figures



COVID-19 Preparedness

Intra-Action Review (IAR) for course correction and refinement of current COVID-19 response strategies in Kosovo^[1]



WHO Europe conducted a COVID-19 Intra-Action Review (IAR) in Kosovo^[1] between 5-8 October 2021. The main objective of the IAR was to provide an opportunity to share experiences, collectively analyze and systematically document the ongoing response to COVID-19 by identifying challenges and best practices, with the aim of identifying priority actions.

The activity was financially supported by the EU Western Balkan Project whose aim is to strengthen and maintain all-hazard preparedness and response capacities in the Western Balkan region. Technical support was also provided by the Robert Koch Institute.



The response pillar selection (on seven areas ranging from case management and infection prevention and control (IPC) to surveillance and public health and social measures) was based on priority needs and the review process was supported by a number of background documents including earlier assessment and capacity building missions.

The comprehensive review approach undertaken also offered an opportunity to review preparedness and response functions in general, resulting in long-term priority actions that can feed into generic health system strengthening and capacity building activities beyond COVID-19.

Thirteen cross-cutting short- and long-term recommendations were identified including investing in the sustainability of human resources and the developed technical capacities during the pandemic, the revision of communicable disease legislation and the harmonisation and digitalisation of health information systems. The outcomes of the IAR include immediate and long-term recommendations which were then presented to the donors' community by participating health authorities.

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

COVID-19 Partners Platform



In collaboration with [WHO's Partners Platform](#), Gavi is offering new COVID-19 Vaccine Delivery Support (CDS) funding opportunities to a number of countries, in anticipation of a rapid scale-up of vaccines through the COVAX facility and other sources through late 2021 and early 2022.

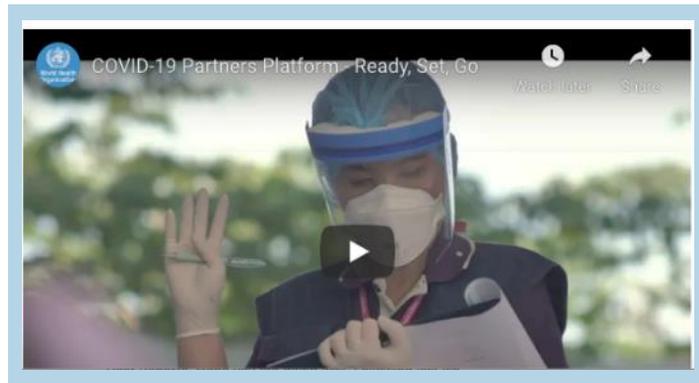
Representing a US\$ 400 million window of support, the funding will be made available through two pathways: a full-request pathway to cover gaps in comprehensive national plans in order to reach coverage targets through 2022 and a short-term pathway to provide funding for emerging urgent delivery needs that place COVAX doses at risk of expiry.

The first deadline for full-request applications is 8 November 2021. Countries may apply until 3 February 2022 for full-request funding, with funds available for disbursement until December 2022 (subsequent deadlines will be communicated early November). Applications for short-term funding can be made at any time as urgent gaps emerge. Countries are encouraged to apply as soon as the new funding window opens to assure timely disbursement of funds.

All 92 Advance Market Commitment (AMC) economies that are confirmed participants in COVAX are eligible to receive additional support via the CDS needs-based funding window, with priority given to the Gavi 57 eligible countries. Those 57 countries - in addition to Angola, Indonesia, Timor-Leste, and Viet Nam - will be able to access support directly from Gavi. Remaining AMC participants will be able to access support through UNICEF.

The CDS needs-based funding opportunities for participants are available based on relative need and are designed to complement support from domestic actors, other bilateral and multilateral donors, and development banks to fill the most critical vaccine funding gaps. The funding seeks to promote vaccine equity within countries and encourages prioritisation of target population groups identified in countries' National Deployment and Vaccination Plans (NDVPs).

Application materials and supporting documents can be submitted through WHO's Partners Platform.



Operations Support and Logistics

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

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

The table below reflects WHO and PAHO-procured items that have been shipped as of 18 October 2021.

Shipped items as of 18 October 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 095 425	1 442 550	2 395 710	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
Americas (AMR)	1 446 132	18 177 275	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	2 195 883	2 445 930	1 606 585	16 835 000	348 080	3 119 722	32 987 550	2 478 695
Europe (EUR)	849 600	1 204 200	679 080	1 913 220	28 195 900	627 860	3 321 548	42 666 500	7 682 950
South East Asia (SEAR)	3 630 800	4 505 040	3 002 618	385 036	8 710 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 221 842	777 100	3 434 000	311 427	488 210	15 008 146	3 206 035
TOTAL	14 037 977	27 705 598	20 932 672	9 576 791	97 512 700	2 155 313	11 581 579	207 591 426	27 580 965

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 19 October 2021*

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

Appeals

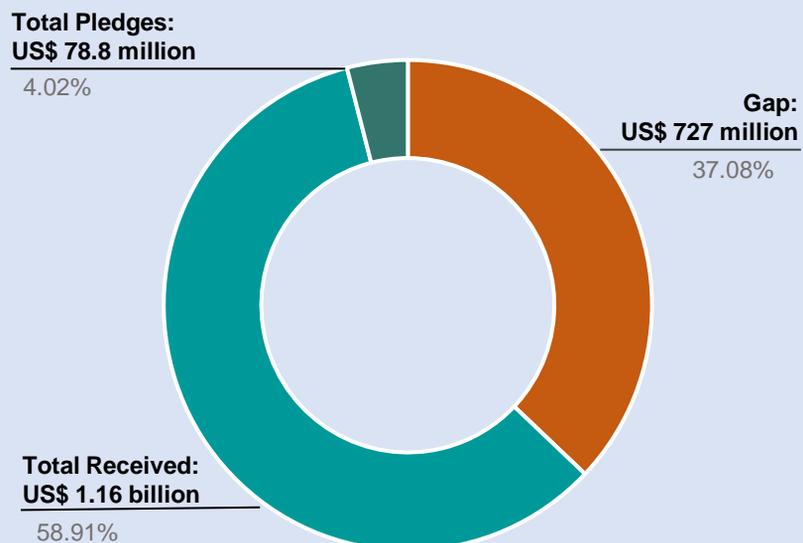
WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 19 October 2021, WHO has received US\$ 1.16 billion out of the 1.9 billion total requirement. **A funding shortfall of 41.1% remains during the fourth quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

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

Contributions to WHO for COVID-19 appeal

Data as of 19 October 2021



A [mid-year report on SPRP 2021](#) is now available, 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 status of funding raised for WHO against the SPRP can be found [here](#).

COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 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 40 2021) ^c	22% (n=15) ^d	52% (n=36)	48% (n=60)	50%
This week (epidemiological week 40), of the 126 countries expected to report globally, 60 (48%) have timely reported COVID-19 data.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 25 October) ^c	0 ^f	98% (n=191)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 25 October) ^c	0 ^f	6 542 857 318	6 697 607 393	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 25 October) ^c	0 ^f	47.6% (n=3.7 billion)	48.5% (n=3.8 billion)	N/A

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

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

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Quarterly 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



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More than US\$ 256 Million



675 704 donors

[individuals – companies – philanthropies]

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

For the 19 October **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- Updates on the evolution and geographic distribution of SARS-CoV-2 Variants of Concern (VOCs), and summarise phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of VOCs based on published studies.

News

- For more information on health and care worker deaths during COVID-19, click [here](#) and for the call from WHO and partners for action to better protect health and care workers from COVID-19, click [here](#).
- For more information on Post COVID-19 condition (Long COVID), click [here](#).
- For the WHO Director-General's opening remarks at the COVID-19 media briefing on 21 October, click [here](#), including that a new working paper estimates that **115 000 health workers may have died from COVID-19** between January 2020 and May this year and the **huge differences in health and care worker vaccinations** across regions and economic groupings.