

Weekly Operational Update on COVID-19

Issue No. 78

3 November 2021



As of 31 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

246 303 023

Confirmed deaths

4 994 160

In fight against COVID-19, Germany donates 163 000 COVID-19 vaccine doses to Somalia through COVAX Facility

Somalia received 163 000 doses of Oxford/AstraZeneca vaccines from the Government of Germany through the COVAX Facility on 26 October.

“So far, 1.85% of our population has been fully vaccinated against COVID-19. With the support from Germany, we can ramp up our efforts to ensure more Somalis have access to the life-saving vaccines. It is only when we join forces that we become strong enough to stamp out diseases, like COVID-19, from Somalia and the rest of the countries all over the world.”



©UNICEF/Hinds

“ Donors, such as the Government of Germany, are playing an important role in the response plan for COVID-19. Together with the Federal Government of Somalia and UNICEF, WHO is supporting the vaccination drive to improve the uptake and use all means to reach every eligible Somali to receive a vaccine against COVID-19 ”

- Dr Mamunur Rahman Malik, WHO Representative to Somalia

Key Figures



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



More than **5.9 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



193 GOARN deployments conducted to support COVID-19 pandemic response



6,893,633,094 COVID-19 vaccine doses administered globally as of 1 November 2021

^a COVAX has shipped over **435 million** vaccines to **144** participants as of 2 Nov 2021

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

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

From the field:

WHO/Europe workshop on licensing of health laboratories and establishing reference laboratories in Uzbekistan: 21 October 2021

Well-functioning sustainable laboratory services, operating according to international principles of quality and safety, are an essential part of strong health systems and are crucial to improving public health. As part of the COVID-19 response, WHO is supporting countries to build on innovations made during the pandemic and ensure their sustainability within national health systems.

To ensure that any laboratory is functioning at the highest standard of quality, monitoring and evaluation mechanisms must be in place at national and global levels to assess the quality of performance including mechanisms such as certification, licensing and accreditation according to international or national standards.

In Uzbekistan, on 21 October 2021, a workshop was held to engage laboratory stakeholders on topics such as laboratory quality through licensing

mechanisms and the designation of national laboratories. By adopting this process, Uzbekistan will allow for laboratories to follow quality management principles and ensure proper designation and evaluation of their national reference laboratories and participate in external evaluation to allow coordinated responses to spreading infectious diseases.

The workshop included presentations on different mechanisms in which quality can be regulated in laboratories as well as a study of the designation and evaluation of national reference laboratories in 25 countries.

A round-table discussion was then held to elaborate on how quality of laboratories can be improved. During the workshop, the National Accreditation Center discussed these issues, together with the licensing departments of the Ministry of Health and Service of Sanitary and Epidemiological Welfare and Public and highlighted the importance of proper implementation of quality such as engineers for Biosafety Cabinet (BSC) maintenance, national External Quality Assessment providers and more.

The workshop resulted in commitment from the Uzbekistan Government to revise the legislation on licensing. WHO will continue supporting mentoring for implementation of quality management systems based on ISO standards, including ISO 17043 proficient testing providers. This is a first important step in ensuring sustainability of all the laboratory strengthening conducted under COVID-19.



From the field:

Healthcare workers trained on essential critical care of pediatric population in Nepal



The World Health Organization (WHO), Country Office for Nepal, supported the training of trainers on *Pediatric Essential Critical Care Training (PECCT)* which includes management of COVID-19 among children. Fifty-four healthcare professionals were capacitated to conduct similar trainings in all provinces. The training, held at Kanti Hospital, was organized by National Health Training Centre (NHTC), in coordination with Nepal Pediatric Society (NEPAS), Pediatric Nurses Association of Nepal (PNAN), and technical support from WHO.

The training, held after a request by the Ministry of Health and Population to train as many healthcare workers for pediatric management as early as possible, was held from September 2 – 21 in three batches.

The trainings consisted of progressive sessions starting from stabilization of pediatric cases to care and monitoring of children in pediatric intensive care units. It included skill development stations as well as clinical case scenarios. Some of the important skills in pediatric essential critical care included in the training are cardiopulmonary resuscitation (CPR) for children; oxygen therapy provision and use of mechanical ventilators; recognition, transfer, and stabilization of sick child; and care for children suffering from cardiac arrhythmias, cardiac arrest, and poisoning. Strategies on how to facilitate and conduct similar skills training sessions to other healthcare workers were also provided to these future trainers.

Furthermore, in a different training, virtual sessions were also organized with experts from NHTC, NEPAS, and PNAN, which updated 1,926 healthcare workers on the latest global treatment protocols for proper management of COVID-19 patients, especially children. The trainings enabled health care workers including medical/nursing students to ensure treatment uniformity across all layers of the health system. WHO experts developed the curriculum of the training, incorporating Open WHO courses, and provided financial support. Following the initial training of trainers, one batch of in-person service provider training in PECCT will be conducted in each province. These trainings are made possible through the funding support of USAID.

For further information, click [here](#)

From the field:

WHO delivers essential health supplies to Sudan

WHO has delivered critical medicines and health supplies from its logistics hub in Dubai to Khartoum, Sudan to address the health needs of 1.5 million people, including the protection of over 300 000 front-line health workers. This operation represents the single largest air bridge conducted between the United Arab Emirates and Sudan.

“We are very grateful to His Highness Sheikh Mohamed bin Rashid Al Maktoum for making his royal aircraft available to WHO, and for Dubai’s continued support in making these flights happen. The expedited transport and delivery of these medicines will most certainly save lives and alleviate suffering and we are grateful for the support from all parties engaged in coordinating this historic operation,” said Dr Nima Abid, WHO Representative in Sudan.

The shipments — consisting of over 283 metric tons valued at more than US\$ 2 million — also include essential paediatric medicines to support the health of children suffering from complications of acute severe malnutrition and were delivered over three rotations of a B-747 aircraft operated by Royal Air Wing. The supplies will be immediately distributed upon arrival to health facilities in 18 States across Sudan. WHO’s Dubai Logistics Hub is also deploying technical staff with the supplies to facilitate the operation. This year, WHO’s Logistics Hub in Dubai has delivered a total of 25 shipments to Sudan valued at US\$ 1.4 million. In 2020, the hub supported eight lifeline shipments to Sudan valued at US\$ 900 000.

“Sudan continues to suffer from the impact of global supply chain disruptions that affect the transport and delivery of essential medicines [due to the pandemic]. These flights come at a critical time when Sudan is facing higher transmission of waterborne diseases due to the rainy season, as well as increasing numbers of vulnerable populations in need of humanitarian medical assistance”

- Dr Nima Abid, WHO Representative in Sudan.



Through its logistics hub in Dubai, WHO is able to immediately and efficiently deliver lifesaving supplies to countries in the Eastern Mediterranean Region and beyond. Since the start of the COVID-19 pandemic, the hub dispatched over US\$ 90 million worth of health supplies to over 120 countries around the world.

For further information, click [here](#)

From the field:

Germany supports the Philippines with 844 800 COVID-19 vaccine doses via COVAX



On 15 October, the Philippines welcomed 844 800 AstraZeneca COVID-19 vaccine doses donated by the Government of Germany through the COVAX Facility.

The doses comprise the first delivery of more than 1.6 million doses from Germany and will play a vital role in supporting the country's ongoing fight against COVID-19. The latest arrival brings the Philippines' total available doses to 89 474 100, with more than 24.3 million from the COVAX Facility.

WHO, the Department of Health and UNICEF said this timely addition of vaccine doses is particularly important in protecting our most vulnerable citizens as the country moves into a period of events where gatherings and mobility will increase.

This includes All Saints' Day and the Christmas season. Typhoon season has already begun, which brings greater risk of COVID-19 transmission should people need to relocate. Schools will soon see the reintroduction of face-to-face learning.

“ To minimize the likelihood of a new surge of COVID-19 cases, WHO continues to advocate for a risk-based approach as non-pharmaceutical interventions are adjusted and calibrated with the decreasing transmission and urges for acceleration of full vaccination of the most vulnerable ”

- Dr Rabindra Abeyasinghe
WHO Representative to the Philippines



For further information click [here](#).

From the field:

Interagency social listening supports the scale-up of RCCE activities in Eastern and Southern Africa

Since May 2021 [the Collective Service](#) (WHO, UNICEF, IFRC supported by GOARN) in the East and South Africa regions has worked with core partners to collaboratively review and analyse social listening and community feedback data primarily from weekly and monthly WHO/AIRA COVID Infodemic [reports](#), UNICEF Social Listening and the IFRC/WHO-led Community Feedback Report.

This Joint COVID Infodemic Report is issued monthly and highlights key trends seen across the region and linked to specific countries in both digital and offline conversations, including those around vaccine safety, efficacy, origins of COVID-19 and vaccines.



Community Feedback Subworking Group Partner AWET in Zimbabwe collecting community feedback data about COVID-19 vaccines from a community member.

The reports have also included over 70 actionable recommendations linked to the insights for RCCE practitioners, including national government partners, to consider as they design and rollout RCCE activities.

These data have been gathered through a variety of channels including social listening through social media and digital news monitoring and community feedback.

The Community Feedback report particularly is comprised of data received from RCCE partners and government stakeholders in the region on a monthly basis and jointly analysed by partners. Some feedback from RCCE partners in the region indicate that the reports are very well received with findings routinely discussed in national RCCE TWGs and supporting partner decision making and design of RCCE activities.

These insights and recommendations have also been fed into the work of [Viral Facts Africa](#) (VFA), AIRA's social media content production hub, and complements the social listening pillar by developing high quality digital content that simplifies technical knowledge around key COVID-19 issues, amplifies the correct information and debunks misinformation.

Pandemic learning response

Serving countries with a one-stop-shop for learning in health emergencies

Countries need easy access to learning materials in local languages to respond safely and effectively to health emergencies like the COVID-19 pandemic. To provide countries with a single access point for these training resources, the OpenWHO platform created a [Serving countries](#) portal that currently hosts dedicated learning channels for 12 countries (Azerbaijan, India, Indonesia, Kazakhstan, Nepal, Somalia, Sri Lanka, Suriname, Thailand, Timor-Leste, Ukraine and Viet Nam).

Each country channel is a one-stop-shop for multilingual learning resources produced in collaboration with WHO Country Country Offices and Ministries of Health to empower frontline health workers, policy-makers and the public. Online courses featured in the portal include OpenWHO courses translated into the country's official languages, as well as courses developed by countries or adapted to the local context. The [Ukraine channel](#), for example, hosts five courses produced by the WHO Country Office in Ukraine to support the country's response to COVID-19, including courses focused on epidemiological surveillance customized to the situation in Ukraine.

In addition, the [India channel](#) hosts a course for Rapid Response Teams responding to the COVID-19 outbreak in India that was produced by the WHO India Country Office with technical support from the National Centre for Disease Control, Ministry of Health and Family Welfare, Government of India, and the U.S. Centers for Disease Control and Prevention India country office.

OpenWHO will continue to work with colleagues across the globe to launch additional country channels in the coming months.

OpenWHO.org learning platform figures



COVID-19 Partners Platform



COVID-19 Vaccine Delivery Support (CDS) funding opportunities

Gavi is offering new COVID-19 Vaccine Delivery Support (CDS) funding opportunities to support countries hoping to scale-up distribution of COVAX-funded doses. UD\$ 400 million worth of funding is being made available through two pathways

on the Partners Platform: a full-request pathway to cover gaps in national plans through 2022, and a short-term pathway for emerging urgent delivery needs that place COVAX doses at risk of expiry. Application materials and supporting documents can be submitted through WHO's Partners Platform.

Countries are encouraged to apply as soon as the new funding window opens to assure timely disbursement of funds: the first deadline for full-request applications is 8 November 2021, but AMC countries participating in COVAX may apply until 3 February 2022 for full-request funding. Funds will be made available for disbursement through December 2022. Applications for short-term funding can be made at any time as urgent gaps emerge.



Priority will be given to the Gavi 57 eligible countries. In addition, 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 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 prioritization of target population groups identified in countries' National Deployment and Vaccination Plans.

Scaling-up support of Infection Prevention and Control (IPC) in-country

Infection prevention and control (IPC) measures are among the most effective tools available to contain the spread of SARS-CoV-2, both in health facilities and in the community. IPC is central to the COVID-19 response, but it also constitutes the foundations of safe essential health services and resilient communities and health systems, ensuring quality care, and protecting against antimicrobial resistance.

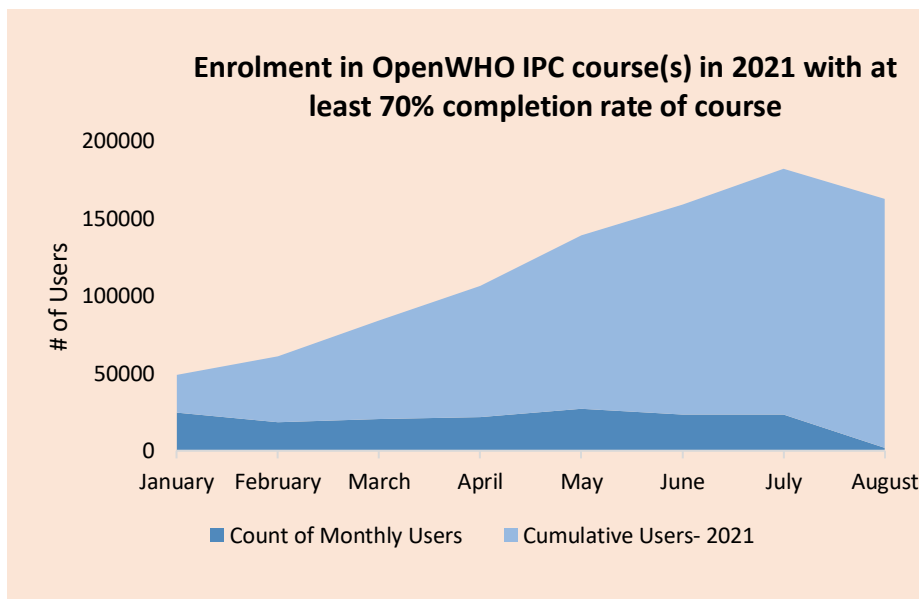
WHO is currently conducting a [global survey of Member States on the status of IPC programme implementation at the national level with respect to the IPC minimum requirements](#) using an assessment tool derived from the WHO Infection Prevention and Control Assessment Tool (IPCAT-2), accessible online via the [WHO Global IPC Portal](#). Upon the completion of the survey and subsequent analysis, the indicator related to IPC programme status will be updated.

As the pandemic situation has evolved, some countries have experienced multiple waves of COVID-19 cases including waves linked with emerging variants, impacting health systems capacity to continue to provide care. To better support health facilities with preparing for potential resurgences, the WHO IPC team has created a check list of critical IPC actions to be taken within 2-4 weeks including patient flow management, health facility infrastructure and health worker protection. Actions in each step are linked to respective guidance and tools that can assist with implementation.

OpenWHO IPC Channel disseminates 16 IPC-related courses to Member States

In 2021 (as of 9 August), **241,227 users** enrolled in an IPC-related course through the OpenWHO learning platform. Amongst total enrolments, **67% of users (160,602)** completed at least **70% of the course**.

Courses were offered in multiple languages including the UN languages, Albanian, Bengali, Indonesian, Somali, Thai, Turkish, and other languages.



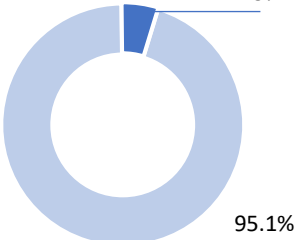
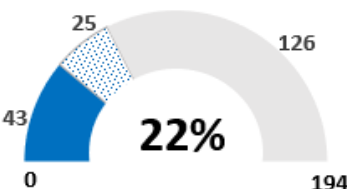
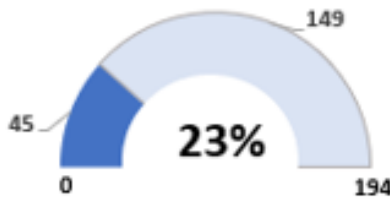
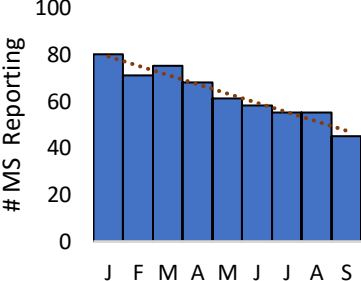
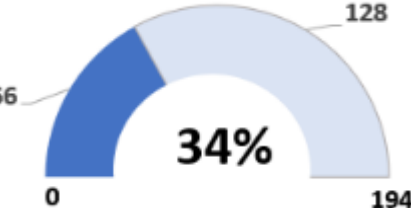
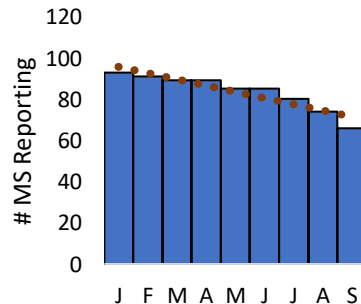
Mexico, United States of America, India, the Philippines and Ecuador were the top 5 users of the IPC-related courses so far in 2021.

Young persons, aged 20-29 years old made up nearly half of all users (47.4%) who self-reported their user profiles.

To access the IPC OpenWHO channel, click [here](#).

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the SPRP M&E Framework are presented below:

Current Indicator Status (October 2021)	Overview	
<p>Proportion of flexible funding received by WHO for SPRP 2021 (target = at least 30%)</p> <p>4.9%</p>  <p>95.1%</p> <p>■ Flexible Funding ■ Designated or Specified Funding</p>	<p>As of 12 October 2021, 4.9% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. This is well below the 30% target for indicator on flexible funding in the SPRP M&E Framework (2021)</p> <p>With operating funds that are not flexible, there has been an impact on operations and WHO's ability to rapidly react and flexibly respond to acute events and provide swift and needed support to countries.</p> <p>For more information on the appeal and funding, click here For the SPRP 2021 mid-term reporting, click here</p>	
<p>Proportion of Member States conducting at least 1 Intra-Action Review or equivalent in 2021</p>  <p>22%</p> <p>43</p> <p>25</p> <p>126</p> <p>194</p>	<p>Since the publication of the WHO Guidance for conducting an Intra-Action Review (IAR) in July 2020, as of 29th October 2021, based on our knowledge, 100 IARs have been conducted by 68 Member States in addition to other types of evaluations.</p> <p>In 2021, a total of 50 IARs have been conducted by 43 Member States (22%), in AFR (35), AMR (2), EMR (2), EUR (6), SEAR (4), and WPR (1). Moving forward, WHO will continue to refine the IAR guidance and tools to adapt to country needs and contexts to help countries review and adjust their COVID-19 response as the pandemic evolves.</p>	
Current Indicator Status (September 2021)	Trend	Overview
<p>Member States Reporting Health Worker Infection to WHO</p>  <p>23%</p> <p>45</p> <p>149</p> <p>194</p>	 <p># MS Reporting</p> <p>J F M A M J J A S</p>	<p>In September 2021, 45 Member States (23%) reported COVID-19 health worker infections to WHO.</p> <p>Since January 2021, there has been a 43.8% decline in Member States' reporting.</p>
<p>Member States Reporting detailed surveillance reporting to WHO</p>  <p>34%</p> <p>66</p> <p>128</p> <p>194</p>	 <p># MS Reporting</p> <p>J F M A M J J A S</p>	<p>There is a steadily decreasing trend of Member States reporting of disaggregated surveillance data (breakdown of age and sex) to WHO.</p> <p>Since January 2021 (n=93), there has been a 29% decline in Member States reporting since the beginning of the year.</p>

¹WHO will evaluate an additional indicator under SPRP/Pillar 1 related to health inequity analysis in Member States through the next iteration of the [WHO Pulse Survey](#).

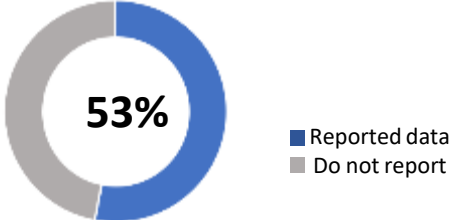
SPRP M&E Indicator (continued)

Maximizing influenza systems to support SARS-CoV-2 surveillance

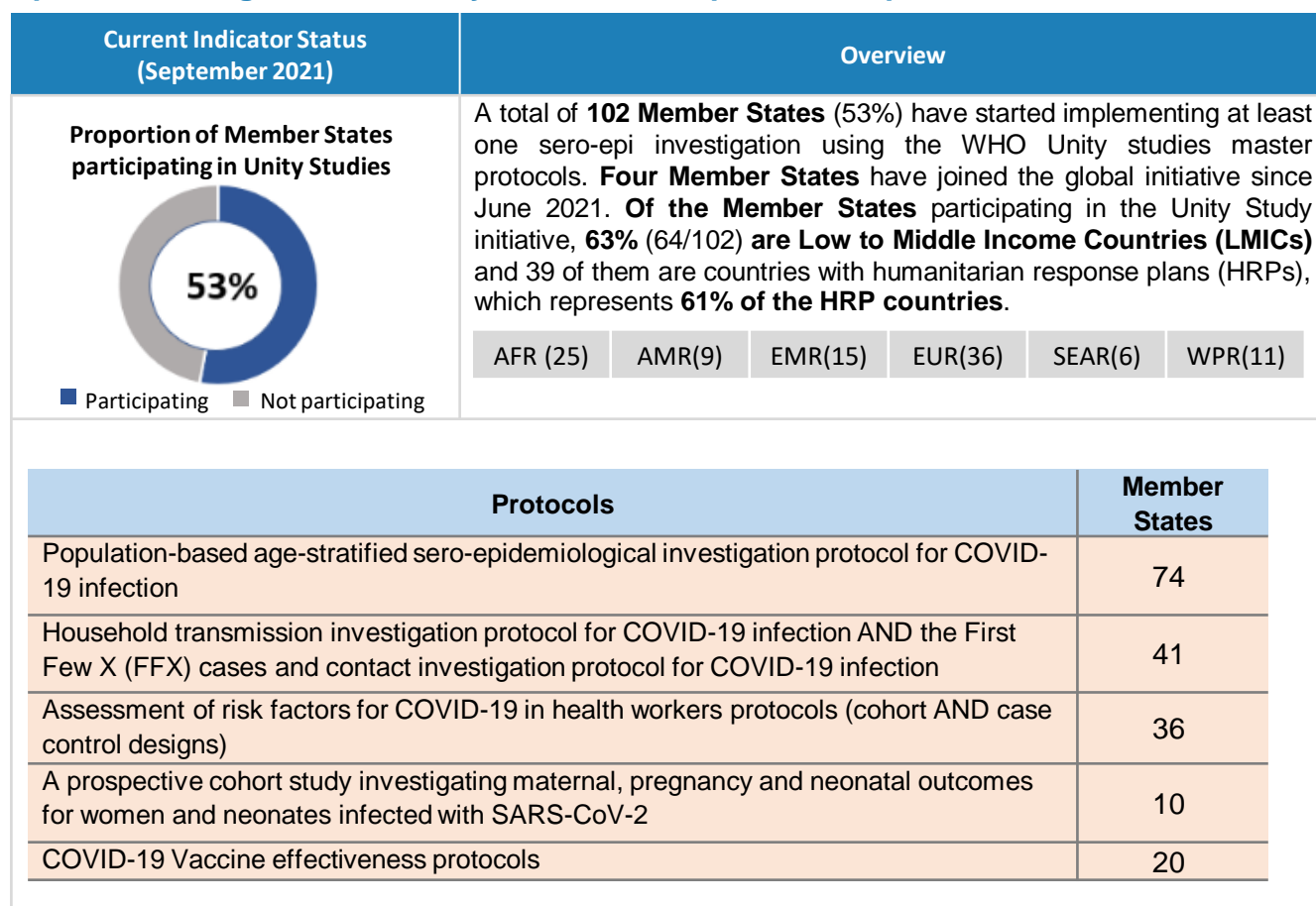
The well-established system for influenza virus detection, risk assessment and sharing of virus materials and data, provide ready platforms to monitor the circulation of SARS-CoV-2 at the national, regional and global level.



Since the beginning of the COVID-19 pandemic, influenza sentinel surveillance systems have been leveraged to integrate SARS-CoV-2 testing in specimens from influenza surveillance sources. A total of 125 countries are part of the [Global Influenza Surveillance and Response System \(GISRS\)](#); The GISRS system is now being adapted to monitor for COVID-19.

Current Indicator Status (September 2021)	Overview
<p>Proportion of countries testing for COVID-19 and timely reporting through established ILI, SARI, ARI surveillance</p>  <p>53%</p> <p>■ Reported data ■ Do not report</p>	<p>This week (epidemiological week 41), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 62 (53%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.</p>
<p>The approach of integrated surveillance of influenza and SARS-CoV-2 to address critical public health needs of both influenza and SARS-CoV-2 at the same time using existing systems has been welcome by countries and supported by international agencies. Since December 2020, 12 additional countries have integrated SARS-CoV-2 sentinel systems that monitor influenza, bringing the total number of countries with integrated surveillance systems to 71 Member States.</p>	

Operationalizing the WHO Unity Studies: from protocol to publication



WHO, in collaboration with technical partners, has developed several standardized generic epidemiological investigation protocols branded as the [UNITY Studies](#). The WHO UNITY Studies supports global research capacity building and results dissemination, with a particular focus on low-middle income countries (LMIC). To support Member States to increase their evidence-based knowledge for action, WHO developed tailored tools to LMIC contexts, supported capacity building of in-country scientific writing and ensured equity in high-impact, peer-reviewed journals.

To date, WHO UNITY Studies has organized six workshops on scientific writing that targeted UNITY-aligned studies across the WHO regions: two workshops in the African region (French and English), two for the European region, one for the Western Pacific region and one for the South-East Asian region. With technical support from external partners such as [SeroTracker](#) and the University of Melbourne, WHO has expanded its country support to also include topics on data management and data analysis. To further facilitate knowledge-sharing and collaboration with countries, WHO has partnered with *PLOS Med* to establish a forthcoming special journal issue that will exclusively focus on LMICs and their results from the population-based age-stratified sero-epidemiology protocol, the “[First Few X cases](#)” and “household transmission investigation” protocols. Through this timely collaboration, WHO hopes to feature the work of up to 20 LMICs and will provide writing and financial support during this process.

“I’d like to express my sincere gratitude to you for allowing me to be part of this enriching workshop. It was such a rare yet very beneficial opportunity and I have been transformed into a versatile cadre. Being a PhD aspirant, I have amassed a wealth of knowledge which I believe will propel me to greater heights. Your knowledge, patience and humility will always be appreciated.”

-- Zimbabwe scientific writing seminar participant (April 2021)



Operations Support and Logistics

WHO continues to forge and strengthen partnerships with procurement agencies to support countries with the purchase and delivery of diagnostics, PPE and biomedical equipment for the COVID-19 response. This has helped reduce competition among buyers for limited products in the market and contributed to the integration of WHO technical standards in operations and markets across implementing partners. WHO continues to manage the COVID-19 Supply Portal to process procurement for countries requesting essential supplies, while facilitating the transition to Long Term Agreements to enable countries to resume procurement directly from suppliers..

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and biomedical equipment for clinical care. In response, WHO and partners have created a COVID-19 Supply Chain System, which has procured and delivered supplies globally, including **US\$ 1.3 billion of PPE, diagnostic tests, medicines, and clinical care equipment to support COVID-19 response efforts in 191 countries.** The table below reflects WHO and PAHO-procured items that have been shipped as of 18 October 2021.

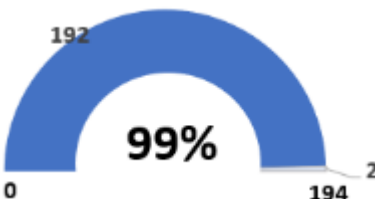
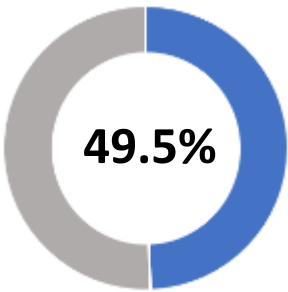
Shipped items as of 18 October 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 095 425	1 442 550	2 395 710	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
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*



COVID-19 Vaccination

Current Indicator Status (1 November)	Overview
<p>Proportion of Member States that have started administration of COVID-19 vaccines</p>  <p>A gauge chart with a blue arc representing 99% of the total. The numbers 192 and 194 are shown at the ends of the arc, and 99% is in the center.</p>	<p>Overall, 192 Member States (99% of Member States) have started the administration of COVID-19 vaccines.</p>
<p>Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion)</p>  <p>A donut chart with a blue segment representing 49.5% of the total. The text '49.5%' is in the center.</p> <p>■ Population receiving 1+ dose ■ Not received</p>	<p>Overall, a 3,854,979,394 persons have been vaccinated with at least one dose (49.5% of the global population).</p> <p>According to the Global Dashboard for Vaccine Equity, 63.5% of people in high income countries have been vaccinated with at least one dose while only 4.75% of persons living in low income countries were vaccinated with at least one dose</p> <p>To support country scale-up and improve equity, WHO released a Strategy to Achieve COVID-19 Vaccination by mid-2022, which briefly outlines the urgent actions of the global community to vaccinate 70% of the world's population against COVID-19 by mid-2022.</p>
<p>6,893,633,094 COVID-19 vaccine doses have now been administered globally as of 1 November, 17h04 CET.</p>	

Following the [9th meeting of the IHR Emergency Committee on COVID-19 pandemic](#) on 22nd October, the following temporary recommendation related to SARS-CoV-2 surveillance have been extended by WHO:

MODIFIED: Achieve the WHO call to action to have at least 40% of all countries' populations vaccinated by the end of 2021. Increased global solidarity and production capacity is needed to protect vulnerable populations from the emergence and spread of SARS CoV-2 variants. States Parties are requested to share doses to increase global vaccine equity and to use a step-wise approach to vaccination, in accordance with advice from SAGE. Vaccination programmes should include vulnerable populations, including sea farers and air crews. To enhance vaccine uptake, States Parties are encouraged to assess enablers and barriers to vaccination. [Link to WHO SAGE Prioritization Roadmap](#) and [SAGE Interim Statement on Booster Doses for COVID-19 Vaccination](#)

MODIFIED: Recognize all vaccines that have received WHO Emergency Use Listing and all vaccine schedules as per SAGE recommendations, including in the context of international travel. [Link to Explanation of WHO Emergency Use Listing](#) and [Link to WHO Emergency Use Listing](#)

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

- WHO COVID-19 global rapid risk assessment
- Age and sex distribution from WHO COVID-19 global surveillance
- SARS-CoV-2 Variants of Concern (VOCs) including an update on geographic prevalence and a focus on the Delta lineage AY.4.2 is also provided

News

- To read further about WHO Empowering heroes: support to strengthen the world's health workforce, click [here](#).
- To read more about the appeal to G20 leaders to make vaccine accessible to people on the move, click [here](#).
- To register for the live roundtable discussions exploring the future of the COVID-19 pandemic and other infectious threats from 4 – 9 November 2021, click [here](#).

Weekly Operational Update on COVID-19

8 November 2021

Issue No. 79



As of 7 November 2021

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

Confirmed cases

249 425 563

Confirmed deaths

5 042 690

WHO/Europe increases support to Romania during a critical phase of its COVID-19 response

Romania is currently facing its most challenging time since the COVID-19 pandemic began with a wave of transmission that has led the country to seek international support from its neighbors and international organizations such as WHO.

Throughout the pandemic, WHO has worked closely with Romanian colleagues to provide wide-ranging strategic support through technical assistance to strengthen national response, social research studies to inform actions, and supporting risk



WHO mission team visit to Timisoara, ©WHO/Europe

communication and engagement with communities, particularly those who are marginalized. WHO has also worked with Romanian colleagues on maintaining essential health services and by facilitating research on studies such as the Solidarity trial, and the UNITY sero-epidemiological studies.

Following the rapid resurgence of COVID-19 starting mid-September, WHO's Regional Office for Europe geared up the scale of direct operational support to the country through the deployment of senior staff, critical supplies, and increased access to direct expertise from WHO and partners. This expanded technical support covers key areas of the COVID-19 response, from surveillance, clinical guidance, risk communications and community engagement to vaccine roll-out.

continued on next page...

Key Figures



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



More than **5.9 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



21 182 330 PCR tests shipped globally



213 395 426 medical masks shipped globally



99 332 700 gloves shipped globally



9 598 151 face shields shipped globally



195 GOARN deployments conducted to support COVID-19 pandemic response



7 084 921 786 COVID-19 vaccine doses administered globally as of 8 November

^a COVAX has shipped over **435 million** vaccines to **144** participants as of 2 November

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

From the field: *WHO/Europe support to Romania continued*

Several WHO teams have been deployed to engage with national counterparts and support their response efforts including a high-level mission to Romania led by the WHO/Europe Executive Director with the WHO/Europe Regional Emergency Director from 03 – 04 November.

As part of the technical support, WHO has deployed a senior technical expert throughout October and November to visit several parts of the country including Bucharest, Sadova, Craiova and Timișoara. In order to understand the challenges and bottlenecks, WHO experts have engaged with a wide variety of actors, including community members, community health nurses, medical assistants, family and hospital doctors, hospital administrators and staff, academics institutions, civil society, health authorities at central and district levels, professional associations, government officials, private sector, UN sister agencies and international partners.

WHO has also donated 34 000 COVID-19 rapid diagnostic tests to Romania in October, provided 200 oxygen concentrators in response to a shortage of oxygen in the first week of November, and additional COVID-19 protective equipment are on the way.

WHO teams deployed in Romania are focusing on both the critical short-term actions needed to reduce the COVID-19 morbidity and mortality and release the strain on the health system, and longer-term actions to strengthen Romania's continued response and increase the level of vaccine uptake, especially among at-risk groups where coverage remains low.



RDT shipment arriving in Romania, ©WHO/Europe

Key priorities in Romania remain to rapidly suppress the virus transmission, lift health system pressure, and reduce severe disease and death through increased vaccine uptake. Increasing the level of COVID-19 vaccine uptake in the country will require:

- Scaling-up efforts to engage the family doctors and ambulatory nurses to improve vaccination uptake among elderly and rural populations.
- Developing a communication strategy to scale-up the vaccination through better understanding of why certain populations continue to see low uptake.
- Training and information exchanges of health care professionals on vaccine safety.

Romania, alongside much of central and eastern Europe, remains under severe pressure due to the current high levels of transmission. WHO's response efforts are focused on more effective and timely responses to current COVID-19 surges and preventing others from occurring with such severe health impacts. Further support to other countries seeing similar resurgences is ongoing.

From the field:

Ministry of Health and Wellness Belize receives twenty patient monitors at visibility event of the India-UN Development Partnership Fund

As Belize continues efforts to strengthen its COVID-19 response, the Ministry of Foreign Affairs, Foreign Trade and Immigration (MoFATI) and the Ministry of Health and Wellness (MoHW) submitted a proposal to the Permanent Mission of India to the United Nations on 23 June 2020. Through the India-UN Development Partnership Fund, a facility for South-South Cooperation established in 2017, India approved US\$ 1 million for Belize.

PAHO/WHO is the implementing agency for the India-UN Development Partnership Fund and Dr. Noreen Jack, PAHO/WHO Representative in Belize noted **“The fund specifically aims to strengthen clinical management of COVID-19 patients, and, most importantly, to fund actions that will reduce the risk of the transmission of COVID-19 among health workers in Belize.”**



During 1 November visibility event to launch the multi-partner fund, 20 patient monitors were donated to the MoWH as part of the first set of medical equipment being procured through this fund.

In collaboration with the United Nations Office of South-South Cooperation (UNOSSC), the project is centered around ‘Strengthening Clinical Management of COVID-19 Patients and Reducing of Risk of COVID-19 Transmission among Health Workers in Belize’ targeting three main objectives:

- To strengthen the response capacity of the health system to COVID-19 through the provision of key medical equipment;
- To improve accessibility to local healthcare services in support of COVID-19 recovery through the procurement of protective and medical equipment including a medical waste incinerator for a new health facility in Caye Caulker Village Belize;
- To increase awareness on the prevention, response, and recovery from COVID-19 among vulnerable urban and rural populations in Belize.

A risk communication and community engagement strategy was also developed and subsequent implementation has resulted in public service announcements in English, Spanish, Garifuna and Mopan Maya being prepared.

Dr. Deysi Mendez, Chief Executive Officer of the MoHW, commented, “challenges range from having adequate human resources, to having the right medical equipment and supplies to assist us with proper diagnosis, management and treatment of COVID-19 patients. Today, we thank the Government of the Republic of India, PAHO/WHO, and the UNOSSC for this grant and donation of medical equipment.”

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

From the field:

The Government of Canada and WHO partner to support the COVID-19 response and resilience of Sri Lanka's primary health care system

The Government of Canada (Global Affairs Canada) has announced a USD 1.3 million grant for immediate assistance on COVID-19 as well as longer term strengthening of primary health care through WHO Sri Lanka. Urgent medical supplies including 2 million syringes for the accelerated COVID-19 vaccination effort arrived in Sri Lanka last August and medical equipment for 55 hospitals at the primary health care level has been procured.

In collaboration with the Ministry of Health, WHO Sri Lanka has developed a comprehensive implementation plan for the grant. The focus is on critical gaps in the COVID-19 response and key technical areas to put Sri Lanka back on track to further advance its notable achievements on universal health coverage.

Since March this year, the Government of Canada has made available US\$ 23.86 million to WHO to support 10 countries across all six WHO regions with a grant aimed at both supporting pillar 9 of the COVID-19 response and strengthening primary health care.

“The Canadian grant comes at a critical time for both response and recovery from COVID-19. Moreover, WHO appreciates the flexibility allowed in allocation of the funding which means we can be more responsive to country needs. A case in point is this procurement whereby we have been able to make a critical contribution to Sri Lanka's ambitious vaccination drive through the supply of syringes. The longer-term perspective of the collaboration allows us to build towards sustainable recovery and resilient primary health care system with MoH leadership. For example, to support our health workers who are at the frontline of the pandemic, including looking after their psychosocial well-being”.

- Dr Alaka Singh, WHO Representative to Sri Lanka



Credit: WHO Sri Lanka

Canadian High Commissioner David McKinnon said, “this is an excellent example where coordinating efforts through the multilateral system allows us to provide timely, essential support for the fight against COVID-19 in Sri Lanka. The WHO allocation complements the funding we provided through UNICEF for Oxygen Therapy and other critical equipment. It also builds on support provided through several partners since the start of the pandemic, to address the range of social and economic impacts of the pandemic.”

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

From the field:

Returning migrant workers receive medical care and support in Lao People's Democratic Republic



Frontline workers prepare the isolation facility. ©WHO/Philippe Aramburu

Between 4–17 August 2021, 4815 migrant workers who returned home to Lao People's Democratic Republic tested positive for COVID-19 in Savannakhet Province. Since the provincial hospital was overwhelmed, three isolation facilities were added to accommodate the surge in positive cases and treat those who needed medical attention.

The isolation facilities were set up by the Ministry of Health with support from the provincial government and partners including WHO and the European Union (EU). The WHO country office for Lao People's Democratic Republic helped to develop a facility checklist; strengthen infection prevention and control measures; and improve water and sanitation. With support from the EU, WHO also provided beds, mattresses, bedding, fans, cleaning materials, autoclaves for waste management and financial support for surge capacity to manage the facilities.

“Given the current challenging COVID-19 situation in Lao PDR, the EU is very proud to work alongside with the Government, WHO, and other partners to provide emergency support to hospitals, isolations facilities and quarantine centres. This is part of Team Europe's global response to the COVID-19 pandemic worldwide, because no one is safe until everyone is safe,” said Ms Ina Marčiulionytė, EU Ambassador to Lao People's Democratic Republic.

At one of the isolation facilities, which was once a factory, 21 frontline staff provide health care to more than 1500 patients. This isolation facility was upgraded with emergency medical equipment. Returning workers were segregated into different zones based on their health conditions and symptoms.

The staff at the isolation facility were rostered in three rotations to monitor patients' health and provide medical care and mental health support as well as support basic needs such as serving of food. Recovered patients will receive a certificate that they are cleared to go home. This proof helps those affected to face less stigma or discrimination upon their return.

Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 28 October 2021,

- **WHO** briefed on the epidemiological situation and reported a slight increase of global COVID-19 cases (4%) and expressed concerns over the increase of cases in the European region, which was largely driven by the lifting of public health and social measures in many countries in combination with a resumption of in-door gatherings.
- The **World Bank** noted that the global economy continues to recover and noted the relaxation of pandemic related lockdowns has boosted domestic and foreign demand. However, the pandemic continues to affect economic activities in developing countries, with only 40% of developing countries expected to regain their pre-pandemic per capita income and nearly 100 million people to fall back into extreme poverty.
- On COVID-19 vaccines, **WHO** reported that over 6.9 billion vaccine doses have been administered worldwide, but with only 3.1% of people having received at least 1 dose in Low-income Countries (LICs), WHO continues to express concerns over the inequitable distribution of vaccines. WHO stressed that COVAX is crucial to solving vaccine inequity, as COVAX accounts for 80% of vaccines administered in LICs. In addition, WHO reiterated that it does not recommend Booster shots for all at this point and has called for a vaccine booster moratorium until December 2021.
- **IOM** commented that 122 countries out of the 177 countries IOM collected data from are providing access to vaccines to regular migrants, but only 67 countries provide that to irregular migrants.
- With increased vaccine supply through COVAX expected in the coming months, **WHO as the Chair of CMT**, stressed the need for increased efforts by the UN system to support countries in the roll-out of vaccination with sufficient absorption capacity of the system.
- A dedicated discussion on vaccination in humanitarian settings will be held during the next CMT meeting. **FAO** reported the launch of the new [Global Animal Disease Information System \(EMPRES-i\)](#) on 22 October, which focuses on improving one-health intelligence, forecasting, early warning and enabling countries to monitor disease spread and risk of new outbreaks. A joint briefing on the “One-Health” Agenda by FAO, OIE, UNEP and WHO will be tabled in the next CMT meeting on 25 November.

Pandemic learning response

HAITI | COVID-19 sensitization and learning bilingually

Clairna Philome is a community health nurse in Haiti working for PAHO/WHO on coordination of health emergency response. During the [#LearningSavesLives webinar](#) organized by OpenWHO in March 2021, she explained a key challenge in Haiti is that it is a bilingual country (French and Creole), in which 80% of the population speaks only Creole. Despite this, most of the documentation published early in the pandemic was in English, requiring translation of resources and documents.

"As these documents had to be shared promptly with the Ministry of Health in French, we could not wait for them to be officially translated. However, most interventions to the population were done in Creole, even when the documents were translated into French from Spanish or English first locally," Philome said.

Also involved in a capacity-building project to strengthen emergency services across the country's 10 departments Philome reported "To reach the most people, we had to develop strategies adapted to the realities of the field. For example, we had to use the common popular language in secluded and isolated areas."



PAHO and WHO worked alongside the Ministry of Health and Population (MSPP) to not only inform the public, but Philome noted "It was also important to train health care personnel on COVID-19 case management and prevention measures, such as infection prevention and control." Resources provided in multiple languages by training platforms such as OpenWHO.org were instrumental in training first-line health workers.

The OpenWHO learning platform currently hosts free online courses for COVID-19 and other emergencies across 57 languages, including 52 courses in [French](#) and the Introduction to COVID-19 course in [Haitian Creole](#).

OpenWHO.org learning platform figures



Partnerships

The Emergency Medical Teams - EMT

Emergency Medical Team (EMT) support to Mauritania

Since the pandemic, Emergency Medical Team (EMT) network partners have completed more than 100 deployments with 20 ongoing deployments by 46 EMT network partners in 73 countries across all WHO regions. UK MED, one of the network partners deployed through the EMT Initiative for COVID-19 responses, has already deployed to Botswana, Burkina Faso, Chad, Eswatini, Ghana, Lesotho, Malawi, Namibia, South Africa, and Zambia in the WHO African Region and is presently deployed to Mauritania.

Through the support of WHO Mauritania, WHO Regional Office of Africa and the EMT Secretariat, UK MED deployed to Mauritania following the request of assistance from the Ministry of Health for COVID-19. A specialized team comprised of an intensivist, IPC specialist and nurses arrived in Nouakchott on 7 October. They were tasked to augment case management capacities and conduct trainings in the 124-bed capacity (with 24 ICU beds) Mohamed Bin Zayed Field Hospital.



©UK Med

Once on the ground, UK MED assessed the health facility based on a monitoring and evaluation tool developed recently by the EMT Secretariat. In the past, EMTs reported on deployment outputs such as number of cases or health care workers trained. The newly developed tool aims to describe and measure the outcome of deployments such as readiness and compliance in providing critical care among COVID patients.



©UK Med

Baseline findings include some challenges related to the infrastructure of the health facility and procedures in place, and significant challenges related to the readiness to provide critical care. Parameters on case management compliance such as IPC measures, oxygen therapy and use of medications were measured and showed critical gaps in areas including but not limited to appropriate use of gowns and donning and doffing personal protective equipment (PPE). These initial results identify key areas UK MED will need to emphasize during their deployment, aiming for an improved score once the same assessment is conducted at the end of its initial 4-week deployment.

Risk Communication, Community Engagement and Infodemic Management

WHO, faith partners and national governments collaborate for COVID-19 response

The pandemic has highlighted the importance of partnerships in responding to health emergencies. Faith partners have worked with WHO and national governments in support of national responses. The WHO Information Network for Epidemics (EPI-WIN) team is highlighting country level collaborations for COVID-19 response with faith partners, national governments, and WHO in the multi-session global conference [Strengthening national responses to health emergencies: WHO, Religious Leaders, Faith-based Organizations, Faith Communities and National Governments](#) co-hosted with [Religions for Peace](#).

Last week Kenya and Zimbabwe case studies explored the innovative ways in which these three actors work together to address misinformation and mistrust, communication, psychological, mental and social needs, promotion of protective measures, and vaccine access and uptake.

In Kenya, places of worship are reported as one of the most trusted sources of information. Recognizing that faith partners are at the heart of the response, the Kenyan government

initiated the establishment of the Inter-Religious Council of Kenya. Dr. Salim Hussein, Head of Primary Health Care, Kenya Ministry of Health (MOH) noted that “a lot of implementations would not have been possible if partners of the religious fraternity had not been complementary to us [the Ministry of Health].”

By working together, faith partners, WHO, and the MOH protect and save lives because places of worship and health facilities adhere to protocols and guidelines, the health messages are technically accurate and tailored to different faiths, and communities are engaged, including for vaccination.

In Zimbabwe, WHO, the MOH, UNICEF and faith partners jointly hosted a series of trainings for faith leaders and communities. Reverend Dr Kenneth Mtata, General Secretary of Zimbabwe Council of Churches (ZCC), explained that “We have learnt a lot from this [pandemic]. We need to redefine and strengthen the relationship between faith-based organizations, WHO, UNICEF and MOH because we have a lot to do in common.”

The newly published [World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies](#) outlines the commitment to continue working together so that more people are better protected and enjoying better health and well-being.

For further information, click [here](#). Register to join the [Philippines case study](#) on 10 November at 09:00 CET.



Vivian Mugarisi, Communication Officer, WCO Zimbabwe moderating during the Zimbabwe case study session of the global conference. ©WHO HQ

COVID-19 Preparedness: engaging civil society organizations

Community Innovation to Support Surveillance and Contact Tracing: *An offline intervention from WHO's Civil Society Organization Initiative (CSO) in the Philippines*



© WHO/Rolox de la Pena

WHO is working with and providing funding for Families Choice for Health and Development through the WHO Solidarity Response Fund's CSO Initiative to enhance their work in COVID-19 response and health support to indigenous and mining communities.

“

“This health tracker has been very helpful for us to monitor our family members, especially our children,” said Gladys Gapongli, a homemaker and wife of a small-scale miner in Itogon, Benguet in northern Philippines. “Now we can know and record if they are ill during this pandemic.”

”

Gladys' household is one of 400 beneficiaries of the Home as Active Advocate and Network to COVID-19 Prevention and Control (“HAAN COVID”) project, implemented by Families Choice for Health and Development under WHO's Civil Society Organization (CSO) Initiative in the Philippines.

In the Ilocano language, *haan* means no, creating a strong message of ‘No COVID’ in the gold mining communities of Benguet where the organization operates.

The HAAN COVID project is a community-level response to the surge of COVID-19 cases in the mining areas in Benguet in October 2020. Unlike those working in established mining companies, small-scale miners in the Philippines have inadequate access to healthcare. They are often from indigenous populations, living and working in crowded, poorly ventilated conditions, and rarely use the Internet, smartphones, or personal protective equipment.

COVID-19 Preparedness: engaging civil society organizations continued



Gladys Gapongli (center), a miner's wife and home health caregiver, writes information on the Home as Active Advocate and Network to COVID Prevention and Control (HAAN COVID) handbook at her home in a mining community in Gumatdang village, Itogon municipality, Benguet province in the northern Philippines, 24 June 2021. With her are Aida Gonzales (left) of Families Choice for Health and Development and Ava Sharon Batay-an (right), WHO Consultant for Community Engagement (COVID-19 Response). / © WHO/Rolax de la Pena

In early 2021, Families Choice pioneered an innovative health reporting and community surveillance system to address contact tracing data gaps amongst vulnerable groups. Using the COVID-19 handbook developed by WHO Philippines, the organization created hard copy logbooks ("Home Health Trackers") for miners and their families to record their daily health status and activities.

These logbooks also contain information on COVID-19 best practices to prevent and limit community transmission. The data derived from the Trackers enhance contact tracing efforts undertaken by local authorities.

In addition to improving community surveillance, Families Choice is also conducting information, education, and communication (IEC) campaigns to improve the mining communities' knowledge of COVID-19 prevention best practices and vaccine acceptance.

The positive results from the pilot phase of the Trackers show the potential of Families Choice's community surveillance tool to be scaled up in other communities living in vulnerable conditions and low-resource settings, especially in areas with poor internet penetration. This empowers vulnerable communities by introducing the concept of close contact identification and its importance for COVID-19 prevention.

Operations Support and Logistics

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

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

The table below reflects WHO and PAHO-procured items that have been shipped as of 4 November 2021.

Shipped items as of 4 November 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 197 925	1 522 000	2 413 274	1 553 010	36 178 300	503 616	2 473 079	55 810 400	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)	2 374 620	2 345 883	2 504 580	1 607 785	17 950 000	348 720	3 122 222	33 047 550	2 583 695
Europe (EUR)	976 100	1 204 200	703 780	1 933 380	28 195 900	634 900	3 421 548	47 410 500	7 765 750
South East Asia (SEAR)	3 838 800	4 505 040	3 148 762	385 036	8 710 500	91 470	642 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 224 442	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	14 493 027	27 935 048	21 182 330	9 598 151	99 332 700	2 213 573	11 787 579	213 395 426	27 768 765

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory supplies data are as of 4 November 2021*

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

Appeals

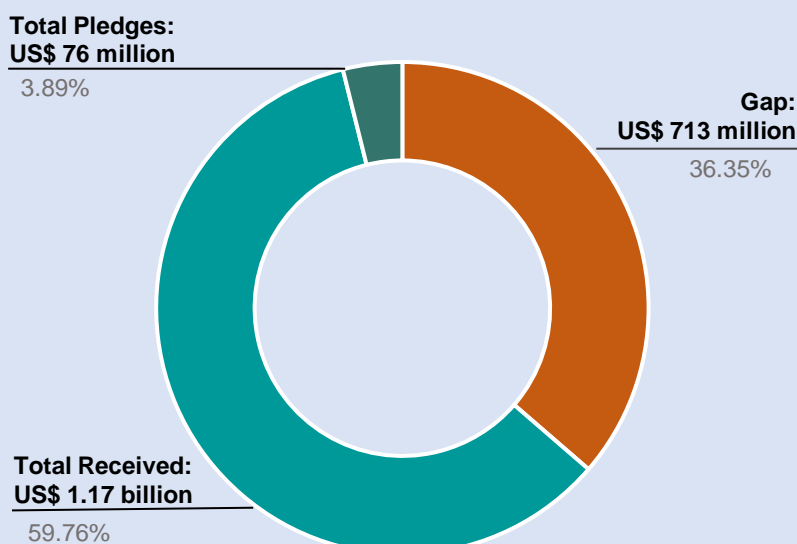
WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 2 November 2021, WHO has received US\$ 1.17 billion out of the 1.9 billion total requirement. **A funding shortfall of 40.2% 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 2 November 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, followed by a spotlight on indicators under Pillar 9, maintaining essential health services and systems.

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 42 2021) ^c	22% (n=15) ^d	53% (n=62)	47% (n=55)	50%
This week (epidemiological week 42), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 55 (47%) have timely reported COVID-19 data. An additional 5 countries in the temperate zones of the southern 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 8 November) ^c	0 ^f	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 8 November) ^c	0 ^f	6,893,633,094	7 084 921 786	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 8 November) ^c	0 ^f	49.5% (n=3.8 billion)	50.4% (n=3.9 billion)	N/A

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

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

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

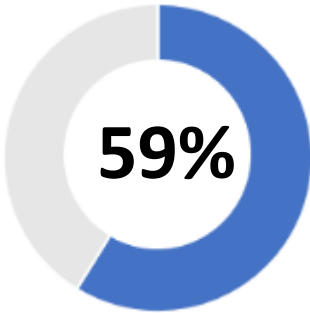
^e Quarterly reported indicator

^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

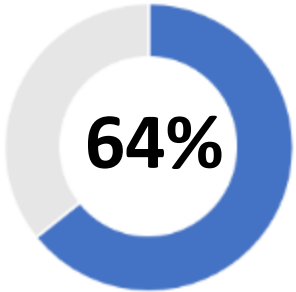
COVID-19 Global Preparedness and Response Summary Indicators: Pillar 9

WHO support to countries to reinstate previously postponed VPD campaigns for measles, polio, yellow fever, and other diseases

Current Indicator Status (October 2021)	Overview
<p>Countries where at least one VPD-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=68)</p>  <p>■ Country reinstated at least 1 VPD campaign ■ Country not reinstated postponed VPD campaign</p>	<p>As of October 2021, 40 countries (59%) that previously had delayed planned VPD campaigns have since reinstated at least one vaccination campaigns, an increase of 5 countries since May 2021.</p> <p>To support Member States to safely reinstate campaigns, WHO along with immunization partners developed guidance to promote safe practices during vaccination activities based on an improved understanding of SARS-CoV-2 transmission, provided technical assistance and mobilized resources for countries to implement immunization activities.</p> <p>Countries have implemented innovative efforts to resume immunization services and catch-up campaigns efficiently amidst the pandemic including additional training of vaccinators of infection prevention and control measures, ensuring health workers have personal protective equipment (PPE), engaging local communities to address misinformation and concerns as well as offering VPD vaccinations in open and well-ventilated areas and prolonging the length of campaigns to limit crowding and risks of COVID-19 transmission.</p>

For more information on efforts to ensure safe access to routine immunization and vaccine preventable disease campaigns during the COVID-19 pandemic , click [here](#).

Mental Health and Psychosocial Support (MHPSS) scales-up in fragile, conflict-affected and vulnerable settings through the Inter-agency MPHSS rapid deployment mechanism

Current Indicator Status (October 2021)	Overview
<p>Proportion of GHO countries with a functioning multi-sectoral MHPSS coordination group</p>  <p>■ Functional MHPSS multi-sectoral group has met 3+ criteria ■ Does not meet criteria</p>	<p>As of October 2021, 36 Global Humanitarian Overview 2021 countries have functioning multisectoral coordination groups (64%). Of the 20 GHO countries that have not yet met the threshold for the indicator, 8 (40%) have partially met the criteria.</p> <p>Functional MHPSS multi-sectoral coordination group will be defined as meeting at least three of the following criteria:</p> <ul style="list-style-type: none"> ■ Coordination group has more than 4 Member Agencies of Governmental departments from at least two different sectors; ■ Coordination group has met at least once during the last two months; ■ Coordination group has TORs and workplan or mapped deliverables; ■ Coordination has dedicated funding to support its activities through at least one of the member agencies; ■ Group has a monitoring and evaluation system in place.



Pillar 9 Continued: Maintaining essential health services and systems

Mental health and psychosocial support (MHPSS) is recognized as a cross-cutting issue relevant to a range of sectors engaged in humanitarian and health emergency responses.. In 2021, the indicator was updated to focus on the existence of a coordination mechanism and its functionality, including multisectoral memberships, a clear plan, dedicated financial and human resources, and a monitoring and evaluation framework

WHO has collaborated with the Dutch Surge Support (DSS), IFRC Psychosocial Centre, and standby partners to elaborate the [first-ever programme](#) for rapid deployment of experts in MHPSS during public health and humanitarian emergencies, focusing on MHPSS coordination. Launched in January 2020, more than 30 deployments have been undertaken to date. In 2021, deployments of MHPSS coordinators took place to the following countries: **Yemen, Uganda, Libya, Pakistan, Egypt, Congo, Peru, Guyana, Armenia, Azerbaijan, Sudan, Kenya, Afghanistan, Chad, Haiti, Mozambique, and Ethiopia.**

“The work in Yemen was complex and challenging...As coordinator of the MHPSS working group, it was my job to support organizations so that MHPSS activities and services can be scaled up. Using internationally recognized standards and best practices, I also helped partner organisations increase their theoretical and practical knowledge about mental healthcare.”

- Esubalew Haile Wondimu, MHPSS Coordinator deployed to Yemen

For more information on the Dutch Surge Support for MHPSS, click [here](#).

WHO supports countries to maintain the provision and use of services for maternal, newborn, child and adolescent health and older people during the COVID-19 pandemic

WHO has worked with 20 countries to mitigate the indirect impact of COVID-19 on essential health services, more specifically to ensure the continuity of essential services for maternal, newborn, child and adolescent health and older people (MNCAH). The initiative has engaged all 6 WHO Regions and the following 20 countries: **Bangladesh, Bolivia, Brazil, Cambodia, Cameroon, the Democratic Republic of the Congo, Ethiopia, India, Kazakhstan, Myanmar, Nepal, Nigeria, Pakistan, Romania, South Africa, Sudan, Tajikistan, Timor-Leste, Uganda, and Yemen**

This initiative has supported ministries of health in their role to coordinate national implementing partners to ensure a focus on the needs of women, newborns, children, adolescents and older people in emergency preparedness and response plans and coordination structures during the COVID-19 pandemic. Each WHO country team in close connection with a national Technical Working Group has worked to put guidance in place and document strategies and actions implemented to maintain the delivery and utilization of essential MNCAH services and prevent disruptions in health services due to COVID-19.

WHO has supported country teams to collect, synthesize and analyze information on mitigation actions and on stakeholders' perceptions on services and actions, to generate and use data and information for decision-making, and to hold policy dialogue at the country level.

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

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

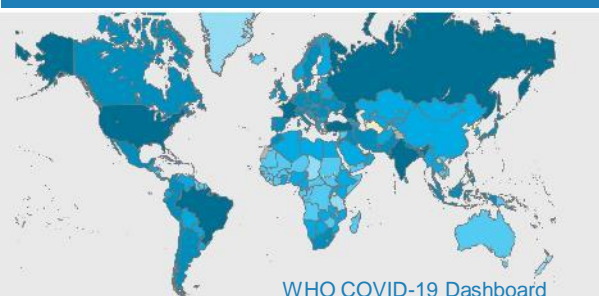
News

- To read more about WHO issuing emergency use listing for eight COVID-19 vaccine, COVAXIN® (developed by Bharat Biotech), click [here](#).
- To read the WHO Director-General's opening remarks at the COVID-19 media briefing on 4 November, including a call on manufacturers of vaccines that already have WHO Emergency Use Listing to prioritize COVAX, not shareholder profit, click [here](#).

Weekly Operational Update on COVID-19

16 November 2021

Issue No. 80



As of 14 November 2021

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

Confirmed cases

252 826 597

Confirmed deaths

5 092 761

Potreriillos, El Paraíso commits to preventing infections and deaths from COVID-19 with support from PAHO/WHO

A project titled "Prevention of new infections and deaths by COVID-19" is now being carried out in Honduras by PAHO/WHO with funds from the Government of Canada, in seven departments of the country. This project will support strengthening the COVID-19 response in the country.



© PAHO

The Intersectoral Health Board of Potrerillos, Honduras received a team from the Satellite Office of PAHO/WHO on 8 November to present the project. Dr Lavinia Almendares, coordinator of the PAHO/WHO satellite office in El Paraíso, presented the key indicators to be developed during the duration of the project and the methodologies that will be implemented.

Almendares, stated that "this is a direct support to the different selected communities, with the aim of implementing a communication strategy to reduce the rates of contagion by COVID-19 and increase the number of citizens vaccinated with their full doses."

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

Key Figures



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



More than **5.9 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



21 182 330 PCR tests shipped globally



213 395 426 medical masks shipped globally



99 332 700 gloves shipped globally



9 598 151 face shields shipped globally



197 GOARN deployments conducted to support COVID-19 pandemic response



7 307 892 664 COVID-19 vaccine doses administered globally as of 15 November

^a COVAX has shipped over **435 million** vaccines to **144** participants as of 2 November

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

From the field:

COVID-19 Intra-Action Review (IAR) in North Macedonia: 01 – 05 November 2021



North Macedonia Intra-Action Review ©WHO/Europe

From 1 to 5 November 2021, WHO Europe, at the invitation of the Minister of Health of North Macedonia, conducted an Intra-Action Review (IAR) on the country's response to COVID-19. The activity was financially supported by the WHO/EU DG NEAR Western Balkan Project whose aim is to strengthen and maintain all-hazard preparedness and response capacities in the Western Balkan region. Technical support throughout the IAR was provided by both WHO/Europe and Germany's Robert Koch institute (RKI).

The purpose of the IAR was to identify and document lessons learned from the national response efforts and to identify immediate, mid- and long-term actions which can be taken to improve the current COVID-19 response and to strengthen North Macedonia's preparedness and response functions. A team of WHO and RKI experts worked jointly with national and regional health professionals to discuss the achievements and understand the challenges which have been experienced since the emergence of SARS-CoV-2.

Based on the country's request, the IAR reviewed several areas of the COVID-19 response including country-level coordination, surveillance, case investigation and contact tracing, case management, vaccination, essential health services and the implementation of public health and social measures. A total of 50 participants joined the group discussions, of which five were in-person and one was virtual.

The IAR resulted in the identification of several short-term and long-term actions to improve North Macedonia's current COVID-19 response and to strengthen preparedness and response to epidemics in general. Cross-cutting recommendations from the participants included investing in the sustainability of human resources and the technical capacities developed during the pandemic, continuous capacity building and training (with regular simulation exercises), updating legislation related to emergencies and communicable diseases, improved communication between healthcare providers at all levels, and enhancing the ongoing digitalization of health information systems. The list of detailed actions will be further prioritized by the country and implementation activities initiated with follow-up mechanisms.

From the field:

Iraq launches nationwide vaccination campaign to scale up immunity against COVID-19

In partnership with the Iraqi Ministry of Health, WHO launched a national COVID-19 mass vaccination campaign covering all of Iraq, including the Kurdistan region and targeting over 12 million people.

The campaign commenced on 8 November and will run until 31 December to provide momentum to reach a 40% COVID-19 vaccination coverage rate among the general population, WHO's goal in all countries. The COVID-19 vaccine rollout in Iraq started in March 2021 and as of 6 November, only 15.1% and 9.0% of the total population have received first and second doses respectively.



“WHO and the Ministry of Health in Iraq rose to the challenge of vaccinating the maximum number of people possible to control the COVID-19 pandemic as soon as possible, under the theme of “COVID-19 vaccine is a gateway to a normal life”. Vaccination will be delivered in easy-to-access sites, open for longer working hours extending to the evening.” said Dr Ahmed Zouiten, WHO Representative and Head of Mission in Iraq.

This will see the opening of more than 100 external mass vaccination sites distributed across the 18 Iraqi governorates based on the demographic situation, health indicators, and capacity of each governorate. The sites will be supported by more than 225 vaccination and direct registration teams deployed with the required daily supply of vaccine doses.

Dr Riyadh Al Hilfy, Director General of the Public Health Directorate in the Iraqi Ministry of Health noted **“The campaign will target a vast majority of the vaccine eligible population in Iraq through external vaccination outlets with on-the-spot registration.”**, adding **“Vaccines are now available, and we urge our citizens to go get their jabs. Let’s stand by each other to overcome the difficulties resulting from this disease and bring life back to normal with determination and the support of our partners”**.

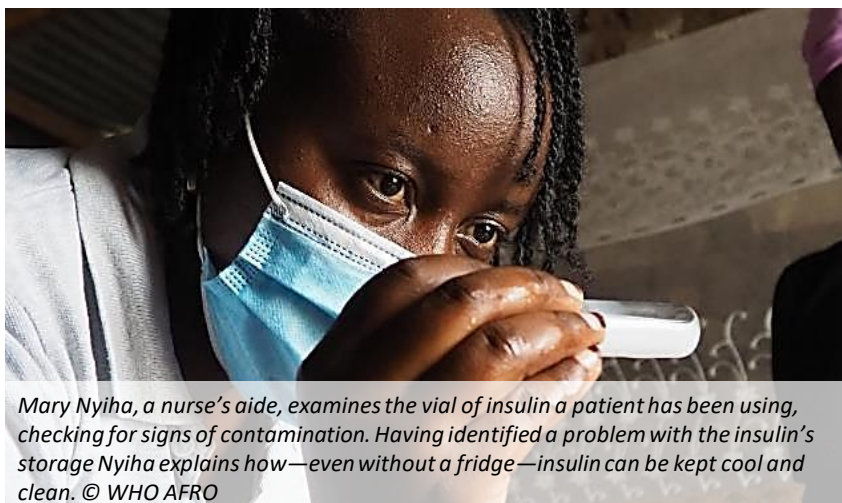
WHO Iraq would like to express its gratitude to the German Government for their financial contribution which has enabled the planning and the implementation of this.

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

From the field:

Essential health services for diabetes saving young lives in Kenya

The Diabetes Management and Information Centre, a private Kenyan organization, has helped more than 3000 children since launching its no-cost services 10 years ago through its Changing Diabetes in Children programme, which provides free care, medication, and follow-ups. The care, part of essential health services of pillar 9 of the WHO Strategic Preparedness and Response Plan, has continued and expanded during the COVID-19 pandemic.



Mary Nyiha, a nurse's aide, examines the vial of insulin a patient has been using, checking for signs of contamination. Having identified a problem with the insulin's storage Nyiha explains how—even without a fridge—insulin can be kept cool and clean. © WHO AFRO

Registered patients continue to receive medicine and clinical care at no cost. The programme also expanded to care for beneficiaries until they reach 25 years, raising the cut-off age by seven years.

“Many children with type 1 diabetes, requiring daily insulin administration to survive, die before they are diagnosed”, says Zacharia Ndegwa Muriuki, the head of Kenya’s National Diabetes Prevention Control Programme.

Diabetes has been on the rise in Kenya according to a 2015 survey, which also found that 88% of people do not know their diabetes status. “This is of great concern because it has costly public health implications for any country,” says Dr Juliet Nabyonga, acting WHO Representative in Kenya. “We are supporting the country to improve diabetes prevention and care.”

Dr Nancy Ngugi, a Diabetes Management and Information Centre board member, noted “Most of the children we diagnose are from poor families. They can’t afford insulin, glucometers, strips, or hospital consultation fees.” When one of its patients isn’t doing well, the NGO will travel to the home to find out which aspect of care needs improvement and offer solutions.

Wilson Maina recalls when his 10-year-old daughter, Margaret, was first diagnosed. The US\$ 340 hospital bill and monthly US\$ 40 medicine expenditures were so high that he could no longer afford her school fees, Maina says. With help from the Diabetes Management and Information Centre, Maina was able to enrol his daughter in school again.

“We’ve found that for the children enrolled in this programme, their sugar control improved, they were able to reach puberty, continue with education and had improved performance in school,” Dr Ngugi says.

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

Pandemic learning response

Using social and behavioural data to fight COVID-19

The pandemic continues to highlight a pressing need to use social and behavioural data alongside epidemiological, biomedical and other data to mount an effective response to COVID-19.

Given the challenges in capturing up-to-date social and behavioural data, WHO has developed the 'Social and Behavioural Insights COVID-19 Data Collection Tool for Africa' (SBI Tool). Adaptable to the context in which it is applied, this tool can be used by WHO Country Offices, nongovernmental Organizations (NGOs), universities, or other groups interested in capturing quantitative and qualitative social and behavioural data.



Social and behavioural data are critical to effective COVID-19 response.

Learn how to collect social and behavioural data in Africa and beyond in our **free online course**

OpenWHO.org

 SocialNet  World Health Organization

A new [OpenWHO course](#) explains how to use the tool and provides tips and tricks to ensure implementation is successful and impactful.

The course takes approximately 3 hours to complete and offers a Confirmation of Participation certificate to participants who complete at least 85% of the course material. More than 1400 learners are currently enrolled.

This is the first course in a new SocialNet series supporting social science, risk communication and community engagement in response to health emergencies, with additional courses expected to be launched in the coming months. Overall, OpenWHO hosts 117 courses on key health topics, including 39 courses to support the response to the COVID-19 pandemic.

OpenWHO.org learning platform figures



Infection, prevention and control
Clinical management



COVID-19 Partners Platform



Gavi supports delivery of Covid-19 vaccines via the Partners Platform

Gavi is offering a new COVID-19 Vaccine Delivery Support (CDS) needs-based window, over several rounds, to cover funding gaps in country plans to scale-up COVAX-funded COVID-19 vaccine delivery through 2022 and is inviting country administrators to apply through WHO's Partners Platform. While the first round has already closed, the deadline to apply for the second round will be early January, date forthcoming. The final round's window to apply will close on 3 February 2022.

With approximately US\$ 400 million in funding available to the 61 Advance Market Commitment (AMC) participants, the window seeks to support key priorities in existing National Deployment and Vaccination Plans (NDVPs) and to leverage partners to fund remaining gaps. To respond to urgent situations putting delivery of COVAX doses at-risk of expiry, a short-term pathway exists to provide rapid access to funds to mitigate delivery issues.

Countries are encouraged to express their full needs but will be asked to prioritize activities in their budget. There are no predefined ceilings or requirements for share of investment in specific areas.

Requests will be reviewed by the Independent Review Committee and funds will be deployed as acute needs are identified - on a first-come-first-served basis - with no guarantee of access to funding.

Gavi's funds will be made available to countries within a few weeks of the submission. Additional very small amounts will be made available within 2-3 days through UNICEF country offices. Any outstanding funding gaps not covered by Gavi will be shared with other donors via the Funders Forum.

If you are a country administrator and wish to apply (or have questions):

Application materials and supporting documents can be found and submitted through WHO's Partners Platform. For more information, your primary contact person is the Gavi Senior Country Manager of your country.

Country administrators are invited to drop into a **recurring CDS info meeting** held every Tuesday between 14:00 and 14:30 Geneva (CET) on Microsoft Teams, [click here to join the next meeting](#). Troubleshooting online sessions can also be organized on request.

Operations Support and Logistics

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

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

The table below reflects WHO and PAHO-procured items that have been shipped as of 4 November 2021.

Shipped items as of 4 November 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 197 925	1 522 000	2 413 274	1 553 010	36 178 300	503 616	2 473 079	55 810 400	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)	2 374 620	2 345 883	2 504 580	1 607 785	17 950 000	348 720	3 122 222	33 047 550	2 583 695
Europe (EUR)	976 100	1 204 200	703 780	1 933 380	28 195 900	634 900	3 421 548	47 410 500	7 765 750
South East Asia (SEAR)	3 838 800	4 505 040	3 148 762	385 036	8 710 500	91 470	642 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 224 442	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	14 493 027	27 935 048	21 182 330	9 598 151	99 332 700	2 213 573	11 787 579	213 395 426	27 768 765

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory supplies data are as of 4 November 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 9 November 2021, WHO has received US\$ 1.17 billion out of the 1.9 billion total requirement. **A funding shortfall of 40% remains during the final 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 9 November 2021

Total Pledges:
US\$ 76 million

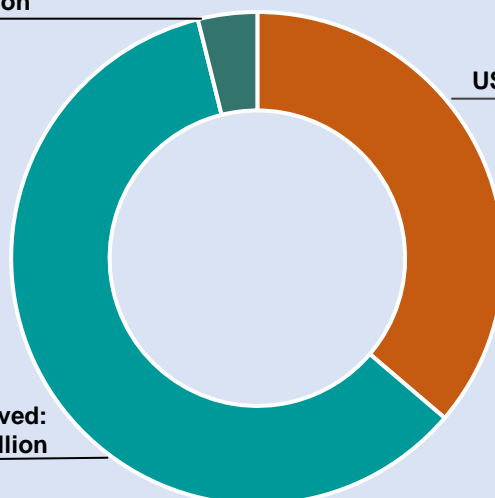
3.89%

Gap:
US\$ 711 million

36.24%

Total Received:
US\$ 1.17 billion

59.87%



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, followed by a spotlight on indicators under Pillar 9, maintaining essential health services and systems.

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 43 2021) ^c	22% (n=15) ^d	47% (n=55)	44% (n=51)	50%
This week (epidemiological week 43), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 51 (44%) have timely reported COVID-19 data. An additional 5 countries in the temperate zones of the southern 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 15 November) ^c	0 ^f	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 15 November) ^c	0 ^f	7 084 921 786	7 307 892 664	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 15 November) ^c	0 ^f	50.4% (n=3.9 billion)	52.0% (n=4.0 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 November 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 256 million from more than **676 626** 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 activities 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



676 626 donors

[individuals – companies – philanthropies]

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

\$169 million

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

\$10 million

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

\$10 million

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

\$10 million

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

\$20 million

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

\$5 million

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

\$2.6 million

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

Key links and useful resources



GOARN

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

Emergency Medical Teams (EMT)

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

WHO case definition

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

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 9 November 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

An update on SARS-CoV-2 variants, including the current geographic distribution of Variants Concern (VOCs).

News

- For more information on the Director-General's Global Health Leaders Award for Annette Kennedy, President of the International Council of Nurses, click [here](#).
- For the joint statement of the Multilateral Leaders Task Force on Scaling COVID-19 Tools, click [here](#). At the meeting, all participants agreed on the **urgency of delivering more vaccines to low-income countries, where less than 2.5% of the population has been fully vaccinated.**

Weekly Operational Update on COVID-19

23 November 2021

Issue No. 81



As of 22 November 2021

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

Confirmed cases
256 480 022

Confirmed deaths
5 145 002

Building capacity to create vaccine demand among health care and frontline community workers in Syria

The week of 14 November, health care workers, who play a critical role in supporting effective risk communication and community engagement for vaccination, built their capacities and strengthened skills in managing vaccine hesitancy as part of the COVID-19 response. The interactive training organized by the Ministry of Health and WHO, in partnership with UNICEF, International Federation of Red



©WHO EMRO

Cross and Red Crescent Societies (IFRC) and Syrian Arab Red Crescent (SARC) aimed to identify and address issues that may affect vaccine uptake in the community, including health workers' personal concerns and beliefs about vaccination.

"Availability and accessibility of COVID-19 vaccines do not automatically guarantee an effective rollout and uptake among the Syrian population. As more COVID-19 vaccines are delivered to Syria, all concerned sectors are joining hands to facilitate vaccine roll out and acceptance to reach the national target of 20% by the end of the year," said Dr Akjema Magtymova, Head of Mission and WHO Representative in Syria.

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

Key Figures



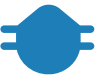
WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5.9 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



21 474 136 PCR tests shipped globally



215 179 426 medical masks shipped globally



99 120 700 gloves shipped globally



9 610 311 face shields shipped globally



197 GOARN deployments conducted to support COVID-19 pandemic response



7 408 870 760 COVID-19 vaccine doses administered globally as of 22 November

^a COVAX has shipped over **507 million** vaccines to **144** participants as of 17 November

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

From the field:

WHO/Europe supports Serbia's public health laboratory financing system: 9 – 10 November 2021



Training of laboratory experts and financial experts on the Laboratory test costing and expenditure tools ©WHO/Europe, Maria Amante

[Better Labs for Better Health](#) advocates for clear organization of laboratory systems at all laboratory levels within a country. This includes the development of terms of references for each lab, an inventory of tests and methods to be performed at each level and their justification and the accompanying costs for offered tests.

The laboratory test costing tool (LTCT) was developed to help laboratories evaluate the cost of a test, justify this cost, and assist in producing pricelists for laboratory tests. The Laboratory Expenditure Tool (LET) assists in producing proposals for laboratory budgets and calculating the total cost of running a given laboratory.

In Serbia, from 9 – 10 November 2021, a training was held on the LTCT and LET with financial experts and laboratory experts from laboratories to empower both parties and encourage discussions and transparency within the laboratory setting. This combined counterpart training was the first of its kind in Serbia.

Costing is particularly important during the COVID-19 pandemic when surge laboratory capacity can be needed, but sometimes unpredictable. The training aimed to support regional laboratory staff in using the LTCT to provide proof of incurred costs for COVID-19 testing and to ensure that the costs of testing are fully covered by existing funding sources. By using the tool, laboratories can avoid needing to cut costs in other areas including training, equipment maintenance, biosafety, and biosecurity.

Following the training, WHO/Europe laboratory experts will provide support in evaluating the costs of tests in the regional laboratories in Serbia through field visits over the coming week. This work will help sustain the laboratory systems put in place during and after the COVID-19 pandemic. This same activity has also been performed in the Republic of Moldova and North Macedonia by the World Health Emergencies Balkan Hub. These activities are implemented by the WHO/Europe COVID-19 IMST and supported by Canada under the ACT-Accelerator Health System Connector.

From the field:

The Ministry of Health collaborates with district authorities to reduce COVID-19 transmission and mortality in Vientiane Capital, Lao People's Democratic Republic



WHO provides training to prepare workers to deploy.
©WHO/Shogo Kubota



Health Minister, Dr Bounfeng Phoummalaysith gives his speech at the
Sikhottabong District's Governor Office. ©CCEH

On 13 November 2021, the Minister to the Ministry of Health, Dr Bounfeng Phoummalaysith chaired a meeting to discuss about the deployment plan of more than 300 people to 7 districts in Vientiane Capital to work directly with local authorities to reach the villagers in their communities.

The soon to be deployed workers, trained by WHO, will mobilize the local authorities to reduce local COVID-19 transmission and prevent deaths through building capacities of district and village authorities, to effectively engage their communities and accelerate uptake of vaccines, establish home care and care pathways for early detection of medical needs and access to hospital care when needed; and assist families in their communities that faces emergency due to COVID-19 and may need their support.

With the increase in positive COVID-19 cases reported, the Ministry of Health is committed to implement home care while minimizing the COVID-19 transmission and deaths in Vientiane Capital. The deployments will last 14 days to work with village authorities to provide information to the communities on home care, vaccination, and preventive measures. By working with local authorities, the ministry hopes to reduce the strain on the health care system while ensuring that everyone can access medical care when needed.

“This initiative by the Ministry of Health comes at an opportune time when we see local transmission cases increasing and with the introduction of home care, it is important that we keep transmission and mortality rates low. At the same time, this will help us better understand the challenges faced by local authorities when dealing with positive COVID-19 cases on home care. A feedback loop is included so we can learn of challenges faced by local authorities in their communities, and work with the ministry and district authorities to identify solutions and learn from the process.” said WHO Officer-in-Charge, Dr Jun Gao.

From the field:

Building capacity of frontline health care workforce on latest COVID-19 clinical management practices priority for WHO

WHO's Regional Office for the Eastern Mediterranean conducted a webinar series to enhance the knowledge and skills among frontline health care workers on up-to-date recommendations for clinical management of people with COVID-19 over 3 sessions on 18 October, 27 October, and 3 November 2021.

The webinar sessions were designed for frontline health care workers from multiple disciplines directly managing COVID-19 patients.



“Previously, when we received COVID-19 patients, we used to start antibiotics as empirical therapy. After this webinar, we now know that antibiotics should not be the first-line treatment for COVID-19 patients. We learned that oxygen therapy and other supportive medications should be considered first. In addition, we learned that oxygen-given procedures are also a key in the prognosis of the patient,” said Dr Barkhad Mohamed, a general physician in the COVID-19 isolation and emergency centre, Hargeisa, Somaliland.

Over the 3 sessions, WHO provided updates on WHO guidelines on the management of COVID-19 patients and also, invited regional and international clinical experts to share their protocols and their own experience in managing patients with critical, severe, and non-severe COVID-19. The care of special populations with COVID-19, such as pregnant women, children, and older people, was highlighted along with the latest information on the post-COVID condition. WHO stressed the importance of promoting experience-sharing among clinicians in both public and private hospitals, as well as other health care settings.

“The strategic preparedness and response plan (SPRP) in the area of the COVID-19 clinical management plays a crucial role in outlining the overall Organization’s objectives to end the COVID-19 pandemic, as well as assisting national stakeholders with developing a structured approach to their response. We aim to conduct regular sessions to update and strengthen health care providers’ capacity, especially those on the frontlines of the COVID-19 response and provide them with updated information in this area,” said Dr Chiori Kodama, Medical Officer, Infectious Hazard Prevention and Preparedness programme at the WHO’s Regional Office for the Eastern Mediterranean.

Pandemic learning response

Leadership in Emergencies: Building competencies for effective leadership in all-hazards emergency response

Effective leadership is key to health emergency response management. Since 2019, WHO has delivered the Leadership in Emergencies programme to 150 individuals from both WHO and Ministries of Health in Member States.

The programme helps participants develop key leadership skills to fulfil team lead, Health Cluster Coordinator and Incident Manager roles. In 2021, the programme moved online to increase access for learners. It has three elements:

- **Ready4Response:** Online self-paced learning on OpenWHO.org ([Tier 1](#); [Tier 2](#)).
- **Leadership Phase I:** Eight weeks of online classes focused on developing leadership skills.
- **Leadership Phase II:** Four weeks of online classes followed by a simulation exercise.



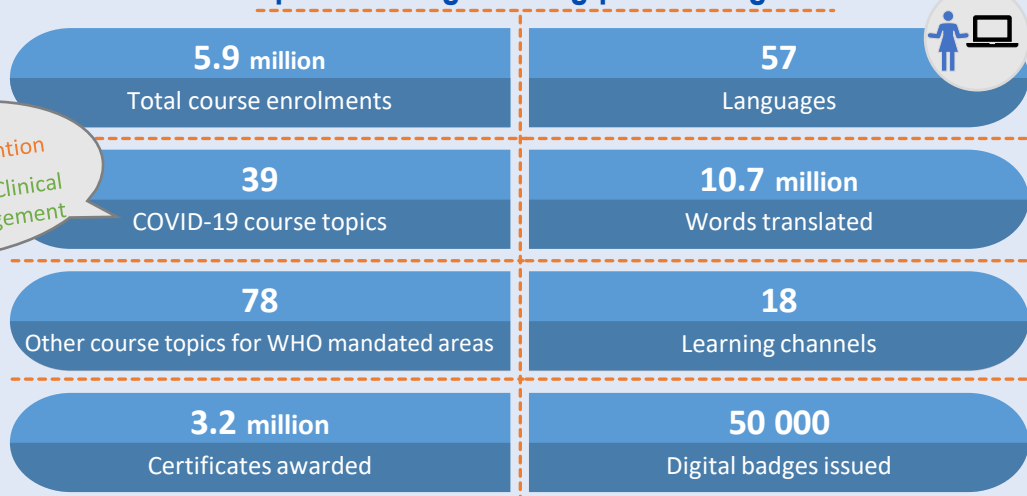
©WHO

Participants have said that the leadership training course has helped them lead in emergency contexts, including the COVID-19 response.

“The main takeaways that I have applied during my daily work have been how to strengthen my team and take care of them, providing feedback and better interaction among each other. And the most important: Supporting them to achieve our mission – WHO and PAHO’s mission – because success is not about compete but collaborate,” said Luis de la Fuente, PAHO regional advisor for the Emergency Medical Teams (EMT) initiative that provides technical support and coordination in medical surge capacity and EMT response within the Incident Management System.

In 2022, the programme will open to another 160 nominated participants, and WHO will work with colleagues and partners to further develop the programme to enhance its reach and quality for learners.

OpenWHO.org learning platform figures



Infection, prevention
and control Clinical
management



COVID-19 Preparedness

COVID-19 Intra-Action Review (IAR) Training: *Muscat, Oman*



COVID-19 Intra-Action Review Training in Oman /© WHO Oman

The Sultanate of Oman requested support for a two-day training session on conducting a COVID-19 Intra-Action Review (IAR) from the WHO Eastern Mediterranean Regional Office and the WHO Oman Country Office, in collaboration with Ministry of Health (MoH) of Oman, from 10 - 11 November 2021, with His Excellency Dr Ahmed Al Saidi, Minister of Health Oman in attendance for the opening ceremony.

A [COVID-19 IAR](#) is a country-led, facilitated process, that allows stakeholders of the ongoing COVID-19 response to review the functional capacities of public health and emergency response systems at the national or subnational levels to identify best practices, gaps and lessons learned, and propose corrective measures and actions, both short- and long-term, of the COVID-19 response. WHO has also developed an online [course](#) comprised of four modules, quizzes and a final assessment to remotely support countries in conducting an IAR. Oman is the first country in the region to participate in an IAR training session.



The training's main objectives were:

- To provide an opportunity to share experiences and guide the MoH team on using the IAR tool that will be used for a WHO supported review mission (dates to be confirmed).
- To discuss how to facilitate consensus building among various stakeholders and compile lessons learned on both successes and to prevent errors from recurring.
- To train the participants applying lessons learned from the response efforts to date to enable health systems strengthening.

In this context, the 2-day training of 34 MoH personnel from a range of governorates had the aim of building the capacity at national and provincial levels on conducting a successful IAR and aided in participants familiarizing themselves with the IAR tool, as IARs rely primarily on personal experience and perceptions of individuals involved in the COVID-19 response to assess what worked, what did not, why and how to improve the response.

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 19 November 2021.

Shipped items as of 19 November 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 239 625	1 563 000	2 549 010	1 553 010	36 178 300	503 616	2 473 079	56 010 400	3 654 630
Americas (AMR)	1 446 132	18 492 200	11 197 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 578 620	2 345 875	2 602 200	1 619 945	17 185 000	375 120	3 154 222	33 877 550	2 603 695
Europe (EUR)	987 800	1 334 200	714 120	1 933 380	28 255 900	634 900	3 421 548	48 164 500	7 808 950
South East Asia (SEAR)	3 838 800	4 547 750	3 145 690	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 265 424	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	14 750 427	28 463 675	21 474 136	9 610 311	99 120 700	2 239 973	11 816 579	215 179 426	27 831 965

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 November 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 16 November 2021, WHO has received US\$ 1.19 billion out of the 1.9 billion total requirement. **A funding shortfall of 39.45% remains during the final 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.

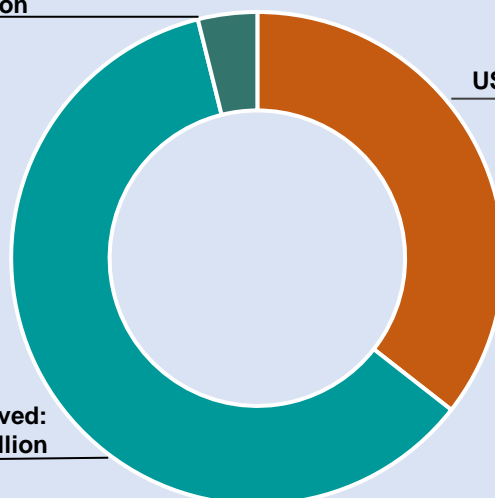
Contributions to WHO for COVID-19 appeal

Data as of 16 November 2021

Total Pledges:
US\$ 76 million
3.89%

Total Received:
US\$ 1.19 billion
60.55%

Gap:
US\$ 698 million
35.56%



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, followed by a spotlight on an indicator in Pillar 4, points of entry, international travel and transport, and mass gatherings.

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 44 2021) ^c	22% (n=15) ^d	44% (n=51)	44% (n=51)	50%
This week (epidemiological week 44), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 51 (44%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern 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 22 November) ^c	0 ^f	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 22 November) ^c	0 ^f	7 307 892 664	7 408 870 760	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 22 November) ^c	0 ^f	52.0% (n=4.0 billion)	52.4% (n=4.1 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

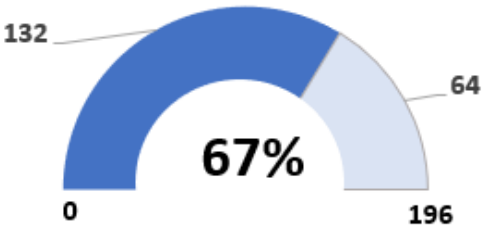
^e Quarterly reported indicator

^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

Pillar 4: Points of entry, international travel and transport, and mass gatherings

Member States continue to implement a risk-based approach for managing the risks of COVID-19 spread while gradually resuming and adjusting international travel, trade and mass gathering events.

Current Indicator Status(September)	Overview
<p>States Parties made timely information about international travel measures available to WHO</p>  <p>132 64 67% 0 196</p>	<p>During this quarter, 132 of the 196 State Parties to the IHR updated and shared information about international travel related measures, an increase of 16 countries reporting as compared to the previous quarter (April-June).</p> <p>From July - September 2021, WHO IHR regional focal points collected and validated more than 800 health measures related to international travel, including border status, vaccination, testing and quarantine requirements.</p>

The number of States Parties updating and sharing up to date information to WHO through the regional offices about international travel measures **increased for this quarter**. This facilitates collection, analysis and publication of those measures in the Event Information Site accessible by National Focal Points and other designated organizations.

Key Highlights

- **30 countries** currently report travel bans against travelers coming from specific countries, mostly Brazil, India, South Africa and/or United Kingdom, but the list extends up to 159 countries in 6 regions.
- **24 countries** implement strict border closure, but with exceptions for example for repatriation of nationals or certain group of travelers (diplomats, sports, students).
- **53 countries** allow for reduced quarantine or test measures when traveler is fully vaccinated.
- To date, **138 countries** request a negative SARS-CoV-2 test prior to travel, in most instances even for vaccinated travelers.
- **16 countries** (13 more than Q2) require proof of vaccination against COVID-19 as a condition for entry

Following the [9th meeting of the IHR Emergency Committee on COVID-19 pandemic](#) on 22nd October, the following travel-related temporary recommendations have been extended by WHO:

1. **EXTENDED:** Continue a risk-based approach to facilitate international travel and share information with WHO on use of travel measures and their public health rationale. In accordance with the IHR, measures (e.g. masking, testing, isolation/quarantine, and vaccination) should be based on risk assessments, consider local circumstances, and avoid placing the financial burden on international travellers in accordance with Article 40 of the IHR. [Link to WHO guidance](#)
2. **EXTENDED:** Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines. State Parties should consider a risk-based approach to the facilitation of international travel by lifting or modifying measures, such as testing and/or quarantine requirements, when appropriate, in accordance with the WHO guidance. [Link to WHO interim position paper](#) and [Link to WHO guidance](#)

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 November 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 256 million from more than **676 626** 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 activities 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.

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



More than US\$ 256 Million



676 626 donors

[individuals – companies – philanthropies]

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 16 November 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on the 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 available studies.

News

- To watch the Science in 5: COVID-19 & Antibiotics on YouTube, click [here](#).
- To read more about Qatar and WHO convening their first strategic dialogue, click [here](#).
- To read the Director-General's remarks at the first session of the World Emerging Security Forum, click [here](#).
- To read the WHO Director-General's opening remarks at Global WHO Evidence-to-Policy (E2P) Summit; Official Welcome Note: Mobilizing evidence for impact in a global health emergency, click [here](#).