

Weekly Operational Update on COVID-19

22 March 2021

Issue No. 47

Confirmed cases^a
122 822 505

Confirmed deaths
2 709 041

Call for maintaining essential health services amid disruptions due to COVID-19 in South Asia

A [United Nations report](#) supported by WHO, cites examples of service disruptions including an 80% drop in the number of young children treated for severe acute malnutrition (SAM) in Nepal and Bangladesh, and a sharp drop in childhood immunizations in Pakistan and India as the region battles to contain COVID-19 cases, numbering 11 million by the end of 2020.



Credit: WHO/Nepal

Drastic cuts in the availability and use of essential public health services across South Asia due to COVID-19 may have contributed to an estimated additional 228 000 and 11 000 child and maternal deaths in 2020 respectively.

“Maintaining essential health services is an important pillar of WHO’s COVID-19 response strategy,” said Dr Poonam Khetrpal Singh, Regional Director of the WHO South-East Asia Region. The report calls for prioritizing essential health services for pregnant women, adolescents and young infants. Strengthening supply chains for the delivery of vaccines and other essential childhood medicines is also vital.

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

Key Figures



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



164 GOARN deployments conducted to support COVID-19 pandemic response



20 070 365 respirators shipped globally



198 747 426 medical masks shipped globally



8 653 511 face shields shipped globally



37 105 700 gloves shipped globally



6 970 179 gowns shipped globally



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **29** topics in **47** languages

^a For the latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

From the field:

Nigeria rallies over 7000 traditional leaders for community-based interventions against COVID-19

As part of concerted efforts to utilize community-based interventions, including sensitizing and mobilizing communities, WHO is building on the lessons learned from the critical role played by traditional and religious leaders in the achievement of a polio-free Nigeria.

These leaders have a unique capacity to mobilize, sensitize and convince their communities in support of any public health interventions. With WHO's support, the Nigerian government has engaged 7350 traditional and religious leaders across 11 priority states to execute community-based interventions including sensitization for voluntary testing, survivors' declaration of status to reduce stigma, voluntary disclosure of contacts by confirmed cases and adherence to preventive measures.



Credit: WHO Africa Regional Office

The key role played by traditional leaders in Northern Nigeria from 2009 was one of the top strategic partnerships that saw the end of polio in Nigeria by 2016. According to Professor Oyewale Tomori, a polio expert in Nigeria, "We soon figured out that even with full government support, we could not reach certain communities without engaging traditional leaders. As soon as we brought them on board, popular resistance to the vaccination campaigns disappeared."

In Kwara state, the traditional leaders' engagement resulted in an increase in individuals presenting for COVID-19 testing, from zero per week to 875 per week after the intervention, and weekly tests have remained higher than 300 samples in 2021. Likewise, in Sokoto, after the engagement of the traditional leadership under the Sultan of Sokoto, community testing increased from less than 100 in September 2020 to over 200 in March 2021.

WHO Country Representative, Dr Walter Kazadi Mulombo, is optimistic that engaging the traditional and religious institutions will similarly enhance community acceptance of COVID-19 vaccine. "As Nigeria introduces COVID-19 vaccine amidst low-risk perception, myths and doubts about the reality of the disease among the populace, the engagement of traditional leaders will be vital to address these and other erroneous beliefs.

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

From the field:

Single Nucleotide Polymorphisms (SNP) assay training for the detection of SARS-CoV-2 variants of concern in the European Region

The WHO Regional Office for Europe has provided continuous support to virology laboratories involved in SARS-CoV-2 testing to improve quality management knowledge and implement detection methods for VOCs in central public health labs.

While it is normal for viruses to mutate, several new circulating SARS-CoV-2 variants have public health consequences, so called variants of concern (VOC). VOCs are identified based on the assessment of increased transmissibility or detrimental change in COVID-19 epidemiology an increase in virulence or change in clinical disease presentation; or a decrease in effectiveness of public health and social measures or available diagnostics, vaccines, or therapeutics. Three VOCs are currently under close scrutiny in the WHO European Region: B.1.1.7, B.1.351, and P1.



SNP assay training in Ukraine held from 15 - 18 March 2021 Credit: WHO/Europe

Genetic characterization is the main laboratory method used for the identification of VOCs, with SARS-CoV-2 whole genome characterization using high-throughput sequencing (HTS) providing the most complete picture. HTS is a costly and resource intensive method and thus, is not implemented in many countries across the WHO European Region.

WHO is supporting laboratories to conduct whole genome sequencing of SARS-CoV-2 samples and the transfer of more accessible technologies to rapidly identify the circulation of VOCs. Single Nucleotide Polymorphisms (SNP) assays allow the detection of single nucleotide changes within the SARS-CoV-2 genome such as the N501Y mutation, present in all three circulating VOCs, making it a reliable indicator for their detection. This method is quick, taking about two hours, and can be performed on samples that have tested positive for SARS-CoV-2 using polymerase chain reaction (PCR).

WHO/Europe is supporting countries to increase detection capacity for VOC by providing trainings on SNP assay performance for the detection of VOCs, programming of real time PCR instruments and helping with the interpretation of results in Bosnia and Herzegovina, Republic of Moldova, Kyrgyzstan and Ukraine. Further trainings are planned to support countries in detecting and containing the spread of VOCs.

From the field:

Regional ministerial working group highlights achievements and challenges as vaccines start rolling out in the Eastern Mediterranean Region

As part of support to countries, WHO's Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari, has been engaging with ministers of health on a regular and sustained basis to build consensus, foster evidence-based decision-making, and identify areas of WHO support.

The first ministerial meeting of 2021 was held March 16, with 13 of 22 Ministers of Health and WHO representatives from the Region.

The meeting, led by Dr Ahmed Al-Mandhari, focused on reviewing the achievements and challenges of the COVID-19 situation and response, as well as identifying ways to strengthen WHO support. In his opening remarks, Dr Al Mandhari noted that "As we mark a year since WHO declared the COVID-19 a global pandemic, our Region has calibrated a wealth of experience, despite all challenges faced," he added, "The Regional Office is in close coordination with Member States to put together response plans based on evidence, science, and collaboration". Dr Al-Mandhari also emphasized that the pandemic has highlighted the essential role of leadership and coordination among countries of the Region.

Achievements discussed included predictive modelling studies helping inform national responses, with 7 countries in the Region regularly using modelling to inform public health management cooperation; improving clinical management and intensive care units' capacities also resulted in better patient outcomes. A common challenge identified related to the arrivals of vaccines through the COVAX Facility, including delays in the arrival of some shipments. WHO's role in ensuring countries were prepared to receive and roll-out vaccination campaigns was also discussed.

Dr Richard Brennan, Director of Health Emergencies for the Eastern Mediterranean, stated that the way forward in fighting this pandemic has been paved as WHO released its updated strategic objectives for 2021 that brought together the joint efforts required to suppress transmission, reduce exposure, tackle misinformation, reduce mortality and morbidity from all cases, and accelerate equitable access to new COVID-19 tools.

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



Credit: WHO Regional Office for the Eastern Mediterranean

From the field:

WHO supports outbreak control in Papua New Guinea as cases surge

WHO is working with the Government of Papua New Guinea (PNG) to prevent the spread of SARS-CoV-2 as mass gatherings to commemorate the country's founding Prime Minister threaten to accelerate already rising cases.

In February 2021, [cases rose sharply](#), with 449 cases reported in February alone, bringing the total to 1365 with 14 deaths. Hospitals are under pressure as the number of patients and health care workers infected with SARS-CoV2 mounts.



WHO and NDOH experts visit an urban clinic in Wewak, East Sepik to advise on infection prevention and control measures. Credit: WHO Papua New Guinea

After former Prime Minister Grand Chief Sir Michael Somare died on 26 February, the country announced 12 days of mourning from 1 to 12 March. Commemorations include church services, community events, a state funeral with funeral procession and traditional “haus krai” (wake) gatherings.

In light of these commemorations, WHO is working with counterparts from the PNG National Department of Health (NDOH) to encourage safe mourning and minimize the risks posed by mass gathering during a pandemic. Dr Luo Dapeng, WHO Representative in Papua New Guinea, noted the importance of healthy behaviours for mourners such as “physical distancing, wear a mask, avoid crowds, clean their hands, stay home if they are unwell, and cough into a bent elbow or tissue.” A joint team recently visited Wewak, East Sepik, the home of the late Sir Michael, to support the province's COVID-19 response and to work with health authorities to mitigate the risk of COVID-19 transmission during the mourning period.

WHO is also working with NDOH in provinces that have reported recent surges in cases with visits to assess needs and deliver training on topics such as surveillance, clinical management and infection and prevention control in numerous provinces, including East Sepik, West Sepik, Madang and the National Capital District.

In West Sepik, a joint team of experts from WHO, the NDOH and the Provincial Health Authority trained correctional services officers on protective measures after positive COVID-19 cases were reported there. They also met with prison wardens and their families to address their concerns and discuss preventive measures. In Madang, a joint team assessed laboratories and the screening process at Divine Word University campus.

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

From the field:

Nepal's rapid timeline: From National Deployment and Vaccination Plan (NDVP) to successfully initiating COVID-19 vaccine campaign with WHO support

In Nepal, cases have consistently declined since October 2020 to March 2021, from approximately 3000 per day to now an average of 80 new cases daily. During this time, comprehensive preparedness for a national COVID-19 vaccine campaign was implemented.

In November, to prepare for COVID-19 vaccination roll-out, Nepal began ensuring regulatory preparedness, allowing for Emergency Use Authorization (EUA) of select vaccines. On 8 February, Nepal submitted their NDVP to WHO Partners Platform which accounted for vaccination of 20% of the population via the COVAX Facility, and prepared other procurement strategies, such as bilateral deals with manufacturers, for further population coverage.



WHO Nepal personnel conducting session site monitoring on the first day of vaccination. Photo credit: Kiran Khadka/WHO Nepal

Nepal's National Immunization Advisory Committee (NIAC) and the government's Family Welfare Division (FWD) proactively established a secretariat with WHO's help for decision-making on the use of COVID-19 vaccines. WHO supported FWD with holistic preparations including the development of operational guidelines, training packages, Information, Education and Communication (IEC) materials, a readiness assessment, and technical support for cascaded training and microplanning workshops. Late January, FWD rolled out national trainings for vaccinators and focal points on Adverse Events Following Immunization (AEFI) of over 2000 individuals, with support from WHO. WHO also supported developing a DHIS-2 dashboard on daily vaccinations and AEFIs for efficient monitoring.

Nepal's COVID-19 vaccination campaign launched with phase I from 27 January to 6 February, with the contribution of 1 million doses of vaccine by the Government of India, and 86% of the target for first dose of front-line health care and social workers was met. Nepal then welcomed a COVAX shipment on 7 March and the Honourable Prime Minister received his first dose, launching the second priority group for vaccination, those aged 65 years or older.

To ensure quality COVID-19 vaccination, the Government and WHO deployed staff with a checklist to monitor: immunization site management, session site logistics, vaccine safety, information management, AEFI preparedness and infection prevention and control (IPC) measures.

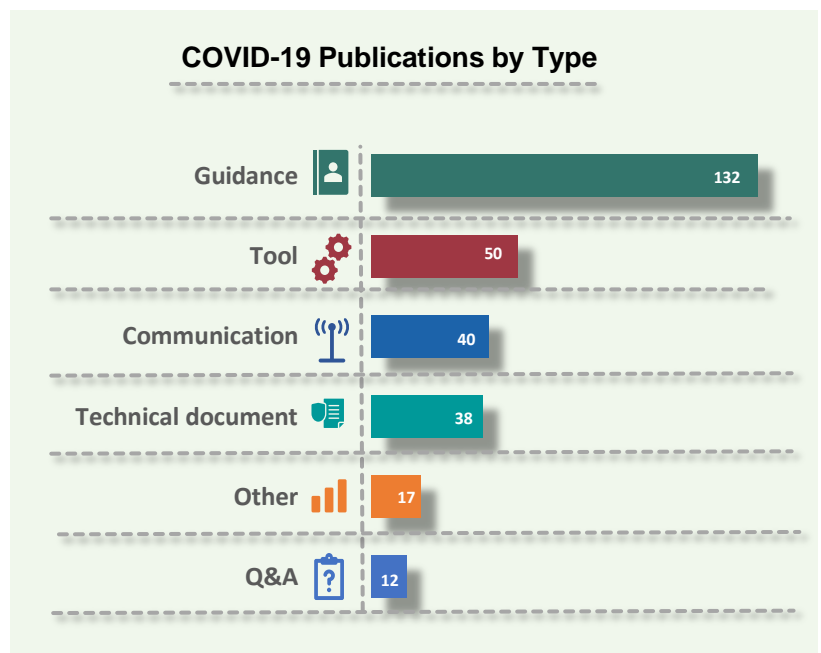
Of the total population, 5.5% of Nepal received one vaccine dose already, a result of Nepal successfully creating demand and an effective roll-out through holistic preparation and strong monitoring for course corrections. Nepal now proactively looks to the future to tackle anticipated challenges of uncertain logistics timelines, future funding shortfalls and the impact of a prolonged campaign on existing health services.

Coordinating WHO's publications during a public health emergency: 1-year anniversary of the COVID-19 Publications Review Committee

WHO plays a prominent role in health emergencies supporting countries to understand and manage risk, build resilience, and prepare for adequate emergency response and recovery actions. Thus, as the COVID-19 pandemic began to accelerate in early 2020, it became critical for WHO to provide and ensure access to up-to-date and evidence-based information and guidance. Since then, WHO has continuously renewed efforts to coordinate and deliver such information to Ministries of Health, health professionals, the public and partners worldwide.

Established on 18 March 2020 as a collaboration between the WHO Health Emergencies Programme and the Chief Scientist's Office, the COVID-19 Publications Review Committee (PRC) coordinates and provides internal quality assurance and oversight on the increasing number of COVID-19 related documents produced by WHO during the pandemic response.

Submissions to the PRC are reviewed to ensure adherence to internationally recognized methodological processes and standards and to ensure that evidence used is the best-available, timely, and relevant.



The PRC mandate covers all COVID-19 related publications, including, but not limited to, interim guidance documents, scientific briefs, evidence reviews, operational tools, joint statements and advocacy materials. The PRC is comprised of 23 staff experts stemming from several departments across WHO headquarters and regional offices who are appointed for a renewable term of six months by the Deputy Director-General. The PRC is chaired by the Health Emergencies Preparedness and Response department, with the Vice-Chair role held by regional offices on a rotating basis. All members assess submissions, provide reviews and constructive feedback to colleagues developing documents.

Since its establishment, the PRC has received over 1000 submissions, representing 687 unique documents, at either planning and/or final clearance stage, of which 289 were published. By way of comparison, prior to 2020, WHO typically published around 100 guidelines annually. Of the 289 publications, 141 (49%) come from the Incident Management Support Team at WHO headquarters, which was established on 2 January 2020 to coordinate the global operational response to the COVID-19 pandemic.



Partnerships

The Global Health Cluster - GHC

The Health Cluster released the [Health Cluster COVID-19 Updates](#), featuring the latest guidance and resources on the COVID-19 response and profiling Health Cluster partner, [Relief International](#). Presently, they are working in Sudan, where the health system requires additional support to meet the health needs of refugees fleeing the Northern Ethiopia region following the violent military confrontations that began in late 2020. Relief International is supporting by providing outreach, monitoring and services provision in the Um Rakuba camp in Sudan.



Health and Nutrition coordination meeting in Um Rakuba camp. Credit: Sudan Health Cluster

COVID-19 Partners platform

1 year anniversary of the Partners Platform

On March 16, the Partners Platform marked its one-year anniversary of supporting COVID-19 readiness and response capacities in countries, territories and areas.

First conceived by WHO and the UN Development Coordination Office as a companion tool to the COVID-19 Strategic Preparedness and Response Plan (SPRP) Operational Planning Guidelines, a year since its launch, the Platform has now guided 119 countries, territories, and areas in developing and uploading their COVID-19 national response plans, providing a space for countries to transparently cost resource needs and make them accessible to global donors.

Over time, with the development and production of SARS-CoV-2 vaccines, the Platform took on a coordinating role in the COVAX facility alongside the WHO's Department of Immunization, Vaccines, and Biologicals (IVB), and became the only place where countries can upload a National Deployment and Vaccination Plan (NDVP). As of this week, over 100 NDVPs have been submitted, 81 of which have already been reviewed by colleagues working on fragile, conflict-affected and vulnerable settings (FCV) in a matter of days for inclusion of vulnerable populations.

2020 Strategic Preparedness and Response Plan (SPRP) and National Deployment and Vaccination Plan (NDVP) Achievements

6 503 users spanning across **1 007** organizations*



119 countries, territories and areas sharing national response plans

134 countries, territories, and areas are tracking actions under the pillars of Public Health for the entire national system



To date, **90** countries have shared resource needs totaling **US\$ 9.3 billion** across the nine response pillars

105 countries, territories, and areas sharing National Deployment and Vaccination Plans (NDVPs) via Partners Platform



77 donors have responded totaling approximately **US\$ 9.1 billion**



**Note: viewing of vaccine information may be restricted to key vaccine stakeholders according to countries' preferences.*

More work remains ahead however, as the Partners Platform's leadership seeks to update its Action Checklist to reflect the updated 2021 SPRP. The Partners Platform is also evolving as countries respond to concurrent acute health emergencies like Ebola virus disease (EVD), hand-in-hand with WHO's Regional Office for Africa. By expanding and rolling out technical assistance and resource needs for EVD operational readiness and response actions, Partners Platform will reduce parallel processes for these countries, streamlining support.

As always, the Platform looks forward to continuing to work with WHO's partners in the pandemic response, making sure that countries' needs remain sharply in focus.

Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 19 March 2021.

Shipped items as of 19 March 2021	Laboratory supplies			Personal protective equipment					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	718 250	3 744 675	1 862 696	1 473 890	10 616 300	223 570	1 741 279	53 467 400	2 768 630
Americas (AMR)	7 342 300	1 046 132	10 543 278	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 178 300	1 625 220	1 785 140	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	617 500	652 750	616 770	1 750 900	8 938 900	409 900	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	11 296 350	10 483 077	17 563 688	8 653 511	37 105 700	1 561 327	6 970 179	198 747 426	20 070 365

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



Appeals

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

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

SPRP 2021 Requirements US\$ 1.96 billion

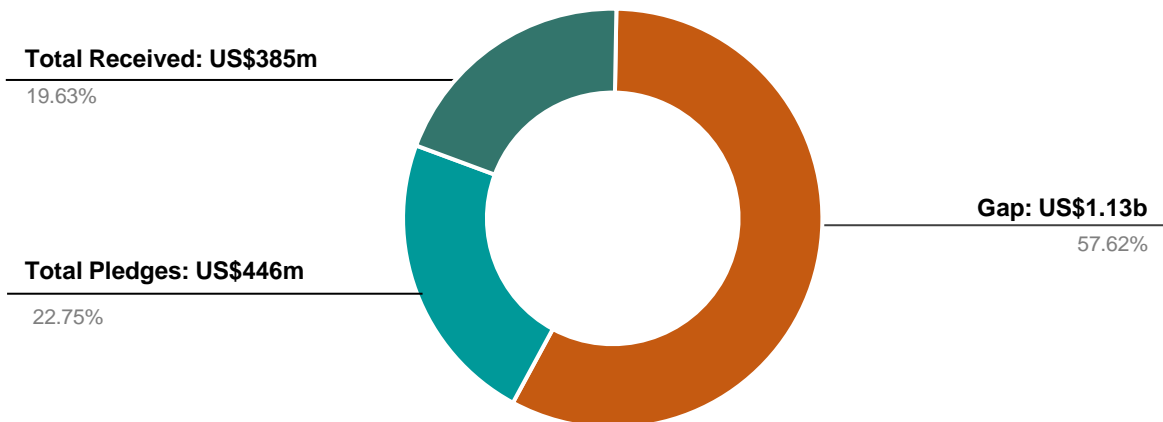


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

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

Contributions to WHO for COVID-19 appeal

Data as of 17 March 2021



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



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 19 March 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 242 million from more than 662,000 donors.

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

The Fund marked its one-year anniversary with Dr Tedros Adhanom Ghebreyesus, WHO Director-General remarking *"I sincerely thank every individual, corporation and other organization for their donations to the Solidarity Response Fund, your generosity has made a difference."*, adding "we have seen what we can accomplish together in times of need".

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

More than **US\$ 242 Million**



662 000 donors

[individuals – companies – philanthropies]

Pandemic learning response

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](#).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

Real-time training for COVID-19
Free online courses from WHO

Intro to COVID-19	Health & safety	Clinical care	Prevention & control (IPC)
Protective equipment	Hand hygiene	Country capacitation	Treatment facilities
Field data tool	Mass gatherings	Long-term care	

OpenWHO.org



29 topical COVID-19 courses

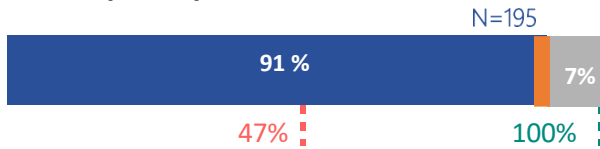
47 languages

Over 2.7 million certificates

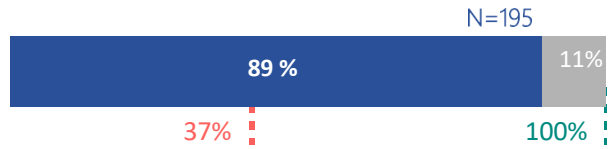


COVID-19 Global Preparedness and Response Summary Indicators ^a

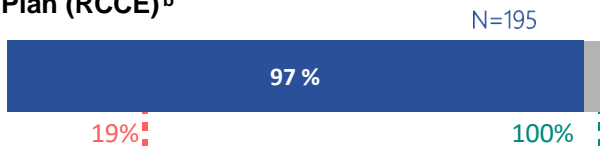
Countries have a COVID-19 preparedness and response plan



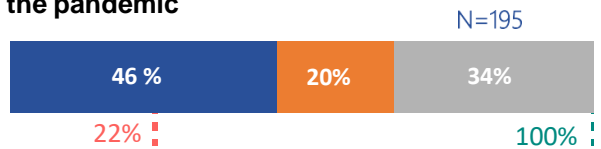
Countries have a clinical referral system in place to care for COVID-19 cases



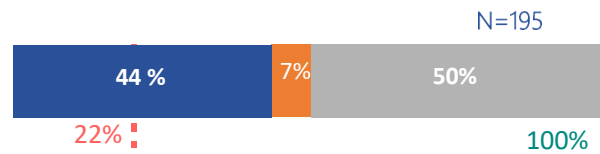
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



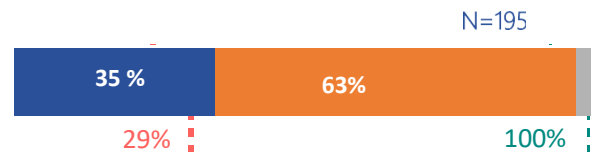
Countries that have defined essential health services to be maintained during the pandemic



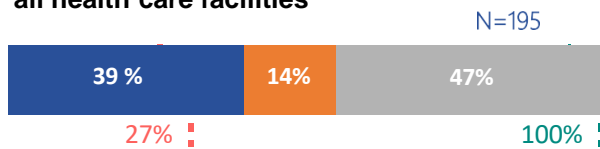
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



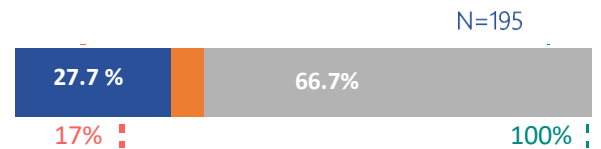
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



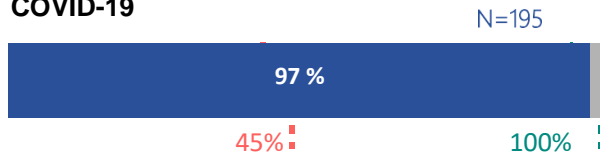
Countries with a national IPC programme & WASH standards within all health care facilities



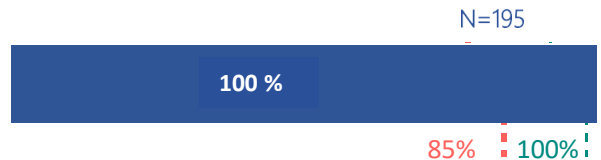
Countries have a health occupational safety plan for health care workers



Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



Countries have COVID-19 laboratory testing capacity



Legend



Notes:

a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO

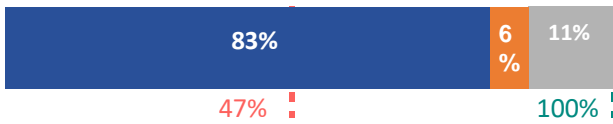


COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

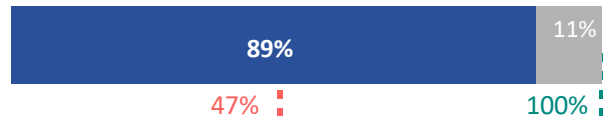
Priority countries with multisectoral mental health & psychosocial support working group

N=64



Priority countries with an active & implemented RCCE coordination mechanism

N=64



Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c

N=64



Priority countries with a contact tracing focal point

N=64



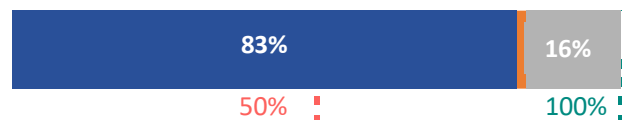
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository

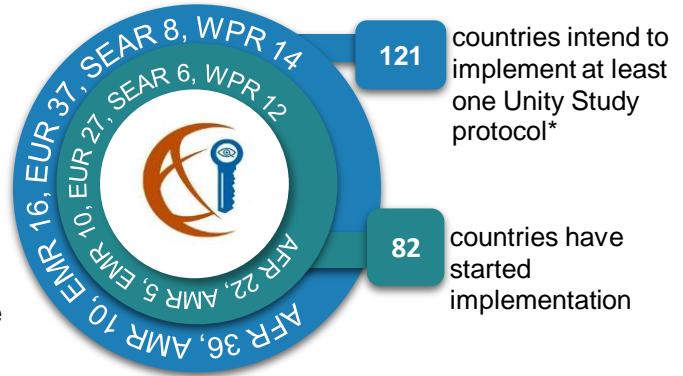


The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

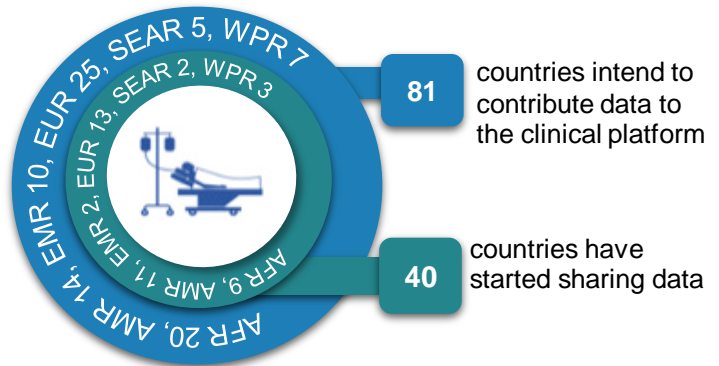
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

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

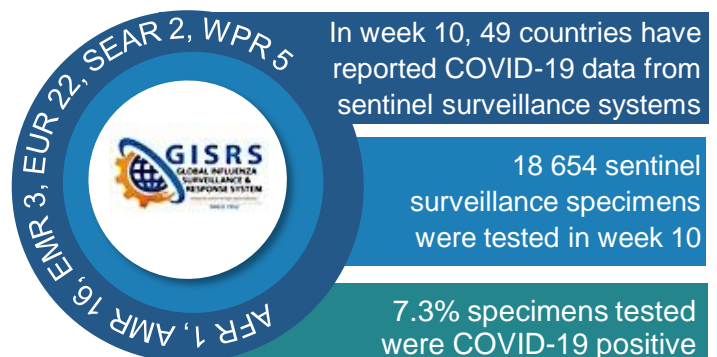
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2





Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [European Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Regional Office of the Americas](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the 16 March **Weekly Epidemiological Update**, click [here](#). Highlights this week include:
 - Overviews of global and regional epidemiological situation
 - Special focus sections on:
 - Building and maintaining trust - what countries should do to prepare communities for a COVID-19 vaccine, treatment, or a new test; and
 - SARS-CoV-2 variants of concern
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on [16 December 2020](#), click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)
- ❑ Updated COVID-19 Table top Exercise packages are now available online. All COVID-19 simulation exercises can be found [here](#)
- ❑ For information on the COVID-19 vaccine, Ad26.COVS.S developed by Janssen (Johnson & Johnson)
 - WHO listing the COVID-19 vaccine for emergency use in all countries and for COVAX roll-out, click [here](#).
 - For the Interim Recommendations developed on the basis of the advice issued by the Strategic Advisory Group of Experts (SAGE), click [here](#).