

Weekly Operational Update on COVID-19

26 April 2021

Issue No. 52



Confirmed cases^a
146 689 258

Confirmed deaths
3 102 410

The Syrian Arab Republic receives its first delivery of COVID-19 vaccines through the COVAX Facility

On 22 April, the Syrian Arab Republic received its first delivery from the COVAX Facility of 256 800 doses of the AstraZeneca/Oxford COVID-19 vaccine produced by the Serum Institute of India as reported by



Photo credit: North West Syrian Arab Republic (NWS) office

the WHO Regional Office for the Eastern Mediterranean. These doses are allocated to frontline health workers across the Syrian Arab Republic, including the northeast and northwest.

Dr Akjemal Magtymova, WHO Representative for the Syrian Arab Republic noted that this delivery “gives hope for the people in Syria, whose lives have been shattered by a decade of conflict and the devastating impact of the pandemic.”

The COVID-19 vaccine doses were delivered in two shipments: 203 000 doses arrived in Damascus while another 53 800 doses were delivered to the northwest, an area that continues to witness armed conflict and people’s displacement. More deliveries are planned for the Syrian Arab Republic in the coming weeks and months.

For further information, click the following links: link [1](#), link [2](#) and link [3](#).

Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **31** topics in **50** languages



17 640 245 PCR tests shipped globally



200 095 426 medical masks shipped globally



8 659 511 face shields shipped globally



44 519 700 gloves shipped globally



167 GOARN deployments conducted to support COVID-19 pandemic response



899 936 102 COVID-19 vaccine doses administered globally as of 22 April

^a COVAX has shipped over **43.4 million** vaccines to **119 participants** as of 23 April

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

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

From the field:

WHO delivers life-saving oxygen concentrators to areas with increasing transmission in the Philippines

Since the start of the COVID-19 pandemic, affordable and sustainable access to oxygen has been a growing challenge in low- and middle-income countries. On 16 April, WHO delivered 50 oxygen concentrators and their accessories to the Philippines Department of Health (DOH) to support with a recent wave of COVID-19 cases. Access to oxygen is a sustainable investment in the health system to improve health outcomes beyond COVID-19 that require medical oxygen therapy.

While the Philippines has seen its national 7-day average of confirmed cases more than triple since 1 March, this delivery will supply three regions, which in particular could continue to have increasing SARS-CoV-2 transmission: Cagayan Valley, Central Luzon, and Calabarzon.

“Oxygen is an essential medicine and early access to oxygen therapy can make all the difference to patients with severe COVID-19,” said Dr Rabindra Abeyasinghe, WHO Representative to the Philippines. “WHO is committed to support the DOH in providing increased access to medical oxygen therapy to help reduce case fatality rates and save lives.”

Inspection of the items has been completed and movement of the stock to 14 facilities in Cagayan Valley, 10 facilities in Central Luzon and 20 facilities in Calabarzon is expected soon.



Caption: WHO delivered 50 Oxygen Concentrators and their accessories to the Department of Health, Philippines. Photo Credit: WHO/Dan Henry Garcia

Medical oxygen is used to maintain oxygen at sufficient levels in the body for it to function properly. Early initiation of oxygen therapy can help treat severe symptoms of COVID-19 and is associated with a decrease in loss of life among critical patients. Not all patients with COVID-19 will require medical supportive care or oxygen therapy.

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

From the field:

WHO Support Mission to Albania for infection prevention and control, clinical management and surveillance

A joint technical support mission from the WHO Health Emergencies Programme Balkans Hub deployed from 12 to 16 April 2021 to contribute to the COVID-19 response in Albania.

The mission focused on reviewing current capacities, identifying gaps and strengthening infection prevention control (IPC), clinical management, epidemiologic and



WHO Balkan Hub Team traveling to Albania. Credit: WHO

laboratory surveillance in the COVID-19 response. Consultations were held with national stakeholders to identify lessons learned and options for future reviews to learn and improve were explored such as an Intra- or After-Action Review (IAR and AAR).

Throughout the mission, the Balkan Hub Team worked in close collaboration with the WHO Albania Country Office and national counterparts on the following areas:

- **Infection Prevention and Control:** Using the WHO assessment tools for IPC and hospital preparedness, the team identified collaboration and support opportunities to strengthen the IPC structures in the University Hospital Center 'Mother Teresa' and the Durres Regional Hospital.
- **Laboratories:** The National Reference Laboratory Department of the Institute of Public Health (IPH) in Tirana was assessed during a visit using the WHO Laboratory Assessment Tool for COVID-19. Based on the analysis, recommendations on training needs were provided to further strengthen laboratory testing capacities including the development of quality management program.
- **Surveillance, case investigation and contact tracing:** The team met with the key institutions responsible for case investigation and contact tracing and defined key actions to improve the system including training, institutional capacity building, improving analysis and reporting of the data generated, enhancing risk communication and community engagement activities for contact tracing, and documenting best practices and lessons learned in case investigation and contact tracing.

The joint mission enabled the WHO team to better understand the current COVID-19 response in Albania, identify gaps across several key pillars of the emergency response and discuss future areas of further support from WHO.



Pandemic learning response

One Year of Pandemic Learning Response: Benefits of Massive Online Delivery of the World Health Organization’s Technical Guidance

The WHO is expanding access to web-based learning for COVID-19 through its open-learning platform for health emergencies, OpenWHO. Throughout the pandemic, OpenWHO has continued to publish learning offerings based on the WHO’s emerging evidence-based knowledge for managing the COVID-19 pandemic.

The World Health Organization (WHO) launched the first web-based learning course on COVID-19 on January 26, 2020, four days before the director general of the WHO declared a public health emergency of international concern.

[A newly published study](#) presents the various findings derived from the analysis of the performance of the OpenWHO platform during the pandemic, along with the core benefits of massive web-based learning formats.

The pandemic has shown that web-based learning is no longer a temporary replacement for direct training, but rather a new way for more efficient and equitable learning. The experience and findings reported herein provide guidance for any individual to be better prepared for subsequent instances where a major and fast learning response is required.

As of 20 April 2021

5 135 314

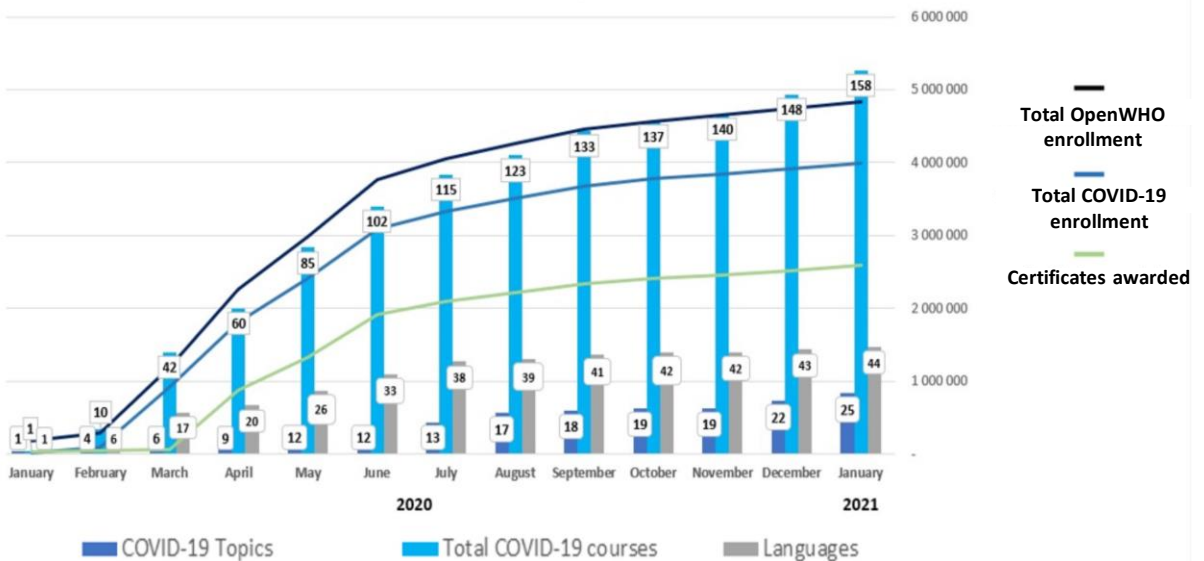
Course enrollments

31 topical COVID-19 courses

50 languages

Over 2.8 million certificates

Massive web-based learning for COVID-19 on OpenWHO



Risk Communication, Community Engagement and Infodemic Management

Building capacity and empowering populations to address the COVID-19 infodemic

The spread of disinformation and misinformation within the tsunami of an overabundance of information known as an infodemic alongside the COVID-19 pandemic is a growing concern worldwide. The ways in which people are connected in their local communities often determines their perception of, use of and further sharing of information. This ultimately influences the uptake of protective behaviours during the pandemic, demonstrating that access to reliable health information about the COVID-19 pandemic through trusted information channels can save lives.

UNESCO and WHO joined forces on an initiative launched 8 April 2021, to support local media professionals to overcome challenges in providing reliable health information and deconstructing myths on COVID-19 vaccines.



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It is vital to build capacity among these media professionals, especially in developing countries with limited access to timely and accurate public health information.

WHO has developed ten brief audio messages which can be freely downloaded and broadcast by public, private and community radio stations globally on 8 topics: COVID-19 transmission, contact tracing, masks, schools, traditional markets, public gatherings, science evolution and vaccines.

These have already provided accurate and timely information through 2500 radio stations in nearly 130 countries in 20 languages, including the six official UN languages and various indigenous and local languages from countries in the WHO regions of Africa, the Americas, South-East Asia and the Western Pacific ranging from Afrikaans and Lingala to Aymara, Quechua and many more.

UNESCO and WHO will also support strengthening capacity and skills in an upcoming project for radio stations on pre-identified needs for broadcasting from a home during the pandemic, such as home studios, remote contributions, remote programming, remote broadcasting, transversal cloud approach, cyber security, and more.

For further information and to hear some of the messages, click [here](#).

COVID-19 Partners platform



Launch of the COVID-19 Strategic Preparedness and Response Plan (SPRP 2021) on the Partners Platform

With the release of WHO's updated [COVID-19 Strategic Preparedness and Response Plan \(SPRP 2021\)](#), WHO is updating the [Partners Platform](#) to better serve countries to plan and monitor their pandemic response, cost resource needs and ensure all new country 2021 needs are visible by donors. WHO is working closely with partners and across the three levels of the organization (Regional Offices, Headquarters and Country Offices), to ensure country needs are visible to donors in the Platform's new functionalities to efficiently meet these needs.

One of the biggest changes made to the COVID-19 SPRP 2021 and the accompanying [Operational Planning Guideline](#) for countries is the addition of a tenth response pillar for vaccination. The COVID-19 vaccination effort is a highly collaborative process involving several internal and external partners, requiring close monitoring from a wide range of stakeholders.

To promote transparency and collaboration, authorized vaccine and administrators, including representatives from all stakeholders involved from governments, partners, will be able to utilize a new interactive dashboard to visualise vaccine resource needs by country, region, or globally.

Demonstrations for the new features on the Partners Platform will be rolling out to regional and country administrative users and key focal points starting the week of 26 April.

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 22 April 2021.

Shipped items as of 22 April 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	3 927 455	1 871 346	1 473 890	13 516 300	243 730	1 874 679	54 025 400	2 783 830
Americas (AMR)	7 479 900	1 046 132	10 550 962	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	1 852 365	954 985	7 627 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	509,000	653 700	609 520	1 756 900	13 438 900	424 780	2 276 548	41 701 500	6 011 350
South East Asia (SEAR)	1 440 000	3 185 800	2 409 218	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	11 325 450	10 666 807	17 640 245	8 659 511	44 519 700	1 596 367	7 622 579	200 095 426	20 673 565

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

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

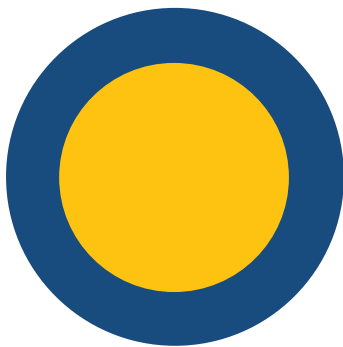


Appeals

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

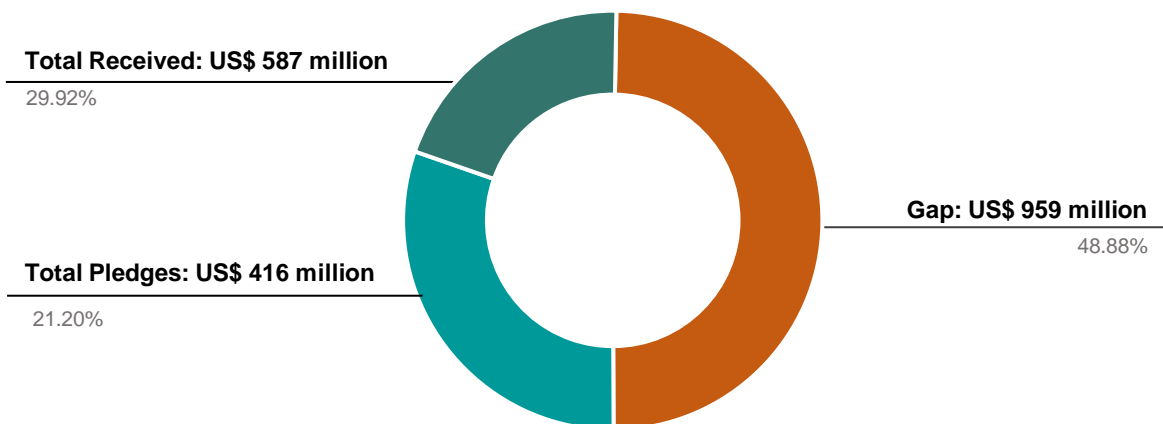


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 20 April 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 16 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 247 million from more than 665 040 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).

More than **US\$ 247 Million**



665 040 donors

[individuals – companies – philanthropies]

Africa Infodemic Response Alliance launches Viral Facts Africa

The Solidarity Response Fund continues to enable WHO's efforts around the globe across technical areas, including the [Africa Infodemic Response Alliance](#) (AIRA) Secretariat activities.

As misinformation around the COVID-19 pandemic and vaccines continues to spread across Africa, WHO Regional Office for Africa (AFRO) is hosting the AIRA network, which includes members from UNICEF, Africa Centres for Disease Control and Prevention (CDC), International Federation of Red Cross and Red Crescent Societies (IFRC), Gavi and major regional fact checking organizations. This first of its kind regional network of fact-checking and media organisations, big data, artificial intelligence (AI) and leading inter-governmental and non-governmental organisations has launched [Viral Facts Africa](#) to work together to respond to infodemics.

Viral Facts is a new content initiative established to create engaging and shareable social media content based on facts and grounded in science. Viral Facts works with WHO AFRO and AIRA network members to address information gaps, debunk viral rumors, and promote community resilience to misinformation.

In a pre-launch phase, Viral Facts content was distributed by WHO AFRO social channels, reaching over 26 million people and driving over 1 million engagements. Viral Facts outputs include explainers on [vaccine approval processes](#), myth busters on widespread persistent narratives around [masks](#), debunks on specific health claims that have been circulating on [traditional remedies](#). All Viral Facts content is open-licensed for reuse and distribution by AIRA partners and has been shared widely by regional agency accounts on Facebook, Twitter and Instagram, country office accounts, fact checkers, and included in regional media.

Viral Facts has also moved quickly to address high profile health news stories, with the goal of ensuring timely access to accurate and trustworthy information in rapidly changing and uncertain times - such as the pausing of the [AstraZeneca vaccine rollout in European countries](#), and the pause of the [Johnson & Johnson vaccine rollout](#) in South Africa.

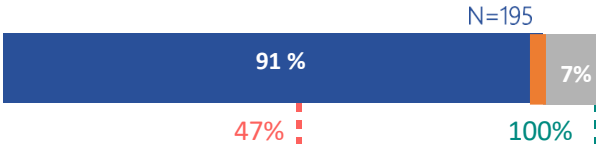
The AIRA and Viral Facts teams are working closely with country-level stakeholders including Ministries of Health to support the implementation of comprehensive infodemic management strategies, underpinned by established best practices and in cooperation with AIRA network members.

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

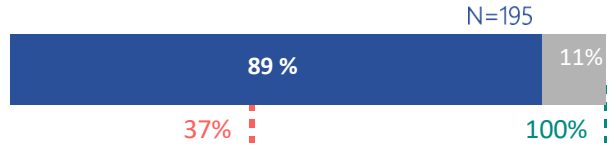


COVID-19 Global Preparedness and Response Summary Indicators ^a

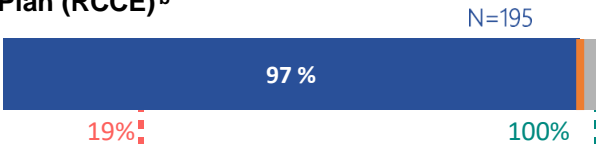
Countries have a COVID-19 preparedness and response plan



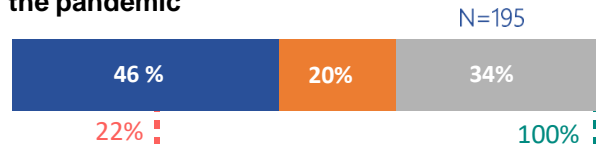
Countries have a clinical referral system in place to care for COVID-19 cases



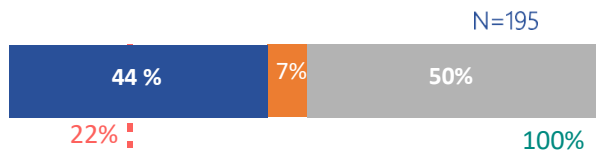
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



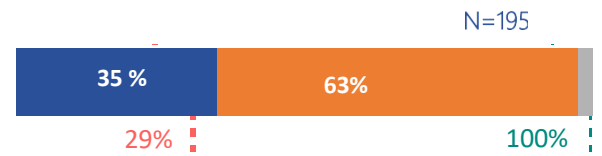
Countries that have defined essential health services to be maintained during the pandemic



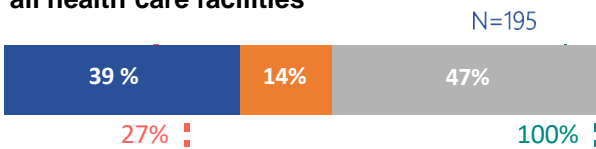
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



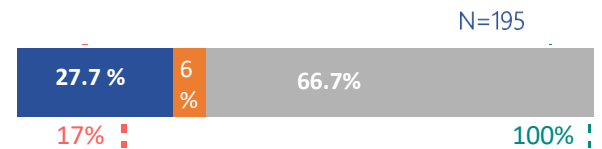
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



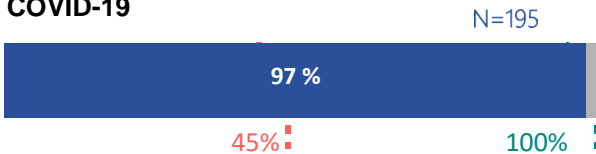
Countries with a national IPC programme & WASH standards within all health care facilities



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

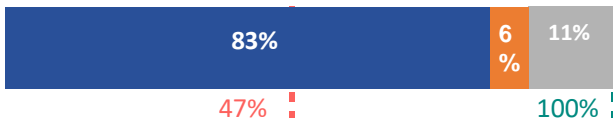


COVID-19 Global Preparedness and Response Summary Indicators

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](#).

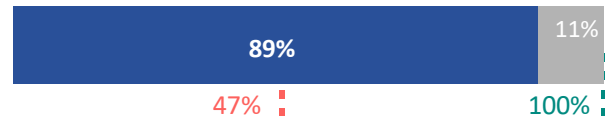
Priority countries with multisectoral mental health & psychosocial support working group

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



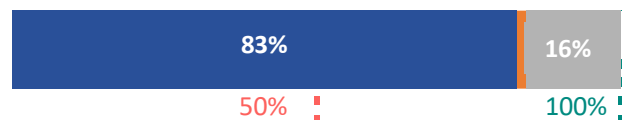
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

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



86

countries have started implementation

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.



40

countries have started sharing data

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



In week 15, 48 countries have reported COVID-19 data from sentinel surveillance systems

5 381 sentinel surveillance specimens were tested in week 15

16.1% specimens tested were COVID-19 positive



Key links and useful resources



GOARN

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

WHO case definition

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

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



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

For the 20 April **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- WHO COVID-19 global rapid risk assessment
- Pandemic influenza surveillance—drawing a parallel with the COVID-19 pandemic
- SARS-CoV-2 variants

News

- For information on Greta Thunberg joining the WHO's call for vaccine equity, click [here](#).
- For information on the ACT-Accelerator one year on, including the 'ACT Now, ACT Together: 2021 Impact Report, click [here](#).
- For the statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease(COVID-19) pandemic, click [here](#).