

# Weekly Operational Update on COVID-19

7 June 2021

Issue No. 58



Confirmed cases<sup>a</sup>  
**172 956 039**

Confirmed deaths  
**3 726 466**

## Second training of trainers on infection prevention and control (IPC) in Mauritius

Some 27 health care workers, including public health superintendents, medical officers and nurses across five health regions have participated in a three-day training workshop on WHO COVID-19 infection prevention and control (IPC) guidelines, early detection, triage, diagnosis and more.



The training was organized at Dr D.G. Jeetoo Hospital in Mauritius from 17-19 May 2021 and utilized mixed methods including a teach-back method, videos and hands-on experience for donning/doffing personal protective equipment (PPE) and hand hygiene.

This training of trainers was jointly conducted by WHO and previously trained officers from the Ministry of Health and Wellness (MoHW). The training also included pre- and post-evaluation tests and a participation certificate upon completion. The health care workers will support focal points in each region to conduct cascade trainings and implement and monitor IPC control measures in their respective field of work.

Minimizing risk of COVID-19 among health workers remains an ongoing challenge for Mauritius as for many countries. Implementation was enabled with funds mobilized by WHO from the European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission.

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 million** people registered on [OpenWHO](#) and accessing online training courses across **33** topics in **53** languages



**18 564 092** PCR tests shipped globally



**201 445 426** medical masks shipped globally



**67 126 700** gloves shipped globally



**201 445 426** medical masks shipped globally



**181** GOARN deployments conducted to support COVID-19 pandemic response



**1 638 006 899** COVID-19 vaccine doses administered globally as of 2 June

<sup>a</sup> COVAX has shipped over **80 million** vaccines to **129 participants** as of 4 June

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

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

## From the field:

### COVAX ships an additional 559 200 doses of COVID-19 vaccines to Malaysia

Malaysia received a second batch of COVID-19 vaccines on 21 May 2021, shipped via the COVAX Facility, a partnership between WHO, the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, and UNICEF. This is another important step in the fight against the COVID-19 pandemic and supporting immunization efforts by the Government of Malaysia.

The Government of Malaysia through the Ministry of Health and Ministry of Science, Technology and Innovation has been working together with WHO and UNICEF to bring life-saving vaccines to Malaysia.

The 559 200 doses of Oxford/AstraZeneca vaccines that arrived follow the 21 April COVAX shipment of 268 800 doses to Kuala Lumpur, Malaysia. In total, Malaysia has received 828 000 doses of the expected 1 387 200 doses of Oxford/AstraZeneca vaccine provided by the COVAX Facility.



*Second batch of 559 200 doses of AstraZeneca vaccines arrive through the COVAX Facility to Malaysia. ©Pharmaniaga Logistics Sdn.Bhd*

“Priority should be given to those who need it most – senior citizens and people with other underlying health conditions. WHO and its partners are working to ensure that more and different types of vaccines are made available through the COVAX Facility, and we encourage people in Malaysia to register for their vaccination while continuing to be vigilant, as that is our best chance to stay healthy and be protected against COVID-19,” said Dr Lo Ying-Ru Jacqueline, WHO Representative to Malaysia, Brunei Darussalam and Singapore.

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

## From the field:

### The Hospital of Tomorrow: WHO/Europe supports Tuscany Region in Italy in a redesign of hospital planning



*Hospital of tomorrow model of work carried out in Bologna, Italy. Credit: WHO/Europe*

In 2020, WHO collaborated with several regions in Italy, launching the “Hospital of Tomorrow” project, with an aim of identifying new standards for healthcare facilities in the post COVID-19 era. This collaboration engaged members from *Téchne*, the technical science for health network, to bring innovative ideas for specific issues in hospitals.

In 2020, this included a rapid assessment for repurposing designated wards for COVID-19 management; identification of a screening and triage area; a review of existing and the establishment of new movement pathways to reduce the risk of transmission; and strengthening infection prevention and control (IPC). With the changing epidemiological situation in Italy, the support has evolved towards repurposing the facility back to regular clinical service provision while maintaining readiness for COVID-19 management.

This year, WHO extended similar support to Tuscany and the WHO Regional Office for Europe deployed an expert to work with selected hospitals from 17 – 27 May. The main objectives of the mission included:

1. Supporting local authorities in verifying structural and functional separation paths used in hospitals for access and use of COVID-19 areas and planning potential actions to improve effectiveness and organizational efficiency;
2. Supporting the design of a new hospital of Livorno;
3. Evaluating extending “The hospital of tomorrow” model to Tuscan hospitals.

Following an assessment of the Livorno Hospital, WHO designed a 430 acute care bed building, to be divided into 25 different disciplines. Additionally, existing pavilions will be repurposed for outpatient, rehabilitation and community health services with flexible areas organized according to complex patient care. This changes the organizational model of the hospital from “by department”, to one which is organized “by processes”, where the functions are not linked to specialist medical disciplines, but are carried out in common.

This new hospital will be among the first constructed embracing the findings of the “The hospital of tomorrow” project conducted in collaboration with WHO.

## From the field:

### Staggering health needs emerge in the occupied Palestinian territory, including east Jerusalem

WHO is scaling up its response to provide health aid and essential health services for almost 200 000 people in need across the occupied Palestinian territory, including east Jerusalem. WHO has provided essential medicines to support trauma care and ambulance services for more than 2000 injured beneficiaries in the Gaza Strip and ten triage and treatment tents by WHO have been set up outside six Ministry of Health emergency departments in the Gaza Strip.

Earlier armed conflict sparked further population displacement and exacerbated a prolonged humanitarian crisis, resulting in a loss of 278 lives and over 9000 injuries. Over 77 000 people were internally displaced, approximately 30 health facilities have been damaged, and around 600 referral health facilities were affected due to closure of the crossings.

COVID-19 remains a persistent threat and as of 31 May 2021, 337 191 confirmed cases of

COVID-19 and 3765 deaths have been reported in the occupied Palestinian territory, including east Jerusalem, with positive cases increasing in Gaza in recent weeks. With COVID-19 still a continuous risk, WHO and UNICEF have supported the delivery of more than 260 000 doses of COVID-19 vaccines via the COVAX Facility to the occupied Palestinian territory, including east Jerusalem, including 60 000 doses delivered on 2 June 2021. WHO has also provided support of essential medicines and consumables to east Jerusalem in recent weeks.

On 20 May, WHO launched the appeal for US\$ 7 million (of which, US\$ 2.3 million has been received) to support its health operations over the next six months, focusing on trauma and emergency care; mental health and psychosocial services; advocacy; and maintaining essential health services including COVID-19.

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



“

“WHO remains concerned about the situation ... and calls for unhindered access for humanitarian and development-related essential supplies and staff into Gaza and referral of patients out of Gaza whenever needed”, said Dr Rik Peepkorn  
Head of Office WHO for West Bank and Gaza.

”



World Health Organization

# COVID-19 Vaccination: WHO supports an effective campaign in Bangladesh while strengthening vaccine rollout preparedness for Rohingya refugees

©WHO Bangladesh/Tatiana Almeida

## Bangladesh

5 819 000 Bangladeshi nationals received first dose of a COVID-19 vaccine

Approximately 3 496 000 are fully vaccinated

“WHO is supporting the Government to ensure that all health workers involved in implementation of COVID-19 vaccination have adequate knowledge and skills in order to ensure safe and efficient COVID-19 vaccine administration in Cox’s Bazar. These trainings are part of WHO’s efforts to build a national health system that can deal with public concerns and rapidly evaluate the risks when adverse events occur”, notes Dr Md Zion, WHO Immunization Coordinator in Cox’s Bazar.

In Bangladesh, WHO is supporting the government with COVID-19 response through technical guidance including the development of National Operational Guidelines, development of a COVID-19 National Deployment and Vaccination Plan (NDVP), training programmes, vaccination site monitoring and coordination to ensure the safe and effective rollout of the COVID-19 vaccine nationally. To date, over 5 819 000 of Bangladeshi nationals have received the first dose of Oxford/AstraZeneca vaccine and around 3 496 000 million are fully vaccinated.

At the same time, WHO is supporting vaccine rollout preparedness for Rohingya refugees, including supporting the development of tailored Operational Guidelines through a consultative process with the Civil Surgeon, the Ministry of Health and Family Welfare - Coordination Center (MoHFW-CC), the Refugee Relief and Repatriation Commissioner (RRRC) and partners such as UNICEF and UNHCR.



WHO conducted a series of trainings on operational guidelines and Adverse Events Following Immunization (AEFI) at COVID-19 Vaccination at upazila level. WHO Bangladesh/Irene Gavieiro Agud

Aspects such as Adverse Event Following Immunization (AEFI) management capability, transport and storage of vaccines, geographical distribution in the camps, as well as health facility-based vaccination, were addressed in the guidelines to ensure the development of a realistic rollout framework in the world’s largest refugee camp.

**Bangladesh Continued: WHO SUPPORTS STRENGTHENING VACCINE ROLLOUT PREPAREDNESS FOR ROHINGYA CAMPS**

A total of 57 health facilities have been identified as vaccination sites in the camps and 62 vaccination teams – comprising of two vaccinators and four trained volunteers – were formed. Over 450 health professionals from Government and partner-led facilities in Ukhiya and Teknaf upazilas have received training on operational guidelines and Adverse Events Following Immunization (AEFI) for COVID-19 vaccination. The training utilized an interactive methodology which combined informative content, problem-solving scenarios and active trainee participation.

WHO has also designed a community preparedness assessment tool to measure the awareness of Rohingya refugees regarding the upcoming COVID-19 vaccination campaign in the camps to help drive the risk communications strategy to encourage vaccination pending the arrival of COVAX Facility shipments.

An extensive communication and engagement campaign involving key community members and religious leaders is ongoing in all camps to raise confidence and acceptance among the Rohingya refugees through community radio, interpersonal communication and digital media. WHO is also tracking vaccine hesitancy and rumors in the field while promoting community mobilization.

In addition to COVID-19, vaccine-preventable diseases (VPD) remain a risk in the camps. WHO in close coordination with the Government of Bangladesh and a group of immunization experts, developed a health-based transitional strategy to resume routine immunization services, a key essential health service. Currently, 59 health facilities are working as immunization fixed sites and another 66 vaccination teams are conducting outreach sessions both in community and healthcare facilities to guarantee the continuation of routine immunization programs in the Rohingya camps.



*WHO Immunization and Vaccine Development (IVD) team visited the health facilities to ensure the safe vaccine storage and proper cold chain requirements. WHO Bangladesh/Tatiana Almeida*



*WHO Representative to Bangladesh, Dr Bardan Jung Rana, receiving the first dose of COVID-19 vaccine. WHO Bangladesh*



*WHO Immunization Coordinator, Dr Md. Zion, and WHO Consultant for COVID-19 vaccination, Dr Tazkia Tarannum, have been providing technical support for the rolling out of the COVID-19 vaccination campaign in Cox's Bazar. WHO Bangladesh*



*Since the onset of the pandemic, routine immunization programmes were adjusted to the new scenario continue protecting vulnerable populations against vaccine-preventable diseases. WHO Bangladesh/Tatiana Almeida*

For further information on the current COVID-19 vaccine rollout in Bangladesh and preparations for vaccine rollout in the Rohingya camps, click [here](#).



### Pandemic learning response

#### Celebrating UN Russian Language day: Online learning offerings in Russian

Yesterday, on UN Russian Language Day, OpenWHO celebrated over 25 000 enrolments across 17 courses available in the Russian language.

The [OpenWHO](#) platform, developed utilizing Russian Federation funds and launched in 2017, is WHO's interactive, web-based, knowledge-transfer platform offering free online courses to improve responses to health emergencies.



Together with the WHO European Region Office, OpenWHO launched its first online course in Russian in June 2019 on the WHO Incident Management System (IMS). The number of courses and course enrolments on the OpenWHO learning platform in Russian language has only seen an increase throughout the COVID-19 pandemic.

Since June 2019, OpenWHO has published 17 Russian language courses with 13 of these published since January 2020 specific to COVID-19. This includes multiple course offered for frontline responders and decision makers on COVID-19 on topics ranging from infection prevention and control (IPC) to COVID-19 vaccine-specific resources.

As new WHO guidance and tools are released, the Russian language courses are updated, ensuring all courses cover up-to-date and accurate information. The remaining 4 course topics launched in Russian cover other critical health topics such as Antimicrobial Resistance and Tobacco Control and the translation of more courses into Russian is underway. All Russian courses are accessible [here](#).

#### USER FIGURES

5.3 MILLION TOTAL COURSE ENROLMENTS

33 COVID-19 COURSE TOPICS

53 LANGUAGES

9.4 MILLION WORDS TRANSLATED



58 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES AND WHO AREAS OF EXPERTISE

## Health operations

### **Librarians supporting the timely dissemination of COVID-19 seroprevalence data to inform the global pandemic response**

In March 2020, Global Outbreak Alert and Response Network ([GOARN](#)) established the Librarian Reserve Corps (LRC), a volunteer network of over 100 medical, health sciences, and public health librarians from 14 countries which aims to respond to the urgent need for public health information and information management on COVID-19.

A team of three American-based volunteers from the LRC have supported the Health operations pillar for over one year, including conducting continuous literature searches across multiple data sources enabling WHO to disseminate regular updates and COVID-19 seroprevalence estimates globally, in as close to real-time as possible.

These volunteers have created bi-weekly compilations of global evidence at national, regional, and local levels to disseminate to all WHO Regions.

As experts in information management, they developed a comprehensive search strategy, pre-screened scientific articles for relevance, and contributed observations on publication trends and patterns.

Seroprevalence surveys are key surveillance tools for managing the COVID-19 pandemic. They measure crucial metrics like the prevalence of antibodies against SARS-CoV-2 for a given population and time point to inform public health decision-making. Maintaining a 'real-time' overview of global seroprevalence data is of pivotal importance to plan and target pandemic management interventions.

This regular synthesis of SARS-CoV-2 serosurveys was used extensively for a variety of purposes, including informing the work of the [Unity sero-epi investigations initiative](#); providing WHO Regional and Country Offices with relevant regional and global data; and informing press conferences. The partnership with GOARN and LRC has helped UNITY team members learn about and improve information management from experts and generated a knowledge hub that responds to pandemic information needs.

Click for further information on the [Librarian reserve corps](#), more on the personal experience of [Brad Long](#) or more on the [experiences of other volunteers](#).



“ I jumped at the opportunity to provide an impact on a larger scale. ”

“For me it was just the right thing to do” said Brad Long, one of the LRC volunteers who also served on a team of librarians searching for literature on hand sanitization in low-water environments without access to alcohol-based products.

He noted he “was already helping with the University Libraries and College of Medicine’s response to the pandemic.”

Brad Long continues to work alongside volunteers Joane Doucette of Massachusetts and Emily Cukier of Illinois through GOARN on seroprevalence.

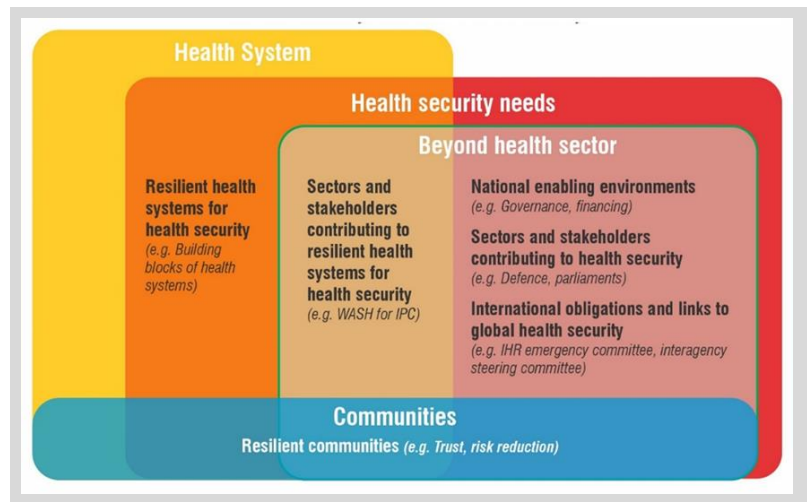


## COVID-19 Preparedness

### Workshop on Health Systems for Health Security

WHO and the University of Leeds co-hosted a virtual workshop on [Health Systems for Health Security \(HSforHS\)](#) on 20 - 21 May 2021 and introduced the WHO HSforHS Framework which articulates how strengthening and investing in health systems and critical components of other sectors can lead to better emergency preparedness and health security.

The first day, 465 public health experts and students from across all WHO regions attended, including from partner agencies and academic institutes. The framework was presented and the state of current research in HSforHS was shared. Representatives from Singapore, Finland, Thailand, Ghana, Nigeria, India, Afghanistan, Senegal and WHO Regional Office of the Eastern Mediterranean shared HSforHS experiences and lessons learnt during the COVID-19 pandemic.



Thailand shared the importance of trained health workers in outbreak response; Ghana and Nigeria shared on the importance of mitigating the impact on essential health service delivery while meeting surges in demand.

The second day 38 experts from WHO, partner agencies, donors, and academics held discussions on the creation of a HSforHS network including its purpose and scope, challenges in moving to implementation, the role of the WHO benchmarks for IHR capacities, a possible way forward in HSforHS research and next steps.

Participants discussed the linkage between HSforHS and updating the [WHO Benchmarks for International Health Regulations](#) (IHR 2005) capacities and its associated reference library. They also discussed the need for more dynamic ways to measure preparedness and advancing the health security preparedness research.

WHO will build on the momentum generated during the workshop and work with partners to establish a network of experts from countries and other stakeholders. The network will help move this forward by identifying potential resources to support activities for generating evidence and developing tools and materials for implementation of HSforHS at local, national and global levels.

For further information please visit: [Evidence and Analytics for Health Security \(EHS\) #WHOEHs](#)

## COVID-19 Partners platform



The COVID-19 outbreak poses a significant challenge for all countries – creating an unprecedented need for international solidarity and a coordinated global response.

The [COVID-19 Partners Platform](#) was launched as an enabling virtual space for all countries to share their plans for the response and coordinate efforts between implementing partners, UN agencies, donors and contributors. This includes mechanisms to monitor and progress implementation of readiness and response plans regularly, to cost technical assistance and resource needs not covered by domestic budget and to match country needs with donor contributions. As the Partners Platform has continued to expand to match global needs of the evolving pandemic, this now includes its role with the COVAX Facility in tracking vaccine contributions and country needs.

The Partners Platform features real-time tracking to support the planning, implementation and resourcing of country preparedness and response activities in a transparent and efficient manner across all

10 response pillars of the [COVID-19 Strategic Preparedness and Response Plan \(SPRP 2021\)](#) and its accompanying [Operational Planning Guideline](#).

**Pillar 10 COVID-19 Vaccine Deployment Readiness Map**

WHO and Partners are committed to available and timely access to COVID-19 vaccines for every country in the world. The COVID-19 Partners Platform supports country readiness by offering a secure online platform for access, coordination, and resource and cost management for creating a coordinated response, regional events, and global partners and donors. Pillar 10 of the Platform is specific to COVID-19 vaccine deployment readiness. This high-level overview map provides a general flow of end-to-end steps for preparing for and executing COVID-19 vaccination campaigns.

**1 Coordinate plan and cost**

- 1A: COVID-19 disease burden in countries
- 1B: Assesses Country Readiness Using the WHO C-19
- 1C: United Nations National Preparedness & Operational Plan (UN-NPOP)
- 1D: Core Technical Assistance (CTA) and Funding Response Needs (FRN)
- 1E: WHO Funding Mechanisms
- 1F: Costing
- 1G: UN and Funding Mechanism Reporting

**2 Ensure regulatory preparedness in progress for vaccination**

- 2A: Review Regulatory Preparedness
- 2B: Adoption of Vaccine
- 2C: Technical Guidance Resources: Service delivery, Training and supervision, Monitoring and evaluation systems, Cold chain logistics, Information systems, Demand generation and communication
- 2D: Regulatory Approval
- 2E: COVID Exchange Facility
- 2F: Identification Coordination to Review Vaccine

**3 Initiate & evaluate COVID-19 vaccine deployment**

- 3A: Vaccination Launch Plan
- 3B: WHO International Collaboration (WHOIC)
- 3C: Evidence-based evidence generation available for data integration

COVID-19 Partners Platform - Ready, Set, Go

Watch later Share



## 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 2 June 2021.

Shipped items as of 2 May 2021	Laboratory supplies			Personal protective equipment					
	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	4 670 775	1 121 825	2 060 156	1 528 010	33 535 300	316 530	1 980 079	54 139 400	3 154 030
Americas (AMR)	1 348 132	12 069 900	10 555 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 714 920	2 088 300	2 073 810	1 098 585	8 002 000	238 000	1 825 322	28 203 550	1 502 095
Europe (EUR)	921 850	1 088 150	620 360	1 772 020	14 058 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 838 970	371 836	3 558 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	414 834	768 700	3 220 000	311 927	463 710	14 974 146	3 102 035
<b>TOTAL</b>	<b>12 513 577</b>	<b>17 838 175</b>	<b>18 564 092</b>	<b>8 872 351</b>	<b>67 126 700</b>	<b>1 801 167</b>	<b>9 533 979</b>	<b>201 445 426</b>	<b>24 498 965</b>

*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

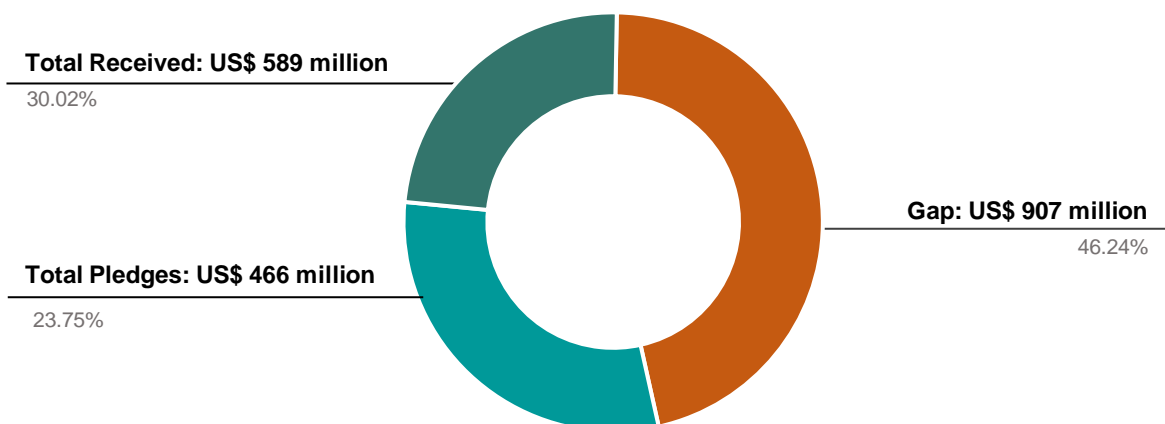


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

*\*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 1 June 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 1 June 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 252 million from more than 671 134 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 WHO.

More than **US\$ 252 Million**



**671 134 donors**

[individuals – companies – philanthropies]

## Monitoring & Evaluation Framework

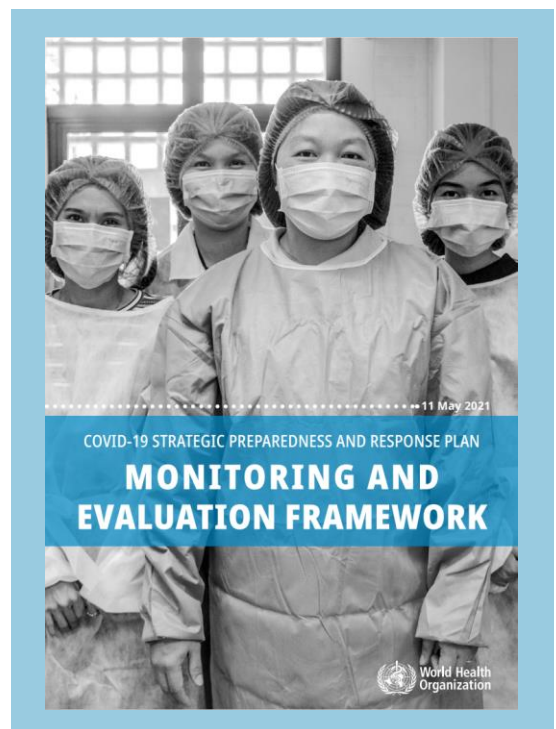
### Launched: COVID-19 Strategic Preparedness and Response Plan 2021 Monitoring and Evaluation Framework

The [COVID-19 Strategic Preparedness and Response Plan \(SPRP\) 2021 Monitoring and Evaluation Framework](#) tracks global progress across the ten pillars that underpin the preparedness and response structures, capacities and interventions needed in line with the overarching goal of the SPRP. A quantitative approach using 35 indicators complements qualitative case studies to monitor implementation.

Together with the epidemiologic information tracked globally, the operational intelligence arising from monitoring the SPRP is used to drive a global dynamic system of support and response. The information supports countries, partners and WHO in strategic thinking, course correction, and evidence-based decision making.

Starting in last week's [Weekly Operational Update](#), WHO is reporting on a subset of the 35 indicators. This will continue routinely in the following section titled 'COVID-19 Global Preparedness and Response Summary Indicators.'


For further information about the M&E Framework, indicator definitions, complementary qualitative analyses, reporting timelines and more, click [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.

**Legend:** Trend indications ▲ Increase ▼ decrease ■ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Progress
Proportion of Member states reporting COVID-19 health worker infections to WHO (N=194, target=100%, as of 31 March 2021) <sup>5</sup>	71% (n=137) <sup>6</sup>	46% (n=90)  ▲
<p>Health workers are central to the COVID-19 pandemic response, balancing additional service delivery needs while preserving access to essential health services. While policies and actions to protect health workers were put in place early during the pandemic, surveillance data provide important insights on the real risk and exposure that they face. Therefore, it is critical to continuously monitor and report on SARS-CoV-2 infections in health worker to assess their risk of exposure and to calibrate preventive measures accordingly.</p> <p>To date, less than 50% of Member States have been reporting to WHO on cases and deaths among health workers. In 2020, the number of countries reporting health worker infections was higher than in the beginning of 2020, as the number of HW infections was high in the early stages of the epidemic. This was due to higher risk of exposure due to limited access to PPE and high access to testing in health care settings. See <a href="#">Weekly Epidemiological Updates</a> for further details on trends among health worker infections. In the first quarter of 2021, between 79 and 90 countries have reported on health worker infections each month, which is far less than the global target (194). Noting the surveillance limitations and under-reporting, 448 516 cases and 1299 deaths were reported to WHO from January to March 2021. As 2021 has been appointed <a href="#">International Year of Health and Care workers</a>, all countries are strongly encouraged to report health worker infection data and WHO has provided both <a href="#">surveillance</a> and <a href="#">operational tools</a> to facilitate this action. More analyses on health worker infections including by week and by WHO region are available on the <a href="#">WHO COVID-19 Dashboard</a>.</p>		

<sup>1</sup> The term “countries” should be understood as referring to “countries and territories”.

<sup>2</sup> The term “countries” should be understood as referring to “countries and territories” that responded to the WHO National pulse survey.

<sup>3</sup> The term “countries” should be understood as referring to “countries and territories” as indicated in the Global humanitarian overview (GHO).

<sup>4</sup> Quarterly reported indicator

<sup>5</sup> Monthly reported indicator

<sup>6</sup> Baseline for 2020 calculate by the number of countries having reported at least one health worker infection in 2020


<sup>7</sup> Baseline calculated by the number of countries having reported age and sex for at least 50% of their confirmed cases.

N/A not applicable; TBD to be determined

## 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.

**Legend:** Trend indications ▲ Increase ▼ decrease ■ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Progress
Proportion of Member States reporting COVID-19 detailed surveillance data including age and sex breakdowns to WHO (N=194, target=100%, as of 31 March 2021) <sup>5</sup>	39% (n=75) <sup>7</sup>	42% (n=81) 
<p>Surveillance for COVID-19, including the incidence and mortality by age and sex, is important to help understand which population groups are at higher risk for severe disease and death and potential epidemiological changes over time. In-depth analyses on age, sex and other parameters should be conducted regularly to guide appropriate public health preparedness and clinical management. Questions that can be addressed through such monitoring include whether there are shifts in transmission dynamics among younger age groups, the impact of vaccination in older populations, the impact of public health measures within educational settings, and the equity of access to diagnostics and health care based on sex and age, and the impact of variant on transmission dynamics</p> <p>Reporting COVID-19 data by age and sex is a challenge for many health systems as it requires strong surveillance data systems. In the first quarter of 2021, the number of Member States reporting disaggregated data has decreased from 86 in January to 81 in March, which is far from the global target of 194. All countries are encouraged to report disaggregated data and WHO has provided both <a href="#">surveillance</a> and <a href="#">operational tools</a> to facilitate this action.</p> <p>For data available to WHO, analyses stratified by age and sex are available on WHO's <a href="#">COVID-19 Dashboard</a>. Noting the limitations in surveillance and data reporting, the risk of severe illness with COVID-19 increases with age, with older adults at highest risk. Globally, the sex (male to female) ratio shows proportionally slightly more female cases reported but proportionally more male deaths, however trends do vary by region. Further information is available about the COVID-19 epidemiological situation in the <a href="#">Weekly Epidemiological Updates</a>.</p>		

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Indicator (2021 target, data as of)	2020 Baseline	Progress
Proportion of countries <sup>3</sup> in humanitarian settings with a functioning multi-sectoral mental health and psychosocial support (MHPSS) coordination group (N=63, target:100%, as of 29 May 2021) <sup>5</sup>	55% (n=35) (January 2021)	60% (n=38)  ▲
<i>Note: See below for more information.</i>		

### Progress in strengthening mental health and psychosocial support in emergencies

During the World Health Assembly in May 2021, delegates endorsed the decision on Mental Health Preparedness and Response to Public Health Emergencies. The Assembly urged the Member States to develop and strengthen comprehensive mental health services and psychosocial support. Mental health and psychosocial support (MHPSS) is recognized as a cross-cutting issue relevant to several public health emergency pillars and a range of sectors engaged in humanitarian and public health responses. In an emergency, actors provide MHPSS services in education, protection, nutrition, health and other sectors, and coordination of MHPSS requires multisectoral country-level technical platforms. In 2020, regular monitoring of an indicator on multisectoral mental health and psychosocial support (MHPSS) coordination had shown that the number of countries with established platforms for coordination increased two-fold, from 22 in 31 March 2020 to 53 by 30 November 2020.



In 2021, the indicator was updated to focus not only on the existence of coordination mechanism but also on its functionality, including multisectoral memberships, a clear plan, dedicated financial and human resources and a monitoring and evaluation framework. In January 2021, 55% (35 of 63 countries) had functioning multisectoral MHPSS coordination platforms. WHO, together with partners, will continue to support country-level MHPSS Technical Working Groups in humanitarian settings through a surge mechanism for rapid deployments, capacity building of local actors through technical expertise, development and adaptation of operational resources and enabling knowledge exchange opportunities between MHPSS Technical Working Groups in different emergencies. Through the active deployment of MHPSS expertise, newly established or strengthened groups in Guyana, Mozambique and Pakistan are now included for the May 2021 reporting period.

<sup>1</sup> The term “countries” should be understood as referring to “countries and territories”.

<sup>2</sup> The term “countries” should be understood as referring to “countries and territories” that responded to the WHO National pulse survey.

<sup>3</sup> The term “countries” should be understood as referring to “countries and territories” as indicated in the Global humanitarian overview (GHO).

<sup>4</sup> Quarterly reported indicator

<sup>5</sup> Monthly reported indicator

<sup>6</sup> Baseline for 2020 calculate by the number of countries having reported at least one health worker infection in 2020

<sup>7</sup> Baseline calculated by the number of countries having reported age and sex for at least 50% of their confirmed cases.

N/A not applicable; TBD to be determined

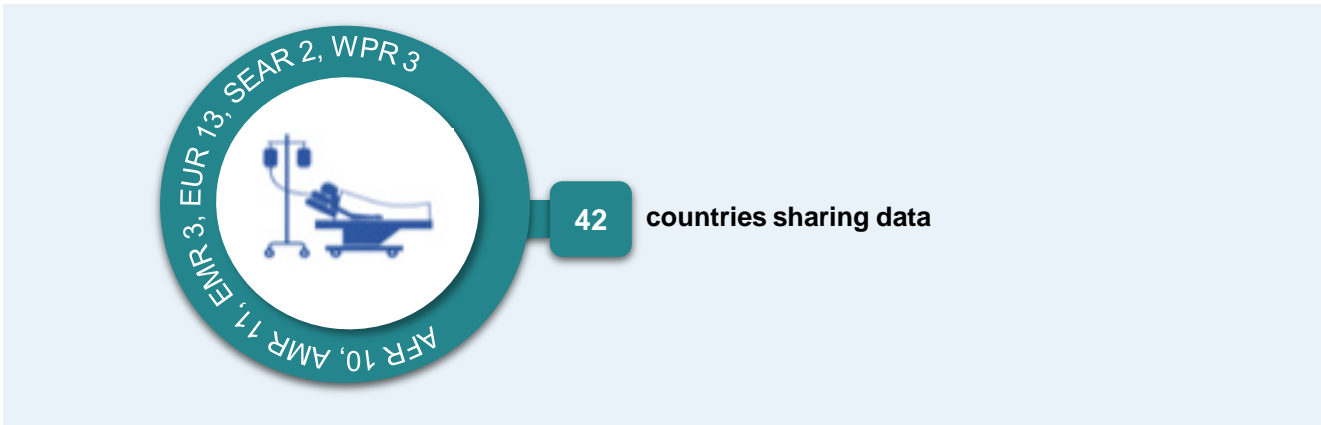




### Global COVID-19 Clinical Data Platform

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

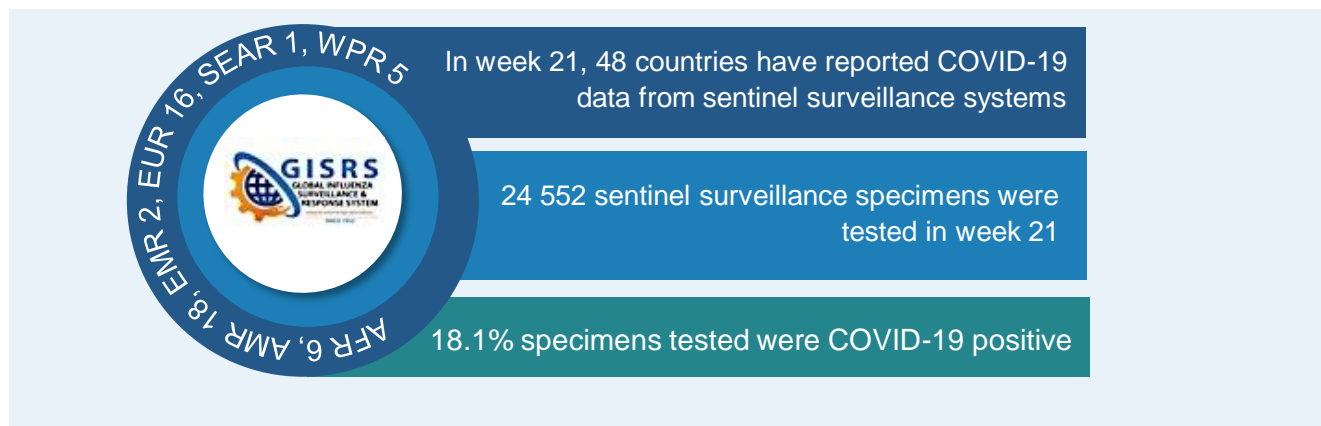
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



### 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



### GOARN

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

### Emergency Medical Teams (EMT)

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

### WHO case definition

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

### EPI-WIN

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

### WHO Publications and Technical Guidance

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

For more information on  
COVID-19 regional  
response:



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

For the 1 June 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- SARS-CoV-2 Variants of Interest (VOIs) and Variants of Concern (VOCs), including the introduction of new labels for public communications, updates on VOI and VOC classifications and the global geographical distribution of VOCs Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2).
- Lessons learned during the early phases of rolling out COVID-19 vaccines, with a particular focus on low-and-middle income countries (LMICs).

## News

- For more information on Tracking SARS-CoV-2 variants [click here](#).
- For more information on WHO validating Sinovac COVID-19 vaccine for emergency use and issues interim policy recommendations [click here](#).
- For the Director-General's opening remarks at the media briefing on COVID-19 – 1 June, [click here](#).