

Weekly Operational Update on COVID-19

22 June 2021

Issue No. 60



As of 20 June 2021

Confirmed cases^a
177 866 160

Confirmed deaths
3 857 974

Afghanistan receives shipment of medical kits to support essential health services

An aircraft carrying 39 tonnes of emergency health, cholera, and trauma kits donated by the Russian Federation landed in Kabul on 15 June to support the strengthening and maintenance of essential health services in Afghanistan.

The shipment, the first of two, contains 100 emergency health kits, enough to serve the various health needs of 200 000 people for 3 months, 20 cholera kits to treat 2000 patients, and 20 trauma kits to meet the needs of 1000 patients requiring surgical care in emergency situations.



“This is especially important where escalating conflict is leading to an increase in the number of people requiring trauma care, while COVID-19 is overwhelming the health response,” said Dr Luo Dapeng, WHO Representative in Afghanistan.

WHO is working with the Ministry of Public Health to distribute the supplies to health care facilities across Afghanistan in a plan to reach a wide range of beneficiaries, including those with limited access to health services.

For further information click [here](#).

Key Figures



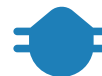
WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5.4 million** people registered on [OpenWHO](#) and accessing online training courses across **34** topics in **54** languages



18 637 604 PCR tests shipped globally



202 474 426 medical masks shipped globally



69 535 700 gloves shipped globally



8 873 311 face shields shipped globally



181 GOARN deployments conducted to support COVID-19 pandemic response



2 412 226 768 COVID-19 vaccine doses administered globally as of 20 June

^a COVAX has shipped over **88 million** vaccines to **131 participants** as of 17 June

^a 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:

Frontline responders in Kyrgyzstan boost their skills in Risk Communication and Community Engagement

An important step was taken by the WHO Country Office in Kyrgyzstan on 8 to 9 June 2021 to strengthen Kyrgyzstan's emergency capacities in the context of the current pandemic. The WHO Health Emergencies Programme's Hub Office, which serves WHO's Member States in Central Asia, conducted a two-day training on Risk Communication and Community Engagement (RCCE), a core area of the COVID-19 response. The training engaged representatives of the departments of communications and health promotion, disease control, Public Health Emergency Operations Center (PHEOC), and from the Ministry of Health.

The training aimed to address gaps within the RCCE response to COVID-19 which were identified during Kyrgyzstan's Intra-Action Review (IAR) conducted in November 2020. Throughout the two-day training, the participants were able to increase their knowledge, receive practical tips, and actively participate in discussions and simulation exercises on enhancing coordination and operational mechanisms within and beyond RCCE; strengthening public communications capacity; and developing and delivering on RCCE plans.



Following the training, the Kyrgyz Ministry of Health expressed great appreciation, recognizing its relevance and timeliness amidst the ongoing emergency, especially in the context of the current COVID-19 vaccine rollout and the reinforcement of public health and social measures. Overall, the training resulted in increased confidence and skills among participants when delivering public health advice to the public and fostering behavioural change.

As part of the WHO Regional Office for Europe's revamp of its [RCCE capacity-building package](#), the training will further assist health partners to develop and exercise RCCE skills in addressing public health threats. The comprehensive package includes tools for multisectoral training, capacity mapping and development, testing and the adoption of a RCCE plan.

From the field:

COVID-19 cases surge in Africa, near first wave peak

COVID-19 cases in Africa are surging by over 20% week-on-week as the continent's third wave gains pace and nears the first wave peak of more than 120 000 weekly cases recorded in July 2020. The Democratic Republic of the Congo, Namibia and Uganda have reported their highest number of new weekly cases since the pandemic began.

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“Africa is in the midst of a full blown third wave. The sobering trajectory of surging cases should rouse everyone into urgent action... public health measures must be scaled up fast to find, test, isolate and care for patients and to quickly trace their contacts,” said Dr Matshidiso Moeti, WHO Regional Director for Africa.

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©WHO Regional office Africa

Africa's vaccine rollout is picking-up speed with over 5 million doses administered in the past five days, compared with around 3.5 million doses per week for the past three weeks. Almost 12 million people are now fully vaccinated, but this is still less than 1% of Africa's population. The number of doses administered globally so far would have been enough to cover all health workers and older people, had they been distributed equitably, with nearly 85% administered in high- and upper-middle-income countries.

WHO is supporting countries to review and implement resurgence plans down to the district level and is pre-positioning supplies for deployment to countries in need. WHO is also expanding access to easy-to-use antigen-detection rapid diagnostic tests in communities that would otherwise not have access to the standard polymerase chain reaction (PCR) testing for COVID-19.

Through a WHO-led regional COVID-19 laboratory referral network, WHO is working with countries to ship samples for sequencing to better understand where and to what degree variants are circulating.

WHO is at the centre of Africa's COVID-19 vaccination rollout, working to coordinate efforts, provide policy and technical guidance and tailored support to countries with a range of partners, including assisting countries to speed up their rollouts.

With partners, WHO is engaging communities in African countries through their leaders and associations, and social media channels, to promote adherence to preventive measures, to counter rumours and misinformation and to overcome vaccine hesitancy.

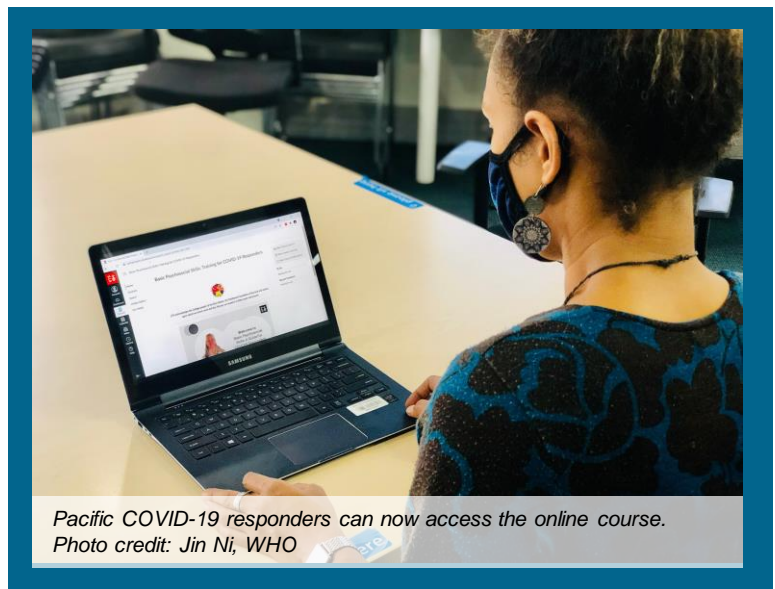
For further information, click [here](#).

From the field:

Basic psychosocial skills online course for Pacific COVID-19 responders released with assistance from WHO

A Basic Psychosocial Skills training for COVID-19 responders designed by the Inter Agency Standing Committee (IASC) Mental Health Reference Group has been adapted for responders in Pacific Island countries and areas (PICs) through a collaboration between the WHO Division of Pacific Technical Support (DPS) and a WHO Collaborating Centre, the University of Technology Sydney (UTS). This [adapted version](#) is now available online and is aimed at anyone involved in the COVID-19 response, including community members, health workers and law enforcement.

WHO DPS and UTS jointly developed a Pacific Working Group comprised of health professionals and mental health staff working in Ministries of Health from the PICs in order to quickly respond to country requests for psychosocial support training. With the help of the Pacific Working Group and WHO, UTS led the adaptation of the Basic Psychosocial Skills training materials including pictures and concepts and the method of delivery (online, videoconference, self-directed).



UTS developed two initial versions of the online training adapted for the PICs, one for virtual videoconferencing platforms and one self-directed online training. WHO and UTS then tested these two versions of training across the PICs to ensure acceptability and obtain feedback on the materials. Areas for improvement were subsequently agreed upon, the training was updated by UTS and a final online self-directed version was launched.

During this three-hour self-directed online course, participants will learn how to look after their own well-being and the well-being of those around them. A series of interactive quizzes, videos and activities teach participants how to support the well-being of other individuals through everyday interactions, offering practical support including how to support individuals experiencing stress. A certificate is awarded upon completion of the course.

Many individuals are feeling understandably stressed during the COVID-19 pandemic, especially those working in the pandemic response; Basic Psychosocial Skills provide a way to support oneself and the emotional well-being of those around you.

To learn more about the course and sign up, click [here](#).



Pandemic learning response

Clinical management of acutely ill and injured patients – combining face-to-face and online trainings in Guinea-Bissau

In April and May 2021, WHO delivered hands-on training on clinical management based on the WHO/ICRC Basic Emergency Care course in Guinea-Bissau in collaboration with the Office of the High Commissioner of COVID-19, Ministry of Health and local actors. The training targeted health care professionals nationally and focused on managing acutely ill and injured patients with limited resources. The training was conducted in Portuguese, Spanish, French and Creole as learners came from multi-lingual background and could choose the language most suited to understand technical concepts.

Training was tailored to meet the local needs and based on up-to-date WHO guidance. A total of 42 health professionals, doctors and nurses, obtained certification from the African Federation for Emergency Medicine. “The training was good and if we implement or apply what was retained in the training, many lives will be saved”, stated nurse Aly Djaló.

Alongside the field training, a comprehensive online course with modules dedicated to COVID-19 patients was developed and made available on OpenWHO.org: Clinical management of patients with COVID-19: Initial

approach to the acutely ill patient. The online course is being adapted into several languages, including Portuguese, Spanish and French.



Combining face-to-face and online training for targeted clinical management in Guinea-Bissau. © Beatriz Sanchez - Consent has been obtained by country office

“This training utilizes several different adult learning modalities, including hands-on practical skill stations, small group sessions, writing, presentations and didactics. In conjunction with the OpenWHO.org online videos, learners in Guinea Bissau and beyond will be able to learn in any language and any modality that suits them best – this is the beauty of hybrid virtual and in-person clinical trainings. On-site mentorship will continue through our local partners as well as national clinical staff who underwent a training of trainers course. These local clinicians will cascade these trainings further into the country.” Noted Pryanka Relan, Technical officer WHO Headquarters

USER FIGURES

5.4 MILLION
TOTAL COURSE ENROLMENTS

54
LANGUAGES

34
COVID-19 COURSE TOPICS

9.4 MILLION
WORDS TRANSLATED



2.8 MILLION CERTIFICATES AWARDED

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

Risk Communication, Community Engagement and Infodemic Management

Infodemic management training in the Democratic Republic of the Congo to support COVID-19 vaccine rollout

In February 2021, the Democratic Republic of the Congo (DRC) had one of the lowest vaccine acceptance rates in the African region, with only 52% of people stating that they would get vaccinated once a vaccine is available and recommended¹. To support vaccine confidence by tackling the infodemic, two capacity-building initiatives were recently launched in the Democratic Republic of the Congo.

In May 2020, WHO launched the first [WHO Global Infodemic Management Training Programme](#) to build a WHO roster of infodemic managers to support the need for technical assistance in countries in infodemic management and response to health misinformation. Now in May 2021, Dr Ousmane Ly, a graduate of this first WHO training, is utilizing these skills to train others. On behalf of PATH, the Digital Impact Alliance and ANICIis, he facilitated the launch of a training programme on infodemic management in Kinshasa and is eager to continue sharing expertise and through more national and regional trainings.



Health care workers training for infodemic management in Democratic Republic of the Congo in May 2021. Photo credit: Programme Elargi de Vaccination (PEV) Democratic Republic of the Congo

Simultaneously, the WHO Country Office with the support of the Africa Infodemic Response Alliance (AIRA) at the WHO Regional Office for Africa have been collaborating with the national RCCE Communication Committee (CREC) and the national Expanded Program on Immunization (EPI/PEV) since May 2021 to establish a national infodemic management mechanism.

Dr Muya, the WHO Country Office Infodemic Management focal point, has designed and initiated a training programme for journalists, health care workers, and vaccination experts on how to detect, analyze, and address misinformation and disinformation, both online and offline, about COVID-19 vaccines. The training sessions span several weeks to empower participants to put into practice what they are learning and enable a community of practice to discuss everyday, practical challenges and generate solutions in real time.

Dr Muya and EPI/PEV have co-organized a training program in May 2021 targeting health care workers, given their critical role in promoting vaccine confidence. A training programme targeting blogger and influencers will soon launch and there are plans to expand trainings and engage community leaders, civil society representatives, and digital experts for a collaborative and community-led approach to digital communication about COVID-19 vaccines.

¹ RCCE Collective Service Dashboard, Covid-19 behavioral indicators-the DRC, Feb 2021. Consulted on 16/06/21 [[COVID-19 Behavioural Indicators | The Collective Service \(rcce-collective.net\)](#)]



Country Readiness Strengthening

WHO has recently launched a new version of the [COVID-19 National Rapid Response Teams Online Learning Programme](#) in English and French with Spanish launching soon. The programme includes eight modules, which were updated to integrate lessons learnt from the COVID-19 pandemic to date and reflect up-to-date WHO recommendations and guidelines as of March 2021.



This self learning programme aims to provide National Rapid Response Teams (RRTs) members with the key knowledge and tools needed for early detection and to effectively respond to a COVID-19 outbreak; over 1600 users registered in version one of this programme for national RRTs and this will continue to grow and build capacity globally with version two. Completion of the programme has also been made more flexible, and users can now obtain a certificate for each module completed.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 June 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 252 million from more than 671 509 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**

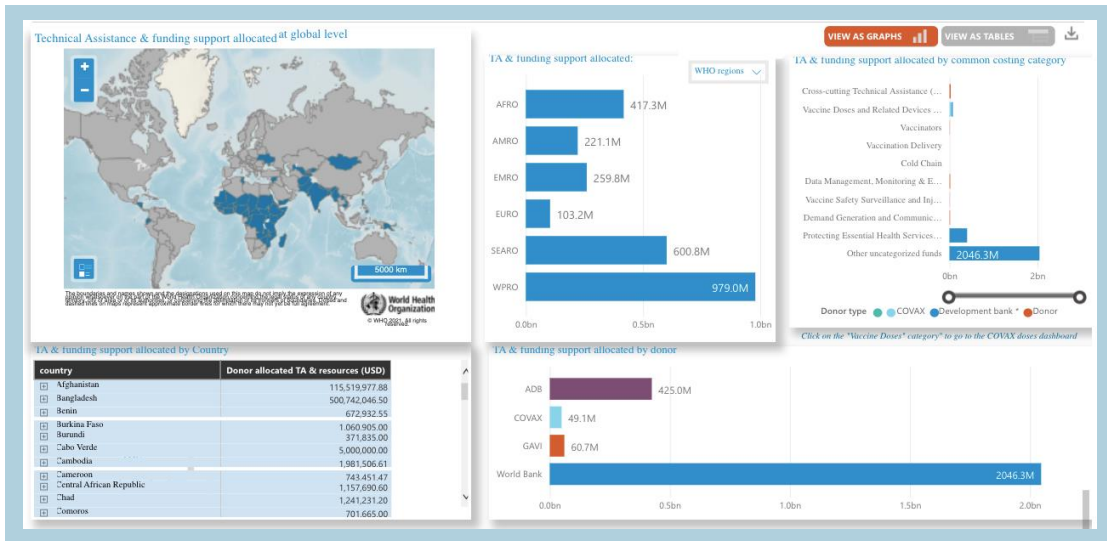


671 509 donors

[individuals – companies – philanthropies]



COVID-19 Partners Platform



Countries, partners and donors are now able to view vaccine resource contributions such as number of doses allocated and delivered, aggregated by WHO region, country, or donor. Contributions for the 9 common costing categories, as defined in the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) which was aligned with all stakeholders, can also be visualized.

The interactive and up-to-date dashboard aggregates data from various sources and provides an overview of data globally which allows users to track publicly known COVID-19 vaccine Technical Assistance support and funding. This novel feature of centralized vaccine information can help engage relevant ministries in discussions on costing and requesting vaccine resource needs. The dashboard accompanies the Platform's other vaccine functionalities, including the Action Checklist for planning vaccine introduction in-country and the COVID-19 Vaccine introduction and deployment Costing tool (CVIC) which supports credible vaccination costing while maintaining sensitivity to protect essential health services.

Together, these functionalities provide a comprehensive toolbox for countries and donors to partner efficiently in the pursuit of global vaccination for COVID-19.

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 16 June 2021.

Shipped items as of 16 June 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	4 852 925	1 125 825	2 151 820	1 528 970	33 759 300	316 530	2 010 079	54 204 400	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	1 988 300	2 053 810	1 098 585	8 002 000	239 920	1 825 322	29 167 550	1 502 095
Europe (EUR)	921 850	1 138 150	618 560	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 618	371 836	3 843 500	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	466 710	14 974 146	3 107 035
TOTAL	12 695 727	17 792 175	18 637 604	8 873 311	69 535 700	1 803 087	9 566 979	202 474 426	24 503 965

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.

**Laboratory data are as of 8 June 2021*

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

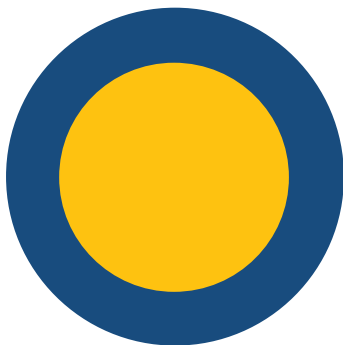


Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, 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

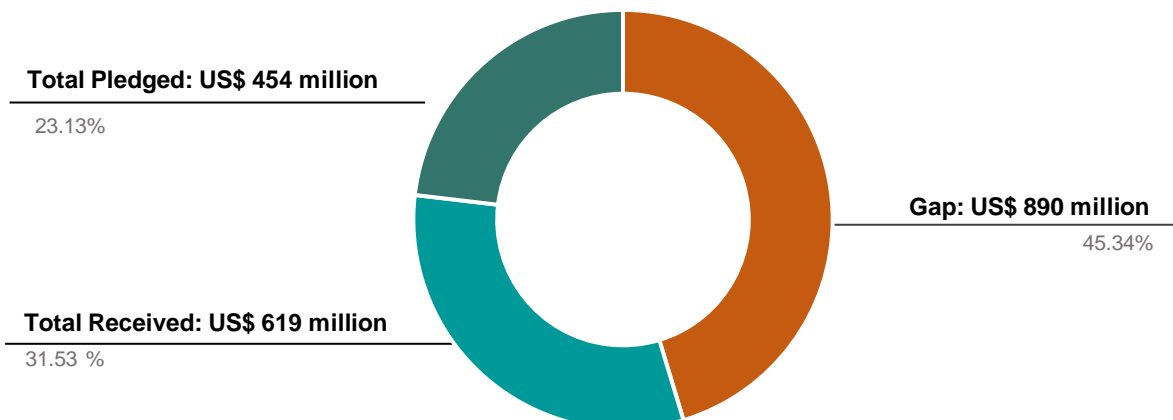


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 15 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](#).

COVID-19 Global Preparedness and Response Summary indicators

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

Indicator	2020 Baseline	Previous Week Status	Current Week Status	2021 Target
Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , target=50%, as of epidemiological week 22 2021)	22% (n=15) ^c	39% (n=27)	45% (n=31)	50%
Proportion of Member States that have started administration of COVID-19 vaccines (N=194, target=100%, as of June 20)	0 ^d	96% (n=187)	97% (n=188)	100%
Number of COVID-19 doses administered globally (N=N/A, target=N/A, as of June 20)	0 ^d	2 156 384 616	2 412 226 768	N/A
Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, target=N/A, as of June 20)	0 ^d	11.2% (n=0.87 billion)	12.6% (0.98 billion)	N/A

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

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

^c Baseline for epidemiological week for southern hemisphere season

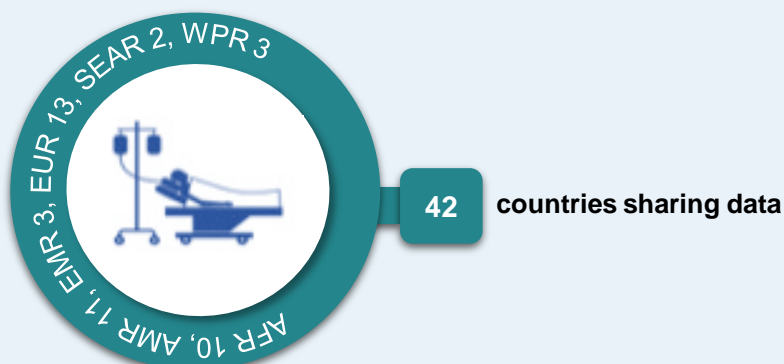
^d Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

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

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.





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

A special focus update on variants is provided, including a newly designated variant of interest (VOI), along with the geographical distribution of variants of concern (VOCs) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2). This edition also includes an update about strengthening public health intelligence through event-based surveillance, specifically learning from the COVID-19 pandemic.

News

- For more about the G7 pledge of 870 million COVID-19 vaccine doses, half to be delivered by the end of 2021, click [here](#).
- To register for the closing plenary of the WHO global conference on communicating science during health emergencies on 25 June 2021, click [here](#).