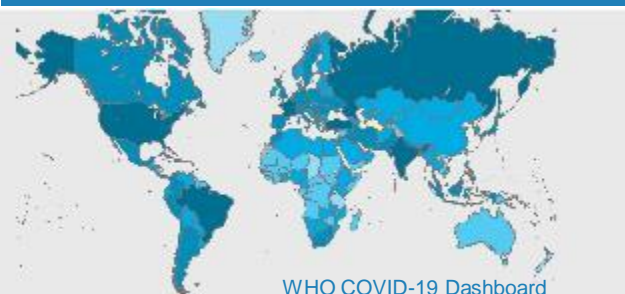


Weekly Operational Update on COVID-19

12 July 2021

Issue No. 63



As of 11 July 2021

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

Confirmed cases

186 232 998

Confirmed deaths

4 027 858

Scaling up COVID-19 vaccination in Africa

Africa marked its worst pandemic week ever. Yet, as the COVID-19 cases climb sharply, there are signs of progress on vaccine deliveries to the continent. Vaccine deliveries from the COVAX Facility are gathering momentum: in the past two weeks, more than 1.6 million million doses were delivered through COVAX and more than 20 million doses are expected to arrive from the United States through COVAX, in coordination with the African Union.



Africa's COVID-19 surge tops second wave peak as vaccine deliveries pick up / Credit: WHO AFRO

“African countries must use this time to prepare to rapidly expand the roll-out,” said Dr Matshidiso Moeti, WHO Regional Director for Africa. “Governments and partners can do this by planning to expand vaccination sites, improving cold chain capacities beyond capital cities, sensitizing communities to boost vaccine confidence and demand, and ensuring that operational funding is ready to go when it is needed.”

WHO has been working with countries to conduct reviews of the first phase of the roll-out so that they can implement the lessons learned. A series of WHO webinars have facilitated intra-country learning from countries that have had successful roll-outs, such as Botswana, Côte d'Ivoire, the Kingdom of Eswatini, Ghana and Rwanda.

For further information and videos, 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 **35** topics in **55** languages



19 822 249 PCR tests shipped globally



203 192 426 medical masks shipped globally



1 816 527 gloves shipped globally



9 102 511 face shields shipped globally



185 GOARN deployments conducted to support COVID-19 pandemic response



3 114 766 865 COVID-19 vaccine doses administered globally as of 5 July

^a COVAX has shipped over **102 million vaccine doses to 135 participants** as of 12 July

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

From the field:

WHO and European Union partner to support Malaysia's COVID-19 response and emergency preparedness



© Corporate Communication Unit, Ministry of Health Malaysia

On 22 June 2021, the WHO Representative Office for Malaysia, Brunei Darussalam and Singapore launched a three-year programme with the European Union (EU) to support the government of Malaysia in its COVID-19 response and preparedness for future pandemics.

The EU is providing €1.7 million to Malaysia, as part of the overall €20 million programme for the South East Asia health pandemic response and preparedness project with seven other Asian countries including Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, the Philippines, Thailand and Viet Nam.

In Malaysia, the programme focuses on COVID-19 activities such as multi-source surveillance and testing strategies, subnational analysis and risk assessment, risk communication, community engagement, supporting the COVID-19 National Immunization Programme and strengthening essential health services.

WHO, through its Western Pacific and South East Asia Regional Offices, will also bolster its engagement and exchange of best practices with the Association of Southeast Asian Nations (ASEAN) to promote regional cooperation to the COVID-19 pandemic response, given the shared objectives, similarities and challenges shared by ASEAN Member States in the Region. In this initiative, WHO plays a critical role in supporting coordination, providing technical expertise across critical pandemic management areas and capturing lessons from the ground up to help address systemic challenges and effectively deal with future disease outbreaks.

"Malaysia has a strong health system and has years of experience in health emergency preparedness and response. But the COVID-19 pandemic has challenged health systems not only in Malaysia, but around the world," said Dr Lo Ying-Ru Jacqueline, WHO Representative to Malaysia, Brunei Darussalam and Singapore. "The European Union is one of WHO's major partners and this programme is a continuation of global and regional solidarity that will support Malaysia's COVID-19 national response and build on lessons learnt to better prepare for future health emergencies," added Dr Lo.

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

From the field:

Enhancing COVID-19 testing – an investment in health

Almost a year and a half into the COVID-19 pandemic, Afghanistan is grappling with a substantial third wave with cases continuing to rise across the country. In response to mounting needs, the European Union (EU) Delegation in Kabul donated €15 million to support WHO's efforts.

Through the EU funding, WHO has supported the Ministry of Public Health to establish 12 new COVID-19 testing laboratories and train 68 laboratory technicians, among other areas of response. With this expansion, to date, Afghanistan has established 31 COVID-19 confirmatory public laboratories across 24 provinces. More than 300 laboratory technicians have also been trained on COVID-19 testing, and some trained as trainers to ensure continuous availability of services.

Mr Faridullah Safi, a virologist and Head of Surveillance Department at the Kabul Central Laboratory, was among those who received the EU-funded WHO training. "After the COVID-19 pandemic, I was trained as a trainer and now I regularly train our provincial surveillance teams to extract samples and properly send them to the central laboratory," said Mr Safi. The training of laboratory technicians has been crucial in quickly enhancing qualified human resource availability to expand COVID-19 testing.



Mr Faridullah Safi, performs a COVID-19 confirmatory test at the Kabul Central Laboratory. ©WHO Country office Afghanistan

The expansion of the laboratory network has been particularly beneficial for enabling people to get quickly tested without having to travel for long distances or to other provinces, significantly improving access for marginalised and vulnerable groups.

Daad Mohammad, from Wardak province, has been experiencing COVID-19 symptoms. "I am happy to be able to come to the Wardak lab for testing. A year back, things were very different for us here in Wardak province," he said. Last year, one of Daad's relatives was suspected of having COVID-19. To confirm the diagnosis, a sample was collected and sent to Kabul for testing. In the two weeks waiting for a result, 6 more family members became infected. "Now, we can get tested and have the result within a few hours and apply proper preventive measures if a person is positive," he continued assuredly.



Daad Mohammad visiting the COVID-19 confirmatory laboratory in Wardak province to give a sample for testing. ©WHO Country office Afghanistan

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

From the field:

WHO/Europe laboratory team carry out a biosafety and biosecurity training in Uzbekistan



Practical session on donning and doffing of PPE as part of the Lab biosafety training in Uzbekistan. Credit: WHO/Europe, M. Amante

A 4-day interactive training on laboratory biosafety and biosecurity was held in Tashkent, Uzbekistan from 4 to 10 July in both English and Russian. This is the second training held in the WHO European Region based on the newly published [Laboratory Biosafety Manual 4th edition \(LBM4\)](#), following a similar training held in Kazakhstan from 22 to 25 June. This edition of the manual builds on the risk assessment framework which allows safety measures to be balanced with the actual risk of working with biological agents on a case-by-case basis. The manual focuses on training and applying an evidence-based approach to biosafety and biosecurity

In Uzbekistan, the training was attended by 16 laboratory specialists of the public health laboratory appointed biosafety officers and laboratory specialists with no previous background in biosafety. Training activities included practical sessions on risk assessment, donning and doffing of protective equipment (PPE), spill drill simulation and a laboratory audit checklist. The biosafety and biosecurity training package was developed by the WHO/Europe Incident Management Support Team (IMST) laboratory team as part of their action plan for the COVID-19 response and will be rolled-out to additional countries across the Region, with a special focus on priority Russian-speaking countries.

Well-functioning, sustainable laboratory services working in accordance with international quality and safety principles are needed to strengthen health systems and improve public health. Successful detection, characterization and tracking of transmission of diseases required to prevent and control public health interventions also requires effective laboratory systems.

WHO European Regional Office seeks to sustainably improve the quality of laboratory services in European countries through the [Better Labs for Better Health](#) initiative.



Trained Uzbekistan laboratory staff. Credit: WHO/Uzbekistan Country Office

From the field:

Renovation of biosafety laboratories: enabling advancements in Thailand

WHO Thailand mobilized financial and technical support, to renovate five units of basic biosafety level 2 and one unit of containment biosafety level 3 laboratories. On 22 June 2021, Thai Public Health Minister Anutin Charnvirakul chaired the handover ceremony of the renovated laboratories by Japanese Ambassador Nashida Kazuya, in the presence of the WHO Representative to Thailand, Dr Daniel Kertesz.

“The labs have indeed been used to manage major disease outbreaks in the past, but as is expected, the equipment and operations system were going out-of-date,” explains Dr. Supakit Sirilak, Director General to the Department of Medical Sciences. “Through a generous donation of nearly 100 million baht mobilized for the Department of Medical Sciences by the Government of Japan through World Health Organization Thailand, modernization plans saw the renovation of indoor infrastructure, the installation of new IT, cooling systems and other major works completed to ensure the labs could maintain their capacities as the global and national reference laboratories. We can now rightly say that there are now few places in Thailand with lab capabilities of this level and it allows us to deal with diseases and viruses safely without putting the people and the environment at risk.”



“Laboratory works are important parts in supporting disease control. Biosafety laboratories are necessary for research and diagnostic works on highly dangerous pathogens,” says Thai Public Health Minister, Mr. Charnvirakul. “Research and development of vaccines and treatments for COVID-19 and other emerging diseases must be conducted in this type of laboratory.” According to the Public Health Minister, biosafety level 3 also has the capacity to cover standardized COVID-19 tests from across the country.



Staff of the National Institute of Health Renovated Laboratories (Levels 2 and 3) are demonstrating lab procedures. © WHO/Ploy Phutpheng 2021

Laboratories play a key role in achieving health security by contributing towards disease surveillance, patient management, and research and development, but they are also essential in the SARS-CoV-2 pandemic response.

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

From the field:

PAHO/WHO and the Government of Canada donate portable pulse oximeters to Belize



PAHO/WHO and the Government of Canada donate portable hand-held pulse oximeters to support the Karl Heusner Memorial Hospital / Credit: PAHO/WHO

PAHO/WHO and the Government of Canada donated 25 portable hand-held pulse oximeters to the Karl Heusner Memorial Hospital's (KHMH) COVID-19 Unit in Belize City, Belize on 6 July.

The donation of pulse oximeters is part of PAHO's ongoing technical support to facilitate the monitoring of oxygen saturation among patients admitted to the KHMH for observation and treatment of COVID-19. The device, used in case management and patient follow-up, provides quick and accurate, non-invasive measurements of oxygen concentration in the bloodstream.

Dr. Edwin Bolastig, PAHO/WHO Health Systems and Services

Advisor, said "PAHO/WHO continues to provide support to KHMH through procurement of much-needed medical equipment as part of the overall strategy to improve health outcomes and save lives of those who have been afflicted with COVID-19." He further explained that these equipment represent continuing efforts to help strengthen the health system's capacity to respond to the pandemic and beyond.

Five oximeters were purchased from a grant from the Government of Canada to PAHO/WHO and the remaining 20 oximeters were purchased from WHO Funds for COVID-19 response.

"These portable pulse oximeters will be used in the monitoring of patients who have been discharged from the COVID-19 unit and are recovering," said Dr. Adrian Coye, Acting Director of Medical Services of the KHMH. "Some of these patients may still have respiratory symptoms for a while therefore we need to be able to monitor their oxygen levels. With this tool, we can monitor their oxygen status and the heart rate, which is an important indicator to determine how well they are."

The KHMH is the only public facility in the country providing critical care services for COVID-19 patients. By monitoring the oxygen status for the clinical management of moderate to severe cases of COVID-19, more lives can be saved. Improving KHMH's capacity will allow the national referral facility for COVID-19 to be able to play a more effective role in the overall national health system response to the pandemic.

From the field:

2020 Progress Report of the Incident Management Support Team for COVID-19 in WHO's Eastern Mediterranean Region

On 22 January 2020, a week before the first case of COVID-19 was reported in the Eastern Mediterranean Region, the WHO Regional Office for the Eastern Mediterranean established the Incident Management Support Team (IMST) to coordinate and prioritize readiness and response efforts for COVID-19.

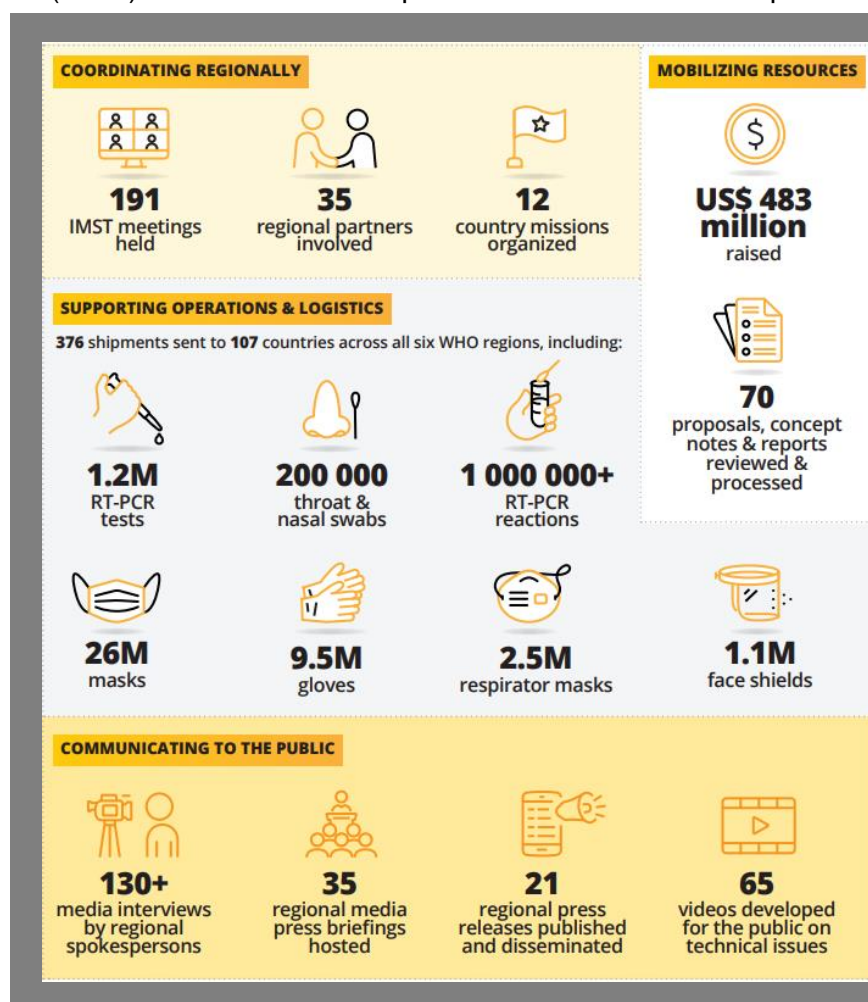
Throughout 2020, the Regional IMST, composed of eight pillars, or key technical and operational groups, has provided the link between WHO headquarters IMST and WHO country offices for a methodical regional response and to provide strengthened support to Member States.

The newly released [2020 Progress Report of the IMST](#), published last week, summarizes IMST activities and achievements throughout 2020, paving the way forward as the response to COVID-19 continues to evolve.

The IMST's achievements in regional capacity-building, coordination and guidance placed the Regional Office for the Eastern Mediterranean as a central player and global asset in successfully responding to the COVID-19 pandemic.

Among its achievements, the Regional Office for the Eastern Mediterranean mobilized US\$ 483 million for the COVID-19 response in 2020. Additionally, a record-breaking value of supplies was dispatched, with the WHO logistics hub in Dubai serving as the largest repository of medical equipment and supplies in the world.

In 2021, the IMST will focus on the goal set in the Region's [Strategic Preparedness and Response Plan for 2021](#): to continue to support countries to leverage and sustain effective response capacities to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic in countries of the Eastern Mediterranean Region, while acting to build resilient health systems.



COVID-19 Preparedness

Preparing cities for health emergencies from all-hazards risks: Training for local authorities and urban development practitioners

With a projected 68% of the global population expected to be living in cities by 2050, risk informed emergency preparedness and multi-sectoral planning actions in cities are critical to prevent, prepare for, and mitigate the impacts of emergencies. WHO, in collaboration with the UN Office for Disaster Risk Reduction and the UN Office for South-South Cooperation, organized a certified training series aimed at cities called '[Build Back Better: Harnessing South-South cooperation and risk reduction planning for resilient and healthy cities in the post-COVID-19 era](#)'.

The third session, held on 22 June 2021 focused on “preparing cities for health emergencies from all-hazard risks,” aligning with International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction. The virtual session was attended by over 1800 participants from 149 countries, including representatives from local government, health, defence, international organizations, UN agencies, academia and civil society.

The session focused on:

- i) concepts and tools of [Health Emergency and Disaster Risk Management](#), strategic risk assessment, health facility resilience, preparations for re-opening cities, referencing good practices from Barcelona, Islamabad, Mumbai, Nairobi, New York and Seoul;
- i) multisectoral partnerships through [resource mapping and impact analysis](#), the Global Strategic Preparedness Network with examples from Côte d'Ivoire, Namibia and Niger;
- i) concepts and tools to address the challenges of zoonotic hazards in urban and suburban settings and limiting spread using the [Joint Risk Assessment Operational Tool](#) which applies One-Health principles; and
- i) the critical operational tools for continuous system testing and improvements in cities using [Country Simulation Exercises \(SimEx\) and Reviews](#).



Underscoring the need for strategic collaboration across levels of government and ongoing capacity development in urban settings using equitable and gender-sensitive approaches, this session concluded by calling on participants to take the lead in making their cities resilient and better prepared for emergencies.

COVID-19 Partners Platform



Partners Platform coordinating funding and teaming up with ECHO for a training series to support the scale up and roll-out of vaccine doses

Many countries are in dire need of operational funding to support COVID-19 vaccination. Countries are struggling to maintain routine essential services including routine immunization, while scaling-up the COVID-19 vaccine roll-out.

To address this gap in funding, the 'COVID-19 Vaccine Delivery Support' (CDS) managed by Gavi and UNICEF, has started an initial release of US\$ 350 million through an Early Access window closing end of August. This initial fund aims to enable the rapid roll-out and scale up of COVAX-funded vaccine doses for AMC eligible economies plus Angola, Indonesia, Timor-Leste and Viet Nam.



WHO, through the Partners Platform, is playing a critical coordinating role for the CDS funds by hosting the short application form, tracking application submissions and tracking the subsequent allocation of funds following a review process.

In addition, WHO is also partnering with [Project ECHO](#) to host a training series to support countries with simultaneous training sessions that align with countries' immediate and medium-term needs by encouraging the optimization of existing resources and providing technical assistance for COVID-19 vaccination programs using ECHO's innovative guided-practice model. Throughout the trainings, guidance and resources will be shared and technical assistance will be provided on budgeting, financing and available tools, including the updated [CVIC tool](#). The sessions will also support a community of practice and the sharing of key challenges and benefits on utilizing these tools, as well as strategies for maintaining routine immunization services. Countries will also learn how the Partners Platform facilitates the use of these costing tools and provides a function for countries to upload the resulting costed resource needs for global donor viewership.

The series will be comprised of fifteen sessions from July to December 2021, beginning on 13 July with the topic 'How to apply for Gavi COVID-19 Vaccine Delivery Support (CDS) funding on the Partners Platform'. Other session topics for July and August include 'Vaccination: Costing for scale-up' and 'Financing alone is not enough – planning and executing on the budget'.

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 7 July 2021.

Shipped items as of 7 July 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	4 838 975	1 146 375	2 277 948	1 529 970	33 830 300	316850	2 016 579	54 214 400	3 224 030
Americas (AMR)	1 348 132	12 080 775	10 555 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 861 920	2 162 925	2 324 455	1 326 785	14 014 000	253 040	2 136 722	29 875 550	1 821 095
Europe (EUR)	702 500	1 190 550	673 240	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 184 400	1 440 000	2 872 802	371 836	3 943 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	1 117 842	768 700	3 220 000	311 927	466 710	14 974 146	3 107 035
TOTAL	12 588 027	18 050 625	19 822 249	9 102 511	75 718 700	1 816 527	9 884 879	203 192 426	24 892 965

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 9 July 2021*

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

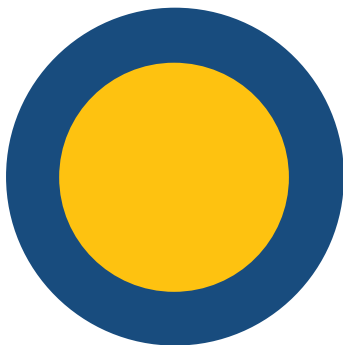


Appeals

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

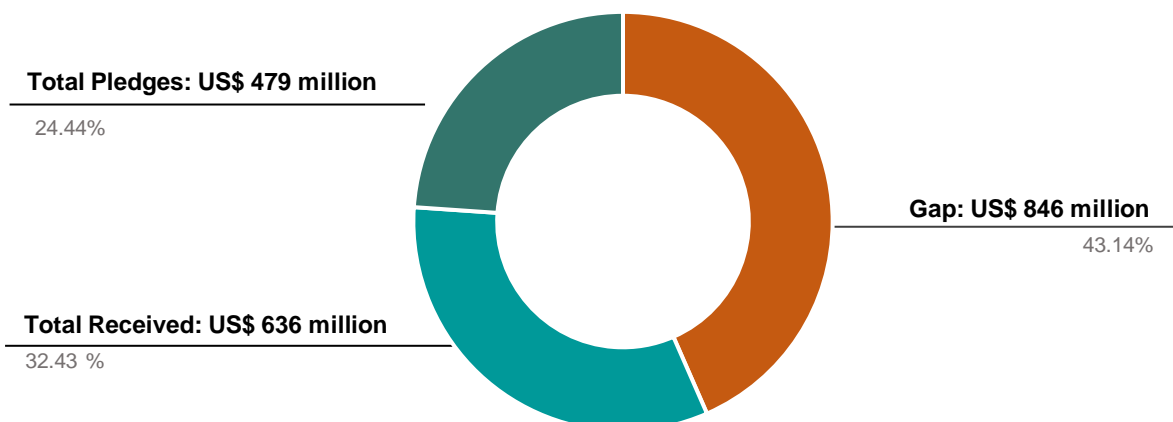


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 6 July 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 5 July 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 253 million from more than 673 083 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\$ 253 Million**



673 083 donors

[individuals – companies – philanthropies]

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.



42

countries sharing data

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.

Indicator (data as of)	2020 Baseline	Previous Status	Current Status	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , as of epidemiological week 25 2021) ^c	22% (n=15) ^d	42% (n=29)	41% (n=28)	50%
Pillar 9: Countries ^a where at least one vaccine preventable disease (VPD)-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=67, as of 5 July 2021) ^e	N/A	51% (n=35)	57% (n=38)	N/A
Pillar 9 (Humanitarian and Fragile and Vulnerable Country Context): Proportion of countries ^b in humanitarian settings with a functioning multi-sectoral mental health and psychosocial support (MHPSS) coordination group (N=72, as of 5 July) ^e	55% (n=35) (January 2021)	60% (n=38)	65% (n=47)	100%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 12 July) ^c	0 ^f	97% (n=189)	97% (n=189)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 12 July) ^c	0 ^f	2 988 941 529	3 114 766 865	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, as of 12 July) ^c	0 ^f	15.3% (n=1.2 billion)	16.3% (n=1.3 billion)	N/A

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

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

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Monthly reported indicator

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

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



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

A special focus update on the variants is provided, which includes updates on emerging evidence surrounding the phenotypic characteristics of VOCs (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance), updates on the geographic distribution of VOCs and on the variant classification. It also includes the variant working definitions, as well as other variants and amino acid changes under monitoring.

News

- For more on the COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS) review of cases of mild myocarditis reported with COVID-19 mRNA vaccines, click [here](#).
- For more information on WHO recommending interleukin-6 receptor blockers for COVID-19, click [here](#).
- For more information on the WHO global conference on communicating science during health emergencies, click [here](#).