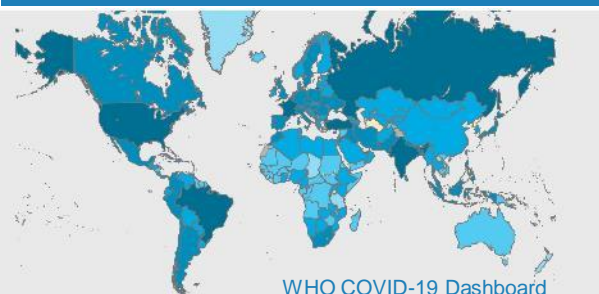


# Weekly Operational Update on COVID-19

6 September 2021

Issue No. 71



As of 6 September 2021

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

Confirmed cases

**220 563 227**

Confirmed deaths

**4 565 483**

## WHO provides medical supplies to Viet Nam

WHO handed over medical supplies, equipment and consumables to the Viet Nam Ministry of Health on 27 August 2021 as part of its ongoing support to the Government for the COVID-19 response.

Additional equipment and supplies arrived on 30 August for deployment to hotspot provinces.



WHO Representative in Viet Nam Dr Kidong Park and Viet Nam Vice Minister of Health Prof Dr Tran Van Thuan welcome the arrival of medical supplies. © WHO Viet Nam/Uyen Vu

“These medical supplies and consumables from WHO have arrived at the critical time as the Government and Vietnamese people are making effort to control and prevent the spread of COVID-19. They will be delivered immediately to Ho Chi Minh City as COVID-19 emergency response for Southern provinces. Viet Nam also expects WHO’s continuous technical support, especially in research and development of treatments and vaccine,” said Prof Dr Tran Van Thuan, Vice Minister of Health at the handover.”

The two batches of delivery included over US\$ 413 451 worth of medical supplies, including 36 000 surgical masks, 70 000 respirator masks and 50 sets of High Flow Nasal Cannula systems to Viet Nam. More supplies are expected to arrive in coming days.

## Key Figures



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



More than **5.6 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



**20 146 000** PCR tests shipped globally



**203 896 426** medical masks shipped globally



**85 080 700** gloves shipped globally



**9 150 471** face shields shipped globally



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



**5 352 927 296** COVID-19 vaccine doses administered globally as of 6 September

<sup>a</sup> COVAX has shipped over **238 million** vaccines to **139 participants** as of 6 September

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

## From the field:

### AFRO-MoVE network helps track COVID-19 vaccine effectiveness

As [COVID-19 vaccines](#) are rolled out in Africa, understanding vaccine effectiveness in real world settings is crucial for countries to plan and refine their vaccination programmes and other public health measures. Through AFRO-MoVE (for Monitoring of Vaccine Effectiveness), a new network launched earlier this year, the World Health Organization (WHO) Regional Office for Africa, in collaboration with countries and HQ, is spearheading efforts to conduct studies assessing how well COVID-19 vaccines protect against disease and infection in real world settings.

The network builds on long-term collaborations in epidemiology, virology, vaccinology and infection sciences across the WHO African region. It taps into the skills and infrastructure of influenza surveillance and monitoring systems and networks in Africa, including 15 National Influenza Centres.

17 countries have joined the network so far, including ministries of health, national institutes of public health, research institutes, academia and humanitarian organizations.

All network members will share experiences and expertise and help standardize practices to compare and combine results



*Afro-Move network helps track COVID-19 vaccine effectiveness. ©WHO*

#### To date, the AFRO-MoVE network has delivered:

- Two generic study protocols, adapted from the 2 [global protocols](#), for use in Africa to measure vaccine effectiveness in health workers and in patients with severe acute respiratory infection.
  - [Cohort study to measure COVID-19 vaccine effectiveness among health workers](#)
  - [COVID-19 vaccine effectiveness against severe acute respiratory infections \(SARI\) hospitalisations associated with laboratory-confirmed SARS-CoV-2 \(test-negative case-control design\)](#)
- Technical orientation workshops for each study design.
- Support to study groups with design, planning and funding studies.
- Landscaping activities with partners across the region.

WHO, in collaboration with technical partners, has developed several [standardized generic epidemiological investigation protocols](#) through the [Unity Studies](#) initiative that aim to support national public health and social measures, promote the international comparability of research and address gaps in current knowledge regarding the COVID-19 pandemic.

The network will continue to strengthen African countries' contributions to the global knowledge base on the effectiveness of COVID-19 vaccines. It also helps build up capacities and expertise in Africa to tackle future epidemics. AFRO MoVE will collaborate also with other regional vaccine effectiveness networks in EMRO, EURO, and PAHO.

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

## From the field:

### **WHO/Europe supports capacities for real-time PCR testing for SARS-CoV-2 and biosafety at Montenegro's first subnational laboratory in Kotor: 24 – 26 August 2021**

Montenegro is currently responding to a significant surge in COVID-19 transmission throughout the country. Between 24-26 August 2021, WHO led a training on biosafety and risk assessment in Kotor, Montenegro. The training also covered sampling and real-time RT-PCR detection of SARS-CoV-2.

The training was carried out at the first subnational lab in the Public Health Center in Kotor, Montenegro, which has the capacity to perform approximately 600 COVID-19 tests per day and is responsible for testing citizens from four major tourist cities (Kotor, Budva, Tivat and Herceg Novi) and surrounding areas.

Eight members of the lab staff had their first training on lab biosafety which included an introduction to biosafety and biosecurity through good microbiological practice, operation of biosafety cabinets, proper use of Personal Protective Equipment (PPE), disinfection and decontamination.

As the majority of participants were receiving this information for the first time, additional training was provided on



*WHE Balkan Hub lab expert demonstrating donning and doffing of PPE in Montenegro. Credit: Golubinka BOSHEVSKA*

sampling, the storage of samples, adequate transport, nucleic acid extraction methods, basics on PCR and real-time RT-PCR; quality control and actions in case of contamination; test verification and proper documentation in the PCR laboratory. At the end of the training, participants demonstrated an increased level of knowledge and enthusiasm to improve biosafety in their lab.

The training also included one day on risk assessment to help initiate the process of performing a risk assessment for the Kotor Public Health Center laboratory. The risk assessment process will be finalized with the support of WHO/Europe and a strategic improvement plan will be developed to further enhance safety and quality at the laboratory.



## From the field:

### WHO supports COVID-19 response hotline training supporting migrant workers living in Thailand

As COVID-19 continues to threaten livelihoods, it is vitally important that health authorities continue to relay important risk messages to everyone in Thailand, including migrant workers and their families and ensure access to answer questions and link to practical support. To meet this need, the COVID-19 hotline 1422 was established in April 2020 by the Department of Disease Control of the Ministry of Public Health with technical input from the WHO Country Office for Thailand and partners such as the World Vision Foundation of Thailand (WVTHA).

The hotline serves as a trusted source of information on COVID-19 in six languages: English, Thai, Khmer, Laos, Burmese and Vietnamese. Thanks to generous funding from the European Union the programme has provided high-quality training to hotline responders to help them to raise awareness of preventive measures.

A third virtual training session for 29 hotline responders (17 from World Vision Thailand and 12 from Raks Thai Foundation) was



*Ms Aree Mounsookjareoun, National Professional Officer, WHO Country Office for Thailand, during the Migrant Hotline Workshop - 25th June 2021 © WHO/Play Phutpheng*

organized by the Department of Disease Control, Ministry of Public Health, WHO Country Office Thailand and World Vision Foundation for Thailand in June 2021. Conducted by clinicians and public health practitioners, the refresher course aimed to update hotline responders with technical knowledge on COVID-19 and vaccines and provided tips on how to assist people with mental health support needs and to deal with frustrated or rude callers.

"The callers are not just getting information in their own languages, but also counselling and support," says Aree Mounsookjareoun, National Professional Officer at WHO Thailand who has supported the hotline project from the beginning. "This means we can connect this group to the government system in line with our 'whole of society' and 'whole of government' approaches. More importantly, we need to equip the responders with the skills needed to recognize serious cases that require urgent attention and facilitate their access to healthcare facilities".

“I feel so good to be able to help my fellow citizens from Myanmar,” said Mr. Kyaw Thet Khaing, who has been a migrant hotline responder for over a year now. “I wanted to be part of the solution by sharing my knowledge and providing answers to the most frequently asked questions – like how to get tested if someone suspects they’ve been infected with COVID-19, how to self-isolate, or how to register for vaccines.”

For more information on the COVID-19 hotline project, click [here](#).

## From the field:

### Civil Society Organization (CSO) engagement initiative from the WHO Office for Eastern Mediterranean in North-West Syria

Globally and in the Eastern Mediterranean region, the pandemic has significantly exacerbated existing inequalities. In NW Syria, this has been hardest felt for its millions of internally displaced persons (IDPs). Responding to the needs of the most vulnerable, in March 2021, the Relief Experts Association UDER, with support from WHO, commenced an initiative on engaging CSOs in COVID-19 response.

To address information barriers for communities and ensure community members were guided to available services, the project supported a central call center and trained 22 operators on COVID-19 community mobilization. These trained operators provided critical information on home-based care to 439 confirmed.

COVID-19 cases and referred 297 persons to the nearest health facilities. The call center service played a particularly important role for communities with limited public transportation access or those located at far away from health centres.



Furthermore, illiterate community members gained access to information and services that would not otherwise have been achieved.

As part of the efforts in empowering communities to adapt to the new normal by making environmental adaptations, the initiative further trained 98 volunteers who then worked with community leaders in identifying 40 public spaces and providing COVID19 awareness-raising drawings.

“It’s like a breath of fresh air to use my humble skills and tell that life goes on with physical distancing measures,” a volunteer said finishing the COVID-19 awareness drawing on the wall of a building destroyed by the war. ”

In total the project has served to directly reach more than 13,000 individuals in towns in Idlib, West and North Aleppo. As the project ends, efforts are underway to identify alternate and more sustainable funding sources to ensure continuity of this successful service, as local authorities continue to severely lack the resources to implement such activities.

## Public health response and coordination highlights

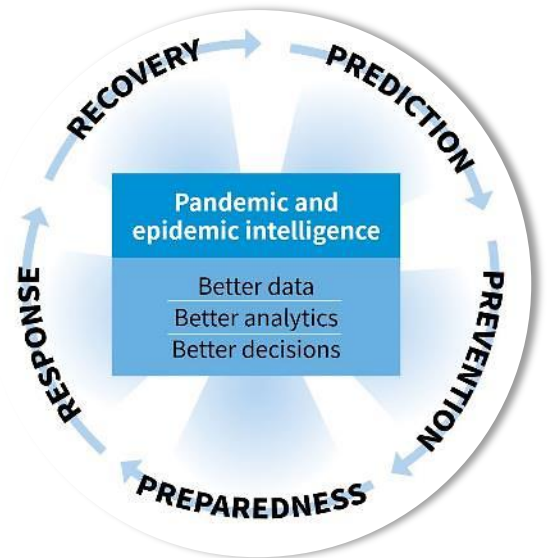
### WHO Hub for Pandemic and Epidemic Intelligence Inaugurated in Berlin

To better prepare and protect the world from global disease threats, H.E. German Federal Chancellor Dr Angela Merkel and Dr Tedros Adhanom Ghebreyesus, World Health Organization Director-General, inaugurated the new WHO Hub for Pandemic and Epidemic Intelligence, based in Berlin.

The WHO Hub is part of WHO's Health Emergencies Programme and will foster enhanced collaboration of countries and partners worldwide, driving innovations to increase availability of key data; develop state of the art analytic tools and predictive models for risk analysis; and link communities of practice around the world.

The WHO Hub, which is receiving an initial investment of US\$ 100 million from the Federal Republic of Germany, will harness broad and diverse partnerships across many professional disciplines, and the latest technology, to link the data, tools and communities of practice so that actionable data and intelligence are shared for the common good.

Critically, the WHO Hub will support the work of public health experts and policy-makers in all countries with the tools needed to forecast, detect and assess epidemic and pandemic risks so they can take rapid decisions to prevent and respond to future public health emergencies. Dr Chikwe Ihekweazu, currently Director-General of the Nigeria Centre for Disease Control, has been appointed to lead the WHO Hub.



“

“Despite decades of investment, COVID-19 has revealed the great gaps that exist in the world’s ability to forecast, detect, assess and respond to outbreaks that threaten people worldwide. The WHO Hub for Pandemic and Epidemic Intelligence is designed to develop the data access, analytic tools and communities of practice to fill these very gaps, promote collaboration and sharing, and protect the world from such crises in the future.” ”

--- Dr Michael Ryan, Executive Director of WHO’s Health Emergency Programme.

For more information on the Hub, click [here](#)

## Pandemic learning response

### Online course launched for Rapid Response Teams (RRTs) in India

The WHO India Country Office with technical support from the National Centre for Disease Control (NCDC), Ministry of Health and Family Welfare, Government of India, and the U.S. Centers for Disease Control and Prevention (CDC) India country office produced and published a course for Rapid Response Teams (RRTs) working at the national, sub-national, district and sub-district levels to respond to the COVID-19 outbreak in India.

This 90-minute condensed [learning package](#) consists of five learning modules that are adapted from a standard RRT training programme, more specific to the COVID-19 pandemic and emphasizes essential elements such as capacity building, case finding and contact tracing, data management, laboratory management, infection prevention and control (IPC) community engagement, and risk communication



WHO Representative in Viet Nam Dr Kidong Park and Viet Nam Vice Minister of Health Prof Dr Tran Van Thuan welcome the arrival of medical supplies. ©WHO Viet Nam/Uyen Vu

In the context of the ongoing COVID-19 pandemic, RRTs are one mechanism of a larger emergency response strategy that can be utilized for efficient response. With the current need for surge capacity, a multidisciplinary public health approach has been used to support efficient response efforts. Capacity building of RRTs is crucial in the current environment and the online learning package is intended to provide the key knowledge and understanding needed to mitigate, detect and respond effectively to the COVID-19 outbreak. To date, 2000 learners have already enrolled in the course, with more than half of enrollees from India. Additional learners from Indonesia, China, the Philippines, Saudi Arabia, and Mexico also participated in the online learning course.

The course offers a record of achievement certificate to participants who score at least 80% of the total points available across all quizzes. Participants who receive a Record of Achievement can also download an Open Badge for this course.

### OpenWHO Overall Learning Platform Figures



As of 24 August 2021



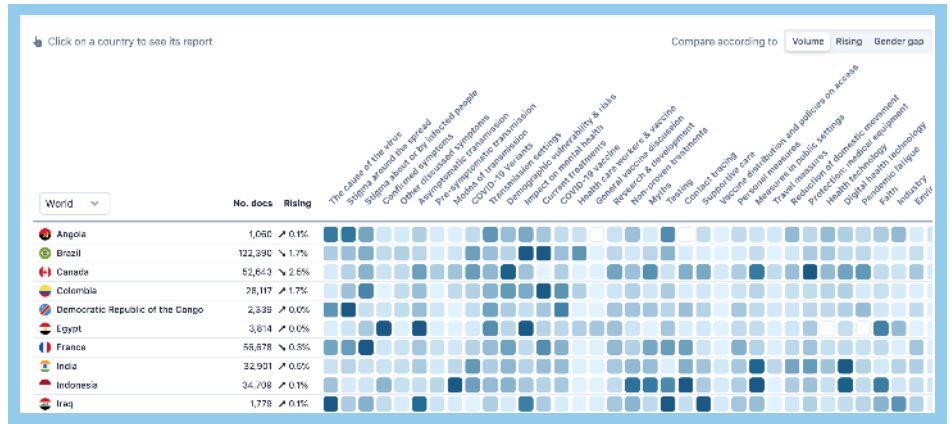


## Risk Communication, Community Engagement and Infodemic Management

### Adding more countries, more languages: WHO Early AI-Powered Social Listening Tool (EARS) Supports Global Infodemic Response

WHO [EARS](#) is an innovative platform helping to understand public concern during the pandemic. The platform pulls together content from online sources such as social media, news articles and blogs, and analyses it in real-time, providing actionable insights for health authorities.

From the initial pilot launched in December 2020, the platform has grown significantly to now cover 30 countries across all 6 WHO regions, analysing content in 9 different languages. Since its launch, the platform has analysed over 40 million posts.



The public facing tool enables users to see if conversations in certain categories are escalating, what people are talking publicly about the most, and if there are information voids or gender differences in conversations. A [comprehensive user-authorized portal](#) is increasingly being used by regional and country WHO teams to inform and guide their Infodemic response.

This tool is the first global platform to use an [innovative social listening taxonomy](#) developed by WHO to separate signal from noise and enable rapid response in times of emergency. The tool is allowing for greater efficiency of WHO resources and feeds for example into the weekly Infodemic risk assessment of the [Africa Infodemic Response Alliance \(AIRA\)](#).

“The rapid insights we get from the EARS platform can help us to identify emerging areas of concern or information voids, and, importantly, see if narratives are moving from country to country in the region. It is very important that WHO has developed its own platform, constantly evolving to respond to the changing needs of Infodemic response.”

Sergio Cecchini. Coordinator, AIRA

The platform is dynamic with new countries and languages being added all the time, as well as ongoing testing and iterations as global uptake increases. The team is looking beyond the COVID-19 context with plans to use the technology to pivot application to other areas of pandemic and Infodemic response.

To access the WHO EARS tool, click [here](#).





## COVID-19 Preparedness

### Strategic Framework for Prevention and Control of Emerging and Epidemic-prone Infectious Diseases in the Eastern Mediterranean Region: 2020-2024

The devastating effects of the COVID-19 pandemic have highlighted the urgent need to anticipate future outbreaks, by strengthening countries' prevention, preparation, detection, and response to emerging and epidemic-prone infectious diseases. In order to enhance this capacity, WHO's Regional Office for the Eastern Mediterranean has published the [Strategic Framework for Prevention and Control of Emerging and Epidemic-prone Infectious Diseases in the Eastern Mediterranean Region: 2020-2024](#).

The aim of this strategic framework is to strengthen the detection of and response to all emerging and epidemic-prone infectious diseases as required by International Health Regulations (2005), through four strategic priorities:

#### The four strategic priorities are:

- **strengthen public health capacity** to prepare for and prevent emerging and epidemic-prone infectious diseases;
- **strengthen capacity for the early detection** and investigation of outbreaks of emerging and epidemic-prone infectious diseases;
- **build capacity to implement high-impact control strategies for rapid response** to high-risk emerging and epidemic-prone infectious diseases;
- **enhance knowledge management** and innovation.

The framework focuses on emerging infectious diseases prevalent in the Region which may have pandemic potential, diseases caused by highly infectious pathogens routinely reported in the Region, emerging and re-emerging infections that have caused outbreaks/epidemics in the past, emerging and re-emerging infections in other parts of the world which have the potential to cause severe epidemics in the Region, and diseases with international surveillance requirements (IHR/PHEIC). Priority diseases include seasonal, pandemic and zoonotic influenza, and emerging vector borne and zoonotic diseases such as COVID-19.

The framework should be used by countries as a resource to aid in the formulation of preparedness and response plans adapted to national needs, priorities, and capacities. It sets out clear roles for Member States and WHO and guidance on related monitoring and evaluation, to initiate and continue its implementation. Countries will report to WHO on progress yearly, through a self-assessment approach.

The anticipated outcomes are for Member States to be better prepared to prevent, detect, and respond to the threat of emerging and epidemic-prone infectious diseases, and for people living in the Region to be better protected from the impacts of these diseases.

For the full framework, click [here](#)

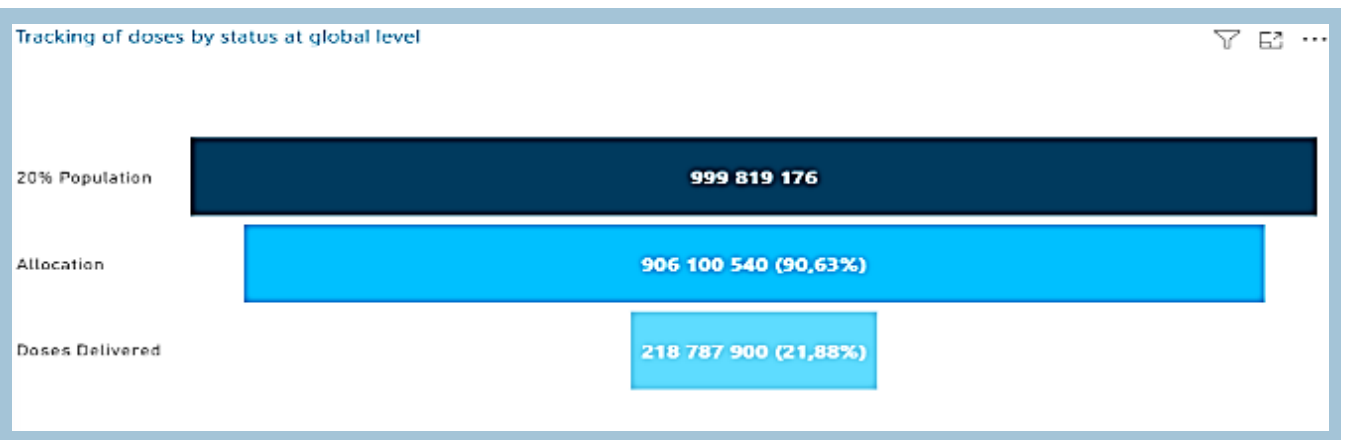


COVID-19 Partners Platform



In 2021, when the global coordination and introduction of COVID-19 vaccines became a top priority, WHO adapted the [Partners Platform](#) to provide governments and immunization partners a safe digital space to host and track vaccine support applications and funding taking place under the direction of [COVAX](#). From January 2021 Advanced Market Countries (AMC) were required to upload their [National Deployment and Vaccination Plans \(NDVPs\)](#) to the Platform for review and approval by COVAX prior to allocation of COVID-19 vaccine doses.

The Partners Platform’s vaccine dashboards, which track all allocated vaccine doses and technical support, offer crucial visibility to countries and partners. These dashboards show where technical assistance and resources are needed, as well as the rate of vaccine allocation and roll-out efficiency. As of August 2021, more than \$US 7 billion of contributions have reached countries from major partners. This support includes technical assistance as well as COVAX-allocated vaccines. Of the nearly 1 billion doses needed to cover 20% of the population in AMC participating economies, nearly 91% have already been allocated to countries. To date, 22% of the required doses have been delivered.



Through the Country Readiness and Delivery workstream, WHO, UNICEF and the GAVI Secretariat and partners are working together at the global and regional levels to: (1) develop and disseminate adaptable global goods and (2) support all countries and economies to prepare for COVID-19 vaccination. However, gaps remain in countries’ readiness to deploy COVID-19 vaccines allocated by COVAX. To address these gaps in country readiness, in July 2021, the COVID-19 Vaccine Delivery Support (CDS) Programme funding in partnership with GAVI and UNICEF was launched on the Platform starting with the Early window opportunity, a streamlined and agile process to disburse funds rapidly to improve vaccine roll out.

The Partners Platform remains firmly committed to facilitate the process for country to rapidly access resources for the roll-out of the allocated COVID-19 vaccine doses under the COVAX Facility. New CDS requests windows will be made available from end September 2021. Before applying online for longer term needs, countries are strongly encouraged to revise their NDVPs.

## 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 and PAHO-procured items that have been shipped as of 2 September 2021.

Shipped items as of 2 Sept 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 042 925	1 255 950	2 365 194	1 542 930	34 711 300	385 010	2 235 179	54 554 400	3 394 030
Americas (AMR)	1 348 132	17 189 900	11 176 692	3 335 840	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 265 020	2 112 925	2 374 438	1 341 145	16 128 000	254 000	2 694 722	30 195 550	2 376 695
Europe (EUR)	849 600	1 197 550	679 080	1 772 020	21 128 900	526 260	3 046 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 006 802	381 436	4 893 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	30 000	543 794	777 100	3 434 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>13 795 927</b>	<b>24 961 325</b>	<b>20 146 000</b>	<b>9 150 471</b>	<b>85 080 700</b>	<b>1 886 647</b>	<b>10 718 579</b>	<b>203 896 426</b>	<b>26 729 765</b>

*Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Laboratory supplies data are as of 25 August 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, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 24 August 2021, WHO has received US\$ 1.048 billion out of the 1.9 billion total requirement. **A funding shortfall of 46.5% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

**Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP.** The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

### Contributions to WHO for COVID-19 appeal

Data as of 24 August 2021

Total Pledges:  
US\$ 133.7 million

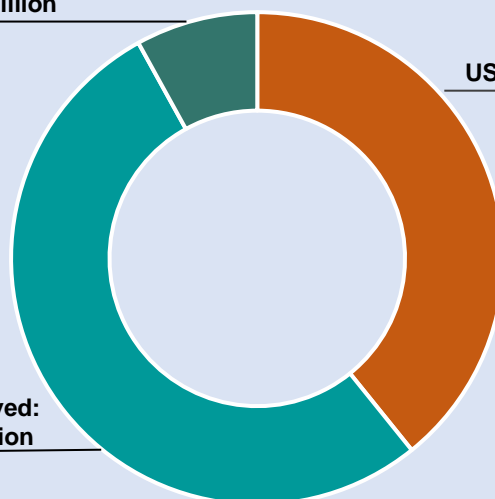
6.81%

Total Received:  
US\$1.05 billion

53.47%

Gap:  
US\$ 779 million

39.72%



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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 (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
<b>Pillar 3:</b> Proportion of countries <sup>a</sup> 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 <sup>b</sup> , as of epidemiological week 32 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	46% (n=32)	<b>49% (n=34)</b>	50%
<p>This week (epidemiological week 33), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 34 (49%) have timely reported COVID-19 data. An additional 11 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.</p>				
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 6 September) <sup>c</sup>	0 <sup>e</sup>	98% (n=191)	<b>No change</b>	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 6 September) <sup>c</sup>	0 <sup>e</sup>	5 019 907 027	<b>5 352 927 296</b>	N/A
<b>Pillar 10:</b> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 23 August) <sup>c</sup>	0 <sup>e</sup>	24.8% (n=1.9 billion)	<b>25.9%(2.01 billion)</b>	N/A

<sup>a</sup> The term "countries" should be understood as referring to "countries and territories"

<sup>b</sup> 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

<sup>c</sup> Weekly reported indicator

<sup>d</sup> Baseline for epidemiological week for southern hemisphere season

<sup>e</sup> 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



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 1 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 673 735 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 WHO.

More than **US\$ 254 Million**



**673 735 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.

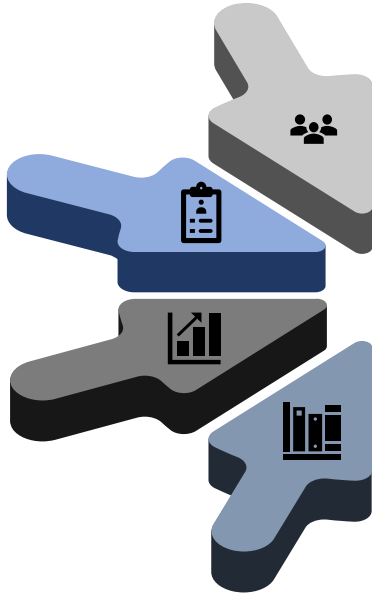


**42 countries**  
sharing data

- ..... **AFR 10**
- ..... **AMR 11**
- ..... **EMR 3**
- ..... **EUR 13**
- ..... **SEAR 2**
- ..... **WPR 3**



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

SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of these VOCs as well as a description of a newly classified Variant of Interest (VOI), Mu.

## News

- WHO met with **G20 Health Ministers**. For links to the Director-General's speeches, which highlighted the need for equitable access to disease control tools, click [here](#).
- WHO releases [a new compendium of innovative health technologies for COVID-19](#) and other priority diseases. **This compendium of 24 new technologies can be used in low-resource settings.**
- This week's [Science in 5](#) (WHO's conversation in science) highlighted risks of **COVID-19 to tobacco users and the health benefits of quitting tobacco.**