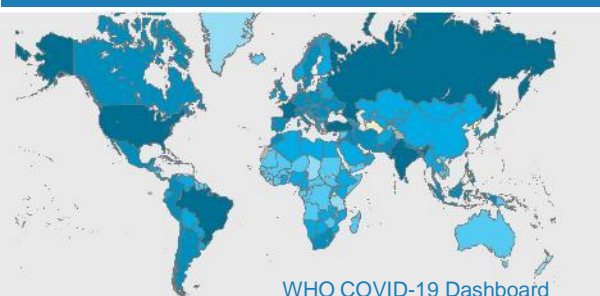


Weekly Operational Update on COVID-19

20 September 2021

Issue No. 72



As of 19 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

227 940 972

Confirmed deaths

4 682 899

WHO supports Sri Lanka's COVID-19 vaccination drive with 2 million syringes

In its continued support to Sri Lanka's COVID-19 response, WHO has provided 2 million syringes urgently needed for ongoing vaccinations delivered in two consignments on 13 and 27 August.



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Dr Alaka Singh, WHO Representative to Sri Lanka stated “at this critical time, WHO values the collaboration extended by donors for the COVID-19 response. WHO appreciates the volume and, importantly, the flexibility of funding which means we can be more responsive to country needs. This procurement is a case in point whereby we have been able to make a critical contribution to Sri Lanka's ambitious vaccination drive through priority procurement of syringes.”

Dr Singh continued, “moreover, the reinforcing longer-term perspective of the partnership with donors allows us to build towards sustainable recovery with MoH leadership. For example, combining the provision of essential supplies with further assistance to our frontline health workers, including support on psychosocial well-being”.

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

Key Figures



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



More than **5.7 million** people registered on [OpenWHO](#) and accessing online training courses across **38** topics in **55** languages



20 725 192 PCR tests shipped globally



206 384 426 medical masks shipped globally



96 775 700 gloves shipped globally



9 466 151 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



5 771 619 897 COVID-19 vaccine doses administered globally as of 20 September

^a COVAX has shipped over **286 million** vaccines to **141 participants** as of 20 September

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

From the field:

Qatar supports shipment of WHO life-saving medical supplies to Kabul

An aircraft carrying around 23 metric tonnes of life-saving medicines and supplies from WHO landed in Kabul on 13 September. The shipment, among the first humanitarian aid to arrive at Kabul airport since operations were disrupted on 15 August, was flown by a Qatar Airways flight donated by the Government of the State of Qatar. A second flight donated by the State of Qatar is arriving 14 September, carrying more WHO medical supplies.



“As health needs increase in Afghanistan, we must move quickly to address the shortages in medical supplies to keep life-saving health services running. I thank the Government of the State of Qatar for its generous and timely support, which has allowed WHO to replenish depleted stocks and meet the needs of the most vulnerable Afghans,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization.



©EMRO

The two shipments contained essential medicines such as insulin, medical consumables, trauma and surgery kits, and COVID-19 testing kits to address the urgent health needs of 1.45 million people. These supplies will support COVID-19 response efforts and essential health services, including providing for 5400 major and minor surgeries. The supplies will be distributed to 280 health facilities and 31 public COVID-19 laboratories across Afghanistan. In total, from 6 flights since 30 August, WHO has airlifted 131 metric tonnes of supplies, which are enough to cover the urgent health needs of 2.43 million people and provide for around 19 000 major and minor surgeries. Over the past three weeks WHO's Global Shipping Team in Kuala Lumpur has orchestrated flights around the world to deliver supplies to Afghanistan. Working in close collaboration with WHO/Afghanistan, WHO/Dubai and external partners, the team delivered over US\$ 2.7 million in health supplies.

WHO is committed to staying and delivering and is exploring options to expedite further shipments of health supplies to Afghanistan; the establishment of a reliable humanitarian airbridge continues to be a pressing need to ensure timely movement of humanitarian aid and personnel to respond to the evolving situation. Two additional flights with 8 and 30 metric tons of supplies respectively are currently being coordinated to arrive in the next few days.

From the field:

WHO logistics hub airlifts largest single shipment of humanitarian cargo to Ethiopia

The WHO Logistics Hub in Dubai delivered 85 metric tons of life-saving medical supplies to Ethiopia, the largest single shipment of humanitarian cargo to date airlifted by the Hub. The supplies including essential medicines, trauma and surgical medicines, infusions, consumables equipment and cholera kits were flown by a charter flight donated by the United Arab Emirates that landed in Addis Ababa on 10 September. The supplies will address the urgent needs of more than 150 000 people.



“This is an important demonstration of solidarity with people in need. This delivery will help bolster our efforts to provide relief to hundreds of thousands of families who are grappling with a difficult humanitarian situation,”

Dr Boureima Hama Sambo, WHO Representative in Ethiopia.

While these supplies are critical to saving lives, WHO and partners are working closely to address the health needs of nearly 2.5 million people in the current crisis.

“We thank the United Arab Emirates and the International Humanitarian City for their immense and ongoing support to WHO’s humanitarian operations. Our strong collaboration continues to enhance WHO’s response to health emergencies of all types including those arising from natural disasters, conflict, and outbreaks of infectious disease. The delivery of health supplies is vital to alleviate the suffering of people around the world.” said Robert Blanchard, WHO Emergency Operations Manager in Dubai.

The shipment to Ethiopia wrapped up a historic week for the WHO Dubai Logistics Hub. Dispatching over four times the weekly average, the operation shipped over 450 metric tons of medical supplies valued at more than US\$ 4.3 million in support of cholera outbreak response in Nigeria, critical shortages of medicines in Afghanistan, and trauma and surgical supplies to Syria and Yemen.

The WHO’s Logistics Hub in Dubai plays an instrumental role by rapidly responding to health emergencies around the world. Since the outset of the COVID-19 pandemic, the Hub has successfully delivered US\$ 90 million worth of health supplies through 705 shipments to over 120 countries.

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

From the field:

WHO/Europe and the Federal Republic of Germany support children with disabilities in Belarus

Children and people with disabilities are among the key populations who are vulnerable to COVID-19 and its negative consequences in terms of social and mental health. WHO Country Office in Belarus and its partners have continued to support communities in addressing these challenges. The Republican Center for Children in Belarus works to provide education and rehabilitation for children, so that they get the support and care needed, especially during the COVID-19 pandemic.

The WHO Country Office in Belarus, with the support of the German Embassy in Minsk, provided 20,000 surgical masks to the Republican Rehabilitation Centre for Disabled Children for protection against COVID-19. This support to the Centre is part of a larger WHO supported donation from Germany of 1.386 million surgical masks worth US\$ 435,204.

The hand over event took place on 2 September 2021, as part of the #Back2School campaign which was launched by WHO/Europe. An Interactive quiz was organized for children and their parents with questions and answers to improve their knowledge on COVID-19 and how they can protect themselves.

WHO/Europe is committed to supporting countries throughout the COVID-19 pandemic and recognizes the support provided from the Federal Republic of Germany, and in particular, the German Embassy

Embassy in Minsk for their donation. During the event, WHO acknowledged the continued need for all nations to work hand in hand and in solidarity, and highlighted the importance of physical distancing as well as correct use of masks, vaccination, early testing and treatment as cornerstones of the pandemic response.

WHO/Europe continues to strive to leave no one behind in the COVID-19 pandemic. As such, earlier in June 2021, WHO also supported the Belarusian Deaf Society by providing 20 tablets for remote sign language interpreters to use as part of the framework of the Solidarity for Health initiative, funded by the European Union.



From the field:

Cambodia reboots its COVID-19 response strategy and measures

Cambodia has entered in a new phase of the pandemic in which decreasing case numbers, high vaccination coverage, and a more transmissible circulating variant threaten a hidden surge. As a result, the government has rebooted its approach with an evidence-based and focused strategy to suppress transmission, minimize social disruptions and protect the people.



In mid-2021, with the support of WHO, the Royal Government of

Cambodia, including the Ministry of Health, initiated efforts to reflect on the strategy to curb new surges and analyse virus transmission and assess the effectiveness of public health and social measures in Cambodia. The joint Ministry of Health-WHO missions engaged all provinces to explore successes and challenges of their response and generate feasible solutions. The resulting strategy is a response reboot, which outlines priorities for suppressing transmission that center on the Cambodian core value of keeping families and communities safe.

“An impressive part of the Royal Government of Cambodia’s strategy is that risk-based decision-making is being applied together with insights into the Cambodian context, including social and cultural dimensions,” said Dr Li Ailan, WHO Representative to Cambodia. “For example, recent social listening research shows that in Cambodia people worry more about the health of their loved ones than their own. This is a powerful motivator to make individual right choices to take COVID-19 measures for protecting their family and community,” said Dr Li.

The priorities of the strategy are to pause 3Cs (closed spaces, crowded places, and close-contact) settings until transmission is suppressed; to implement the 3 Dos and 3 Don’ts (wear a mask, wash hands regularly, maintain distance of at least 1.5 meters, avoid confined and enclosed spaces, avoid crowded spaces, and avoid touching each other); to prevent and prepare for a successful “circuit breaker” (i.e. movement restriction); to safely open low-risk businesses while preparing higher risk businesses to implement risk mitigation measures before opening; to limit non-essential travel and gatherings; and to make monitoring and compliance systems fully functional.

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



Pandemic learning response

Expanding capacity for Integrated Disease Surveillance and Response (IDSR) in the African Region

OpenWHO is collaborating with the WHO Regional Office for Africa (AFRO) on the production of an Integrated Disease Surveillance and Response (IDSR) 3rd Edition [online Training Package](#), which will consist of 5 courses in English, French and Portuguese.

To date, on OpenWHO, Course 1 is available in English and French with the remaining 4 courses all available in English with a total of 7712 enrolments, 2879 Records of Achievement and 2587 Confirmation of Participation certificates issued. All courses should be launched in French and Portuguese by the end of 2021.



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The aim of the training package is to contribute to the implementation of the [Regional strategy for integrated disease surveillance and response: 2020-2030](#) for preventing and responding to health emergencies. This Strategy was adopted by Member States in August 2019 during the 69th session of the WHO Regional Committee for Africa for implementing comprehensive public health surveillance and response systems for priority diseases, conditions and events at all levels of health systems with the aim of lessening the impact of public health outbreaks.

The IDSR Technical Guidelines 3rd Edition explicitly describe what needs to be established at each level of the health system to detect and respond to diseases, conditions and public health events that are responsible for preventable illnesses, deaths and disabilities in local communities. The guidelines also recommend thresholds for action and for responding to alerts. In 2021, guidelines on COVID-19 have been added and are on each course landing page.

The IDSR online Training Package is part of a comprehensive IDSR capacity-building programme being implemented by AFRO, which also includes virtual training sessions and webinars by Project ECHO, and case-based and remote communities of practice.

OpenWHO.org learning platform figures



Infection, prevention and control
Clinical management



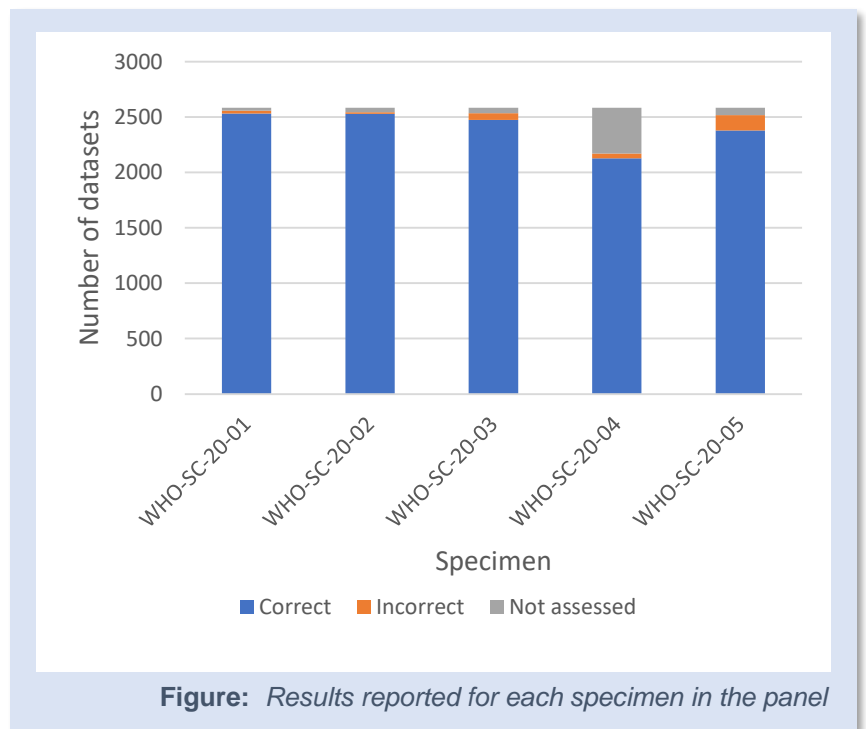
Public health lab strengthening unit

WHO supports External Quality Assessment for laboratories testing for SARS-CoV-2

In 2020, countries exponentially increased the number of laboratories that were testing for SARS-CoV-2 using polymerase chain reaction (PCR) assays in response to the COVID-19 pandemic. However, many countries did not have a means to monitor the quality of testing in these laboratories, some of which had limited experience in the type of testing there were now being asked to perform.

To provide countries with a better understanding of performance of their laboratories and target support actions, WHO organized a global round of laboratory proficiency testing designed to include subnational laboratories. A total of 3,300 panels consisting of five specimens were prepared and distributed to national and subnational laboratories in 102 countries. Laboratories were then asked to test the specimens in the panel and report their results.

Participants were given the opportunity to report two sets of results if they used more than one platform, such as generic real-time PCR and a proprietary assay such as GeneXpert, to test for SARS-CoV-2.



In total, 1809 laboratories reported their results back to WHO, including 775 laboratories reported two sets of results. This meant a total of 2,584 sets of results were available for assessment. Results from the 1,100 panels were subsequently shipped and scored with WHO to receive a summary report of performance.

Overall, the performance of participating laboratories was highly successful with 97.3% of assessed results being correct (see figure). Results were not assessed if they were left blank or reported as “not tested” or “invalid”. The specimen with the most incorrect results reported was WHO-SC-20-05 which contained the lowest concentration of SARS-CoV-2 nucleic acid.

Details of the performance of laboratories were reported back to the participants and shared with the ministries of health in each country. These EQA results will give Member States greater confidence in the results being reported by their laboratories and will assist them to target corrective action and support to laboratories with performance issues.

Partnerships

The Global Outbreak Alert and Response Network - GOARN

First virtual tabletop (V-TTX) exercise for Rapid Response Mobile Laboratories (RRML/GOARN) tests RRML deployment procedures and minimum standards

Rapid response mobile laboratories (RRMLs) have played a crucial role during outbreak response, including throughout the COVID-19 pandemic, where they have been deployed both domestically and internationally to meet surge demands for diagnostics. They are highly flexible and adaptable and have been deployed by partners through the Global Outbreak Alert and Response Network (GOARN) previously in response to a range of challenges including viral haemorrhagic fevers and complex emergencies.

Minimum operational standards for RRMLs are a prerequisite for coordinated, evidence-based outbreak control. Therefore, Member States of the WHO European region and GOARN partners formed an initiative to harmonize procedures and activities.

The WHO Health Emergencies Programme at the WHO Regional Office for Europe (WHE/EURO) is coordinating

the development of these minimum standards and a programme of RRML simulation exercises has been developed to test and refine these standards.

During this first virtual tabletop (V-TTX) exercise, experts from 7 countries across the European region (Belgium, France, Germany, Poland, the Russian Federation, Spain and the United Kingdom of Great Britain and Northern Ireland) worked through a fictional outbreak scenario to discuss the coordination procedures and minimum standards needed to successfully implement mobile lab deployment. The RRML SimEx programme includes a series of exercises of increasing complexity, from discussion-based tabletop exercises to a full-scale field exercise planned in 2022. Each exercise package is reusable and can be used to provide an exercise backbone for future scale up of activities globally.

The design and implementation of the SimEx Programme was undertaken by the WHO Health Emergencies Programme at the WHO Regional Office for Europe (WHE/EURO), with support from the Country Simulation Exercises and Reviews Unit, WHO/HQ, the GOARN Operational Support Team and European GOARN partner institutions, including Rospotrebnadzor in the Russian Federation and the Robert Koch Institute in Germany.

For more information on RRMLs and their classification click [here](#)



Setup of a type II Rapid Response Mobile Laboratory. © Jan Baumann/EURO.



WHO connects countries to share experiences and learnings from their COVID-19 vaccine roll-out using the mini-cPIE (COVID-19 vaccination IAR) process

COVID-19 vaccination Intra-Action Review (IAR) / mini-cPIE



13 mini-cPIEs conducted globally



17 mini-cPIEs currently in planning stage

The urgency to vaccinate all vulnerable populations has become more time-critical than ever in the race against the emergence of new SARS-CoV-2 variants of concerns that could impact transmissibility and clinical severity. With the roll-out of multiple COVID-19 vaccine products across the globe, it is pertinent for countries to review, reflect and fine-tune their COVID-19 vaccine roll-out to ensure all populations, especially the most vulnerable groups are protected.

It is with this ideology that the WHO health emergencies preparedness and COVID-19 vaccine introduction colleagues joined forces to leverage on the existing [country COVID-19 intra-action review \(IAR\) methodology](#) so countries can conduct a quick review of their COVID-19 vaccine roll-out. This has also been coined as a mini version of the COVID-19 vaccine post-introduction evaluation (mini-cPIE).

As of 14 September 2021, since the launch of the [mini-cPIE tools](#) (April 2021), 13 mini-cPIEs have already been conducted across three WHO regions (African, Eastern Mediterranean and South-East Asia). In addition, 17 mini-cPIEs are currently being planned in three regions (African, Americas and the Eastern Mediterranean), with 23 further countries from all six WHO regions expressing interest in conducting a mini-cPIE.

To cultivate a community of practice that promotes learning throughout COVID-19 vaccine roll-outs, WHO is currently running regular mini-cPIE clinics to create a platform for countries to directly connect and share their experiences with peer countries on their review and adjustment to COVID-19 vaccine roll-out using the mini-cPIE tools. These clinics are also an opportunity for countries interested in reviewing their COVID-19 vaccine roll-out to receive practical tips and technical support on conducting a mini-cPIE from peer countries, WHO and partners.

During the [first mini-cPIE clinic](#) conducted on 28 July 2021, Bhutan, Gambia and Senegal, which were among the first countries to conduct a mini-cPIE, presented their learnings from the COVID-19 vaccine roll-out. Bhutan illustrated how having the Prime Minister receiving the first and second doses of a heterologous regimen boosted public confidence, resulting in 95% vaccine coverage for the first dose and more than 90% vaccine coverage for the second dose following the national vaccination campaigns. The Bhutan Vaccine System permitted pre-registration of the priority target population for vaccination, which was highly effective in facilitating vaccine roll-out.

Mini-cPIE Continued: WHO CONNECTS COUNTRIES TO SHARE EXPERIENCES AND LEARNINGS FROM THEIR COVID-19 VACCINE ROLL-OUT

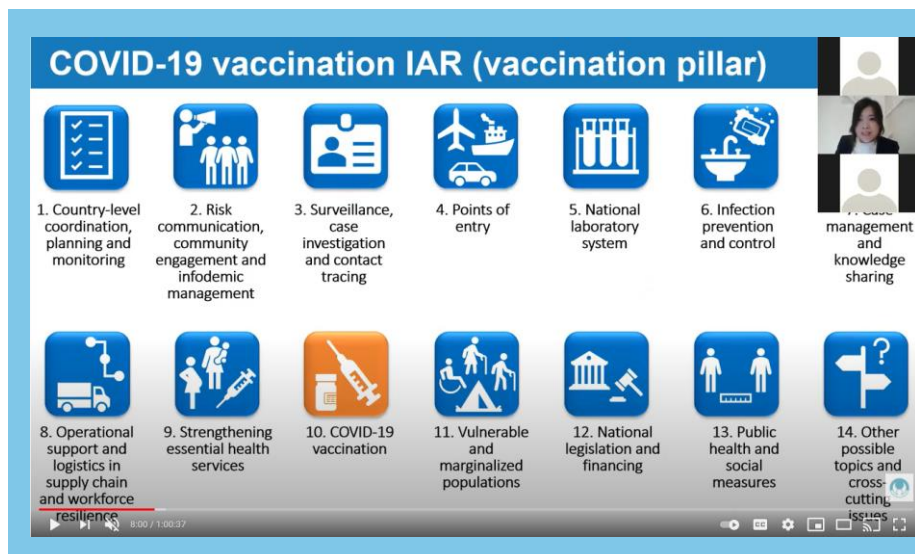
When asked for the most important piece of advice they have for other countries, Dr Sonam Wangchuk, the National Immunization Technical Advisory Group (NITAG) vice chair of Bhutan, recommended:

“adopt[ing] a digital solution to get real-time data” to help monitoring vaccine allocation and ensuring “media advocacy and risk communication through politicians, community leaders and religious leaders” before rolling out the vaccines, given “just posting on the website and social media is not enough; you have to reach out [to the people] through the leaders.”

The Gambia also explained how some districts addressed people from rural areas not coming to vaccination centres by using a “vaccine caravan” to facilitate vaccination and engage communities in remote places – a novel approach that may be applied in other countries facing similar challenges. Gambia’s Expanded Programme on Immunization (EPI) Team Lead from the Ministry of Health, Dr Sidat Fofana, also emphasized the importance of simplifying the process of releasing funding as “it was very cumbersome for COVID funds to be accessed because it was managed not by Ministry of Health but by multiple stakeholders”; the process has now improved.

The Director of the Division of Epidemiological Surveillance and Vaccine Response (Division de la Surveillance Epidémiologique et de la Riposte vaccinale) from the Ministry of Health and Social Action (Ministère de la Santé et de l’Action Sociale), Dr Boly Diop, presented on the experiences of Senegal and reiterated that an “exhaustive census of the priority target population at the level of service delivery points” was critical to ensure better logistic management. Senegal also shared their success in establishing Adverse Event Following Immunization (AEFI) Committees and investigating all severe AEFIs, while raising a challenge they are addressing related to the unavailability of free medical care for those experiencing serious AEFIs.

Moving forward, WHO anticipates running virtual mini-cPIE clinics on a monthly basis, with interactive formats for each session, such as panel discussions, presentation of key successes and challenges, and brainstorming of ideas via breakout rooms to help countries extract the key lessons from peer countries that may inspire solutions for their unique contexts. The next mini-cPIE clinic is scheduled for 21 September 2021, at 12:00-13:30 CEST.



COVID-19 vaccination IAR (vaccination pillar)

- Country-level coordination, planning and monitoring
- Risk communication, community engagement and infodemic management
- Surveillance, case investigation and contact tracing
- Points of entry
- National laboratory system
- Infection prevention and control
- Case management and knowledge sharing
- Operational support and logistics in supply chain and workforce
- Strengthening essential health services
- COVID-19 vaccination
- Vulnerable and marginalized populations
- National legislation and financing
- Public health and social measures
- Other possible topics and cross-cutting

To register for the next clinic on 21 September, please click [here](#).

For recording and resource materials from the first mini-cPIE clinic, please click [here](#).

COVID-19 Partners Platform



COVID-19 vaccine delivery support early window applications - still accepting applications

The deadline for COVAX AMC participants to submit applications for COVID-19 vaccine delivery support (CDS) from Gavi or UNICEF on the Partners Platform has been extended to provide flexibility for countries that are still submitting. Of the 60 countries who have already successfully submitted a CDS application, 25 of them have received the approved funding. Another 13 countries have received approval as of 14 September for the amount of support requested with delivery of the funds expected in the coming weeks. The remaining applications are pending review.

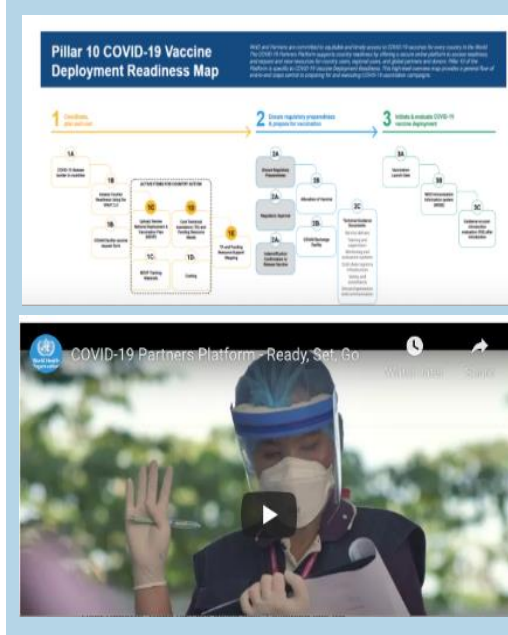
The COVID-19 vaccine delivery support (CDS) Early Access Window is primarily designed to support countries' urgent needs in preparing for the large scale up of COVID-19 vaccines expected in the second half of 2021. Gavi and UNICEF therefore encourage countries to plan to utilize this funding in the next six months.

Long-term needs can be addressed through a later, additional CDS funding window starting in October 2021. For the long-term funding opportunities, countries are strongly encouraged to update their National Deployment and Vaccination Plan in order to reflect current needs and challenges.

Pfizer readiness checklist process remains open

Due to the specific considerations that must be in place to manage the storage, transport and distribution of Pfizer-BioNTech vaccine doses, which require an ultra-cold chain (-70°C), allocation for the vaccine for COVAX participants has required a three-step process that includes a readiness checklist, legal documentation and an organization call.

WHO supported the coordination of step 1 of this process via the Partners Platform. The original deadline to complete the checklist has been extended and the functionality will remain open on the Partners Platform to allow countries who have not yet completed the checklist or who wish to keep the information updated, to do so.



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 16 September 2021.

Shipped items as of 16 Sept 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 072 925	1 316 550	2 381 538	1 553 010	35 206 300	453 536	2 353 079	54 800 400	3 525 030
Americas (AMR)	1 348 132	18 097 275	11 187 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 328 520	2 122 925	2 276 518	1 501 545	16 564 000	338 320	2 963 222	32 415 550	2 376 695
Europe (EUR)	849 600	1 197 550	654 984	1 911 220	27 997 900	627 860	3 316 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 618	381 436	8 714 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	117 000	1 221 842	777,100	3,434,000	311,927	488,710	15,008,146	3,206,035
TOTAL	13 889 427	26 026 300	20 725 192	9 466 151	96 775 700	2 141 093	11 393 579	206 384 426	26 860 765

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 6 September 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 14 September 2021, WHO has received US\$ 1.06 billion out of the 1.9 billion total requirement. **A funding shortfall of 45.7% 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 14 September 2021

Total Pledges:
US\$ 145 million

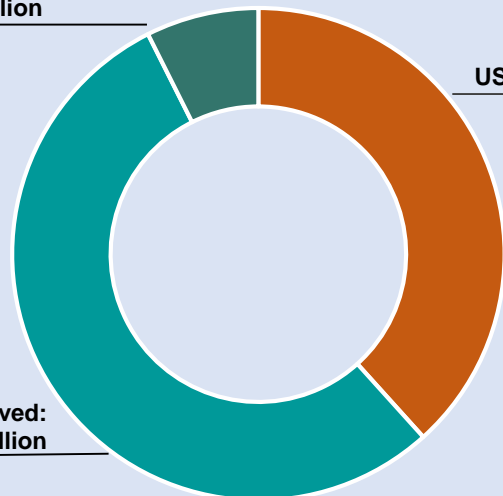
7.40%

Total Received:
US\$ 1.06 billion

54.28%

Gap:
US\$ 752 million

38.32%



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 and monthly 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
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 35 2021) ^c	22% (n=15) ^d	58% (n=40)	49% (n=34)	50%
This week (epidemiological week 35), 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 12 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
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 1 September 2021) ^e	55% (n=35) (January 2021)	60% (n=40)	No change	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 20 September) ^c	0 ^f	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 20 September) ^c	0 ^f	5 352 927 296	5 771 619 897	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 20 September) ^c	0 ^f	25.9%(n=2.01 billion)	42.4% (n=3.3 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



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 7 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 674 859 donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including with

partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

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



674 859 donors

[individuals – companies – philanthropies]

The following amounts have already been dispersed to WHO and partners:





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 14 September **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 VOCs
- COVID-19 in children and adolescents.

News

- For more on WHO calling on world leaders at the UN General Assembly to focus on vaccine equity, pandemic preparedness and getting the SDGs back on track, click [here](#).
- To register for a WHO EPI-WIN Webinar on updates on COVID-19 vaccine booster doses on 22 September, click [here](#).
- For WHO's Science in 5 on COVID-19 on Mixed and fractional vaccine doses on YouTube, click [here](#).