Weekly Operational Update on COVID-19

1 March 2021

Confirmed cases[a]
113 467 303

Confirmed deaths
2 520 550

WHO continues to support Viet Nam in enhancing capacity to test for COVID-19

Dr Kidong Park, WHO Representative in Viet Nam turned over sample collection kits to Prof Dang Duc Anh, Director of National Institute of Hygiene and Epidemiology (Photo: WHO Viet Nam/Loan Tran)

In the last month, Viet Nam has seen a rise in confirmed COVID-19 cases. On February 19 to support Viet Nam's response to the current outbreak of COVID-19, the World Health Organization provided additional laboratory supplies to scale up testing in affected provinces. This is one part of comprehensive support WHO is assisting with to effectively limit the spread of COVID-19.

WHO Representative in Viet Nam, Dr Kidong Park, handed over 25,800 specimen collection kits to Professor Dang Duc Anh, Director of the National Institute of Hygiene and Epidemiology (NIHE) for distribution to provinces, in consultation with the General Department of Preventive Medicine (GDPM).

"Strong testing capability is an essential tool for addressing the challenges presented by this pandemic and for protecting communities", says Dr Kidong Park. "WHO remains committed in sustaining our support to the country not only in delivering supplies but also in continuing to provide technical assistance in the pandemic response."

For further information, click here

Key Figures

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

150 GOARN deployments conducted to support COVID-19 pandemic response

20 060 365 respirators shipped globally

198 709 426 medical masks shipped globally

8 651 831 face shields shipped globally

36 640 900 gloves shipped globally

105 countries, territories, and areas sharing National Deployment and Vaccination Plans (NDVPs) via Partners Platform

More than **4.9 million** people registered on OpenWHO and accessing online training courses across **26** topics in **44** languages

[a] For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

From the field:

The global rollout of COVID-19 vaccine from the COVAX Facility begins in Ghana

COVAX/Khrisnan

In a historic step towards ensuring equitable global distribution of COVID-19 vaccines, on 24 February, 600 000 doses of the AstraZeneca/ Oxford vaccine arrived in Accra, Ghana from the Serum Institute of India in Pune. Ghana is the first country outside India to receive COVID-19 vaccine shipped via the COVAX Facility. This is the start of the largest vaccine procurement and supply operation in history, an unprecedented effort to deliver at least 2 billion doses of vaccine in 2021, including at least 1.3 billion donor funded doses to 92 Advanced Market Commitment (AMC) countries through COVAX AMC.

COVAX is co-led by Gavi, the Vaccine Alliance, WHO and the Coalition for Epidemic Preparedness Innovations (CEPI), working in partnership with UNICEF as well as the World Bank, civil society organizations, manufacturers, and others. COVAX partners have been supporting governments in readiness efforts including the development of national vaccination plans, support for cold chain infrastructure, and stockpiling syringes and safety boxes for their disposal, masks, gloves and other equipment to ensure that health workers can start vaccinating priority groups as soon as possible.

"We will not end the pandemic anywhere unless we end it everywhere," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "This is a major first step towards realizing our shared vision of vaccine equity, but we still have a lot of work to do with governments and manufacturers to ensure that vaccination of health workers and older people has begun in all countries within the first 100 days of 2021."

Although we now have multiple safe and effective vaccines against COVID-19, the increased spread of COVID-19 variants is a reminder that the vaccines must be urgently shared worldwide to reduce the prevalence of disease and end the pandemic.

COVAX Facility participants must have in place confirmation of national regulatory authorization criteria related to the vaccines delivered, indemnification agreements, national vaccination plans, as well as other logistical factors such as export and import licenses.

For further information on the roll-out of the COVID-19 vaccine in Ghana, click here.

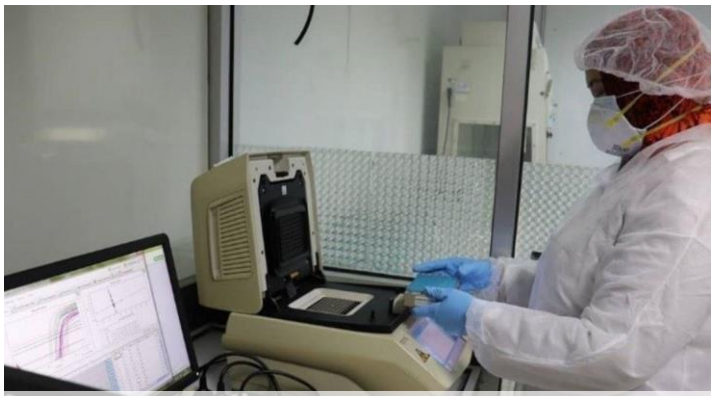
From the field:

Indonesia: WHO and the Ministry of Health continue collaboration in COVID-19 sero-epidemiological study and laboratory quality assurance

Well-functioning laboratories are the backbone of robust surveillance systems. Since March 2020, WHO has provided technical assistance and capacity building support to improve and scale up laboratory capacity across Indonesia.

With WHO support, the Ministry of Health has expanded SARS-COV-2 testing from 18 laboratories at the start of the pandemic to 612 laboratories by 22 January 2021 with over 900 laboratory technicians trained in polymerase chain reaction (PCR) testing, biosafety, and security.

As a part of the comprehensive strategy to improve SARS-COV-2 laboratory capacity in Indonesia, WHO has provided 248 sets of magnetic stands for distribution across the country for the manual nucleic acid extraction process.



A training participant utilizes laboratory equipment during a practical training exercise on polymerase chain reaction (PRC) testing held by WHO. Credit: WHO

A high-throughput automated sample preparation system for nucleic acid extraction was provided to the National Institute of Health Research and Development (NIHRD) to increase the SARS-CoV-2 testing capacity by reducing the required time and number of laboratory staff needed to conduct testing.

A quality management mechanism is essential to ensure that COVID-19 laboratories provide accurate and reliable results. WHO and the United States Agency for International Development (USAID) Infectious Disease Detection and Surveillance have supported the NIHRD to distribute proficiency test panels to 177 laboratories with most already submitting the results for preliminary data analysis.

In July 2020, WHO and the Ministry of Health began conducting a sero-epidemiological study with over 10 000 individuals to assess the proportion of people with antibodies against SARS-CoV-2 by gender and age-group. Results are expected by end of March 2021.

WHO is now facilitating the transport of these samples to six selected laboratories for Enzyme Linked Immunosorbent Assay (ELISA) examination and to the NIHRD laboratory for quality control. Indonesia's participation in the sero-epidemiological study will contribute not only to the national public health response and policy decisions, but also to the global understanding of seroprevalence levels and control measures.

For further information, click here

From the field:

WHO Health Emergencies Programme Central Asia hub opens door to inter-country exchanges on Public Health Emergency Operations Centres

Workshop of Kazakhstan PHEOC experts sharing their experience with their Kyrgyzstan counterparts. Credit WHO Central Asia Hub

Public Health Emergency Operations Centres (PHEOCs) play a critical role before, during, and after responses to public health events and emergencies as they serve as venues for designated public health emergency management personnel to coordinate operational information and resources for emergency management. Establishing and continuously strengthening PHEOCs contributes to a country's capacities to manage public health events and emergencies, as required under the core International Health Regulations (IHR) (2005).

WHO is providing ongoing support to Kyrgyzstan in establishing its PHEOCs at both central and provincial levels. From 15-20 February 2021, the WHO Health Emergencies Programme hub in Central Asia facilitated an exchange of experience and best practices between Kazakhstan and Kyrgyzstan in PHEOC management, with a focus on COVID-19 response. Having a well-established and functioning PHEOC, Kazakhstan's experience is providing guidance to Kyrgyzstan as the country builds and strengthens its own network of PHEOCs.

During the visit, PHEOC experts from Kazakhstan shared knowledge and lessons learnt about their centre's critical role in strategic information monitoring and modelling, particularly in the context of COVID-19. The exchange between the two countries was a first step in establishing further sub-regional collaboration and coordination facilitated by WHO. WHO Central Asia hub supports the enhancement of PHEOC capacities in the sub-region by providing technical and operational support, opening avenues for the exchange of information, and sharing experiences among the five countries (Uzbekistan, Kyrgyzstan, Kazakhstan, Tajikistan and Turkmenistan).

From the field:

WHO supports Iraq with vital consignment of medical technologies to boost COVID-19 containment efforts

On 20 February 2021, WHO delivered a shipment of medical supplies and equipment to the Ministry of Health of Iraq, with the aim of supporting national preparedness and response efforts to the COVID-19 pandemic. This shipment comes at an opportune time as the number of SARS-COV-2 infections began to drop towards the end of 2020, but rose again recently marking a concerning increase in February 2021.

Photo credit: WHO Iraq Country office

This 129-pallet shipment complements two others delivered in 2020, worth over US$ 5 million. This new delivery of medical technologies includes intensive care supplies and equipment, as well as spare parts for oxygen concentrators provided earlier by the Organization during a shortfall in oxygen supplies in July 2020.

The consignment also includes personal protective equipment, electrocardiograph devices, oximeters, hospital bedding, furniture, and patient monitors, all of which come as timely support to the Ministry of Health's efforts to contain the new spike in COVID-19 cases. This series of shipments has equipped hospitals and the national health services to facilitate the management of a considerable number of patients hospitalized in critical and intensive care units.

“WHO continues to work in close collaboration with Iraqi health authorities and provides technical, operational and logistical support to address the increasing needs during this critical phase of the pandemic,” said Dr Ahmed Zouiten WHO Representative in Iraq. “Our main objective is to curtail the transmission of COVID-19, and limit morbidity and mortality associated with the pandemic and scale up preparedness for a successful vaccine rollout to protect health workers, vulnerable populations and Iraqi citizens countrywide,” Dr Zouiten added.

For further information, click here

Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 24 February 2021, **WHO** reported on the epidemiological situation, noting that the number of global new cases and new deaths reported has continued to decrease – new cases have decreased for six consecutive weeks while new deaths have decreased for three consecutive weeks. This meeting marked one year since the activation of the CMT, **WHO**, as the chair, acknowledged the great work done by partners over the past year, and highlighted that the CMT has, to date, met 36 times and published 121 Crisis Updates through the UN Operations Crisis Centre (UNOCC).

WHO also highlighted the arrival of the first COVAX consignment in Ghana, noting that this was made possible through tremendous effort and collaboration among partners.

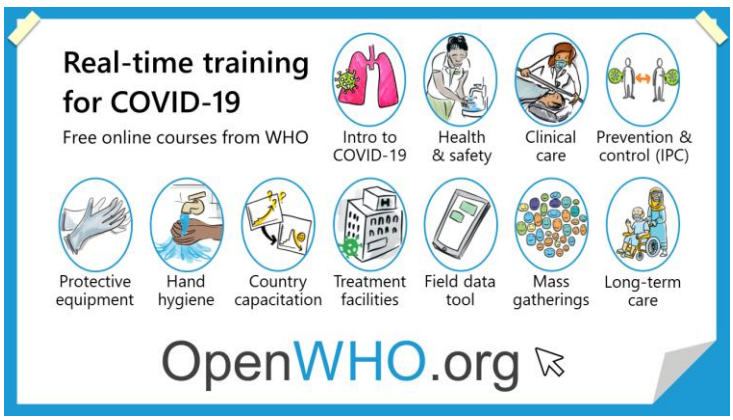
WHO and the World Organisation for Animal Health (OIE) briefed the CMT on the Global Study of the Origins of SARS-CoV-2. Both organizations suggested that the recent international expert mission to Wuhan improved the understanding of virus transmission in December 2019, and stressed that the search for a possible animal virus host or intermediate virus host will continue over the coming months.

Food and Agriculture Organization (FAO) provided inputs on managing SARS-CoV-2 risks in animals and from the One Health perspective. FAO highlighted the importance of having a One Health workforce at the national level, and suggested that negotiations have been completed with UNEP to become the fourth member of the Tripartite Agreement, which includes WHO, OIE and FAO.

Health Ops

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, OpenWHO.org.

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.



4 932 953
Course enrollments

44 languages

26 topical courses

Over 2.6 million certificates

Partnerships

The Emergency Medical Teams - EMT

As of 24 February 2021, the Emergency Medical Team (EMT) response to COVID-19 has seen over 80 international deployments. These deployments have provided support to countries in every WHO Region with overwhelmed health systems.

In the Americas Region, over 16,700 inpatient beds were provided to expand capacities, including those for critical care of patients.

UK EMT team in Eswatini

As part of the journey of the EMT Regional Training Center for Africa, the EMT Network supported the WHO academies first Mass Casualty Management (MCM) learning session for Ethiopia targeting preparedness and response mechanisms for MCM in the emergency units.

MCM learning session for Ethiopia

MCM learning session for Ethiopia

Finally, the Strategic Advisory Group of the Emergency Medical Teams Initiative has endorsed the update to the Classification and Minimum Standards for EMTs. This significant update follows the first version published in 2013 which introduced the classification system of EMTs and set minimum standards and guiding principles for EMTs responding in an emergency response to ensure quality of care in emergencies. The update will be launched at the World Health Assembly this May.

This updated version drew from many lessons learned throughout the last eight years especially in outbreaks such as the Ebola crisis and most recently, the COVID-19 pandemic.

COVID-19 Partners platform

New Strategic Preparedness and Response Plan (SPRP) builds on a year of COVID-19 research and response

The revised COVID-19 Strategic Preparedness and Response Plan (SPRP) for 2021 is now available for download.

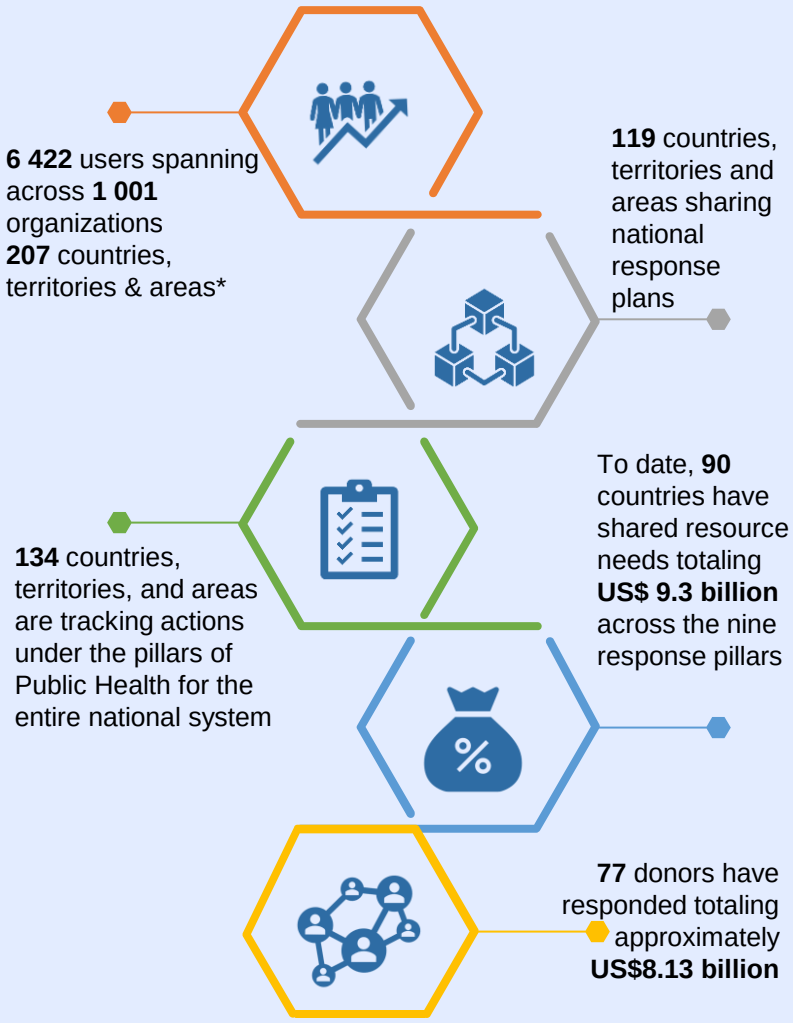
A great deal was learned over the course of 2020 about the SARS-CoV-2 virus and our collective response, and the document is aimed at updating the global strategic priorities in support of guiding the public health response to COVID-19 at national and subnational levels.

The SPRP 2021 Operational Guidelines are forthcoming, but other accompanying technical documents are currently available on the site. The Partners Platform will be updated in the coming weeks to reflect the forthcoming SPRP 2021 Operational Guidelines.

The Partners Platform plays a crucial role in enabling WHO at global, regional and country levels to seamlessly and efficiently collaborate with governments to develop and update national response plans, and with partners to identify and plan for urgent resource gaps.

For further information on funding SPRP 2021, see the *Appeals* section (pages 10-11).

2020 Strategic Preparedness and Response Plan (SPRP) Achievements



*****Note: viewing of vaccine information may be restricted to key vaccines stakeholders according to countries' preferences.*

The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.

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 26 February 2021.

Shipped items as of 26 February 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	718 250	3 695 735	1 825 642	1 472 210	10 194 300	208 690	1 717 279	53 429 400	2 758 630
Americas (AMR)	7 282 300	1 046 142	10 543 278	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	978 300	1 357 970	1 553 410	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	430 000	562 080	553 070	1 750 900	8 935 100	409 900	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	440 000	2 509 400	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 021 000	311 927	463 710	14 974 146	2 102 035
TOTAL	**9 848 850**	**9 399 827**	**17 231 204**	**8 651 831**	**36 640 900**	**1 546 447**	**6 946 179**	**198 709 426**	**20 060 365**

Note: The WPR PCR test data is as of 19 February 2021

For further information on the **COVID-19 supply chain system**, see here.

Appeals

On Thursday, 18 February 2021 WHO launched the Strategic Preparedness and Response Plan (SPRP) 2021 and seeks to raise US$ 1.96 billion in funding for it. “Fully funding the SPRP is not just an investment in responding to COVID-19, it’s an investment in the global recovery and in building the architecture to prepare for, prevent and mitigate future health emergencies”, noted WHO Director-General, Dr Tedros Adhanom Ghebreyesus.

WHO’s 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, health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the $1.96 billion appealed for, $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. Of the total appeal, $643 million 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. See below and the following page for the distribution of requirements

SPRP 2021 – WHO RESOURCE REQUIREMENTS

Total requirement: US$ 1.96 billion **As of 19 February 2021**

Total WHO requirement under SPRP 2021

Proportion of requirement attributed to ACT Accelerator*

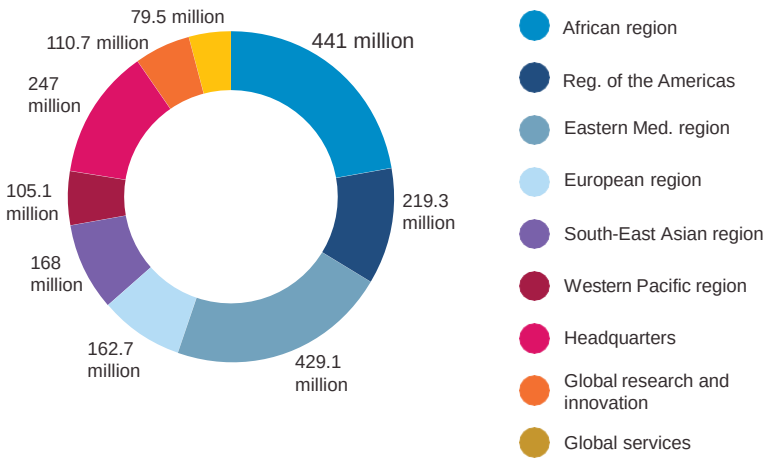
Of the total US$1.96 billion WHO requirement, US$1.22 billion (62%) counts towards WHO’s requirement for the Access to COVID-19 tools accelerator

The status of funding raised for WHO against the SPRP can be found here

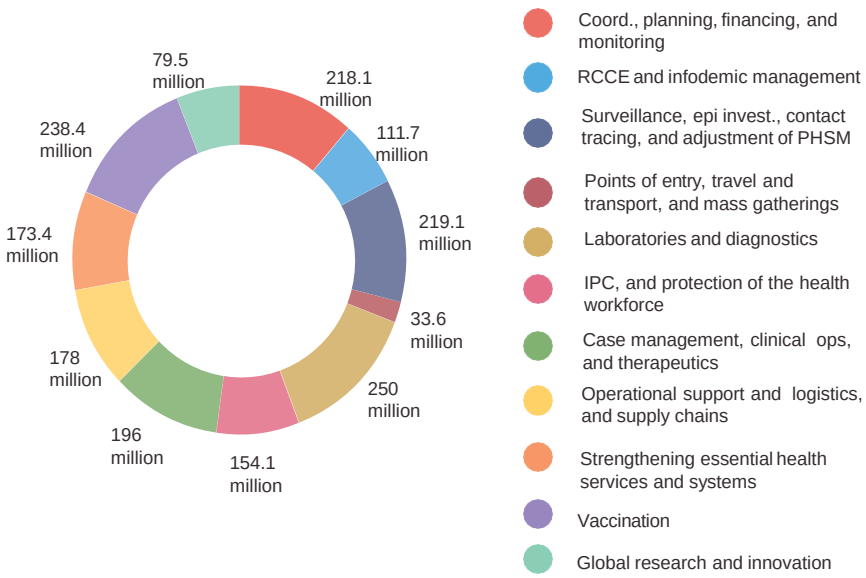
Appeals

SPRP 2021 – WHO RESOURCE REQUIREMENTS

Total requirement by major WHO office (US$)



Total requirement by pillar (US$)



The status of funding raised for WHO against the SPRP can be found here

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 26 February 2021, **The Solidarity Response Fund** has raised or committed more than US$ 242 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 660 000 individuals together contributed more than US$ 651 million in fully flexible funding to support the WHO-led global response effort

More than US$ 242 million

660 000 donors

[individuals – companies – philanthropies]

The WHO Contingency Fund for Emergency (CFE)

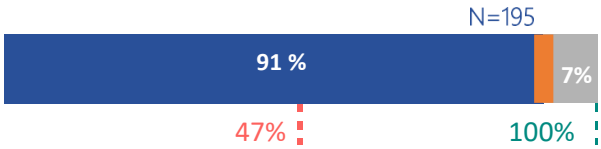
WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

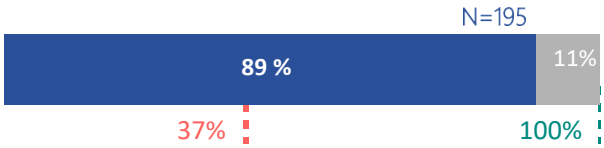
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

COVID-19 Global Preparedness and Response Summary Indicators[a]

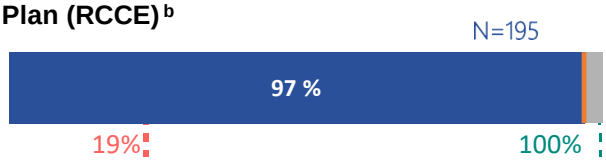
Countries have a COVID-19 preparedness and response plan



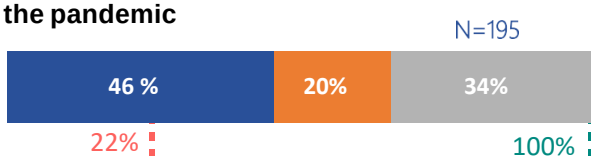
Countries have a clinical referral system in place to care for COVID-19 cases



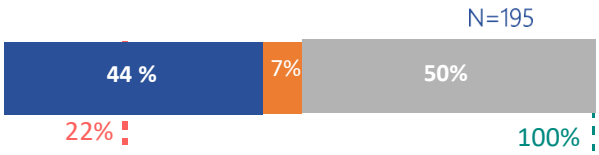
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)[b]



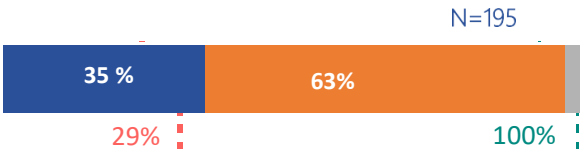
Countries that have defined essential health services to be maintained during the pandemic



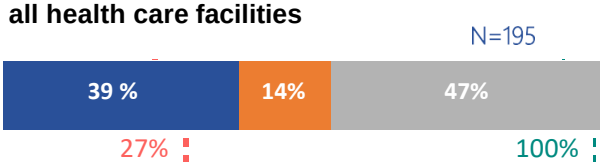
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



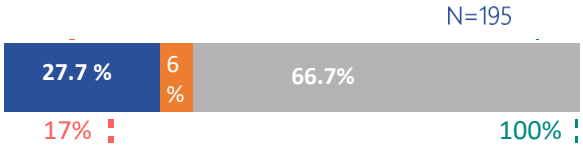
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



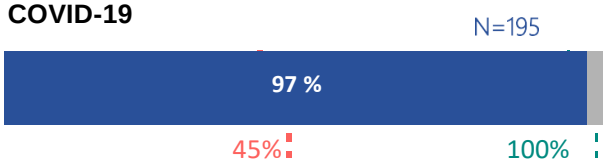
Countries with a national IPC programme & WASH standards within all health care facilities



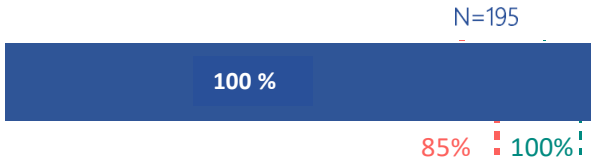
Countries have a health occupational safety plan for health care workers



Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



Countries have COVID-19 laboratory testing capacity



Legend

Yes | No | No information | Baseline value | Target value

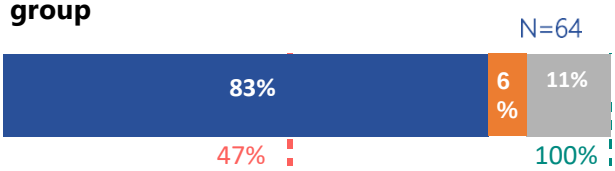
Notes:

a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO

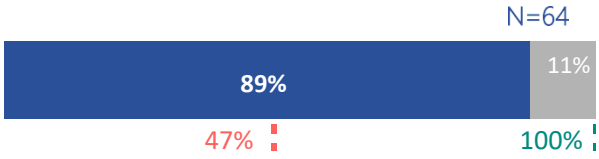
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

Priority countries with multisectoral mental health & psychosocial support working group



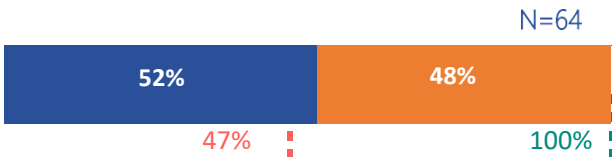
Priority countries with an active & implemented RCCE coordination mechanism



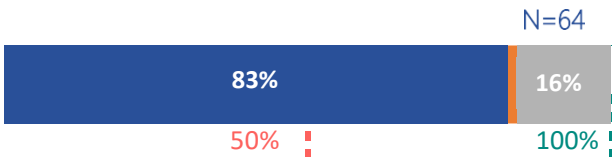
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19[c]

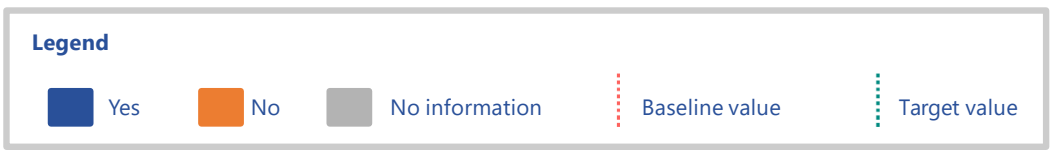
Priority countries with a contact tracing focal point

Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



Priority countries with an IPC focal point for training





Notes:

c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

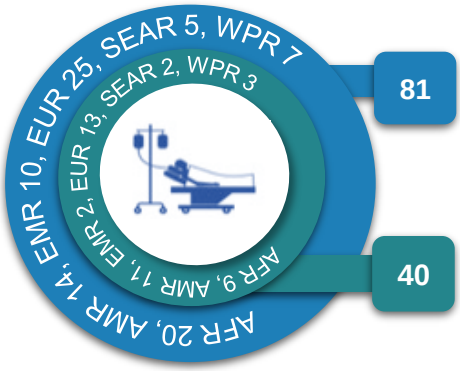
It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays

Global COVID-19 Clinical Data Platform

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

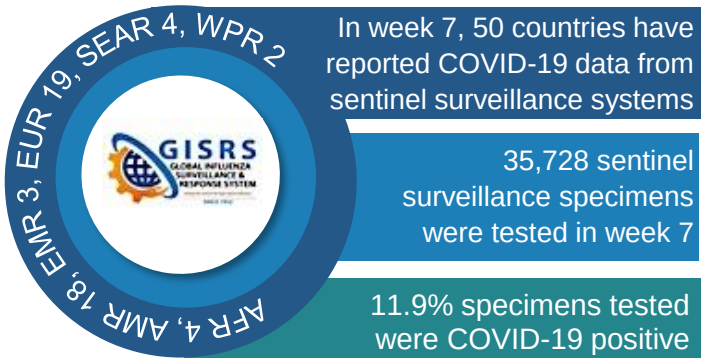
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2.



Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click **here**
- ❑ For more information on COVID-19 regional response:
  - **African Regional Office**
  - **European Regional Office**
  - **Southeast Asia Regional Office**
  - **Regional Office of the Americas**
  - **Eastern Mediterranean Regional Office**
  - **Western Pacific Regional Office**
- ❑ For the latest Weekly Epidemiological Update, click here. Highlights this week include:
  - Overviews of global and regional epidemiological situation
  - Special focus sections on:
    - WHO COVID-19 vaccine policy recommendations
    - SARS-CoV-2 variants of concern
  - Updates on publications and other news
- ❑ For a special edition, supplementary to the Weekly Epidemiology Update, click here. Highlights include:
  - Working definitions for SARS-CoV-2 variants of interest and variants of concern and the associated actions all stakeholders should take
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 16 December 2020, click **here**
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click **here**
- ❑ For updated GOARN network activities, click **here**
- ❑ Updated COVID-19 Table top Exercise packages are now available online. All COVID-19 simulation exercises can be found **here**