

Weekly Operational Update on COVID-19

16 March 2021

Issue No. 46



Confirmed cases^a

119 791 453

Confirmed deaths

2 652 966

Four countries in WHO South-East Asia Region (SEAR) get COVID-19 vaccines from COVAX Facility

The pace of COVID-19 vaccine deliveries continues as shipments from the COVAX Facility arrived in four WHO SEAR countries. Maldives, Nepal and Sri Lanka received over 620 000 doses of AstraZeneca/Oxford vaccine produced by Serum Institute of



Credit: WHO/SEARO

India on 7 March, and Indonesia welcomed its consignment of 1.1 million doses on 8 March according to Regional Office of SEAR.

Dr Poonam Khetrpal Singh, Regional Director, WHO South-East Asia Region noted “Equitable distribution of COVID-19 vaccines has been at the heart of the COVAX initiative, so that no country is left behind” yet, she continued “While vaccines are a critical tool, we need to remember that we also need to continue practising COVID appropriate behaviours to protect us as we live through this pandemic”.

The vaccines through COVAX Facility are expected to boost previous COVID-19 vaccination campaigns in the Region which has already benefitted nearly 25 million people. WHO and COVAX partners have been working closely with countries by training health workers and vaccinators, assessing and addressing gaps for planning, and managing and monitoring the activities during vaccination campaigns.

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

Key Figures



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



159 GOARN deployments conducted to support COVID-19 pandemic response



20 070 365 respirators shipped globally



198 733 426 medical masks shipped globally



8 653 511 face shields shipped globally



37 070 700 gloves shipped globally



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **29** topics in **50** languages

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



World Health Organization

HEALTH
EMERGENCIES

programme

From the field:

COVID-19 vaccines shipped by COVAX arrive in Fiji



WHO / Dinu Bubulici

Fiji became the first country in the Pacific islands to receive COVID-19 vaccine doses shipped via the COVAX Facility, a partnership between CEPI, Gavi, UNICEF and WHO.

This is a historic step towards achieving the goal to ensure equitable distribution of COVID-19 vaccines globally in what will be the largest vaccine procurement and supply operation in history.

According to the Regional Office of the Western Pacific, the arrival of 12 000 doses of the AstraZeneca/Oxford COVID-19 vaccine marks the first batch of vaccines to arrive in the Pacific region under the COVAX Facility, in its unprecedented effort to deliver at least two billion doses of COVID-19 vaccines by the end of 2021.

“WHO is proud to play our part in achieving this milestone in Fiji” said the Acting WHO South Pacific Representative, Dr. Akeem Ali. “I would like to acknowledge the hard work by the Ministry of Health & Medical Services team in preparing for the arrival of vaccines, from identifying priority groups, developing tracking systems to upskilling their staff to be able to safely deliver this vaccine. This arrival means that frontline workers and high-risk populations can begin to be vaccinated. WHO will continue to work alongside our colleagues from the Ministries of Health in Fiji and across the Pacific to continue to plan for their use of COVID-19 vaccines.”

The Fijian Ministry of Health and Medical Services is targeting frontline staff in line with global recommendations. This will include frontline healthcare workers, selected Fiji Airways staff; Airports Fiji Limited staff; Fiji Immigration Department; along with quarantine workers as the recipients of this first batch of vaccines to support the opening of Fiji borders.

Fiji, like other countries, will continue to apply tried-and-tested measures to successfully prevent and control transmission, such as physical distancing, ventilation and hand hygiene, alongside robust programmes to test, trace, isolate and treat.

For more information on the rollout of vaccines in Fiji, click [here](#).

From the field:

The Republic of Moldova is the first country the WHO European Region to receive COVID-19 vaccine through the COVAX facility

The Republic of Moldova is the first country in the WHO European Region to receive vaccines as part of the COVAX Facility global procurement mechanism. During the pandemic, over 180 000 Moldovans have been infected with the virus that causes COVID-19 and over 4000 have lost their lives because of it.

Showing strong bilateral solidarity with its neighbor, Romania previously donated doses of the AstraZeneca/Oxford COVID-19 vaccine to the Republic of Moldova on 27 February 2021, allowing the country to start vaccinating frontline health workers on 2 March.

On 4 March, the Republic of Moldova received a further 14 400 doses of AstraZeneca/Oxford vaccine, via the COVAX Facility, according to the Regional Office for Europe.

In anticipation of the arrival of the COVAX shipment, from 25 February to 5 March the WHO Country Office in the Republic of Moldova carried out a series of trainings and exercises with health care workers allowing them to familiarize themselves with immunization service delivery and COVID-19 immunization specific to the AstraZeneca/Oxford COVID-19 vaccine.



*COVAX shipment of vaccines to the Republic of Moldova.
Credit: WHO*

Trainings for the National Agency for Public Health were also conducted by the WHO Regional Office for Europe on surveillance and response to Adverse Events Following Immunization (AEFI). WHO also previously supported a readiness COVID-19 simulation exercise in the Republic of Moldova to prepare for vaccine deployment, described in the [22 February Issue](#).

This COVAX delivery is part of a first wave of arrivals in the Republic of Moldova, which will continue in the coming weeks, with the goal of vaccinating 20% of the population. As part of future waves of deliveries, the Republic of Moldova anticipates that the COVAX Facility will deliver 24 570 doses of Pfizer/BioNTech COVID-19 vaccine and up to 264 000 doses of AstraZeneca/Oxford COVID-19 vaccine to the Republic of Moldova in 2021.

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

From the field:

COVID-19 Vaccines bring hope to Afghanistan

This time last year, Afghanistan had recorded 7 cases of COVID-19 and was racing against the clock to contain and respond to the rapidly evolving health crisis. On 8 March 2021, a monumental step was made as Afghanistan received its first COVAX shipment, one of the first countries to receive a delivery in the Eastern Mediterranean Region.

According to the WHO Country Office of Afghanistan, this shipment contained 468 000 doses of AstraZeneca/Oxford COVID-19 vaccines produced by the Serum Institute of India as well as 470 000 syringes and 4700 safety boxes, enabling the vaccination of priority group individuals including health workers, teachers and security personnel.

Over the past few months, WHO has supported the Government of Afghanistan in the planning and implementation of the vaccine rollout. To ensure the country is adequately prepared for the vaccine deployment, WHO worked closely with the Ministry of Public Health to support the development of a comprehensive vaccination strategy, including a vaccine distribution plan, training 1000 health workers on carrying out vaccinations and ensuring availability of systems for the surveillance of adverse effects.



Credit: WHO Country Office Afghanistan

To boost capacity, over 2000 newly recruited vaccinators are planned to attend WHO-supported training this month. Afghanistan has already begun vaccination activities through a February vaccine donation from the Government of India with 37 400 health workers already vaccinated. This COVAX shipment arrives at an opportune time to proceed uninterrupted with the vaccination campaign. Afghanistan will await the arrival of the remaining COVAX shipments to ensure minimum vaccination coverage of 20% of the population.

Dr David Lai, WHO Officer In Charge noted “vaccines only work when they are combined with public health strategies. We did not get here in one day and we won’t get out in one day either but today our hope is renewed. The endgame is clear. However, Afghanistan will need continued support from the international community to ensure the country which is already affected by decades-long conflict and insecurity doesn’t get left behind in the race to end COVID-19.”.

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

From the field:

Djibouti receives COVID-19 vaccines through the COVAX Facility

Djibouti is among the first countries in the Eastern Mediterranean Region to receive COVID-19 vaccines following the arrival at Djibouti International Airport of a shipment of AstraZeneca/Oxford vaccine doses manufactured by the Serum Institute of India (SII), according to the Regional Office for the Eastern Mediterranean. The vaccines were delivered through the COVAX Facility that ensures fair and equitable distribution of COVID-19 vaccines to countries regardless of their income.

The delivery follows the arrival of a quantity of syringes, part of a Gavi-funded and supported global stockpile, delivered on behalf of the COVAX Facility on 27 February 2021.



Credit: WHO Country Office Djibouti

WHO has worked with national authorities to put a vaccination strategy in place that includes training vaccinators, ensuring vaccine safety, and surveillance for adverse effects. This first shipment of vaccines will support the vaccination of health care workers, people over 50 years of age and people with comorbidities.

For further information, click [here](#)

International Women’s Day 2021: More women in leadership needed in the fight against COVID-19

“We need women not only on the frontlines but also in leadership” said the Director of the Pan American Health Organization (PAHO) Carissa F. Etienne, marking International Women’s Day. “Women make up the great majority of health care workers but are underrepresented in global and national health leadership.”

Across the Americas, nine out of ten nurses are women while only 25 percent of executive positions in hospitals are held by women. COVID-19 has swept across the Americas, infecting over 52 million people and killing more than 1.2 million. One million health workers have been infected by COVID-19, of whom 4000 have died, two thirds of them women.



Credit: PAHO

The pandemic has also affected women differently. There has been increasing domestic violence against women as they spend more time at home with their partners. Women have shouldered the burden of trying to hold down jobs while caring for children at home because of public health measures.

“We urge countries to develop policies not only for women but by women” Dr Etienne said.

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

Challenging barriers women face accessing life-saving knowledge for COVID19 response: International Women's Day (IWD) 2021 #LearningSavesLives Series Webinar

The COVID-19 pandemic dramatically highlights the need of every frontline health worker, no matter how remote or isolated, to access life-saving knowledge and learning opportunities. As we look forward, reaching the light at the end of the tunnel of the pandemic will require decisive efforts to ensure that existing inequities are effectively tackled, especially those against women. While women make up 70% of the global health and social care workforce, they are often underpaid or unpaid. And while their contribution is outsized, women constitute less than 25% of leadership roles in health, thus limiting their contributions to decision and policy making.

The OpenWHO platform provides knowledge while offering the benefits of no cost, informative, easily accessible, simple and suitable for everyone. The COVID-19 pandemic has increasingly brought more women to the [OpenWHO](#) platform. Prior to the pandemic about 70-80% of learners in all courses were men, whereas now the learner enrolment is equal between women and men.

Yet, a survey among OpenWHO users conducted the first week in March 2021 found that among the top five challenges to access, female respondents were still twice as likely to choose time and cost compared to male respondents.



During the IWD webinar, with 800 attendees from all WHO Regions, speakers #ChoseToChallenge the many barriers women face to access lifesaving information, training and learning. **“There has to be a place for women at every decision-making table. Women are not only doers, they need to shape the environment in which we are moving forwards”** said Dr Gaya Gamhewage, Head of Learning and Capacity Development, Health Emergencies Programme, World Health Organization.

Click here for the [Webinar video](#). Register for the Series' next Webinar [here](#).

Health Learning

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.



Real-time training for COVID-19
Free online courses from WHO

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

OpenWHO.org



50 languages

29 topical courses

Over 2.7 million certificates

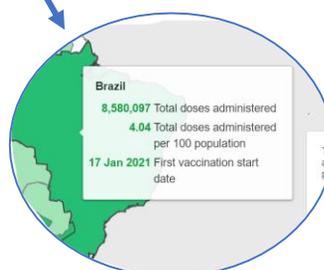
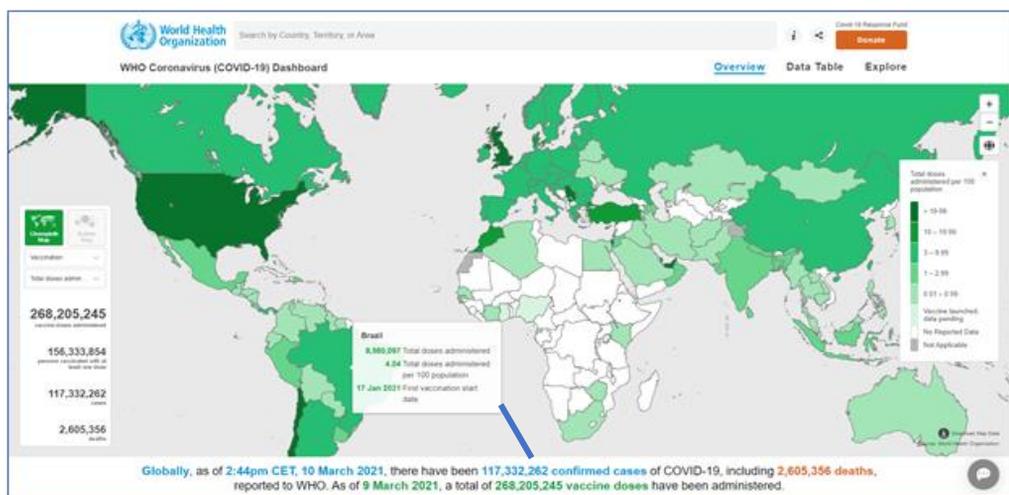
Vaccination data now available on the WHO COVID-19 Dashboard

In 2021 there have been massive multisectoral efforts to begin COVID-19 vaccination campaigns in full force around the globe. To better track and transparently share the status and progress countries are making in their COVID-19 vaccination efforts, WHO has begun collecting global vaccination data.

On 4 March 2021, vaccination data were published on the [WHO COVID-19 Dashboard](#). These data are viewed by selecting “Vaccination” from the dropdown panel on the left-hand side of the map.

Currently, the dashboard incorporates information useful to track global vaccine rollout, including total vaccination doses administered, persons vaccinated with at least one dose, and start date of vaccinations, by country, territory and area. More features, such as specifics on vaccine products authorized and administered by countries, will be added in the near future.

In collaboration with WHO Regional Offices, vaccination data will be updated at least once weekly using official reports from Member States, supplemented by publicly available data (for further source information, see [here](#)). For data on first use of vaccines in countries, the data aim to be updated in real time.

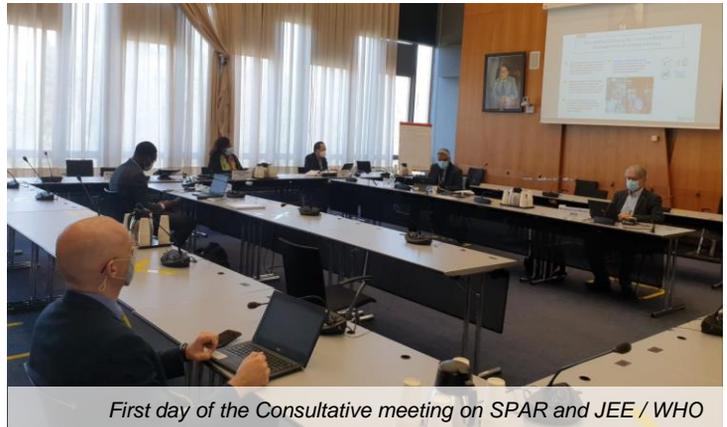


COVID-19 Preparedness

Consultative meeting on Joint External Evaluations (JEE) and State Party Self-Assessment Annual Reports (SPAR) to incorporate the lessons learnt from COVID-19 Pandemic

Recent reports of the IHR Review Committee, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and the Global Preparedness Monitoring Board have highlighted the need to refine and improve existing preparedness assessment tools, including incorporating lessons learnt from the COVID-19 pandemic. This was also mentioned in the resolution on '*Strengthening Preparedness for Health Emergencies; the Implementation of the IHR*' adopted at the 73rd World Health Assembly.

In follow-up to these recommendations, WHO conducted a virtual consultative meeting from 9 to 10 March 2021 to examine and incorporate lessons from COVID-19, in order to enhance preparedness assessments tools, including the SPAR, JEE and other components of the International Health Regulations (IHR) Monitoring and Evaluation Framework. The meeting was attended by over 180 participants from all WHO Regions including Member States, the three levels of WHO and partners.



First day of the Consultative meeting on SPAR and JEE / WHO

In his welcome remarks, Assistant Director General for Emergency Preparedness, Dr Jaouad Mahjour reminded participants of how COVID-19 and other recent health emergencies have shown that the world remains inadequately prepared to respond effectively to large scale epidemics and pandemics. Many countries have had significant gaps in capacities, leading to the widespread impact seen across the world. He underscored the importance of national planning and the fundamental links between preparedness assessments and capacity building. Dr Stella Chungong, Director of Health Security Preparedness, provided an overview of how the upcoming Universal Health Peer Review, a multisectoral intergovernmental peer review process built on mutual trust and accountability, [introduced by Director-General Dr Tedros Adhanom Ghebreyesus](#) at the 73rd World Health Assembly, would relate to the IHR monitoring and evaluation tools and other country assessment processes.

Participants shared experiences and lessons from COVID-19 preparedness and response from national, regional and partners perspectives, and provided recommendations for improvements needed in preparedness capacities and assessment tools, and the need to bridge the gap between assessments and capacity development.

A meeting report will be published once ready, and technical working groups will be established to further take forward the issues and possible approaches raised at the meeting.

COVID-19 Preparedness

COVID-19 Response Missions in the Eastern Mediterranean Region

To provide continuous tailored support to countries to strengthen the COVID-19 response at national, subnational, and community levels, the Regional Office for the Eastern Mediterranean Region (EMR) organized technical missions to Afghanistan, Pakistan, Tunisia, and Lebanon since September 2020. These modified and enriched Intra-Action Review (IAR) Missions included field visits and supported Ministries of Health in reviewing the COVID-19 response, documenting strengths, identifying areas of improvement, and providing recommendations to address gaps.

Key strengths identified from national responses to the COVID-19 pandemic include preparedness initiatives (e.g. COVID-19 National Taskforce in Lebanon) and utilizing existing systems such as for surveillance (e.g. polio systems in Afghanistan and Pakistan).

A whole-of-government approach and strong multisectoral coordination was also a main strength (e.g. Ministry of Health leadership, engagement of public and private sectors and UN agencies in Lebanon and Tunisia). Public health and social



Marwa Kamel, WHO Consultant visiting the Syrian refugee camp in Aarsal to review COVID-19 Risk Communication and Community Engagement activities for vulnerable high-risk groups during WHO mission to Lebanon / Credit: WHO Country Office Lebanon

measures contributed to decreasing transmission rates in the early phase of the pandemic (e.g. flights suspension and school closure in Lebanon; control measures after detecting the first cases in Tunisia) and diagnostic capacities were expanded in all four countries.

Health systems in many EMR countries were already fragile due to complex emergencies, causing challenges in maintaining essential health services. Consequently, countries visited had included this in their response, such as by developing a guide, facilitated by WHO, for service continuity in Pakistan. Another challenge identified was the implementation of control measures at points of entry, particularly during border reopening after the lifting of restrictive measures.

After each mission, key recommendations and findings were shared with the Region's Incident Management Support Team and WHO Representatives during mission briefings. Mission reports laid out recommendations which will be integrated into the EMR's 2021 Strategic Preparedness and Response Plan (SPRP) to ensure all EMR countries benefit from the lessons learned. Several missions are planned for 2021, with objectives adapted to the evolving COVID-19 situation and vaccine rollout, to continue strengthening the COVID-19 response across the Region.

COVID-19 Preparedness

WHO Safe Hospital Webinar Series: COVID-19 Management in Hospitals

The second webinar of the [WHO Safe Hospital Webinar Series: COVID-19 Management in Hospitals](#) organized by WHO in collaboration with the International Hospital Federation (IHR) and the UN Office for Disaster Risk Reduction (UNDRR) took place on 25 February 2021. The theme of the webinar was ‘Hospitals and National Strategic Plans for Emergencies and Disasters’ Multiple speakers from different countries shared innovative practices and experiences that have supported COVID-19 preparedness and response in hospital settings to facilitate exchange of lessons learned.

The WHO Country Representative, Nepal and the Chief of the national public health emergency operations centre (PHEOC) highlighted how the country’s previous experience of managing earthquakes and other emergencies has informed aspects of COVID-19 response, including the coordination at all levels of government through EOC, supported by WHO and partners, and the designation of key national hospitals as “hubs” to support ‘satellite’ hospitals at the province and district levels.

A representative of the Sao Joao Hospital, Portugal, shared approaches for preparing the workforce by rapidly facilitating knowledge-transfer, updating national COVID-19 management guidelines to local contexts using the ‘Cascade-Training Model’, how testing in-patients every 5-days significantly reduced the risk of nosocomial-infection and how deployment of the health staff in-proportion to the activation of the COVID-19 response plan reduced levels of staff burn-out.



The Director of the International Center for Collaborative Research on DRR in Wuhan, China explained the whole-of-government approach and the ‘paired-assistance’ programme, which augmented health-workforce (HWF) deployment in hard-hit cities using dynamic risk-assessment-and-zoning that was instrumental in the deployment of 40 000 HWF within 20 days of the outbreak in Wuhan. Following that, WHO presented the [suite of health service capacity assessments in the context of COVID-19](#) that can be used to support rapid and accurate assessments of the current, surge and future capacities of health facilities throughout the different phases of the COVID-19 pandemic. The presentation included an overview of how the tools can be used in different context to scale up health facility capacities for COVID-19 risk management.

The next webinar in the series on 18 March 2021 will focus on [“Long-term care facilities and long-term care services in hospitals during a pandemic”](#).

For more information, please contact the HSP/DRR unit at drr@who.int



COVID-19 Partners platform

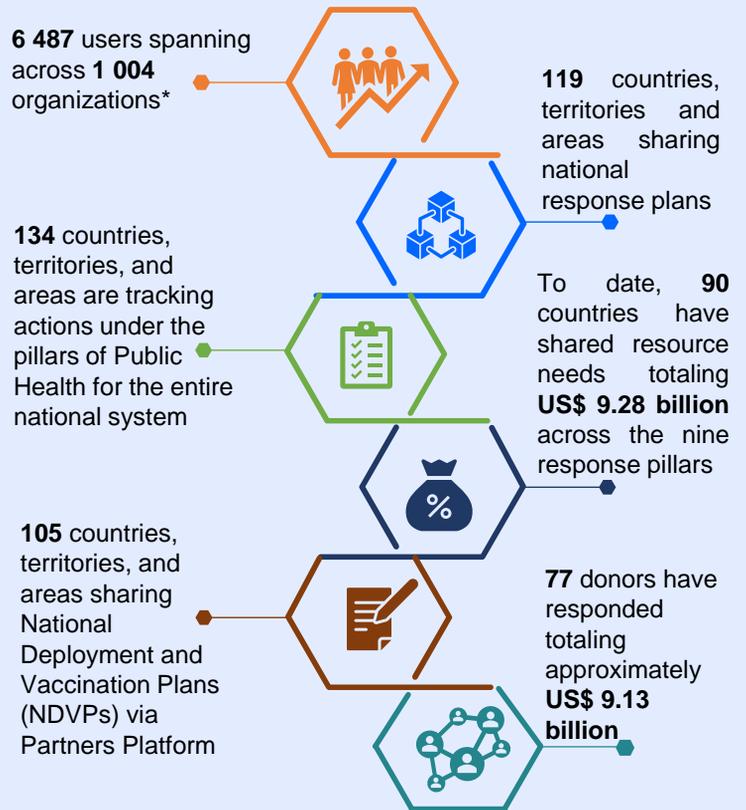
The Partners Platform continues to adapt its functionalities as WHO and its partners initiate and update components of the global response against COVID-19.

With the introduction of vaccines, the Partners Platform played a leading role in streamlining the application process for countries and donors participating in the COVAX facility.

Now, as the Strategic Preparedness and Response Plan (SPRP) for 2021 and its [Operational Planning Guideline](#) launch, building on last year's plan and a year of lessons learned to incorporate new objectives like countering misinformation and disinformation, and accelerating equitable access to new tools, the Partners Platform is working in parallel to integrate these objectives into the functionalities of its innovative digital space.

In early April, countries will be able, and are encouraged to update the national response plans to align with the 2021 SPRP Operational Planning Guideline.

2020 Strategic Preparedness and Response Plan (SPRP) and National Deployment and Vaccination Plan (NDVP) 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.



Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 10 March 2021, **WHO, UNESCO and UNICEF** briefed on the impact of the COVID-19 pandemic on education, including on the current situation of school closures.

WHO updated on the work of the Technical Advisory Group (TAG) of Experts on Educational Institutions and COVID-19, and highlighted the TAG's role in understanding the epidemiology of school transmission and leveraging research on educational institutions and COVID-19 to inform policy decisions.

In addition, **WHO** updated the CMT on COVID-19 vaccine roll out, noting that, globally, nine different vaccines are being administered across 129 economies and that of the 312 million doses administered to date, 78 per cent were in 10 countries.

WHO also informed that, as of 10 March, COVAX has shipped more than 30 million doses to 35 countries and COVAX currently has purchase orders for an additional 100 million doses for 70 countries.

The **UN Department of Operational Support (DOS)** updated on the work of inter-agency working group on COVID-19 vaccinations for UN staff, namely the development of a prioritization framework based on country risk/vulnerability and occupational and medical risks for personnel.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 12 March 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 242 million from more than 662,000 donors.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by the World Health Organization (WHO).

More than **US\$ 242 Million**



662 000 donors

[individuals – companies – philanthropies]

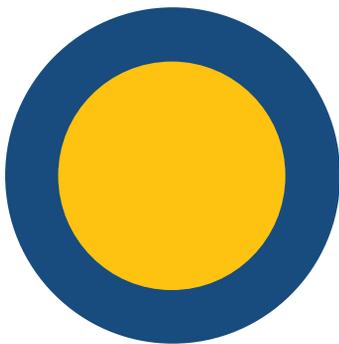


Appeals

WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

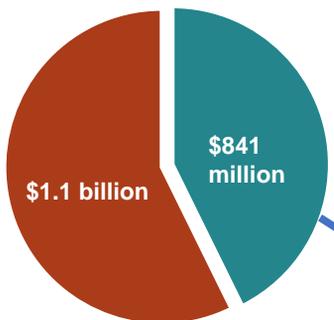
SPRP 2021 Requirements US\$ 1.96 billion



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

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

SPRP 2021 Requirement Progress (US\$)

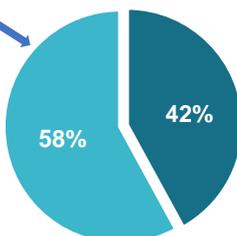


■ Total funding received and pledged (42.9% of total requirement)

■ Gap against funding received and pledged

■ Total funding pledged

■ Total funding received



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](#).

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 12 March 2021.

Shipped items as of 12 March 2021	Laboratory supplies			Personal protective equipment					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	718 250	3 718 135	1 855 696	1 473 890	10 594 300	214 610	1 727 279	53 453 400	2 768 630
Americas (AMR)	7 342 300	1 046 142	10 534 278	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	990 800	1 340 070	1 520 740	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	617 500	648 330	594 270	1 750 900	8 938 900	409 900	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	440 000	3 185 800	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	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	10 108 850	10 166 977	17 260 788	8 653 511	37 083 700	1 552 367	6 956 179	198 733 426	20 070 365

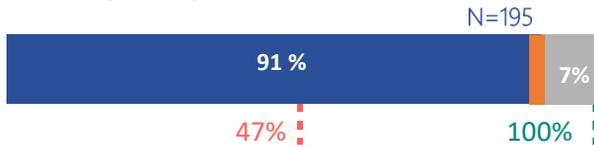
Note: Some EMR laboratory supplies have decreased from last week due to delays in shipments

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

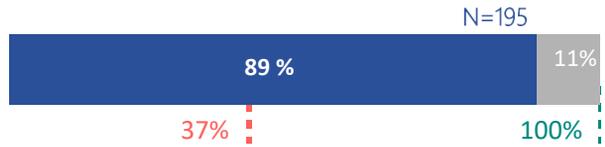


COVID-19 Global Preparedness and Response Summary Indicators^a

Countries have a COVID-19 preparedness and response plan



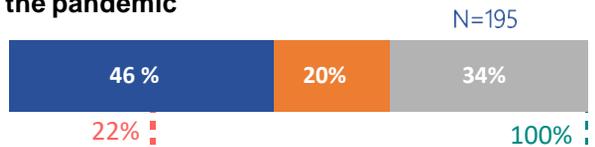
Countries have a clinical referral system in place to care for COVID-19 cases



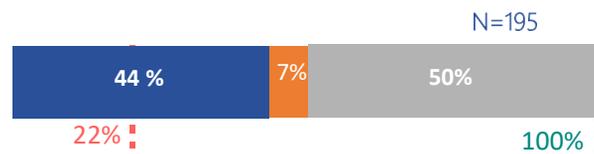
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



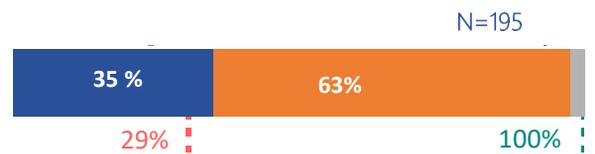
Countries that have defined essential health services to be maintained during the pandemic



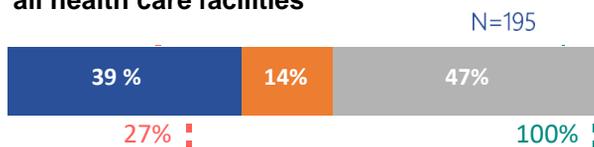
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



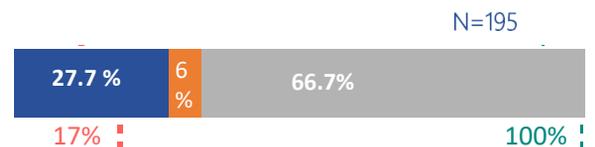
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



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



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](#).

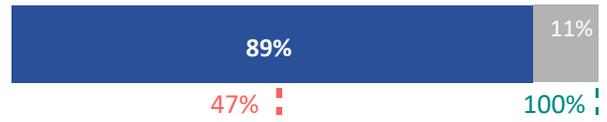
Priority countries with multisectoral mental health & psychosocial support working group

N=64



Priority countries with an active & implemented RCCE coordination mechanism

N=64



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

N=64



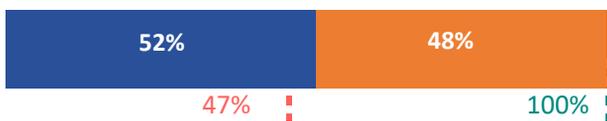
Priority countries with a contact tracing focal point

N=64



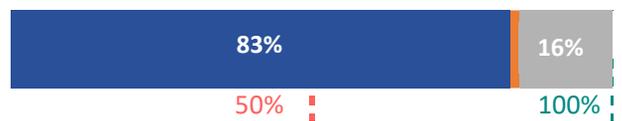
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository

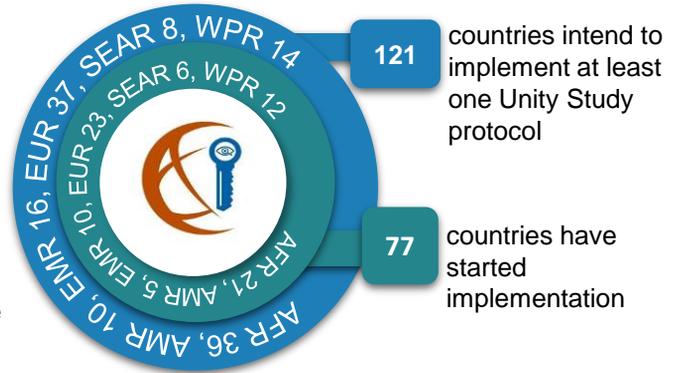


The Unity Studies: WHO Early Investigations Protocols

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.

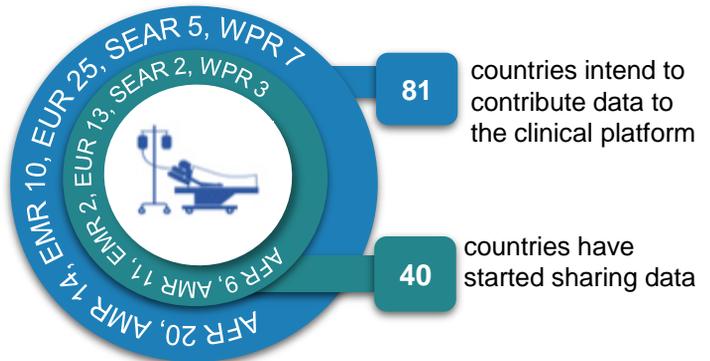
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



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.

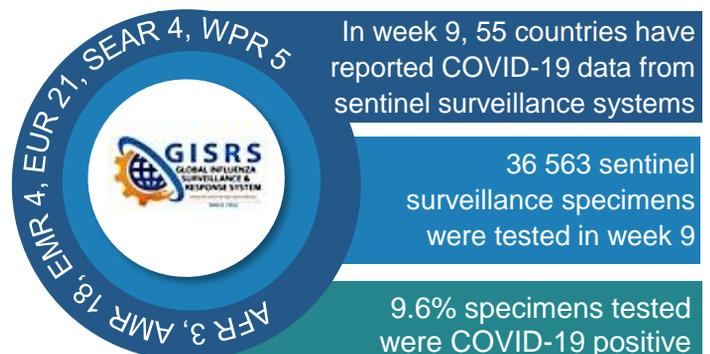
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



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](#)
 - [Regional Office of the Americas](#)
 - [European Regional Office](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the 9 March **Weekly Epidemiological Update**, click [here](#). Highlights this week include:
 - Overviews of global and regional epidemiological situation
 - Special focus sections on:
 - Global Influenza Surveillance and Response System – best practices for integrating influenza and COVID-19 sentinel surveillance
 - SARS-CoV-2 sero-epidemiology in Kenya
 - SARS-CoV-2 variants of concern
- ❑ 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](#)