## Weekly Operational Update on COVID-19

19 January 2021



Confirmed cases<sup>a</sup>
93 956 883

Confirmed deaths 2 029 084

# WHO supports the installation of public address systems at 50 remote health centers in Lao People's Democratic Republic

During the pandemic a key challenge in Lao PDR has been getting important practical advice to remote villagers on how they can protect themselves from COVID-19.



Ms. Phonephet Philakham, senior nurse at Khone Keung Health Center testing the PA system. Photo credit: WHO / S Khounpaseuth

Many remote villagers cannot access the internet and furthermore are unable to understand the Lao language.

In response, Lao PDR has installed 50 sets of public address (PA) systems in selected remote areas prone to outbreaks and natural disasters, with 150 mobile loudspeakers also procured to support other activities against COVID-19. Funded by the German Federal Ministry of Health, WHO oversaw the installation of the systems and trained health centre staff on their use.

Well received by communities and health workers alike, the PA system allows health workers to easily communicate with villagers in their own languages, regarding COVID-19, measles and dengue. They can also provide flood alerts, broadcast reminders for parents about infant vaccinations, and be used to monitor designated quarantine centres..

For further information on the innovative approaches to risk communication, click <u>here</u>

#### **Key Figures**



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



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



**19 732 165** respirators shipped globally



**194 485 980** medical masks shipped globally



**8 514 831** face shields shipped globally



**6 280 279** gowns shipped globally



**31 723 121** gloves shipped globally



More than **4.8 million** people registered on <u>OpenWHO</u> and able to access **150** COVID-19 online training courses across **23** topics in **43** languages

<sup>a</sup> For the latest data and information, see the <u>WHO</u> COVID-19 Dashboard and Situation Reports





#### From the field:

Marking a decade since last polio case: WHO SEAR countries gear up for massive vaccination campaign – this time for COVID-19 virus

WHO South-East Asia Region reported its last case of wild poliovirus from West Bengal in India. A decade later, countries in the Region are taking lessons learned from the polio program to gear up for massive vaccination campaigns in a bid to end the COVID-19 pandemic.

"We are witnessing unprecedented efforts by Member countries to protect their vulnerable population against COVID-19 with vaccines," said Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia.

**Indonesia rolled out COVID-19 vaccination on** 13 January 2021, vaccination has started in full swing in India for one of the world's biggest vaccination programme beginning 16 January, Other countries in the regions will roll out their campaigns in the coming months.

Safe and effective vaccines can be a gamechanger if accessible across the world and to all vulnerable population within the countries. Vaccines will help to curtail the COVID-19 pandemic. However, they won't solve everything by themselves as initially they are bound to be in limited supplies. As the COVID-19 crisis continues, necessary behavioural measures still need to continue - masks, hand hygiene, cough etiquette, physical distancing - and core public health measures by the authorities – detect, test, trace, isolate and treat - to prevent the virus from spreading and causing more disease and deaths.

Community engagement and participation – both for continued COVID-19 appropriate behavior and vaccination – will be critical to curtail the virus transmission. WHO continues to work with all countries for COVID-19 vaccination planning and roll out, to have a robust National Deployment and Vaccination Plan covering all elements of planning and management needed to deliver a vaccine.

The networks of surveillance officers in countries such as Bangladesh, India, Indonesia, Myanmar and Nepal, which was the backbone of polio eradication programme, are now also in the forefront supporting coordination, preparedness and roll out of COVID-19 vaccination down to the district level.

Bringing in best practices from polio eradication, WHO has supported countries in the Region with development of operational guidelines and plans for COVID-19 vaccination; training of vaccinators; planning vaccine and logistics management; and monitoring key preparatory activities.

At the global level, the ACT-Accelerator partnership launched by WHO and partners, has supported the fastest, most coordinated, and successful global effort in history to develop tools to fight COVID-19. The vaccine pillar - COVAX - co-led by WHO, Gavi and the Coalition for Epidemic Preparedness Innovations, aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access.

For further information on the vaccine scale-up activities in the region, click here



#### From the field:

## WHO EURO convenes Member States to support response to new SARS-CoV-2 variants of concern

Since the notification of a new SARS-CoV-2 variant of concern (VOC 202012/01) on 14 December 2020 from the United Kingdom of Great Britain and Northern Ireland, the WHO Regional Office for Europe has continued to support countries across the Region. WHO has continually assessed the public health risks; provided recommendations on virological studies, sequencing and surveillance, and guidance on enhancing public measures, including risk communication.

As part of this support and in order to inform countries on the evolving situation in Europe, WHO/Europe held a virtual briefing on the SARS-CoV-2 variant with the Director Generals (DGs) and Chief Medical Officers (CMOs) of the 53 Member States of the WHO European Region and has followed this with bilateral meetings with countries.

Regular technical exchanges have also been established with the United Kingdom of Great Britain and Northern Ireland – with the first of series taking place 23 December 2020. This platform to exchange knowledge and information was extended, on 08 and 14 January 2021, to other countries also now documenting local circulation of VOC202012/01 including Denmark, Israel, Ireland and The Netherlands.

These meetings, held jointly by WHO and the European Centres for Disease Prevention and Control (ECDC), have provided a platform for European countries to share scientific findings and experiences responding to new variants of concern in real-time. Discussions have centred around the epidemiology; diagnostic testing, including monitoring of spread through S-gene target drop-out in some PCR assays; studies to characterise any phenotypic changes; modelling to look at transmission and measures; impact of additional public health measures; case management; whole genome sequencing; and vaccine implications. This sharing of knowledge and lessons learned will help WHO to support other countries in the Region to reduce the impact of spread on their health systems.

As of 14 January, VOC 202012/01 has been reported to WHO from 26 countries in the European region.



# US\$ 50 million Iran COVID-19 Emergency Response Project (ICERP) scales up nationwide response to the epidemic

The World Health Organization (WHO) and the Ministry of Health and Medical Education of the Islamic Republic of Iran delivered have life-saving medical and diagnostic equipment to public hospitals and laboratories across the country to support the fight against the COVID-19 pandemic.

The procurement is part of the COVID-19 Emergency Response Project (ICERP), a collaboration between WHO



The portable ultrasound devices undergo quality control at the warehouse of the supplier's local agent. ©WHO/Islamic Republic of Iran

and the Ministry of Health and Medical Education initiated on 16 June 2020 and funded at US \$50 million in an effort to support the country's health care system in diagnosing and treating patients with COVID-19.

"We are facing even more risks in winter and urgently need more resources and more projects like ICERP to support the Ministry to scale up hospital and laboratory capacities serving all people in Islamic Republic of Iran, in parallel with all preventive measures and work towards a vaccine," said Dr Christoph Hamelmann, WHO Representative in Islamic Republic of Iran.

By its closing date on 31 May 2021, the project is planned to procure and deliver a total of 316 medical devices, including CT scanners, ultrasound machines, portable digital x-ray machines, as well as 135 diagnostic laboratory devices and their consumables. The devices are being distributed to 136 public hospitals and 43 laboratories across the country caring for COVID-19 patients.

The Ministry confirmed the country's first 2 cases of COVID-19 on 19 February 2020 in the city of Qom situated near the capital Tehran. Since then, 1 280 438 laboratory confirmed COVID-19 cases were reported and 54 100 COVID-19 related deaths as of 9 January 2021. At the recent highest peak on 27 November, a total of 5860 patients were hospitalized in intensive care units, posing serious challenges for all hospitals and health care workers throughout the country.

To guide the response, WHO monitors the COVID-19 situation on a daily basis and prepares a comprehensive report which includes daily and cumulative figures, risk status for Islamic Republic of Iran's provincial capitals, updates on the imposed national and international travel restrictions, and useful links. The report archive can be accessed here.

### Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 15 January 2021, WHO provided an overview of the SARS-CoV-2 Variants, noting that viruses constantly change through mutation, and the emergence of new variants is an expected occurrence. Given the transmissibility of the new variants, WHO stressed the continued, and even increased, importance of maintaining the public health and social measures taking by countries even as vaccines are being introduced.

WHO also provided an overview on the current state of COVID-19 vaccinations around the world, noting that some countries have already covered their high risk population while many other countries in the world has not yet started vaccinating; citing equity in access problems.

WHO indicated that the COVAX facility aims to deliver 2 billion doses of vaccins in 2021 and is expediting regulatory review of promising vaccines.

WHO also noted the substantial progress in country readiness for vaccinations, with thanks to partners including DCO, the World Bank and UNICEF.

### **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.



4 781 756
Course enrollments

43 languages

Over 2.5 million certificates

150 COVID-19 courses



## **Partnerships**

### The Global Outbreak Alert and Response Network - GOARN

GOARN partner institutions continue to provide technical support across all health operation pillars, particularly epidemiology and surveillance, laboratory, clinical management, infection prevention and control, data management, and risk communication and community engagement (RCCE).

From the start of the pandemic until mid-January 2021, nearly 700 individual offers of support have been received from 65 institutions in support to GOARN requests for assistance for COVID-19 response. **144 deployments have been conducted to date**. Due to logistical challenges and travel restrictions many of these deployments are conducted on a remote support basis.

#### Go.Data - field data collection, contact tracing

WHO and GOARN partners are supporting over **60 projects worldwide** to implement Go.Data, including virtual trainings and briefings, providing direct user support and technical support for local responders for epidemiology, training, analytics, reporting, interoperability, and technology.

To further scale up support WHO and GOARN partners are focusing on country-specific Go.Data rollouts for 2021. Additional on-site missions are being planned and will take place in the coming months.

#### **GOARN Training**

- GOARN is collaborating with Robert Koch Institute in Germany, Public Health Agency of Canada and other key training partners across the Network for rolling out the next phase of the GOARN Leadership Training Programme which targets over 140 individuals working in leadership capacities across GOARN partners for COVID-19 response worldwide. The next phase includes a Leadership Seminar with the entire cohort of programme participants and roll-out of 6 new virtual training workshop modules designed to address the participants priority leadership and crisis-management needs, taking place between January-July 2021.
- GOARN in partnership with TEPHINET and US CDC are undertaking arrangements for a series of virtual training workshops on *Orientation to International Outbreak Response with* GOARN/WHO for TEPHINET alumni from around the world. These workshops will take place over January and February, with supporting faculty from regional Field Epidemiological Training Programmes (FETPs).

#### **GOARN Risk Communication and Community engagement**

The updated global RCCE strategy was published in collaboration with UNICEF, WHO, IFRC, GOARN and a wide range of collective service partners recognizing the evolved state of the pandemic, the central role of communities in stopping transmission and the need for a collaborative global response.

GOARN continues to support the RCCE collective service coordination with a focus on stronger partner engagement in the roll out of the strategy and ensuring that RCCE principles are integrated across the pillars of response.

For further information on GOARN RCCE click here



## Infodemic management



GOARN +CIFRC unicef World Health

With an unprecedented need to elevate the role risk communication community engagement (RCCE) plays in breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic, WHO, IFRC, GOARN, and UNICEF have updated and published a revised COVID-19 Global Community Communication and Engagement Strategy (December 2020-May 2021) to support Member States and partners.

Until biomedical tools such as vaccines or treatments are developed and widely available, people's behaviours and their willingness to follow public health and social measures remain the most powerful tools to stop the spread of the virus.

The updated strategy is underpinned by a socio-behavioural trends analysis and builds on the learnings from the response to-date. The strategy moves from directive one-way communication toward the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past.

The overarching goal of the strategy: That people-centred and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.

For further information on the updated COVID-19 Global Risk Communication and Community Engagement Strategy – interim guidance, click <u>here</u>

### **COVID-19 Partners platform**

#### WHO provides leadership in vaccine rollout

WHO is supporting countries to prepare for COVID-19 vaccine introduction. The COVID-19 Partners provides an established and secure online space for countries to upload their National Deployment and Vaccination Plans (NDVPs) and request resources, for regional review committees to review the NDVPs and for all vaccine stakeholders to view resources, and for countries to request technical and financial support

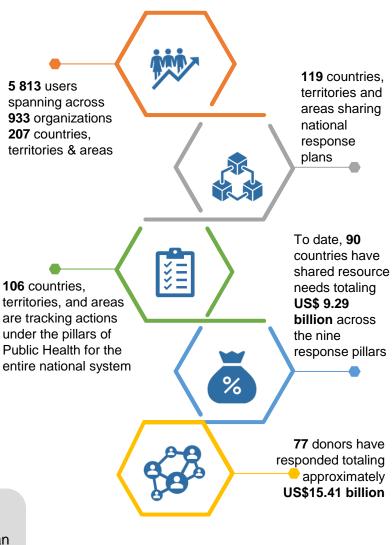
#### Country Readiness and Delivery: COVID-19 Vaccine Introduction

This week WHO is beginning a stepwise launch on the COVID-19 Partners Platform of Pillar 10 on COVID-19 Vaccine Deployment Readiness.

Pillar 10 Pillar in is а new the updated COVID-19 Strategic Planning and Response Plan (SPRP) for 2021. The first functionality that country administrators will have in the Pillar 10 space will be uploading the NDVP onto the Platform. The WHO Country Readiness and Delivery workstream developed guidance on developing a national and deployment vaccination support countries developing their NDVP. Government officials are responsible for validating the NDVP.

Regional review committees will be reviewing the plans to ensure they meet the minimum criteria needed for vaccine allocation, preparedness for vaccination, and monitoring of vaccine implementation.

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 15 January 2021

Shipped items as of 15 Jan 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	325 400	3 068 465	1 815 878	1 417 810	8 305 521	165 810	1 535 679	53 077 950	2 595 630
Americas (AMR)	4 975 050	1 426 902	10 514 748	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterrane an (EMR)	740 300	869 560	1 326 920	914 985	5 613 000	174 480	799 322	26 317 550	1 502 095
Europe (EUR)	168 000	320 650	511 870	1 715 300	9 213 100	386 380	1 349 048	39 215 500	5 299 150
South East Asia (SEAR)	200 000	2 605 850	2 240 200	371 836	2 215 500	86 510	556 000	6 940 500	604 495
Western Pacific (WPR)		213 800	338 984	761 700	1 770 000	310 807	427 210	13 798 150	2 051 035
TOTAL	6 408 750	8 505 227	16 748 600	8 514 831	31 723 212	1 446 927	6 280 279	194 485 980	19 732 165

For further information on the COVID-19 supply chain system, see <a href="here">here</a>.



**Appeals** 

As of 15 January 2021

**WHO** appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP** 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.

#### Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

US\$1.74 BILLION WHO's current funding gap against funds received stands under the updated SPRP

US\$122.4 MILLION

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

### **WHO Funding Mechanisms**

### **COVID-19 Solidarity Response Fund**

As of 15 January 2021, <u>The Solidarity</u>

Response Fund has raised or committed more than US\$ 240 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 657,000 individuals together contributed more than US\$651 million in fully flexible funding to support the WHO-led global response effort

More than US\$ 240 Million
657 000 donors
[individuals – companies – philanthropies]

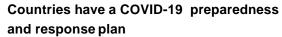
### The WHO Contingency Fund for Emergency (CFE)

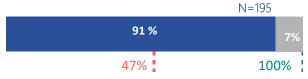
WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

**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 <a href="here">here</a>.

### COVID-19 Global Preparedness and Response Summary Indicators<sup>a</sup>

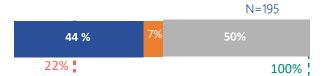




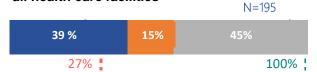
Countries have a COVID-19 Risk
Communication and Community Engagement
Plan (RCCE)<sup>b</sup>
N=195



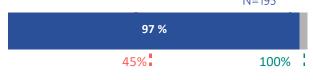
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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

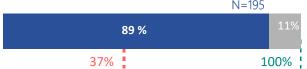


Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 \$N=195\$

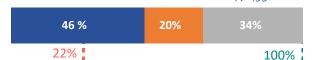


system in place to care for COVID-19 cases  $$\operatorname{\textsc{N}=195}$$ 

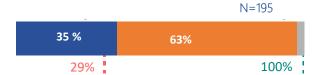
Countries have a clinical referral



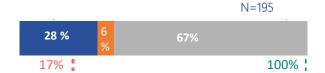
Countries that have defined essential health services to be maintained during the pandemic N=195



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



Countries have a health occupational safety plan for health care workers



## Countries have COVID-19 laboratory testing capacity



#### Legend

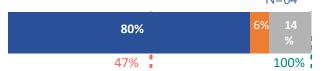


#### Notes:

## **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.

#### 



# <u>Priority countries</u> with an active & implemented RCCE coordination mechanism



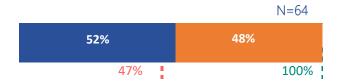
# <u>Priority countries</u> that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



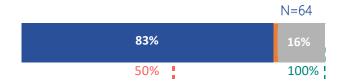
# <u>Priority countries</u> with a contact tracing focal point



### <u>Priority countries</u> where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



# <u>Priority countries</u> with an IPC focal point for training





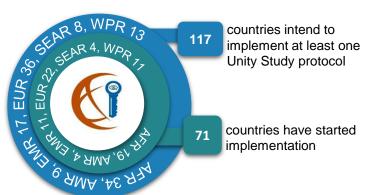
#### Notes:

#### 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.

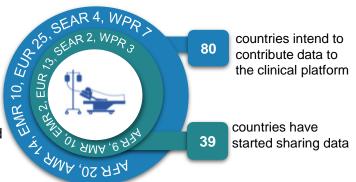
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



#### 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 COVID-19





## Key links and useful resources

☐ For EPI-WIN: WHO Information Network for	Epidemics, click <u>here</u>
☐ For more information on COVID-19 regional	response:
African Regional Office	<ul> <li>Regional Office of the Americas</li> </ul>
<ul> <li>European Regional Office</li> </ul>	Eastern Mediterranean Regional Office
Southeast Asia Regional Office	<ul> <li>Western Pacific Regional Office</li> </ul>
☐ For the WHO case definitions for public heal by SARS-COV-2 infection published on 16 □	th surveillance of COVID-19 in humans caused December 2020, click here
☐ For updated WHO Publications and Technic	cal Guidance on COVID-19, click <u>here</u>
☐ For updated GOARN network activities, click	k <u>here</u>
<ul> <li>include:</li> <li>Generic table top exercise</li> <li>Health Facility &amp; IPC table top exercise</li> <li>A Point of Entry (POE) table top exercise</li> </ul>	latest WHO guidance. The updated exercises se mmunity engagement & communications table

All COVID-19 simulation exercises can be found here