

Weekly Operational Update on COVID-19

22 February 2021



Confirmed cases^a
110 974 862

Confirmed deaths
2 460 792

Cox's Bazar COVID-19 Intra Action Review: A Year without precedent in review



WHO supported the Government of Bangladesh in conducting a COVID-19 Intra Action Review (IAR) at their request last week to share lessons learnt and further improve the response to the pandemic in Cox's Bazar district including the Rohingya refugee camps.

This “was an opportunity to review the functional capacities of public health and the emergency response in Cox's Bazar... The meaningful discussions we had during the IAR will help shape the response in 2021 and strengthen the health sector” says Health Sector Coordinator, Dr Egmond Evers.

The early technical response was an extraordinary collaboration. “We were ready to prevent, respond to and mitigate the impact of the pandemic before local transmission started,” noted UNICEF Bangladesh Health Specialist Dr. Yulia Widiati.

WHO Cox's Bazar will disseminate findings and recommendations at the upcoming Strategic Advisory Group (SAG) meeting in Cox's Bazar and with national, regional and global stakeholders to support immediate improvements of the 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



20 002 365 respirators shipped globally



198 709 426 medical masks shipped globally



8 602 831 face shields shipped globally



6 946 179 gowns shipped globally



36 600 900 gloves shipped globally



More than **4.9 million** people registered on [OpenWHO](#) and accessing online training courses across **25** topics in **44** languages

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

From the field:

Joint actions to strengthen access to essential services for refugees in Timișoara by WHO Romania Country Office and UNHCR

Since late 2020, WHO has been involved in providing guidance to public authorities in Romania's Timiș county and Timișoara Mayorality, in response to increased cross-border population movement and an associated surge in local COVID-19 transmission.

Situated on the western border, Timișoara city receives a significant number of refugees and asylum seekers in addition to hosting people coming from other refugee centres throughout the country.



*WHO Representative Dr Miljana Grbic in Timisoara Romania
Credit: WHO Romania Country Office*

Building on joint WHO-UNHCR activities undertaken in previous months, on 15 February, WHO met with the leading authorities on COVID-19 response in Timisoara. The focus of this visit was to support and strengthen refugee access to essential services, included to COVID-19 testing and vaccination.

WHO, UNHCR and Romanian experts from the Ministry of Health met to develop short and medium-term solutions for these vulnerable populations with Timișoara's Mayor and representatives from the Public Health Authority, Local Police Department, Centre for Refugees and of the Border Police. WHO underscored the importance of support to refugees and asylum seekers as part of the COVID-19 response as they live in conditions that disproportionately increase their risk associated with the disease. WHO also highlighted that refugees and asylum seekers need to be included at all levels as part of the national response to COVID-19 pandemic.

With the WHO Romania Country Office and UNHCR's early engagement in this area, the Romanian national strategy for COVID-19 vaccination will include refugees as part of the high priority group in phase 1 of vaccine deployment. WHO and other UN agencies will continue to support local and national authorities in their mission to deliver high quality healthcare and social services to all vulnerable persons according to the core principle of leaving no one behind.

From the field:

WHO supports COVID-19 response in Kurdistan with allocation of US\$ 1 million for medical supplies and materials

Currently, there is a new spike in COVID-19 cases in the Kurdistan region of Iraq amidst the confirmation of a new COVID-19 variant in the country. As of 15 February, Kurdistan health authorities reported 106 976 confirmed cases of COVID-19 with 3499 associated deaths and 102 335 recoveries.

“WHO continues to provide technical and operational support to health authorities at [the] central level and in the Kurdistan region with the aim of scaling up preparedness and response to the pandemic” reported Dr Ahmed Zouiten, WHO Representative in Iraq. “Challenging times still lie ahead, that is why we need to unite our efforts, mobilize all possible resources and invest in strengthening both prevention and response measures to win this battle” he added.



As a part of mobilizing resources, on 16 February, WHO distributed 13 tons of medical supplies and equipment worth US\$1 million to the Ministry of Health in the Kurdistan region. This donation will scale up intensive care capacity to respond to efforts aimed at controlling the recent increase in the number of COVID-19 cases in Iraq.

Since February 2020, there have been three medical consignments. This most recent distribution will support health facilities with personal protective equipment (PPE), COVID-19 diagnostic kits, oxygen concentrators, oximeters, intensive care beds and devices, hospital bedding and related medical furniture, patient monitors, and more.

Dr Saman H. Barzangy, Minister of Health of the Kurdistan region noted the supplies come “at an opportune time to support our efforts while we are battling to reverse the upward trend in the number of COVID-19 reported in the last few weeks”, as well as an increase in hospitalized cases. The medical supplies provided by WHO will serve both for the diagnosis and the management of COVID-19 patients.

For further information, click [here](#)



Public health response and coordination highlights

At the UN Crisis Management Team meeting (CMT) meeting on 10 February 2021, **WHO** reported continued decrease of new cases and death globally and noted that the encouraging epidemiological situation is the result of stepped-up measures, including stringent lockdowns and stay-at-home orders. WHO reported that it is monitoring the new virus variants and urges authorities, researchers, media and the general public to use non-stigmatizing nomenclature and language for describing variants.

WHO also provided a brief update on the Global Study of the Origins of SARS-CoV-2, noting that the mission has furthered understanding of the specific epidemiological, human-animal interface and molecular epidemiological work but will require more study and targeted research to determine the origin and transmission pathways.

WHO and UNICEF updated the CMT on the latest progress of COVID-19 Vaccination Access, Readiness and Delivery, and suggested that response is transitioning from introduction of vaccine towards scaling-up vaccines, with a shift in focus from inputs and plans towards optimization, monitoring progress and accountability.

WHO noted that it has published a [position paper](#) on the scientific, ethical, legal and technological considerations on the introduction of requirements for proof of COVID-19 vaccination for outgoing or incoming international travelers.

Regarding humanitarian settings, **WHO** advised that an IASC Working Group is working with Gavi and the COVAX Facility on establishing a humanitarian buffer and noted that it is essential that all population groups are included in National Deployment and Vaccination Plans (NDVP), independent of their legal and residency status.

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



44 languages

25 topical courses

Over 2.6 million certificates



Partnerships

The Global Health Cluster - GHC

The Global Health Cluster and the WHO Department of Mental Health and Substance Use, Co-Chair of the IASC Reference Group on Mental Health and Psychosocial Support (MHPSS), are launching a series of Global Health Cluster MHPSS Clinics to support Global Health Cluster partners to provide programmatic support, share best practices and link technical support to health practitioners in countries in humanitarian settings. The first clinic of its kind will launch on 26 February 2021.

Subsequent clinics will be held on the last Friday of every month at the same time (16h00-17h30 CET) for the next six months based on demand of Health Cluster partners.

To learn more, access the [MHPSS Clinic Flyer](#) and [click here to register](#).



MHPSS Clinic

Online sessions providing technical support to health cluster partners delivering MHPSS programmes in humanitarian settings during COVID-19



Who is this for?

Frontline providers - the clinic is open to health cluster partners working at country level.



What support will be given?

Technical support on integrating MHPSS into COVID-19 specific and usual health programmes in humanitarian settings. Q&A sessions in a small group allowing for shared learning and direct support for participants.



By whom?

Experts from WHO's Department of Mental Health and Substance Use (and Co-Chair for the IASC MHPSS Reference Group) will lead the sessions.



What should I expect?

Clinics will be confidential online sessions, once a month, open to 10 participants per session. You will share challenges, ask questions about MHPSS tools get inputs from experts on best practices, consult with experts on specific MHPSS thematic areas and in different countries. You will also share knowledge with other practitioners delivering health programmes in humanitarian settings.



How can I join?

Sign up below. Booking based on first-come-first-serve basis so sign up soon!

Register Now!

Join Dr Fahmy Hanna, WHO Department of Mental Health and Substance Use, for the first session on Friday 26 February 2021, 1600-1730 CET

Following clinics will be held every last Friday of the month at the same time.

[CLICK HERE](#) to book your session



For any questions, please contact Dr Eba Pasha pasha@who.int or Dr Fahmy Hanna hannaf@who.int

Direct support to partners. Leaving no one behind



Medicines and Health Products

- The WHO-led [COVID-19 Technology Access Pool \(C-TAP\)](#) aims to facilitate sharing of COVID-19 health technology related knowledge, intellectual property and data.

C-TAP operates as a hub involving the WHO Secretariat and other partners such as the Medicines Patent Pool and the Technology Access Partnership.



The initiative is intended to accelerate the development of products needed to fight COVID-19, to accelerate the scale-up of manufacturing as well as to remove barriers to access in order to make products available globally.

At a consultation with the private sector on 14 January 2021, the engagement of research institutions and producers of novel technologies met to discuss the aforementioned three objectives, as well as the C-TAP concept, rationale and objectives. The goal is to ensure that individuals globally have equitable access to COVID-19 vaccines, therapeutics, in-vitro diagnostics and medical devices.

- The WHO Prequalification teams assessed the potential impact of the SARS-CoV-2 VOC 202012/01 (B.1.1.7.) variant on the performance of the molecular tests listed for WHO emergency use. The assessment included impact of S gene mutations and deletions and found the risk of false negative results to be low. More information about the virus variants is available [here](#).
- The quality of products procured and/or supplied under the COVAX Facility must be assured at all times to ensure a positive impact on the recipient population and to preserve the trust that has been placed in the Facility. WHO has advised that the COVAX Facility should only [consider products](#) listed with [WHO Emergency Use Listing](#) (EUL) or Prequalification. Under exceptional circumstances, products approved by specified Stringent Regulatory Authority can be accepted.
- The Pfizer/BioNTech Comirnaty COVID-19 mRNA vaccine has received emergency validation from WHO and was placed on the EUL. On 15 Feb, WHO listed two versions of the AstraZeneca/Oxford COVID-19 vaccine for emergency use as well. Countries can now expedite their national regulatory approval processes to import and administer the vaccine. Other UN organisations are now enabled to procure the vaccine for distribution to countries in need.
- The WHO COVID-19 vaccine safety surveillance manual [has been published](#). WHO Regional Offices are supporting countries to implement safety surveillance as recommended in the manual.

Risk Communication, Community Engagement and Infodemic Management

10 steps to community readiness: What countries should do to prepare communities for a COVID-19 vaccine, treatment or new test



The Risk Communication and Community Engagement (RCCE) Collective Service, launched in June 2020, released the 10 steps to community readiness for COVID-19 vaccine, treatment and testing this week. These steps highlight 10 well-established RCCE principles that have proven their power. Together they put communities at the heart of the roll out of new vaccines, treatments and tests and promote trust, the critical ingredient for all community action.

Informed, engaged and empowered communities are the bedrock for the arrival of new vaccines, treatments and tests that will be introduced to reduce the spread of COVID-19 and save lives. With communities fully engaged and actively participating through the full cycle of planning, delivery and assessment for biomedical tools, demand for these tools can be increased, leading to widespread and effective uptake and use.

For further information on [EPI-WIN: WHO Information Network for Epidemics](#) and for the full document, click [here](#)

COVID-19 Preparedness

COVID-19 vaccine deployment readiness drill in Republic of Moldova

On 3 February 2021, the Republic of Moldova conducted a COVID-19 vaccine deployment drill following the announcement by the COVAX facility that the estimated delivery date for the country's first consignment of vaccines in-country would be mid-February 2021. WHO's [COVID-19 simulation exercise package](#) was adapted to align with the country's need to practice systems and procedures in readiness for deployment.

The drill was led by the National COVID-19 Immunization Focal Point team, the Ministry of Health, Labour and Social Protection and the National Agency for Public Health with support from WHO. It aimed to assess the readiness of the country's COVID-19 vaccine deployment plan and identify the strengths and potential challenges which might affect vaccine delivery.



Photo credit: WHO

The exercise started at the Chisinau International Airport, mobilizing a special transportation freezer and used a scenario for COVID-19 vaccine reception, distribution and administration. The customs service checked all documentation and completed the steps required for regulatory clearance for emergency imports customs declaration and release of goods.

The vaccines were then delivered to the National Vaccines Warehouse, an institution responsible for vaccines reception and distribution nationally. Specialists unloaded and verified the temperature devices located in every box of vaccines before storing them in the designated ultra-cold storage freezer.

Vaccines were then distributed, including to Buiucani Territorial Medical Association (AMT). “We received labeled boxes with vaccines. The team checked the transportation information, and placed COVID-19 vaccines in the [necessary] cold chain conditions” while “the nurses verified the quantity of syringes for vaccination and boxes for syringe disposal.”

“The simulation exercises are important to ensure we avoid any errors, including transportation, storage or cold chain problems”, said Dr. Alexei Ceban from the Surveillance of Vaccine-Preventable Diseases Department of the National Agency for Public Health during the drill.

WHO's COVID-19 vaccine simulation exercise package is [available online](#). WHO at all levels of the organization are providing support to Member States for planning, implementation and follow-up to enhance national and sub-national preparedness capacities required for COVID-19 and other health emergency threats.



COVID-19 Preparedness

Safe hospitals: Managing risks during COVID-19 pandemic



Hope Field Hospital for Women, Ukhiya, Cox's Bazar. Photo credit: Hope Foundation

Following the temporary recommendations of the IHR Emergency Committee to promote Member States to share innovations and lessons learned, WHO in collaboration with the International Hospital Federation and the UN Office for Disaster Risk Reduction hosted its first webinar in this year's [COVID-19 Safe Hospital Webinar Series](#) on 28 January 2021.

Attended by 364 participants from 64 countries, the webinar focused on country experience and application of WHO technical guidance in managing risks within health facilities. Dr Stella Chungong, Director of the Health Security Preparedness (HSP) department, opened the meeting, highlighting the value of collective experiences and learning from good practices to advance whole-of-society action toward stronger hospital preparedness to manage COVID-19 risks.

Presenters shared best-practices from different contexts for maintaining safe hospital services during the pandemic. Dr Wang-Jun Lee from Myongji Hospital in the Republic of Korea shared the experience of a 'dual-track' healthcare system where medical resources were appropriately allocated for COVID-19 and non-COVID-19 patients, thus maintaining core hospital functions.

Dr Helen Kiarie from Ministry of Health, Kenya presented findings from a survey of 132 health facilities. She highlighted the need for health systems to maintain real-time data to monitor the continuity of essential health services, inclusive of the inventory of supplies, and supporting operational adaptations including telemedicine and prioritization of high-risk patients.

Dr Iftikher Mahmood from Hope Foundation highlighted how Hope hospital repurposed existing resources in a complex emergency situation to manage COVID-19 cases in Cox's Bazar, Bangladesh. This included the usage of WHO's Rapid Readiness Checklist for Hospitals to scale-up COVID-19 readiness and maintain safe essential health services.

The COVID-19 [hospital webinar series](#) will continue to convene hospital managers together to share best practices from across regions. The next meeting in this webinar series will be on "Hospitals and national strategic plans for emergencies and disasters from all hazards" and will take place on 25 February 2021.

COVID-19 Partners Platform

Countries progress towards vaccine allocation with completion of Standard Reporting Forms (SRFs)

Last week countries completed the first round of uploading National Deployment and Vaccination Plans (NDVPs) to the [Partners Platform](#). Of the 87 Advanced Market Commitment (AMC) countries opting-in for February allocation through the COVAX facility, 86 countries have uploaded an NDVP to the Partners Platform. One additional country is set to submit the NDVP by end of February. Fifteen self-financing countries have also submitted an NDVP to the Partners Platform.

All downloaded plans have now been validated by a Vaccine Country Administrator for the Government reviewed by the Regional Review Committee (RRC). The plan assessments, called the Standard Review Form (SRF) have now been completed by the Vaccine Regional Administrators (VRAs) for all 86 uploaded NDVPs and uploaded to the Platform.

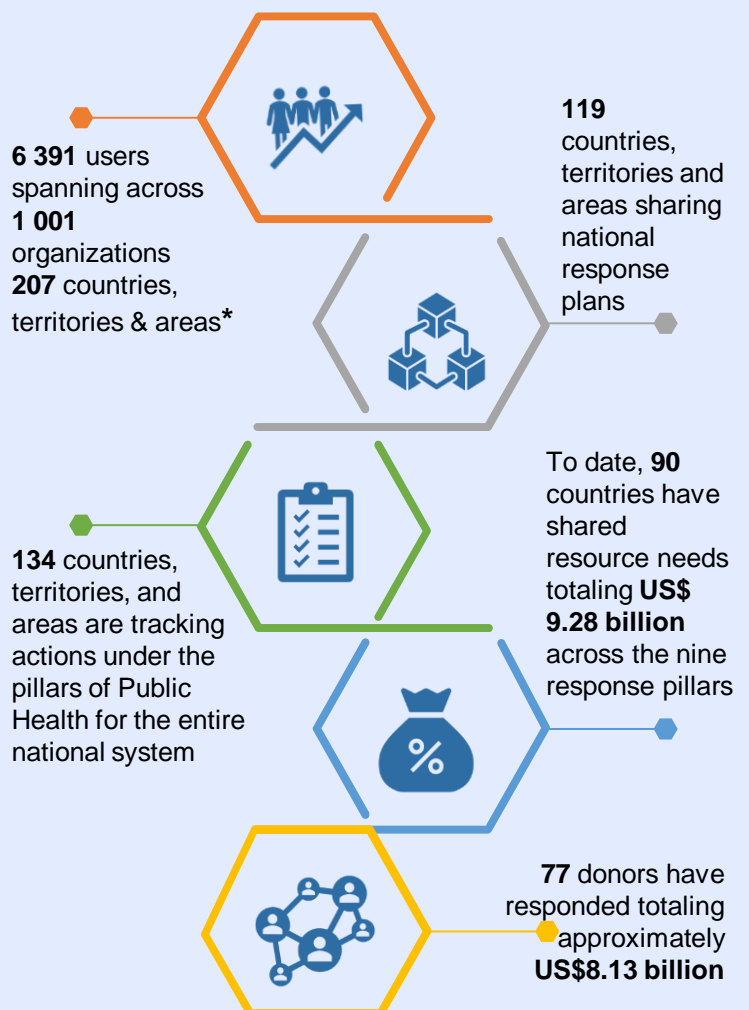
Once a country's SRF is uploaded and the NDVP does not require any further modification, the country moves forward to the vaccine allocation process.

During the allocation process vaccine partners confirm regulatory approval and import procedures (UNICEF/AMRO), handle indemnification and liability agreements (COVAX Facility), and verify revisions (Country Readiness and Delivery). Once allocation procedures have concluded, allocated doses may be shipped to country.

The Partners Platform serves as a global repository for NDVPs and is a secure digital space to facilitate and expedite review of these plans in record time. Through the combination of science, solidarity and ceaseless collaboration, countries in the first wave can anticipate shipments beginning end of March, advancing equitable distribution and access.

While AMC countries are obligated to complete an NDVP for vaccine allocation, vaccine self-financing countries are also encouraged to upload an NDVP to the Partners Platform. All countries, including self-financed, will receive WHO guidance for completion of the plan, as needed.

2020 Strategic Preparedness and Response Plan (SPRP)



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

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 19 February 2021.

| Shipped items as of 19 February 2021 | Laboratory supplies* | | | Personal protective equipment | | | | | |
|--------------------------------------|----------------------|------------------|------------------------|-------------------------------|-------------------|------------------|------------------|--------------------|-------------------|
| | Region | Antigen RDTs | Sample collection kits | PCR tests | Face shields | Gloves | Goggles | Gowns | Medical Masks |
| Africa (AFR) | 700 800 | 3 548 265 | 1 825 642 | 1 423 210 | 10 154 300 | 208 050 | 1 717 279 | 53 429 400 | 2 700 630 |
| Americas (AMR) | 6 520 050 | 1 020 412 | 10 518 478 | 3 333 200 | 4 752 000 | 322 940 | 1 613 020 | 55 136 330 | 7 669 760 |
| Eastern Mediterranean (EMR) | 934 050 | 1 249 320 | 1 439 590 | 954 985 | 7 613 000 | 206 480 | 839 322 | 27 317 550 | 1 502 095 |
| Europe (EUR) | 248 000 | 409 300 | 540 770 | 1 750 900 | 8 935 100 | 409 900 | 1 757 548 | 40 911 500 | 5 423 350 |
| South East Asia (SEAR) | 320 000 | 2 352 150 | 2 240 200 | 371 836 | 2 125 500 | 86 510 | 555 300 | 6 940 500 | 604 495 |
| Western Pacific (WPR) | | 175 800 | 346 834 | 768 700 | 3 021 000 | 311 927 | 463 710 | 14 974 146 | 2 102 035 |
| TOTAL | 8 722 900 | 8 755 247 | 16 911 514 | 8 602 831 | 36 600 900 | 1 545 807 | 6 946 179 | 198 709 426 | 20 002 365 |

*Note: The laboratory supplies data is as of 13 February 2021

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

Appeals

On Thursday, 18 Feb 2021 WHO launched the Strategic Preparedness and Response Plan (SPRP) 2021 and seeks to raise \$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.

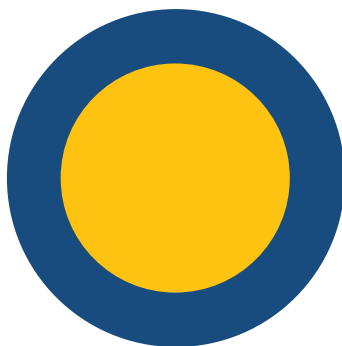
WHO’s SPRP 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response, health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the \$1.96 billion appealed for, \$1.2 billion 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. \$ 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. 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

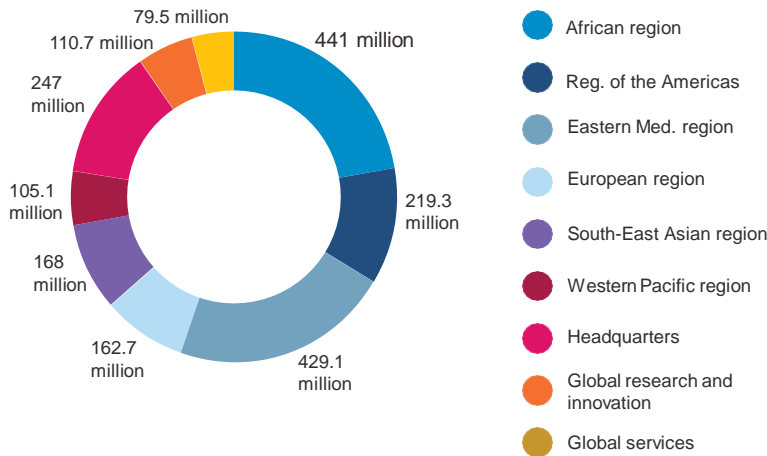
The status of funding raised for WHO against the SPRP can be found [here](#)



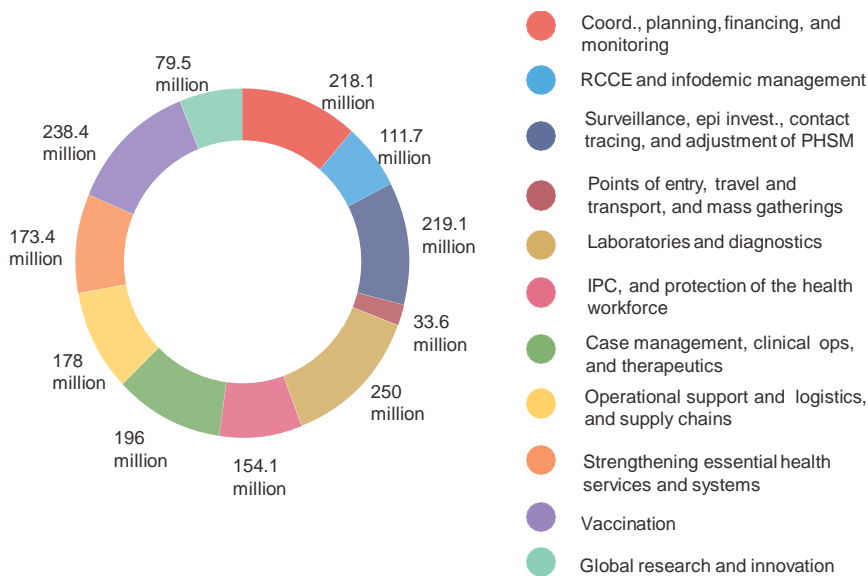
Appeals

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

To date, the COVID-19 [Solidarity Response Fund](#) has more than \$242 million raised or committed from more than 660,000 individual donors, corporations, and foundations.

Last week, COVID-19 Solidarity Response Fund resources were allocated to provide support in *Engaging Government Lawyers and Judicial Officers on Fundamental Rights in the context of COVID-19*.

Public health interventions to control COVID-19 have had profound implications for vulnerable groups and as the pandemic continues, several interventions are increasingly being challenged before the courts on grounds that they violate fundamental rights. Litigation has addressed a wide range of important issues from the right to education in the context of school closures to human rights associated with vaccination campaigns.

The global project, supported by the COVID-19 Solidarity Response Fund will engage government lawyers, judges and more to better protect and balance health with fundamental rights in the context of COVID-19. The project, scheduled to initiate in March, will provide a platform for the sharing of country experiences from all WHO Regions, the dissemination of existing WHO guidance through online training workshops accessible to all Member States and the publication of a database of relevant litigation.

The project is premised on the idea that successful collective action is dependent on the effective balancing of a government's right to protect health through public health interventions against the rights of those affected by such interventions.

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](#).

More than US\$ 242 Million



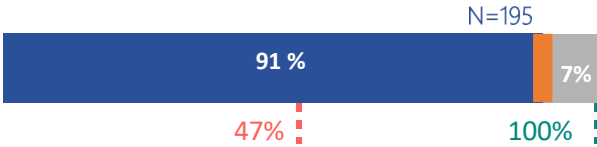
660 000 donors

[individuals – companies – philanthropies]

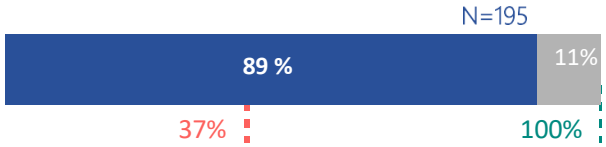


COVID-19 Global Preparedness and Response Summary Indicators ^a

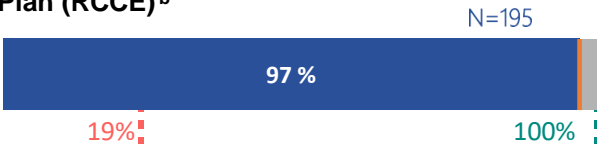
Countries have a COVID-19 preparedness and response plan



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



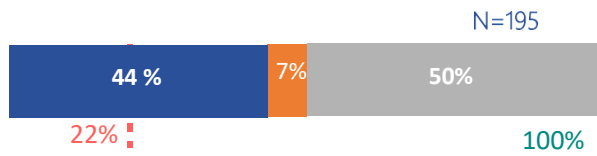
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



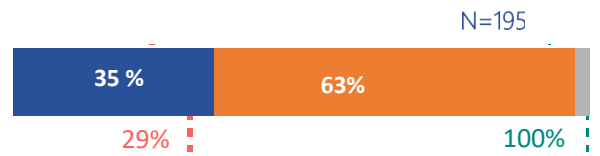
Countries that have defined essential health services to be maintained during the pandemic



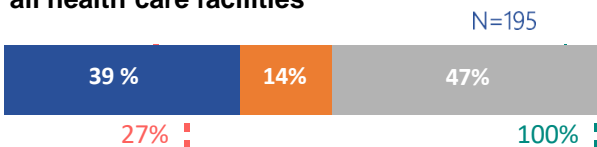
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



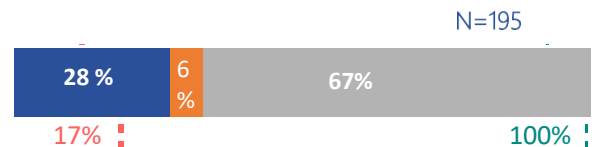
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



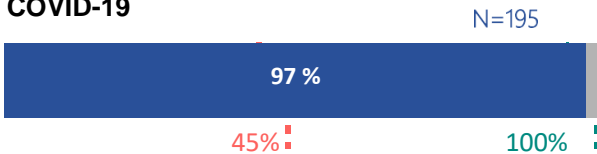
Countries with a national IPC programme & WASH standards within all health care facilities



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

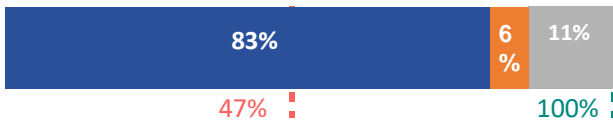


COVID-19 Global Preparedness and Response Summary Indicators

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](#).

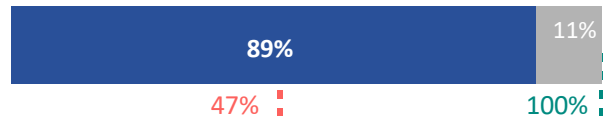
Priority countries with multisectoral mental health & psychosocial support working group

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



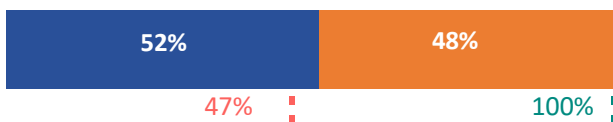
Priority countries with a contact tracing focal point

N=64



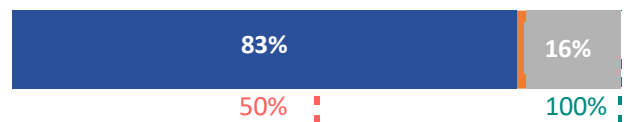
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

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

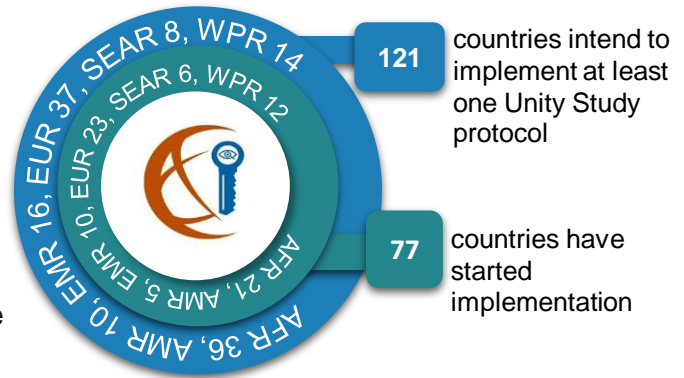


The Unity Studies: WHO Early Investigations Protocols

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.

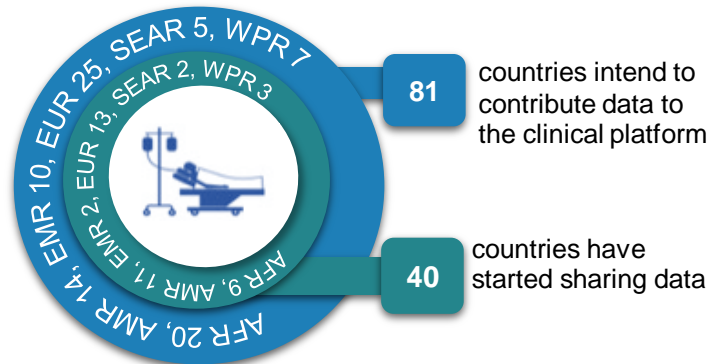
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



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.

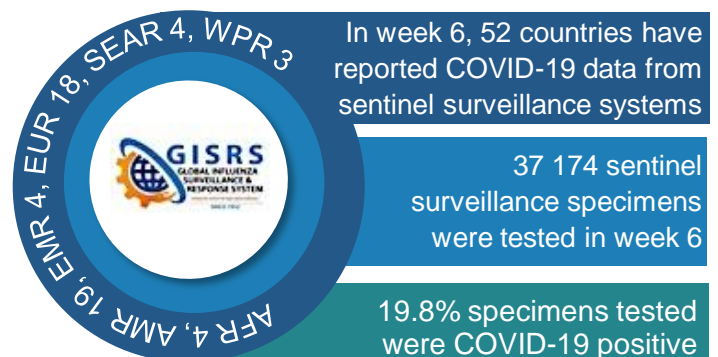
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



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 COVID-19





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 latest **Weekly Epidemiological Update**, click [here](#). Highlights this week include:
 - Overviews of global and regional epidemiological situation
 - Special focus sections on:
 - The Global Influenza Surveillance and Response System (GISRS)
 - SARS-CoV-2 variants of concern
 - Updates on publications and other news
- ❑ 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](#)