Weekly Operational Update on COVID-19

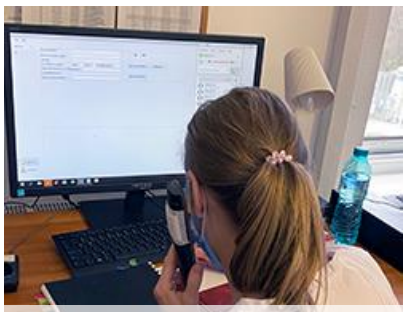
26 January 2021

Confirmed cases[a]
98 925 221

Confirmed deaths
2 127 294

Scaling up telemedicine services in Romania

WHO is working with Romania's Ministry of Health and health professionals in the country to make telephone consultations more widely available. The aim is to institutionalize telemedicine in Romania and make the service easily accessible to patients during and after the pandemic.



WHO/Alopedi's phone triage service

WHO supported a proposal by the Ministry's Pediatric Commission to update national health legislation to include phone triage, thereby helping to strengthen health services in the wake of COVID-19. Thirty-eight pediatricians work around the clock on the phone triage service for children, and patients can then access the health system at the appropriate level, increasing efficiency and avoiding delays.

WHO Representative to Romania Dr Miljana Grbic called this service "a wonderful example of how we can improve health services and build back better following the COVID-19 pandemic".

Over 65 000 calls have been made to Alopedi, which was set up by a team of senior pediatric physicians led by Dr Călin Lazăr and Dr Daniela Dreghiciu of Cluj-Napoca Clinical Emergency Hospital for Children. It has proven to be a sought-after and valuable service both before and during the COVID-19 pandemic.

For more information, click here.

Key Figures

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

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

19 864 765 respirators shipped globally

195 296 980 medical masks shipped globally

8 539 031 face shields shipped globally

6 501 579 gowns shipped globally

30 523 121 gloves shipped globally

More than **2.5 million** people registered on OpenWHO and able to access **153** COVID-19 online training courses across **xx** topics in **43** languages

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

**Last week GOARN deployment number was a a combination of completed and on-going*

From the field:

WHO Afghanistan continues to strengthen COVID-19 testing capacity across the country

COVID-19 has severely challenged Afghanistan's already fragile health system.
However, preparations for vaccine rollout have signaled renewed hope in the country's fight against the pandemic.

While vaccine roll-out planning is underway, Afghanistan is also prioritizing surveillance activities by increasing its in-country lab testing capacity to continue to identify cases and contain the spread of the outbreak.

Credit: WHO/Afghanistan Ahmadullah Amarkhil

WHO Afghanistan Country Office is ensuring that investment in enhancing COVID-19 testing capacity remains a top priority since the gradual and phased vaccine rollout will not immediately stop the transmission of COVID-19 across the country.

The Ministry of Public Health, in coordination with WHO, established and expanded their testing network to 18 public laboratories. Collectively, they can perform 6,500 tests per round, and up to 19,500 tests per 24 hours as needed. Four more laboratories are expected to be operational by the end of January 2021, with plans to ensure that by June 2021, each province has at least one COVID-19 testing facility.

WHO is supporting the Ministry of Public Health by procuring essential laboratory supplies and equipment required for COVID-19 testing. A batch of laboratory supplies and equipment valued at approximately US$ 730,000 was recently dispatched to 12 provinces – bringing WHO's total procurement value of key laboratory supplies to the Ministry of Public Health to approximately US$ 3,380,000. Further supplies with an estimated value of US$ 9,240,000 are in the pipeline.

This investment will have a long-term payoff as the newly established laboratories will play a crucial role in improving the availability of and access to essential health services beyond the COVID-19 pandemic.

WHO thanks the Asian Development Bank, ECHO and the World Bank for their generous financial support, enabling an effective COVID-19 response.

From the field:

Infection Prevention Control Capacity Assessment in Armenia

From December 2020 to January 2021, the WHO Armenia Country Office along with the South Caucasus Hub of the World Health Emergencies Programme supported Armenia in a national assessment of Infection Prevention and Control (IPC).

The aim was to better understand the IPC standards within facilities relating to COVID-19 and to standard infection control procedures.

Areas assessed included structural IPC systems within facilities, staff education, COVID-19 patient pathways and surveillance.

The WHO standard IPC assessment and COVID-19 facility assessment frameworks were both utilized during these visits.

Nork Infectious Diseases Hospital, 9th December 2020. Photo Credit: Lusine Ghukasyan

With the support of additional experts, a round table assessment of national IPC guidelines also took place from 14 to 15 January to provide a better understanding of the current available guidelines and their implementation. This assessment brought together members from key institutions involved in IPC programs in Armenia including the Ministry of Health, educational institutions, and the National Center for Disease Control.

The results of these assessments will be combined to create a National Action Plan for Infection Prevention Control. This plan will aim to further improve the quality of IPC measures across health facilities and ensure that improvements in IPC programing continue within the context of COVID-19.

The joint efforts of national partners and WHO Europe within these assessments have strengthened the relationships of WHO within Armenia and strengthened information sharing.

Partnerships

The Global Health Cluster - GHC

The Global Health Cluster (GHC) released the **Health Cluster 2020 Annual Report**, which featured the experiences from countries and partners in upholding the tenuous balance between rapidly responding to the COVID-19 pandemic, maintaining essential health care services and responding to new crises.
The annual report can be accessed here.

The GHC COVID-19 Task Team released three new products for responding to COVID-19 in humanitarian settings:

- Key questions to ask when facing ethical dilemmas;
- Guidance on prioritization of essential health services;
- Health workforce estimator tool.

Medicines and Health Products

- The WHO-led COVID-19 Technology Access Pool (C-TAP) aims to promote and facilitate sharing of COVID-19 health technology related knowledge, intellectual property and data. The C-TAP is operating as a hub involving WHO Secretariat and other partners such as the Medicines Patent Pool and the Technology Access Partnership. On 14 January, a consultation with the private sector was held to introduce the C-TAP concept, rationale and objectives and to discuss engagement in C-TAP of research institutions as well as producers of novel technologies for speeding up the development of COVID-19 related technologies and scaling up production to ensure global and equitable access to COVID-19 pandemic vaccines, therapeutics, in-vitro diagnostics and medical devices.

- 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. To this end, WHO has advised that the COVAX Facility should only consider products which have been listed by WHO Emergency Use Listing (EUL) or Prequalification. Under exceptional circumstances, products approved by specified Stringent Regulatory Authority can be accepted.

- The WHO Prequalification teams have assessed (based on available sequence information) the potential impact of the SARS-CoV-2 VOC 202012/01 (B1.1.7.) variant, the variant currently most prevalent in the United Kingdom of Great Britain and Northern Ireland. The assessment included associated S gene mutations and deletions on the performance of the 23 molecular tests that WHO has listed for emergency use. The risk of a false negative result is assessed as low. More information about the virus variants is available here.

- The Pfizer/BioNTech Comimaty COVID-19 mRNA vaccine has received emergency validation from WHO, and was placed on the EUL. As a result, countries can now expedite their national regulatory approval processes to import and administer the vaccine. In addition, other UN organisations, including UNICEF and the Pan-American Health Organisation, are 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.

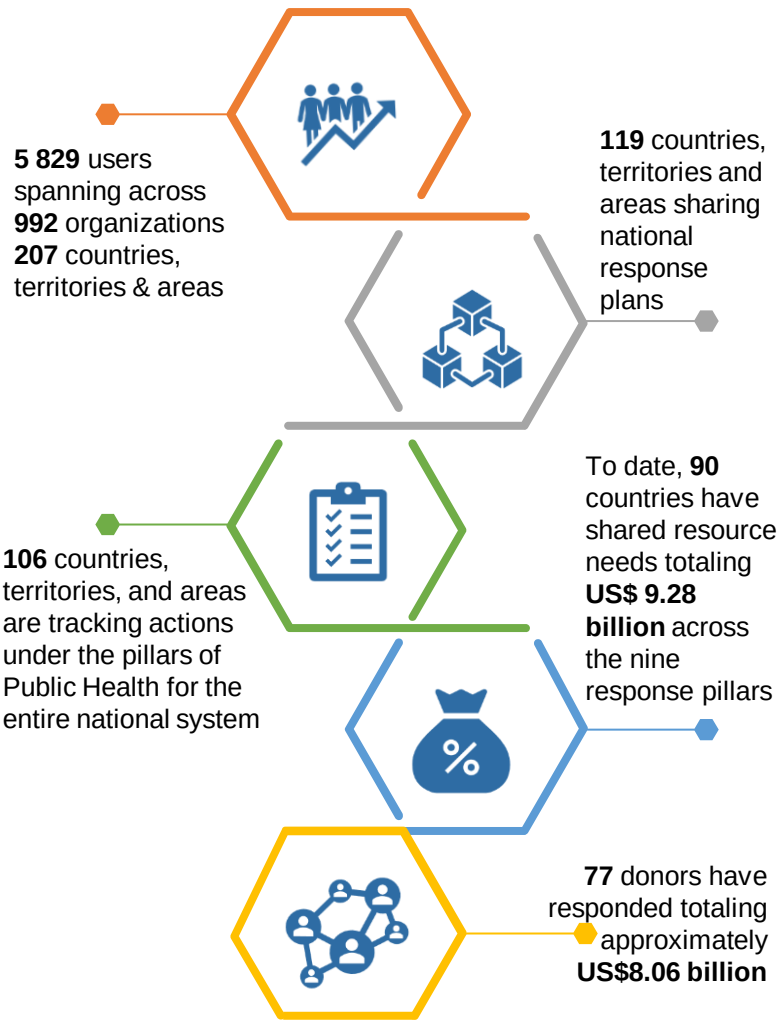
COVID-19 Partners platform

Vaccination Deployment Readiness map on the Partners Platform

The Country Readiness and Delivery COVID-19 vaccine introduction is launching on the Partners Platform this week. In addition to support for National Development and Vaccination Plan (NDVP) and Standard Review Form (SRF) completion, countries will be able to utilize another useful feature to come to this space - a new visual dashboard dedicated to vaccine technical assistance and resource mapping.

This dashboard will allow for real-time gap identification and streamlined coordination between donors, implementing partners and other stakeholders, meeting countries' greatest needs in a timely manner. The Partners Platform provides an interactive map of the end-to-end process that countries using the COVAX facility will follow for vaccine deployment.

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 19 January 2021

Shipped items as of 19 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)	550 800	3 325 965	1 783 046	1 423 210	8 305 521	178 130	1 642 179	53 425 950	2 648 630
Americas (AMR)	6 030 050	1 019 862	10 515 548	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	840 300	1 134 960	1 381 970	914 985	5 613 000	174 480	799 322	26 317 550	1 502 095
Europe (EUR)	248 000	400 750	539 870	1 728 300	8 013 100	399 820	1 464 548	39 345 500	5 354 750
South East Asia (SEAR)	200 000	2 479 050	2 240 200	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		175 800	347 984	767 500	1 770 000	311 767	427 210	14 130 150	2 085 035
TOTAL	**7 869 150**	**8 536 387**	**16 808 618**	**8 539 031**	**30 523 121**	**1 473 647**	**6 501 579**	**195 296 980**	**19 864 765**

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated

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

Appeals

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.*

As of 20 January 2021

Global Strategic Preparedness & Response Plan (SPRP)

US$ 1.5 billion raised

US$ 1.7 billion requested

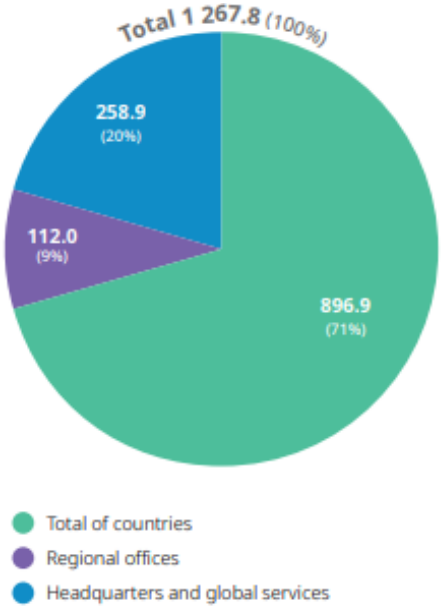
US$ 1.5 billion raised by WHO during 2020
US$ 1.3 billion projected utilization for 2020 SPRP

US$ 240 million raised by the COVID-19 Solidarity Response Fund

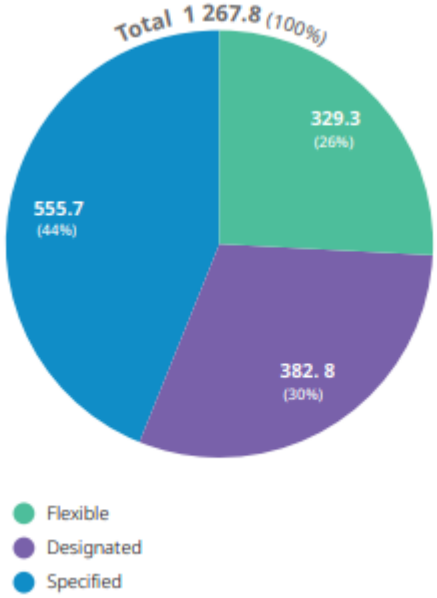
US$1 billion on country support and regional coordination

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

Utilization* by type of funds by level of organization (US$ million)



Utilization* by type of funding by level of earmarking (US$ million)



*Based on interim 2020 year-end figures and estimated 2021 Q1 transition period implementation

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

The COVID-19 Solidarity Response Fund remains the foremost way for companies, organisations and individuals to contribute to the essential work of WHO and its partners to help countries prevent, detect and respond to the global pandemic.

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

By 20 January 2021, more than 657,000 leading companies, foundations and individuals from more than 190 countries had committed more than US$ 240 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the lifesaving work of WHO and its partners.

Last week, COVID-19 Solidarity Response Fund resources have been allocated in support of the following projects:

- ***Building and strengthening public health intelligence capacity in Member States through Epidemic Intelligence from Open Sources (EIOS) adoption and automated threat detection***

The creation of the Epidemic Intelligence from Open Sources (EIOS) data platform in 2017 serves the purpose enabling multiple communities of users to collaboratively assess and share information about outbreak events in real time.

Funding from the Solidarity Response Fund will support the strengthening of actionable intelligence through EIOS for WHO, Member States and collaborating organisations focusing on two key areas of work:

- EIOS expansion: strengthening public health intelligence capacity in and support to Member States
- Automated anomaly detection: automated identification of unusual or unexpected events and threats

- ***Oxygen scale up project: bringing oxygen therapy to patients in need***

Oxygen therapy is necessary for safe surgeries and effective management of many medical conditions, including for maternal and child care. Prior to COVID-19 pandemic, the lack of accessibility to oxygen therapy in Low-and Middle-Income Countries (LMICs) resulted each year in over 800,000 preventable deaths of children under five who succumbed to pneumonia.

With COVID-19 pandemic, the gaps were accentuated. Delivery of high flow oxygen to patients with severe and critical COVID-19 increased demand of oxygen and caused further strain on many health systems. The COVID-19 response strategy and clinical management guidelines emphasize the critical importance of ensuring that severe or critical COVID-19 patients have access to life-saving oxygen therapy and/or ventilator support.

To address this gap, the Oxygen scale up project originated during the COVID-19 response, as part of the Biomedical consortium. Support from the Solidarity Response Fund will contribute to ensuring that oxygen can be reliably provided to any patient that requires access due to COVID-19 and other pathologies. To date, the project is supporting a total of 15 countries.

WHO Funding Mechanisms - COVID-19 Solidarity Response Fund

WHO continues using chatbot to tackle COVID-19 misinformation

In an effort to better inform the world about CODIV-19 and combat misinformation, a group of WHO staff spanning five different departments came together to develop WHO's first-ever COVID-19 chatbot in February 2020. The intention was to create a channel which could provide up-to-date advice and guidance directly to the public and support the Strategic Preparedness and Response Plan (SPRP). The WHO chatbot helps people quickly access key information on COVID-19, as well as recommend ways to protect their health based on WHO guidance.
Through initial pro bono support offered by tech companies for the COVID-19 response, the team was able to leverage support from Facebook, Whatsapp and Praekelt to create the chatbot. Within a week of launching the WHO chatbot, there were 10.1 million users.

In order to improve user experience, WHO will carry out a formal assessment of the chatbot initiative with support from the COVID-19 Solidarity Response Fund. Funding from the COVID-19 Solidarity Response Fund will also provide further support to improve the chatbot experience for end users. Developers will, improve the service design based on assessment results and increase marketing and promotion of the chatbot feature. WHO will also add additional languages to improve its global reach

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.

4 805 058
Course enrollments

43 languages

Over 2.5 million certificates

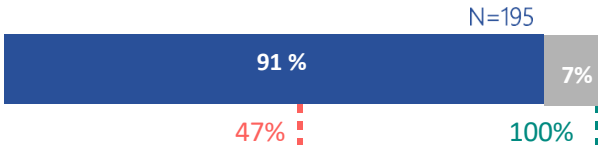
153 COVID-19 courses

World Health Organization

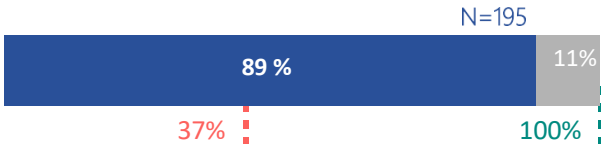
HEALTH EMERGENCIES programme

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

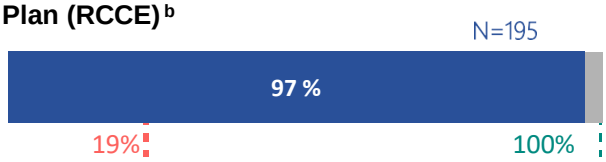
Countries have a COVID-19 preparedness and response plan



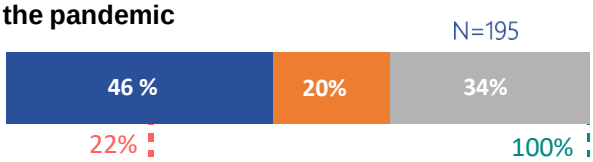
Countries have a clinical referral system in place to care for COVID-19 cases



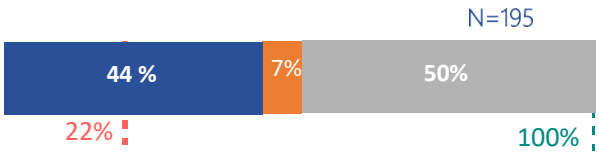
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]



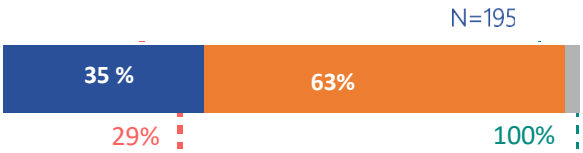
Countries that have defined essential health services to be maintained during the pandemic



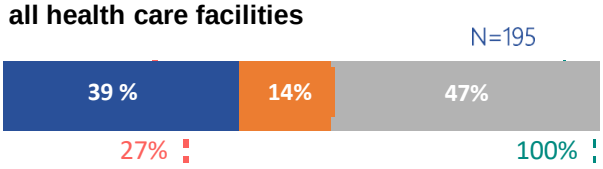
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



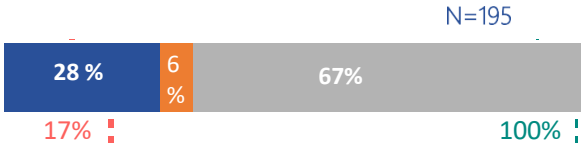
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



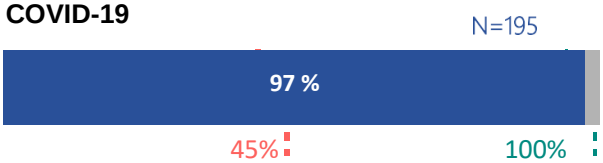
Countries with a national IPC programme & WASH standards within all health care facilities



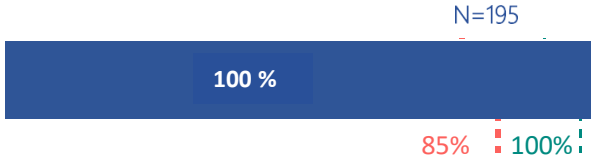
Countries have a health occupational safety plan for health care workers



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



Countries have COVID-19 laboratory testing capacity



Legend

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

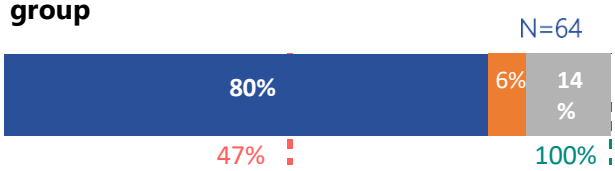
Notes:

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

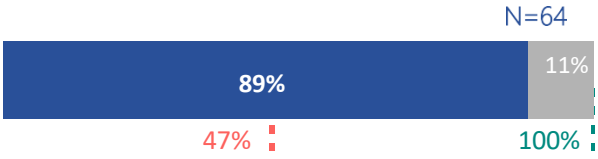
COVID-19 Global Preparedness and Response Summary Indicators

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

Priority countries with multisectoral mental health & psychosocial support working group

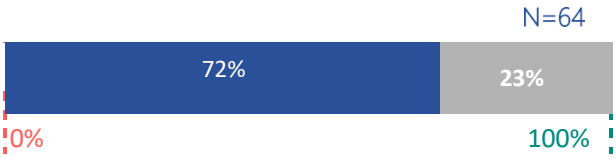


Priority countries with an active & implemented RCCE coordination mechanism

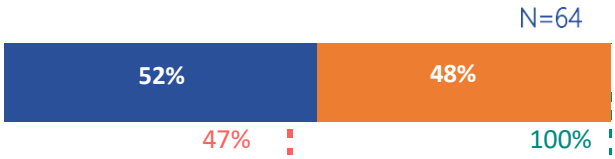


Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

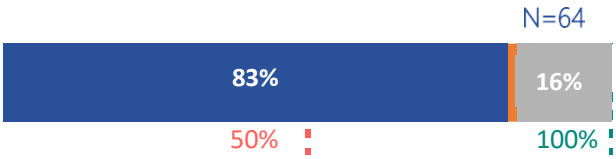
Priority countries with a contact tracing focal point

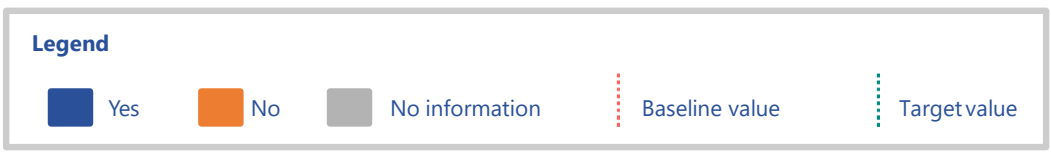


Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



Priority countries with an IPC focal point for training





Notes:

c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

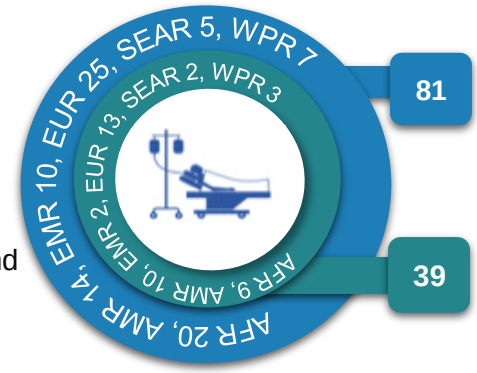
Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.
It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

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

Global COVID-19 Clinical Data Platform

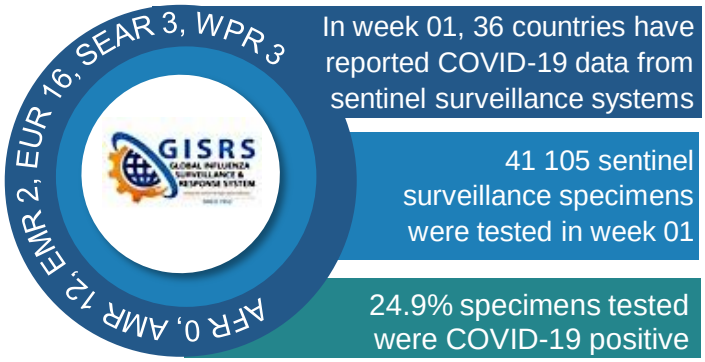
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of 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 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 to better reflect the current situation as well as align it to the latest WHO guidance. The updated exercises include:
  - Generic table top exercise
  - Health Facility & IPC table top exercise
  - A Point of Entry (POE) table top exercise
  - Target population, supply chain and community engagement & communications table top exercise
  - The regulatory and safety issues table top exercise

  All COVID-19 simulation exercises can be found here