

Weekly Operational Update on COVID-19

16 August 2021

Issue No. 68



As of 15 August 2021

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases

206 693 357

Confirmed deaths

4 352 488

WHO supports 1.6 million antigen-detecting rapid diagnostic tests to strengthen COVID-19 diagnostic in Indonesia

The ability to detect SARS-CoV-2 infection early is crucial to curb its chain of transmission. Nucleic acid amplification tests (NAATs) have been used to confirm suspected COVID-19 cases. However, during the surge of the cases, the high workload for laboratories is affecting the ability to diagnose cases rapidly. Antigen-detecting rapid diagnostic tests (Ag-RDTs) could significantly enable quick isolation of cases and timely start of contact tracing to curb COVID-19 transmission in a community.

The Ministry of Health released a ministerial decree on 23 June 2021 to augment and speed up the country's capacity to detect the SARS-CoV-2 by implementing antigen-detecting rapid diagnostic tests (Ag-RDTs). "High-quality rapid tests show us where the virus is hiding, which is key to quickly tracing and isolating contacts and breaking the chains of transmission", said Dr N. Paranietharan, WHO Representative to Indonesia "The tests are a critical tool for governments as they look to reopen economies and ultimately save both lives and livelihoods", he emphasized.

WHO facilitated the procurement of 1.6 million Ag-RDTs, which arrived in Jakarta on 7 August and will support the government's effort to control the pandemic by increasing the testing, tracking, and treatment capacity.

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

Key Figures



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



More than **5.6 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



19 878 496 PCR tests shipped globally



203 476 426 medical masks shipped globally



82 605 700 gloves shipped globally



9 142 751 face shields shipped globally



191 GOARN deployments conducted to support COVID-19 pandemic response



4 452 111 864 COVID-19 vaccine doses administered globally as of 16 August

^a COVAX has shipped over **203 million** vaccines to **138 participants** as of 16 August

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

WHO supports the roll-out of Go.Data contact tracing tool in Ukraine: 01 – 06 August 2021

Last week, at the request of Ukrainian national authorities, a WHO mission to Ukraine took place from 01 – 06 August 2021 to undertake a review and support a scale-up strategy for the use of the WHO's Go.Data platform in Ukraine's day-to-day management of the COVID-19 pandemic.

In early June this year, Ukraine's Ministry of Health (MOH) and WHO launched a pilot approach for contact tracing using [Go.Data](#) implemented in Chernivtsi Oblast, Ukraine. The pilot project, funded by the European Union (DG NEAR project), procured 100 smartphones and 2 desktop servers, which were distributed to 99 epidemiologists, virologists and laboratory technicians that were trained by WHO on contact tracing and the use of the Go.Data smart application.

The pilot phase has so far been used to iron out the challenges contact tracers face while using Go.Data. Remaining challenges include that cases

tend to only provide phone numbers for their household contacts; some contacts hesitate to provide accurate employment information as they might be unofficially employed, and some cases are not willing to provide any contact information at all.

To tackle these challenges, during a field visit to the Chernivtsi Oblast, the Center for Disease Control and Prevention (OCDP) has started working with religious leaders to convey messages on contact tracing during church gatherings and through local media outlets. The oblast underlined that the fact that an average of 2 contacts are traced for each case is far from the minimum target of at least 5 contacts per case, in order to slow COVID-19 transmission.

National authorities, with WHO support, are now considering the possible national scale-up of this initiative and national roll-out of the Go.Data WHO platform for COVID-19 other public health events. A video further highlighting the roll out of Go.Data in Ukraine and produced by the country office is also available [here](#).



*Mission to Western Ukraine to visit the Chernivtsi Center for Disease Control and Prevention, where WHO supported the launch of pilot initiative on contact tracing.
Credit: WHO Ukraine Country Office*

From the field:

108 000 doses of COVID-19 vaccines donated by France arrive in Somalia



©WHO Country office Somalia

On 9 August 108 000 doses of the Oxford/AstraZeneca COVID-19 vaccine donated by France through the COVAX Facility arrived in Somalia.

Since the outbreak began Somalia has reported a total of 15 735 laboratory-confirmed cases of COVID-19, including 837 deaths. Owing to low vaccination coverage in the country where less than 1.8% of the population are fully vaccinated, it faces the dual challenge of improving the uptake among its general population, as well as ensuring an equitable and predictable supply of COVID-19 vaccines to support an effective rollout of mass vaccination.

“

“The arrival of this new batch of COVID-19 vaccines comes at a critical time, as cases in Somalia are on the rise,” said Dr Fawziya Abikar Nur, Somalia’s Federal Minister of Health and Human Services.

”

Somalia will continue to prioritize frontline health and other essential workers, the elderly, and people with chronic health conditions in this next phase of the roll out. An estimated 186 094 people in Somalia have received their first dose and 92 792 have received their second.

WHO and UNICEF will continue to support the Ministry of Health to ensure safe and equitable distribution of the vaccines through the management of cold chain systems and training of vaccinators and the monitoring of vaccine utilization. Efforts will continue to promote safety and uptake of the COVID-19 vaccine.

“If we can end the pandemic in Somalia, we can end it everywhere. The country’s fragile health system, high number of its population, especially high-risk people, still to be vaccinated can make the virus more transmissible and we risk emergence of a new variant of the virus if we cannot roll out the vaccination programme with speed and scale” said Dr Mamunur Rahman Malik, WHO Representative to Somalia.

For further information on the vaccination scale-up and response efforts, click [here](#)

From the field:

Community health at the center of COVID-19 vaccination in indigenous communities in Paraguay

To encourage vaccination and promote other measures PAHO and the UN in Paraguay have launched a communication campaign in coordination with the National Directorate for the Health of Indigenous Peoples (DINASAPI) of the Ministry of Health and validated by the National Council for the Health of Indigenous Peoples (CONASAPI). The campaign messages considered the cosmovision of indigenous peoples and community centered health.

“The COVID-19 vaccine protects the life of your family and your community. Get vaccinated.” “COVID-19 vaccine protects life. Get vaccinated.” “COVID-19 vaccine protects against severe forms of the disease. It is important to get vaccinated.” These are some of the messages available in different languages spoken in Paraguay (Guarani, Guarani ñandeva, Nivacle, Enlhet, Maka, Ache, Yshir Ybytoso, Ayoreo, Sanapaná, Qom) where the indigenous population is about 120 000 people (2% of the population). They belong to 19 peoples and live in 13 departments of the Eastern Region, Chaco and Asunción. ”



To prevent infection the Federation for the Self-Determination of Indigenous Peoples and other organizations as well as indigenous leaders and representatives have promoted implementation measures such as hand washing, use of masks and physical distancing.

Paraguay began vaccinating people over 60 years old, including indigenous people, against COVID-19 in April of this year, after vaccinating health workers. Since July vaccination efforts were intensified for all indigenous populations to ensure inclusion of youth, young adults and pregnant people.

Since the beginning of the pandemic, PAHO has supported Paraguay's vaccination centers and the modernization of the cold chain, which also benefits indigenous communities.

PAHO is providing support to vaccination of indigenous populations in the Chaco region, including logistics, transportation, equipment and messages to raise awareness and encourage communities to get vaccinated. These communities are located far from urban areas and health services and mobile vaccination brigades were formed to reach villages. The teams are accompanied by community health promoters and community leaders with the objective to leave no one behind in a life-saving vaccination campaign.

For further information, click [here](#)



Pandemic learning response

Online learning opportunities to support hospital infection prevention and control committees in Azerbaijan

The COVID-19 pandemic has increased the importance of online training tools to disseminate knowledge and skills. In July 2021, as part of the EU-funded Solidarity for Health Initiative project, the Azerbaijan WHO Country Office launched the first course in [Azerbaijani](#) on the OpenWHO platform – *Leadership and programme management in Infection Prevention and Control (IPC)* – to support hospital IPC committees. The course will support IPC in health facilities by providing committee members with necessary knowledge and skills on project management, quality improvement strategies, as well as multimodal strategies to support behaviour change and influence stakeholders.



Participants in IPC committee training in Azerbaijan. ©WHO Country office Azerbaijan

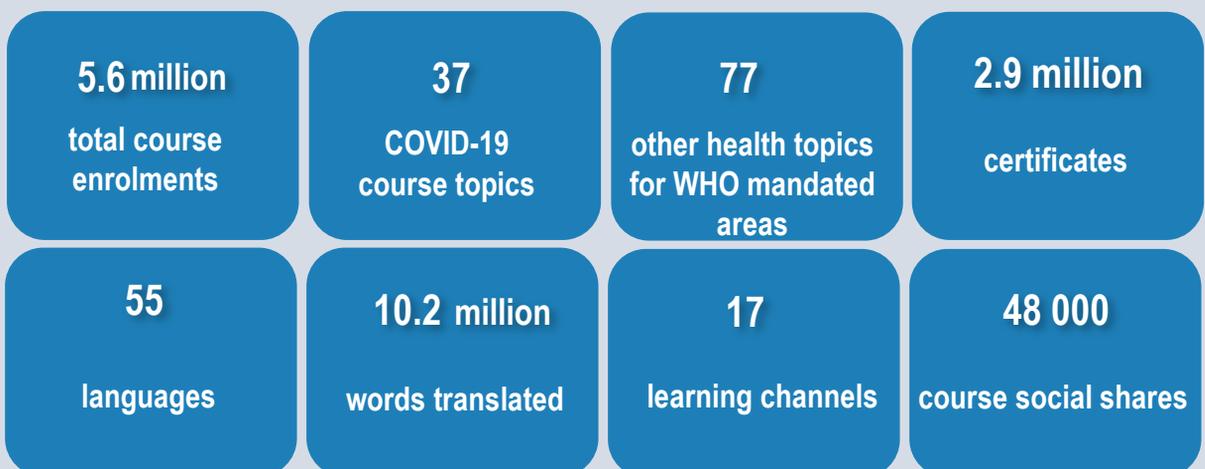
WHO will partner with the Ministry of Health and Administration of Regional Medical Divisions (TABIB) to disseminate the course to all hospital IPC committees and focal points across the country to ensure broad reach and sustainability.

“Improving IPC measures within health facilities will not only be instrumental in reducing the spread COVID-19 and infectious diseases but shall have an impact on reduction of antimicrobial resistance and hospital-acquired infections.” said Dr Hande Harmanci, WHO Representative to Azerbaijan, highlighting the importance of IPC capacity-building support to the country.

This online course builds on the recent face-to-face training conducted by IPC experts from WHO's South Caucasus Hub for 56 hospital IPC committee members from 29 main hospitals in Azerbaijan. The training focused on organizing the work of the committees utilizing WHO's core components for IPC, including on conducting monitoring and evaluation independently and in a sustainable manner. The committees were also equipped with all necessary tools to build hand hygiene improvement strategies, which proved to improve patient outcomes.

As of 10 August 2021

OpenWHO Overall COVID-19 User Figures



Partnerships

The Global Outbreak Alert and Response Network - GOARN



GOARN partners continue to support Member States and institutions in COVID-19 response activities. As of August 10, 2021, GOARN has supported COVID-19 response activities through 191 expert deployments supported by 48 institutions. Experts have been deployed to 35 countries and territories with roles including epidemiology and surveillance, laboratory, and data management.

Currently, 13 experts from GOARN partner institutions are deployed or in process of being deployed, supporting 8 countries in the 5 functional areas of epidemiology and surveillance, laboratory, data management, case management and anthropology. In 2021, a total of 52 deployments have taken place.

In addition to providing on-site and remote support to COVID-19 response activities in countries, GOARN partners are also supporting a range of other activities:

- **Global Go.Data rollout and implementation:** WHO and GOARN continue to support Go.Data projects in 60 countries / territories, and providing technical assistance to local responders for epidemiology, analytics, interoperability and technology.
- **RCCE and collective service:** GOARN is supporting a collaborative action via partnership in the new [RCCE Collective Service](#).
- **Information sharing and partner coordination:** GOARN Operational Support team continues to host weekly operational coordination calls with GOARN Steering Committee members and operational partners for information exchange on COVID-19 activities and operations. Information is also shared via the [GOARN Knowledge platform](#).

COVID-19 Partners Platform



Partners Platform in action: tracking vaccine deployment and last-mile delivery in humanitarian settings

As Inter-Agency Standing Committee (IASC) designated Cluster Lead Agency, the World Health Organization (WHO) hosts the [Global Health Cluster \(GHC\)](#) within the WHO Health Emergencies Programme (WHE). Global Health Cluster agencies work collectively, in support of national authorities to minimize the impacts of humanitarian and public health emergencies and are currently activated in 31 settings. To support identifying the challenges and barriers to vaccine deployment and last-mile delivery to populations of concern, the health clusters are making use of the Partners Platform's transparent sharing of information.

Using the data uploaded to the Platform, particularly involving National Deployment and Vaccination Plans (NDVPs) and country level information such as funding needs, the Global

Health Cluster's COVID-19 task team has created a tracking mechanism for vaccine administration, inclusion, and deployment in fragile, conflict-affected and vulnerable (FCV) settings. This task team has been able to effectively mobilize stakeholders to identify and address gaps reaching populations of concern and to inform vaccine deployment of the [COVAX](#) "Humanitarian Buffer." The buffer was established to act as a measure of last resort in order to ensure access to COVID-19 vaccines for high-risk and vulnerable populations in humanitarian settings which were not reached through country vaccine plans.



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 and PAHO-procured items that have been shipped as of 11 August 2021.

Shipped items as of 11 Aug 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 036 925	1 255 950	2 361 204	1 536 210	34 350 300	385 010	2 222 179	54 434 400	3 224 030
Americas (AMR)	1 348 132	12 259 900	10 555 962	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 201 020	2 112 925	2 374 438	1 340 185	14 014 000	253 040	2 249 722	29 895 550	2 376 695
Europe (EUR)	849 600	1 167 550	679 080	1 772 020	21 128 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 630 800	3 175 000	2 976 658	381 436	4 893 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	30 000	931 154	777 100	3 434 000	311 927	488 710	15 008 146	3 142 035
TOTAL	13 725 927	20 001 325	19 878 496	9 142 751	82 605 700	1 884 687	10 260 579	203 476 426	26 490 765

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory supplies data are as of 12 August 2021*

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



Appeals

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

As of 10 August 2021, WHO has received US\$ 1.028 billion out of the 1.9 billion total requirement. **A funding shortfall of 47.6% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 10 August 2021

Total Pledges:
US\$ 134 million

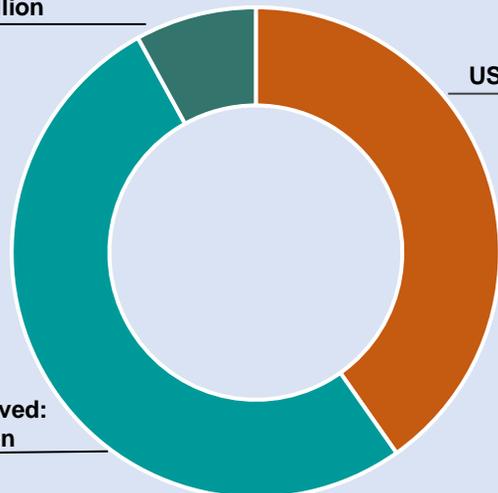
6.81%

Gap:
US\$ 799 million

40.75%

Total Received:
US\$ 1 billion

52.43%



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

The 2021 SPRP priorities and resource requirements can be found [here](#). The status of funding raised for WHO against the SPRP can be found [here](#).



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 August 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 673 083 donors.

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

More than **US\$ 254 Million**



673 083 donors

[individuals – companies – philanthropies]

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.



42 countries
sharing data

- AFR 10
- AMR 11
- EMR 3
- EUR 13
- SEAR 2
- WPR 3

The objectives of the Platform are to:

1. Describe the clinical characteristics of COVID-19
2. Assess the variations in clinical characteristics of COVID-19
3. Identify the association of clinical characteristics of COVID-19 with outcomes
4. Describe the temporal trends in clinical characteristics of COVID-19

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

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

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , as of epidemiological week 30 2021) ^c	22% (n=15) ^d	45% (n=31)	49% (n=34)	50%
This week (epidemiological week 30), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 34 (49%) have timely reported COVID-19 data. An additional 13 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 5: Proportion of Member States that publicly shared ^e SARS-CoV-2 genetic sequence data (N=194, as of 31 July) ^f	39% (n=75) ^g	57% (n=110) ^h	58% (n=113)	75%
WHO promotes the rapid sharing of SARS-CoV-2 sequences internationally through publicly accessible databases. The number of Member States publicly sharing SARS-CoV-2 genetic sequence data has increased by 3 Member States to 58% (n=113) of all Member States sharing for the month of July 2021.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 16 August) ^c	0 ⁱ	98% (n=191)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 16 August) ^c	0 ⁱ	4 033 124 099	4 452 111 864	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 16 August) ^c	0 ⁱ	20.4% (1.6 billion)	21.9% (1.7 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Data source for indicator calculation: GISAID submissions

^f Monthly reported indicator

^g Baseline calculated for December 2020

^h The recent observed slight change for the number of Member States that publicly shared for the previous month (June) is due to retrospective reporting.

ⁱ Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System



Key links and useful resources



GOARN

For updated GOARN network activities, click [here](#).

Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 10 August **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A detailed update on the phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine effectiveness) of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta. It also includes updates on the geographic distribution of VOCs.

News

- Numerous countries face concurrent emergencies during the COVID-19 pandemic. Click [here](#) to read further about Cote d'Ivoire declaring their first Ebola outbreak in over 25 years or [here](#) for how PAHO is deploying experts to support Haiti in the earthquake aftermath.
- To read the WHO Statement on advancing the next series of studies to find the origins of SARS-CoV-2, click [here](#).
- To read further about the new phase of WHO's Solidarity clinical trial with three new candidate drugs, click [here](#).