

# Weekly Operational Update on COVID-19

30 August 2021

Issue No. 70



As of 29 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

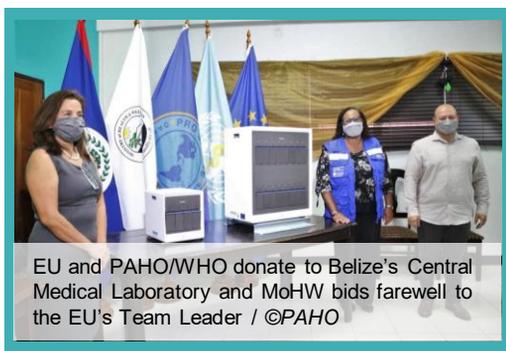
**215 714 824**

Confirmed deaths

**4 490 753**

## GeneXpert machine donated to Belize's Central Medical Laboratory

Through PAHO/WHO, the European Union Directorate-General for International Partnerships (formerly EU-DEVCO) donated a 16-module GeneXpert machine to the Central Medical Laboratory (CML)/Ministry of Health and Wellness (MoHW) in Belize.



As the only national referral laboratory in Belize, the CML's overall capacity to conduct molecular diagnostic testing will be upgraded, while staff efficiency and productivity will be enhanced. Given the need to address backlogs especially during emergencies even beyond COVID-19, it is expected that both the access to diagnosis and timeliness of results will be improved with this technology.

"This is a significant and essential investment in strengthening the country's laboratory capacity to timely detect and respond to emerging and reemerging infectious diseases like COVID-19, within the context of International Health Regulations," said Dr. Noreen Jack, PAHO/WHO Representative in Belize."

This state-of-the-art analyzer will allow laboratory technicians to deliver faster and quality-assured laboratory services that will guide the decision-making process of physicians and improve overall patient care.

For further 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



**20 146 000** PCR tests shipped globally



**203 896 426** medical masks shipped globally



**84 628 700** gloves shipped globally



**9 150 431** face shields shipped globally



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



**5 019 907 027** COVID-19 vaccine doses administered globally as of 30 August

<sup>a</sup> COVAX has shipped over **224 million** vaccines to **139** participants as of 30 August

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

## From the field:

### WHO supporting quality management implementation, coordination and costing as part of the COVID-19 laboratory response in Kyrgyzstan

WHO Regional Office for Europe continues to support Kyrgyzstan in improving health through the provision of timely and accurate laboratory results that are trusted by the user. Laboratory experts are deployed to Kyrgyzstan from 10 August – 03 September 2021 to strengthen the COVID-19 laboratory response. The mission covers several areas including auditing the progress of the implementation of the Quality Management System (QMS) through national mentoring, the costing of clinical tests and coordination strengthening through a national dialogue meeting on COVID-19 involving high level laboratory stakeholders.



*Reviewing the laboratory first aid box in the Naryn Region of Kyrgyzstan. Credit: WHO EURO*

#### ➤ **Auditing**

During the mission, audits of current progress in QMS implementation were carried out in the maternal and child health hospital laboratories and COVID-19 labs in eight regions of Kyrgyzstan. Overall, over 10 maternal and hospital labs were audited across the country. Following the work of the national mentors, all laboratories audited showed significant progress in terms of QMS implementation.

#### ➤ **Costing**

A costing training is also planned for 01-02 September and aims to train local laboratory and financial experts in costing the appropriate price of lab tests. In addition, a cost analysis will be performed in the Karakol region in order to further analyze the cost-effectiveness of laboratories.

#### ➤ **Advanced National Mentor Training**

As part of the ongoing mentor program (see the [3 May 2021](#) Issue for an update that includes more information on this in Kazakhstan), national mentors from Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan will also attend an advanced training on the implementation of QMS. This training will cover areas including contingency planning, facility and safety assessment, pre-service training needs and checklists for competency assessments. In addition, the mentors will present on the mentoring experience as well as laboratory quality progress in their country and share lessons learned from across Central Asia.

## From the field:

### 15 000 kg of medical supplies arrive in Fiji to support the response to a deadly surge in COVID-19 cases

With support from the World Food Programme (WFP) and WHO, Fiji's ability to care for COVID-19 patients has received a critical boost thanks to the delivery of life-saving medical supplies via WFP's Pacific Humanitarian Air Service on Friday 13 August.

The WFP-managed Pacific Humanitarian Air Service transported more than 15 000 kilograms of medical cargo on behalf of WHO from Manila, Philippines, to Nadi, Fiji. The flight arrived in Fiji late on Friday 13 August carrying 75 oxygen concentrators and accessories, 1000 pulse oximeters, 100 000 gowns and 100 000 N95 masks from WHO's regional emergency stockpile.



The supplies have been brought in at the request of Fiji's Ministry of Health and Medical Services and will be used to treat COVID-19 patients, while ensuring the safety of frontline healthcare workers. Support from Australia, the European Union and the United States made the flight possible.

“Thanks to this Humanitarian Air Service flight, these supplies have arrived at just the right moment to provide a critical boost to our arsenal as we face our biggest battle yet against this virus,” said Dr James Fong, Fiji's Permanent Secretary for Health. He continued, “These donations will be put to immediate use to assist our frontline teams in delivering the response and will make an impact on the health care provided to the COVID-19 patients they treat.” ”

The WFP-managed Pacific Humanitarian Air Service supports organizations and Pacific governments responding to the COVID-19 pandemic with transportation for urgently required cargo when commercial options are not available. Over the last year, the Pacific Humanitarian Air Service has operated 30 flights, transporting a total of 250 000 kilograms of vital cargo to 14 Pacific Island countries and territories in need of crucial medical and relief supplies. Seventy-three humanitarian personnel have also been transported across the region.

For further information, click [here](#)

## From the field:

### Bangladesh extends COVID-19 vaccination to Rohingya refugees in Cox's Bazar camps

Demonstrating equity and inclusiveness, Bangladesh has launched COVID-19 vaccination for Rohingya refugees, housed in one of the world's largest and most densely populated camps in Cox's Bazar. Vaccination of Rohingya refugees is part of the National Deployment and Vaccination Plan to ensure equity and fair allocation of vaccines across the country.

Mohammad Shofi, a 64-year-old, was among those to get the COVID-19 vaccine on day one of the campaign that rolled out on 10 August to vaccinate nearly 48 000 refugees in the age group of 55 years and above.

In the Rohingya refugee camps, the COVID-19 campaign is led by the government with technical support of WHO among other partners. WHO has led the partnership support for preparation of the operational plan, training of medical officers, vaccinators and other health workforce. WHO has also repurposed field staff working in other programmes, in addition to deploying medical officers specializing in vaccine preventable diseases and its entire Cox's Bazar health emergencies team to support the rollout of COVID-19 vaccination in Cox's Bazar camps. WHO, in partnership with UNICEF and UNHCR, has also trained community health workers in the refugee camps.



64-year-old Mohammad Shofi getting vaccinated against COVID-19 / Photo credits: Hannah Macdonald/UNHCR



WHO team visiting a COVID-19 vaccination center in Teknaf, Camp-21 / Photo Credit: Md Zion/WHO Bangladesh

“Vaccination of this highly vulnerable population is important to contain the spread of COVID-19 virus and prevent prolonging the pandemic. No one is safe until everyone is safe,” said Dr Bardan Jung Rana, WHO Representative to Bangladesh.

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Engaging communities and getting their support is critical for uptake of COVID-19 vaccines as well as adherence to public health and social measures. Thousands of refugee and host community volunteers are working tirelessly promoting and mobilizing communities for health and hygiene measures and connecting them with critical health services. “Bangladesh is demonstrating what WHO has been advocating for – equitable access to vaccines. Inclusion is key to protecting vulnerable populations like the refugees, for safeguarding their health and that of their host communities and societies,” Regional Director Dr Poonam Khetrpal Singh said.

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

## From the field:

### Responding to COVID-19 in Jordan: The Innovative Use of Online Platforms

From 21 to 25 March 2021, WHO's Regional Office for the Eastern Mediterranean conducted a mission to Jordan to review the COVID-19 response. This mission, an enriched Intra-Action Review, covered 11 key areas of the COVID-19 response ranging from partnership and coordination to points of entry, COVID-19 vaccine and more to identify best practices, challenges, and their impact on the response, through desk reviews, interviews with key informants, group discussions, field visits, and direct observations. During the mission and IAR, the online platforms established within the COVID-19 response, such as the vaccination registration dashboard and the hospital bed management platform, were highlighted as successful examples of coordination.

#### Vaccination Registration Dashboard

As of 23 August 2021, 26.9% of the population is fully vaccinated, and a further 5.9% of the population is partially vaccinated against COVID-19 – above the goal [set by the WHO Director-General](#) to enable 10% of every country's population to be vaccinated by end of September.

The success can largely be attributed to the online vaccination registration dashboard/platform ([vaccine.jo](#)) created to monitor daily registrations and vaccinations. The Corona Crisis Cell, established for COVID-19-related decision-making with Members from the Ministry of Health, regulates and manages the vaccination process, including vaccine distribution and the registration platform. Thanks to this platform, Jordan had the capacity to make and complete 28,000 appointments daily as early as March 2021, expanding to 100,000 daily appointments by July 2021.

In the first phase of vaccination, priority groups included health care workers, essential staff, people over 60 years of age, and those with comorbidities. To encourage vaccination, an "open day" prioritizing health care workers in all vaccination sites was organized in late March, allowing them to be vaccinated without appointments. Since mid-July 2021, individuals can register for vaccination directly in the health care center. Jordan now actively vaccinates teachers and has opened vaccination for adolescents above the age of 12. The COVID-19 vaccination strategy in Jordan has been praised for being inclusive of all individuals, including migrants and refugees.

#### Hospital Bed Management Platform

The hospital bed management platform managed by the Communicable Disease Department in the Ministry of Health reflects available beds and their location to expedite the transfer of COVID-19 patients. This platform includes the over 118 public, private, military and university hospitals admitting COVID-19 patients. These hospitals report their data (new cases, deaths, discharged patients, and bed availability) twice daily through the platform to improve national coordination of the response.



## Pandemic learning response

### The Elsje Finck-Sanichar College COVAB in Suriname embraces OpenWHO and online learning during COVID-19 pandemic



The Elsje Finck-Sanichar College COVAB in Suriname specializes in the education of nurses and caretakers. COVAB and PAHO/WHO have cultivated a longstanding relationship, and PAHO has facilitated the improved access for students and staff to the online educational platform OpenWHO. During the pandemic, five key courses related to COVID-19 were translated and offered in Dutch, making the material even more accessible for the local college. PAHO spoke with Winamba Bamoeje, Education Manager at COVAB and Farzana Mohamed, who recently graduated from COVAB as a nurse practitioner, about the use of the OpenWHO courses during the pandemic.

“Language was definitely a barrier at first and we found that most people did not want to or were not able to participate in the courses in English. This changed after the courses got translated”, said Mrs. Bamoeje. As participation went up, and the courses could be finished by the students independently, the teachers had more time to prepare on other segments of education. The students simply had to provide their certificates of the completed mandatory courses.”

“PAHO has significantly contributed towards the improvement of our education through the continuous support of distance-learning, by providing material and courses.” Adding, “On June 14th... our students that live in District Nickerie, who previously had to travel all the way to Paramaribo to participate in the courses, have now been able to follow the courses at the COVAB facility in Nickerie, with laptops and material provided by PAHO. Students, both in Paramaribo and Nickerie are also able to borrow these laptops for studying or completing assignments at home. In addition, the OpenWHO courses are not only beneficial for COVAB, but for healthcare in general in Suriname. We share the courses with our colleagues from other healthcare institutions, with our alumni, with our freelance and part-time teachers, to further help spread the essential knowledge to better respond to the COVID-19 crisis”, Mrs. Bamoeje elaborated.

*Continued on the next page*



### Pandemic learning response: *continued*

“For me, the certificates I obtained through the OpenWHO COVID-19 response courses on topics such as PPE, COVID-19 patient care, and vaccination training helped me not only expand on essential knowledge and training during the pandemic, but also helped me and other students get temporary jobs at the vaccination sites. As a recent graduate, the Director of a hospital where I got hired as a nurse practitioner, also specifically applauded these additional courses on my CV and I’m sure other graduates will also experience, or have also had similar experiences when applying for jobs”, added Ms. Mohamed.



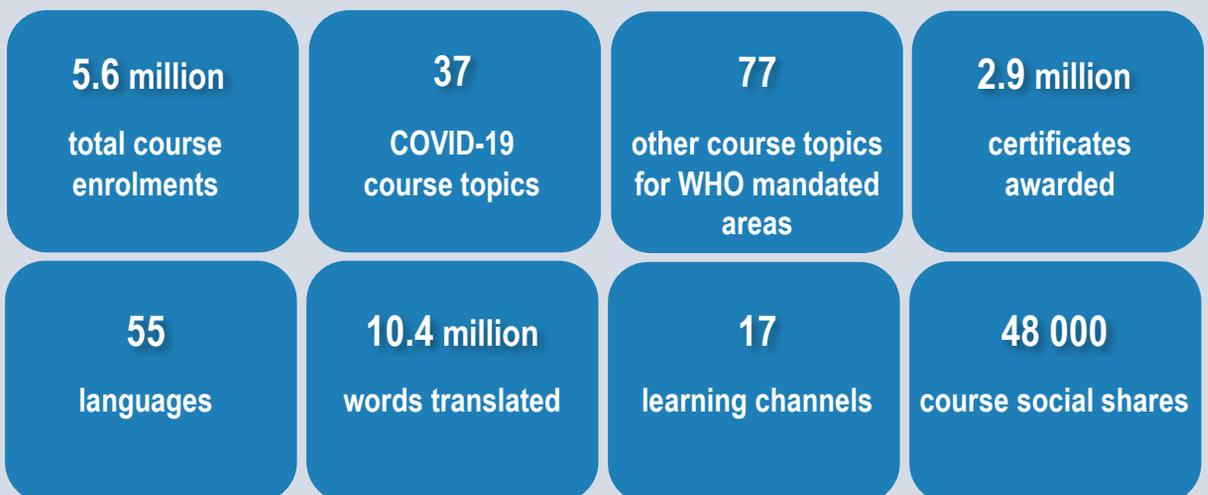
Ms. Mohamed continued, “Because the OpenWHO courses not only cover how to administer the vaccinations, but also broader knowledge such as storage, proper handling etc., I noticed that at the vaccination sites, I was entrusted with more responsibility than those that had not followed these courses. The OpenWHO courses are very thorough.”



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

### OpenWHO Overall Learning Platform Figures

As of 24 August 2021



## COVID-19 Partners Platform



COVAX seeks to support countries to rapidly and equitably scale-up COVID-19 vaccines. To enable rapid roll-out and scale up of COVAX-funded doses until the end of 2022, Gavi is providing a funding opportunity to all AMC-eligible COVAX (Advanced Market Commitment) participants during the second half of 2021. To support urgent needs, Gavi and UNICEF (who is helping disburse CDS funds) have made available an Early Access Window through which countries can request funding following a rapid process available on the Partners Platform. Submission for the early window closes on 31 August 2021. Longer term needs will be addressed through a second COVID-19 vaccine delivery support (CDS) funding window later this year, for which applications can be submitted starting October 2021 on the Partners Platform.

By offering the Partners Platform as one, central online space for countries to find, complete, and submit all applications for CDS, WHO and its partners have created a streamlined and efficient application process that takes considerable burden off of countries. All CDS Early window applications have been uploaded and reviewed on the Partners Platform, with access restricted to Vaccine Country Administrators (VCA) authorized to complete the form. Once submitted, the form is being reviewed by UNICEF and GAVI. In addition, a CDS dashboard is available from the platform offering visibility on the progress of submission as well as amount approved and disbursed. Having the form recorded online also allows analysis of data in terms of urgent needs by country, region, and income classification.

As of 27 August, 53 countries have submitted their request online for the early window funds, of which 30 were successfully completed. So far, a total of 141,207,914 USD has been requested through this process, of which 42% has already been disbursed to recipients.

This streamlined process online offers great flexibility and rapid access to funds for countries to fulfill their urgent needs within a very short period of time.

Drop into our open house help desk to complete the CDS Early Access window application process online here: [Click here to join the meeting](#)

- Monday 30 August from 10h00 to 22h00 Geneva time CET/(GMT+1)
- Tuesday 31 August from 10h00 to 22h00 Geneva time CET/(GMT+1)

## 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 25 August 2021.

Shipped items as of 25 Aug 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 042 925	1 255 950	2 365 194	1 542 930	34 711 300	385 010	2 235 179	54 554 400	3 394 030
Americas (AMR)	1 348 132	17 189 900	11 176 692	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 265 020	2 112 925	2 374 438	1 341 145	15 730 000	254 000	2 694 722	30 195 550	2 376 695
Europe (EUR)	849 600	1 197 550	679 080	1 772 020	21 128 900	526 260	3 046 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 006 802	381 436	4 893 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	30 000	543 794	777 100	3 434 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>13 795 927</b>	<b>24 961 325</b>	<b>20 146 000</b>	<b>9 150 431</b>	<b>84 682 700</b>	<b>1 886 647</b>	<b>10 718 579</b>	<b>203 896 426</b>	<b>26 729 765</b>

*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 25 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 24 August 2021, WHO has received US\$ 1.048 billion out of the 1.9 billion total requirement. **A funding shortfall of 46.5% 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 24 August 2021

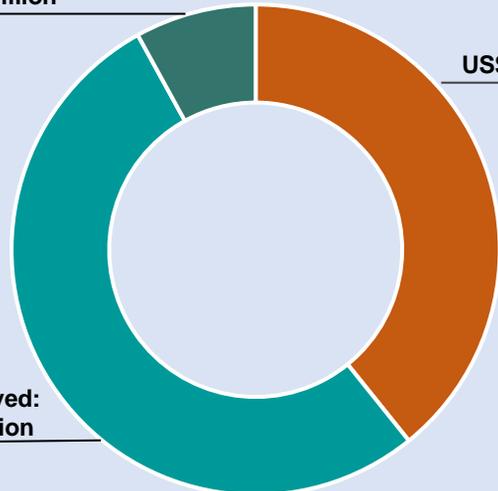
Total Pledges:  
US\$ 133.7 million

6.81%

Total Received:  
US\$1.05 billion

53.47%

Gap:  
US\$ 779 million  
39.72%



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](#).

## 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
<b>Pillar 7:</b> WHO dashboard updates on therapeutics/oxygen utilization amongst hospitalized patients published monthly ((N=N/A, as of 28 August) <sup>a</sup>	N/A	N/A	Published on 18 August	One update monthly
<p>Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete. WHO compiles this information from various countries to inform the characterization of the key clinical features and prognostic factors of the disease and the characterization of clinical interventions thereby increasing the understanding of severity, spectrum and impact of the COVID-19 in the global hospitalized population and facilitating global, regional and national operational planning. The interactive platform portrays data for hospitalized patients by severity of disease, type of treatment (oxygen, corticosteroids, antibiotics), age, sex, underlying health conditions, vital signs on admission and patient outcomes. Presently there are data on 304 564 patients from 38 countries on the dashboard. Of the severe/critical patients 99.6% received oxygen; of all the patients, 36.6% had 1 or more underlying condition.</p> <p>WHO encourages Member States, health facilities and other entities to participate in this 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. The larger the sample size of hospitalized patients and number of countries reporting, the more representative and useful the dashboard can be for understanding the disease and facilitating operational planning. To learn more, visit the <a href="#">WHO Global COVID-19 Clinical Platform</a>.</p>				
<p><sup>a</sup> Monthly reported indicator 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</p>				

## 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]

## COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of weekly 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
<b>Pillar 3:</b> Proportion of countries <sup>a</sup> 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 <sup>b</sup> , as of epidemiological week 32 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	48% (n=33)	<b>46% (n=32)</b>	50%
<p>This week (epidemiological week 32), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 32 (46%) have timely reported COVID-19 data. An additional 10 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.</p>				
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 30 August) <sup>c</sup>	0 <sup>e</sup>	98% (n=191)	<b>98% (n=191)</b>	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 30 August) <sup>c</sup>	0 <sup>e</sup>	4 615 260 567	<b>5 019 907 027</b>	N/A
<b>Pillar 10:</b> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 30 August) <sup>c</sup>	0 <sup>e</sup>	23.1% (n=1.8 billion)	<b>24.8% (1.9 billion)</b>	N/A

<sup>a</sup> The term "countries" should be understood as referring to "countries and territories"

<sup>b</sup> 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

<sup>c</sup> Weekly reported indicator

<sup>d</sup> Baseline for epidemiological week for southern hemisphere season

<sup>e</sup> 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 24 August **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A detailed description of the phenotypic characteristics (transmissibility, disease severity, 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

- For the Joint Statement of the Multilateral Leaders Taskforce on Scaling COVID-19 Tools: A Crisis of Vaccine Inequity, click [here](#).
- For more information on the Health Ministers reviewing the COVID-19 fight to plan for future shocks, click [here](#).
- For the Director-General's opening remarks at the 25 August media briefing, including information about the new Strategic Advisory Group for the Origins of Novel Pathogens (SAGO), click [here](#).