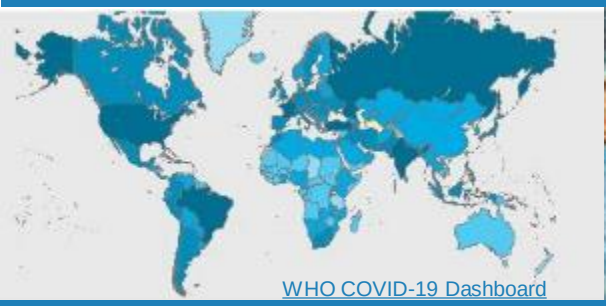
Weekly Operational Update on COVID-19

25 October 2021

Issue No. 77



WHO COVID-19 Dashboard

As of 24 October 2021

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

Confirmed cases

243 006 693

Confirmed deaths

4 937 199

Rapid Response Mobile Laboratory (RRML/GOARN) initiative strengthens international RRML deployment capabilities

WHO EURO facilitates the virtual functional exercise for RRMLs ©WHO EURO

RRMLs are a core component of the Global Outbreak Alert and Response Network (GOARN) and have been deployed to a range of challenges globally, including outbreaks of Ebola virus disease, Marburg, yellow fever, plague and now for COVID-19. They support national public health structures during health emergencies by providing support and surge capacity during peak demands on health systems.

In support of the RRML initiative, the Regional Office for Europe (EURO), with support from WHO Headquarters, developed a RRML simulation exercise programme for 2021-2022, which launched in September with a three-day virtual tabletop exercise. This programme aims to strengthen response capacities and support workforce development, through establishing, standardizing and testing the technical processes required for emergency RRML deployments.

The first international functional exercise for RRMLs was led by WHO EURO from 5 to 7 October 2021, with significant contributions from GOARN partners and the WHO Country Office in Russia[1]. During the exercise 30 participants applied RRML deployment procedures and tested newly developed minimum operational standards against a fictitious outbreak scenario in “GlobalLand”.

continued on next page …

Key Figures

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

More than **5.8 million** people registered on OpenWHO and accessing online training courses across **39** topics in **57** languages

20 932 672 PCR tests shipped globally

207 591 426 medical masks shipped globally

97 512 700 gloves shipped globally

9 576 791 face shields shipped globally

192 GOARN deployments conducted to support COVID-19 pandemic response

6 697 607 393 COVID-19 vaccine doses administered globally as of 25 October

[a] COVAX has shipped over **406 million** vaccines to **144 participants** as of 25 October

[a] See Gavi’s COVAX updates for the latest COVAX vaccine roll –out data

From the field: *continued*

Participants included RRML teams from different institutions and countries including Belgium, France, Germany, Poland, Russian Federation, Spain, and the United Kingdom of Great Britain and Northern Ireland. Simulation exercises are a key capacity building activity within the RRML initiative, bringing partners together to improve outbreak preparedness and response by enhancing the predictability, quality, and interoperability of the lab as part of a wider response.

Peer to peer learning in a type 2 RRML ©WHO EURO

Following the functional exercise, these components were tested during a **field exercise for RRMLs hosted by the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) in Kazan, Russian Federation,** between the 11 to 15 October. This was the first RRML simulation to be led by a Member State as part of the RRML SimEx programme, building on the outcomes of the previous RRML exercises, using the same fictious country and scenario.

Demonstration of personnel emergency evacuation by Rospotrebnadzor experts ©WHO EURO

Over 150 participants from RRML teams travelled to Kazan with their mobile labs to deploy in a field scenario from B-LIFE, EMLab, Institut Pasteur and Rospotrebnadzor, with individuals from across the Commonwealth of Independent States (CIS).

In 2022, the RRML exercise programme will continue with operational based drills and a full-scale field exercise. Next steps include scaling up the RRML initiative from the European region to the global level and engaging partners through GOARN for the purpose of epidemic and pandemic preparedness and response.

EMLab experts apply minimum operational standard of RRMLs ©WHO EURO

"The COVID 19 pandemic has taught us that when it comes to health, we can never be too prepared. It is imperative to continue working together as a global community to strengthen the emergency preparedness and response capacities of WHO Member States, for we cannot afford to make the same mistakes when the next health emergency strikes."

- Dr Hans Kluge, WHO Regional Director for the European Region

"This support will contribute to building strong response capacities for the future of global public health and allow us to build back better after the COVID-19 pandemic."

- Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme

[1]*The exercise was held in a COVID-19 safe environment, with all physically present individuals fully vaccinated against COVID-19, regularly tested and remaining within the exercise bubble.*

From the field:

PAHO and US Centers for Disease Control and Prevention Partner to Bolster COVID-19 Response in Jamaica

PAHO and the United States of America's Centers for Disease Control and Prevention (CDC) partnered to deliver the first in a series of donations, as part of a US$1 000 000 (J$ 147 344 000) CDC grant to strengthen the COVID-19 response. In a handover ceremony on 7 October 2021, Ian Stein, PAHO/WHO Representative to Jamaica, Bermuda and the Cayman Islands and John McIntyre, Chargé d'Affaires at the Embassy of the United States of America in Jamaica, delivered emergency response equipment and supplies, valued at J$ 32 556 540 to the Hon. Juliet Cuthbert Flynn, State Minister in the Ministry of Health and Wellness (MOHW).

The MOHW received a 16-seater Minibus for transporting rapid response and contact tracing teams to support COVID-19 containment measures. Donated sampling and laboratory supplies included: 80 GeneXpert kits to test for SARS-CoV-2, 7500 bottles of Universal Transport Medium, 15 000 swabs for sampling, and 39 700 nitrile gloves. Communication equipment for contact tracers included: 6 satellite phones, 30 Very High Frequency (VHF) radios, 70 cellular phones and 10 laptops.

Ian Stein remarked at the ceremony: "The pervasive impact of the COVID-19 pandemic has highlighted the importance of collaboration on multiple levels to support national health responses. In this instance, the collaboration between the CDC and PAHO to procure lifesaving equipment to support the work of the Ministry of Health and Wellness will redound to improved management of the pandemic response".

While accepting the donation on behalf of the Government of Jamaica, Hon. Juliet Cuthbert-Flynn, Minister of State, Ministry of Health & Wellness noted that "This sort of collaborative effort from the CDC and PAHO/WHO is an example of the kind we need to see to work together to get through these challenging times. These acts, such as those demonstrated today, tell our nation that our international partners care. If there's one thing we can all agree on–this pandemic has taught us that we need support; we need each other."

For further information, click here.

From the field:

Leveraging polio campaign to integrate COVID-19 vaccination in Nigeria

Bassey Eyo, a mother of three, living in Cross River State travelled 5 miles to get to Big Qua town with the hope of accessing both vaccines. “I am happy that I had the opportunity to receive the COVID 19 vaccination and polio vaccine for my eligible child within the same health facility. We do not have access to the services in the village where my family lives. It was my husband who directed me to Big Qua Town (his hometown). I received the COVID-19 vaccine, and my child got his polio vaccination, and we are both doing well,” she said.

Nigeria is combating the Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2), and as a result, necessitated sustained nOPV2 vaccination across the country. To encourage the uptake of COVID-19 vaccination, the Cross River State Government, with support from the WHO, leveraged the polio vaccination campaign by integrating with COVID-19 vaccinations across health centers.

The Cross River State Government, supported by partners, implemented a four-days outbreak response (OBR) for eligible children (0-59 months) alongside COVID-19 vaccination from 2 to 5 October 2021.

Cross Rivers State Commissioner of Health, Dr Betta Edu, starting the vaccination campaign ©WHO Country Office Nigeria

Target reach was 887 162 children for the nOPV2 vaccine across 18 Local Government Areas (LGAs). By the campaign close, 926 732 children received the nOPV2 vaccine, and 124 524 and 59 843 eligible persons received the first and the second dose of COVID 19 vaccines respectively, surpassing the target.

“We are currently responding to COVID-19 outbreak, and we would not like to combat any other vaccine-preventable diseases. We have introduced the high impact interventions to bridge existing vaccination gaps, and we encourage eligible persons to present themselves for vaccination.”

- The Director-General of Cross River State Primary Health Care Development Agency, Dr Janet Ekpenyong

Representing the WHO Acting State Coordinator, Dr Biniam Getachew reiterated the importance of routine immunization, a key part of essential health services, to interrupt vaccine-preventable diseases and said, “WHO will continue to provide the necessary support to scale up provision of integrated service delivery towards the achievement of Universal Health Coverage.”

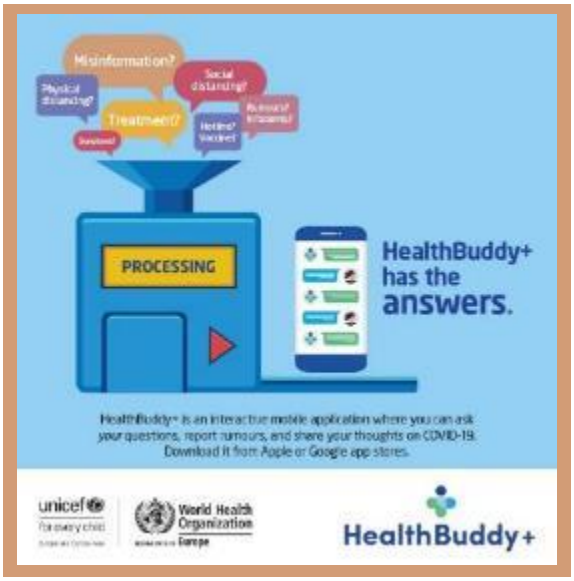
For further information, click here.

From the field:

HealthBuddy+ in Bulgaria: innovative COVID-19 chatbot supports mental health during the pandemic

COVID-19-related misinformation has had a direct negative impact on people's health, leading to uptake of false cures, damage to trust in health institutions and responders, and vaccine hesitancy which can have a strong impact on people's mental health and wellbeing.

HealthBuddy+ launched online in May 2020 by WHO/Europe and UNICEF European and Central Asian Regional Office to help debunk false claims about the virus, to support the dissemination of truthful information and to provide easily accessibly information among the overwhelming amount of news and information generally.



Since its launch, the tool has been adapted for use as a mobile application (available as iOS and Android versions from October 2020) and is available in 20 languages, including Bulgarian.

At the Bulgarian launch, the WHO Country Office outlined some of the benefits of HealthBuddy+ as a strong evidence-based tool for the sharing of important messages in an interactive and friendly manner.

Highlighting some longer-term advantages, Ivaylo Spasov, Communication for Social Change Officer at UNICEF Bulgaria and HealthBuddy+ implementer, said:

"It is serving an immediate crisis intervention role, but will have even greater impact if it becomes a trusted companion in the long run, a sustainable hub for health literacy and mental health beyond the COVID-19 crisis."

In Bulgaria, the HealthBuddy+ app has been downloaded over 8000 times and generated 500 user questions. In total, over 300 000 chatbot users have registered, generating over 3 million interactions with the bot. Anonymized user data is accessible to WHO and UNICEF Country Offices for sharing with health authorities and partners, giving insight into the public's priority information needs, responses to the app's polls, and a list of user-submitted rumours and misinformation.

In addition to the web and mobile applications, the chatbot has already been embedded in 15 websites of national health authorities (e.g. Romania's Ministry of Health) and been used by other COVID-19 response partners and stakeholders in mass media, patient portals and more.

Pandemic learning response

Online courses support rollout of Go.Data outbreak investigation tool

WHO and partners in the Global Outbreak Alert and Response Network (GOARN) expanded the rollout of an outbreak investigation and contract tracing tool during the COVID-19 pandemic with the support of online learning. Known as Go.Data, the platform focuses on case and contact data, including laboratory data, hospitalizations and other variables collected through investigation forms. Go.Data generates contact follow-up lists and provides functionality to visualize chains of transmission.

Léa Kanyere, a contact tracer, from Mabolio District of Beni, Democratic Republic of the Congo, is one of the first to be trained to use the Go.Data app. ©WHO AFRO

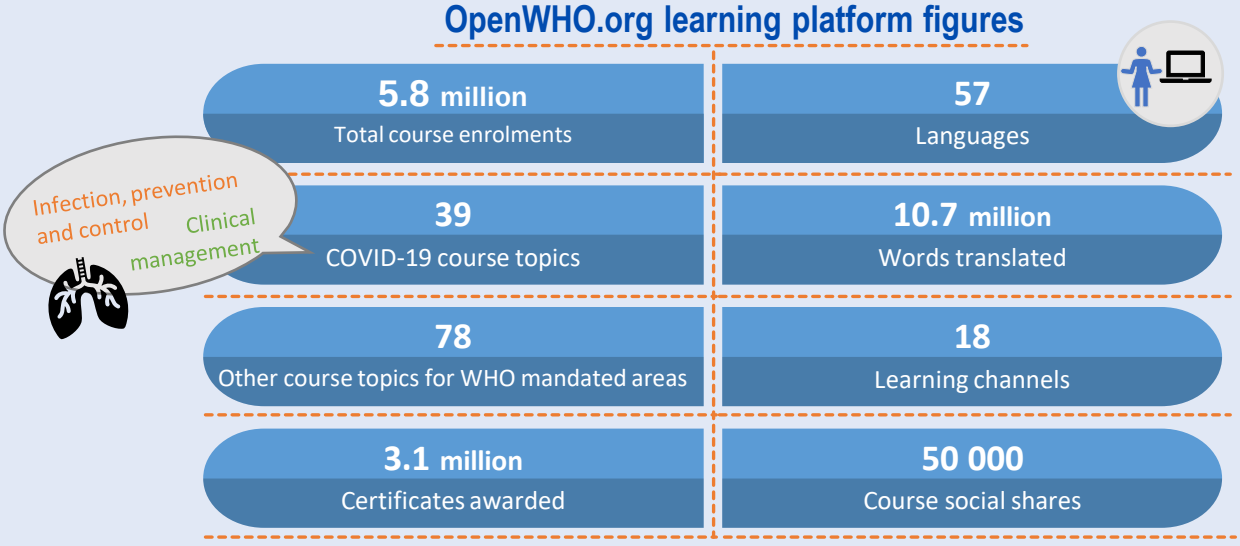
Global Go.Data rollout started at the beginning of 2019 with deployments to Bangladesh, Uganda, and the Democratic Republic of the Congo for multiple types of disease outbreaks. Beginning in 2020, global implementation efforts were affected by pandemic response, with the Go.Data team supporting over 60 implementation projects worldwide at the national, sub-national and institutional levels as SARS-CoV-2 implementation projects scaled up.

To support global Go.Data rollout and implementation, WHO developed two sets of online training resources and made them available on the OpenWHO Go.Data channel:

- **Go.Data Online Training**: A 1.5 hour training which serves as a starting point for all users to obtain essential knowledge on Go.Data, including its features and functionalities; available in English, Spanish, Mongolian and Ukrainian, with 115 000 enrolments.
- **Go.Data How-to Tutorials**: These short 3 to 10 minute videos provide an overview and instructions on how to perform key functionalities in Go.Data; available in Arabic, English, French and Spanish, with more than 800 enrolments.

Go.Data global rollout efforts are defined by **collaboration** across multiple departments in WHO headquarters, regional and country offices and GOARN partner institutions, and provides a **versatile, innovative and fit-for-purpose** approach with quick adaptation to country-specific environments and needs.

OpenWHO.org learning platform figures



As of 19 October 2021

COVID-19 Preparedness

Intra-Action Review (IAR) for course correction and refinement of current COVID-19 response strategies in Kosovo[1]

Introductory meeting for the IAR on 5 October 2021. ©WHO EURO

WHO Europe conducted a COVID-19 Intra-Action Review (IAR) in Kosovo[1] between 5-8 October 2021. The main objective of the IAR was to provide an opportunity to share experiences, collectively analyze and systematically document the ongoing response to COVID-19 by identifying challenges and best practices, with the aim of identifying priority actions.

The activity was financially supported by the EU Western Balkan Project whose aim is to strengthen and maintain all- hazard preparedness and response capacities in the Western Balkan region. Technical support was also provided by the Robert Koch institute.

IAR participants. © WHO EURO

The response pillar selection (on seven areas ranging from case management and infection prevention and control (IPC) to surveillance and public health and social measures) was based on priority needs and the review process was supported by a number of background documents including earlier assessment and capacity building missions.

The comprehensive review approach undertaken also offered an opportunity to review preparedness and response functions in general, resulting in long-term priority actions that can feed into generic health system strengthening and capacity building activities beyond COVID-19.

Thirteen cross-cutting short- and long-term recommendation were identified including investing the sustainability of human resources and the developed technical capacities during the pandemic, the revision of communicable disease legislation and the harmonisation and digitalisation of health information systems. The outcomes of the IAR include immediate and long-term recommendations were then presented to the donors' community by participating health authorities.

[1] *All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)*

COVID-19 Partners Platform

In collaboration with WHO's Partners Platform, Gavi is offering new COVID-19 Vaccine Delivery Support (CDS) funding opportunities to a number of countries, in anticipation of a rapid scale-up of vaccines through the COVAX facility and other sources through late 2021 and early 2022.

Representing a US$ 400 million window of support, the funding will be made available through two pathways: a full-request pathway to cover gaps in comprehensive national plans in order to reach coverage targets through 2022 and a short-term pathway to provide funding for emerging urgent delivery needs that place COVAX doses at risk of expiry.

The first deadline for full-request applications is 8 November 2021. Countries may apply until 3 February 2022 for full-request funding, with funds available for disbursement until December 2022 (subsequent deadlines will be communicated early November). Applications for short-term funding can be made at any time as urgent gaps emerge. Countries are encouraged to apply as soon as the new funding window opens to assure timely disbursement of funds.

All 92 Advance Market Commitment (AMC) economies that are confirmed participants in COVAX are eligible to receive additional support via the CDS needs-based funding window, with priority given to the Gavi 57 eligible countries. Those 57 countries - in addition to Angola, Indonesia, Timor-Leste, and Viet Nam - will be able to access support directly from Gavi. Remaining AMC participants will be able to access support through UNICEF.

The CDS needs-based funding opportunities for participants are available based on relative need and are designed to complement support from domestic actors, other bilateral and multilateral donors, and development banks to fill the most critical vaccine funding gaps. The funding seeks to promote vaccine equity within countries and encourages prioritisation of target population groups identified in countries' National Deployment and Vaccination Plans (NDVPs).

Application materials and supporting documents can be submitted through WHO's Partners Platform.

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 18 October 2021.

Shipped items as of 18 October 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 095 425	1 442 550	2 395 710	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
Americas (AMR)	1 446 132	18 177 275	11 187 492	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 356 570	2 195 883	2 445 930	1 606 585	16 835 000	348 080	3 119 722	32 987 550	2 478 695
Europe (EUR)	849 600	1 204 200	679 080	1 913 220	28 195 900	627 860	3 321 548	42 666 500	7 682 950
South East Asia (SEAR)	3 630 800	4 505 040	3 002 618	385 036	8 710 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 221 842	777 100	3 434 000	311 427	488 210	15 008 146	3 206 035
TOTAL	**14 037 977**	**27 705 598**	**20 932 672**	**9 576 791**	**97 512 700**	**2 155 313**	**11 581 579**	**207 591 426**	**27 580 965**

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 19 October 2021*

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

Appeals

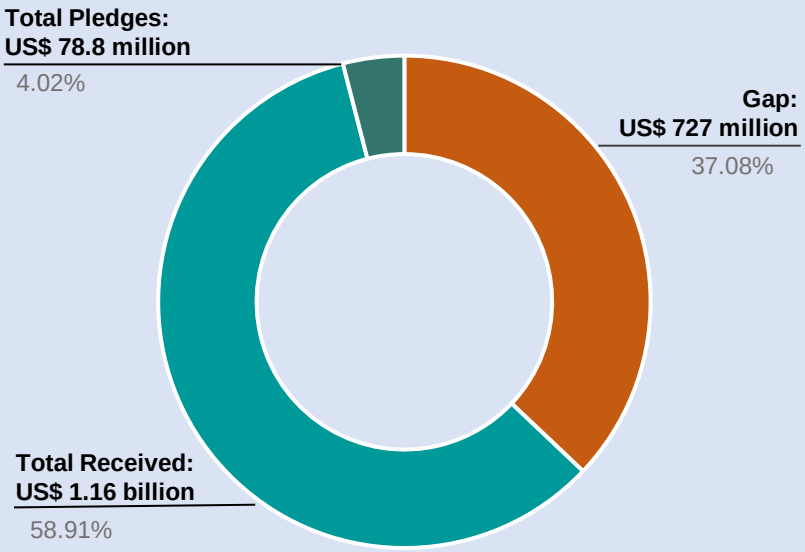
WHO's Strategic Preparedness and Response Plan (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of 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 19 October 2021, WHO has received US$ 1.16 billion out of the 1.9 billion total requirement. **A funding shortfall of 41.1% remains during the fourth 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 5% 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 19 October 2021



A mid-year report on SPRP 2021 is now available, 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 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
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 40 2021)[c]	22% (n=15)[d]	52% (n=36)	**48% (n=60)**	50%
This week (epidemiological week 40), of the 126 countries expected to report globally, 60 (48%) have timely reported COVID-19 data.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 25 October)[c]	0[f]	98% (n=191)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 25 October)[c]	0[f]	6 542 857 318	**6 697 607 393**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 25 October)[c]	0[f]	47.6% (n=3.7 billion)	**48.5% (n=3.8 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] Quarterly reported indicator
[f] 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

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 October 2021, **The Solidarity Response Fund** has raised or committed more than US$ 256 million from more than 675 704 donors.

More than US$ 256 Million

675 704 donors

[individuals – companies – philanthropies]

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

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.

The following amounts have already been dispersed to WHO and partners:

$169 million
to the World Health Organization to procure and distribute essential commodities and coordinate response.

$10 million
to CEPI to catalyze and coordinate global vaccine R&D.

$10 million
to UNHCR to protect at-risk Internally Displaced People and refugees.

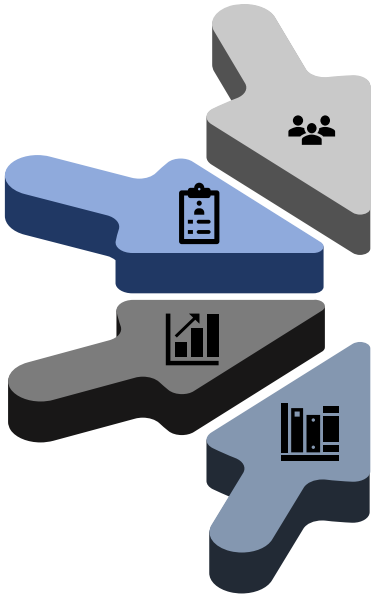
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$20 million
to WFP to support the shipment of vital commodities where they are most needed.

$5 million
to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

$2.6 million
to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.

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.**

WHO clinical case definition
For the WHO clinical case definitions of the post COVID-19 condition, 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 19 October **Weekly Epidemiological Update**, click **here.** Highlights this week include:

- Updates on the evolution and geographic distribution of SARS-CoV-2 Variants of Concern (VOCs), and summarise phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of VOCs based on published studies.

News

- For more information on health and care worker deaths during COVID-19, click here and for the call from WHO and partners for action to better protect health and care workers from COVID-19, click here.
- For more information on Post COVID-19 condition (Long COVID), click here.
- For the WHO Director-General's opening remarks at the COVID-19 media briefing on 21 October, click here, including that a new working paper estimates that **115 000 health workers may have died from COVID-19** between January 2020 and May this year and the **huge differences in health and care worker vaccinations** across regions and economic groupings.