

3 November 2021



As of 31 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

246 303 023

Confirmed deaths

4 994 160

In fight against COVID-19, Germany donates 163 000 COVID-19 vaccine doses to Somalia through COVAX Facility

Somalia received 163 000 doses of Oxford/AstraZeneca vaccines from the Government of Germany through the COVAX Facility on 26 October.

“So far, 1.85% of our population has been fully vaccinated against COVID-19. With the support from Germany, we can ramp up our efforts to ensure more Somalis have access to the life-saving vaccines. It is only when we join forces that we become strong enough to stamp out diseases, like COVID-19, from Somalia and the rest of the countries all over the world.”



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“ Donors, such as the Government of Germany, are playing an important role in the response plan for COVID-19. Together with the Federal Government of Somalia and UNICEF, WHO is supporting the vaccination drive to improve the uptake and use all means to reach every eligible Somali to receive a vaccine against COVID-19 ”

- Dr Mamunur Rahman Malik, WHO Representative to Somalia

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

Key Figures



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



More than **5.9 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



193 GOARN deployments conducted to support COVID-19 pandemic response



6,893,633,094 COVID-19 vaccine doses administered globally as of 1 November 2021

^a COVAX has shipped over **435 million** vaccines to **144 participants** as of 2 Nov 2021

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

From the field:

WHO/Europe workshop on licensing of health laboratories and establishing reference laboratories in Uzbekistan: 21 October 2021

Well-functioning sustainable laboratory services, operating according to international principles of quality and safety, are an essential part of strong health systems and are crucial to improving public health. As part of the COVID-19 response, WHO is supporting countries to build on innovations made during the pandemic and ensure their sustainability within national health systems.

To ensure that any laboratory is functioning at the highest standard of quality, monitoring and evaluation mechanisms must be in place at national and global levels to assess the quality of performance including mechanisms such as certification, licensing and accreditation according to international or national standards.

In Uzbekistan, on 21 October 2021, a workshop was held to engage laboratory stakeholders on topics such as laboratory quality through licensing



mechanisms and the designation of national laboratories. By adopting this process, Uzbekistan will allow for laboratories to follow quality management principles and ensure proper designation and evaluation of their national reference laboratories and participate in external evaluation to allow coordinated responses to spreading infectious diseases.

The workshop included presentations on different mechanisms in which quality can be regulated in laboratories as well as a study of the designation and evaluation of national reference laboratories in 25 countries.

A round-table discussion was then held to elaborate on how quality of laboratories can be improved. During the workshop, the National Accreditation Center discussed these issues, together with the licensing departments of the Ministry of Health and Service of Sanitary and Epidemiological Welfare and Public and highlighted the importance of proper implementation of quality such as engineers for Biosafety Cabinet (BSC) maintenance, national External Quality Assessment providers and more.

The workshop resulted in commitment from the Uzbekistan Government to revise the legislation on licensing. WHO will continue supporting mentoring for implementation of quality management systems based on ISO standards, including ISO 17043 proficient testing providers. This is a first important step in ensuring sustainability of all the laboratory strengthening conducted under COVID-19.

From the field:

Healthcare workers trained on essential critical care of pediatric population in Nepal



The World Health Organization (WHO), Country Office for Nepal, supported the training of trainers on *Pediatric Essential Critical Care Training (PECCT)* which includes management of COVID-19 among children. Fifty-four healthcare professionals were capacitated to conduct similar trainings in all provinces. The training, held at Kanti Hospital, was organized by National Health Training Centre (NHTC), in coordination with Nepal Pediatric Society (NEPAS), Pediatric Nurses Association of Nepal (PNAN), and technical support from WHO.

The training, held after a request by the Ministry of Health and Population to train as many healthcare workers for pediatric management as early as possible, was held from September 2 – 21 in three batches.

The trainings consisted of progressive sessions starting from stabilization of pediatric cases to care and monitoring of children in pediatric intensive care units. It included skill development stations as well as clinical case scenarios. Some of the important skills in pediatric essential critical care included in the training are cardiopulmonary resuscitation (CPR) for children; oxygen therapy provision and use of mechanical ventilators; recognition, transfer, and stabilization of sick child; and care for children suffering from cardiac arrhythmias, cardiac arrest, and poisoning. Strategies on how to facilitate and conduct similar skills training sessions to other healthcare workers were also provided to these future trainers.

Furthermore, in a different training, virtual sessions were also organized with experts from NHTC, NEPAS, and PNAN, which updated 1,926 healthcare workers on the latest global treatment protocols for proper management of COVID-19 patients, especially children. The trainings enabled health care workers including medical/nursing students to ensure treatment uniformity across all layers of the health system. WHO experts developed the curriculum of the training, incorporating Open WHO courses, and provided financial support. Following the initial training of trainers, one batch of in-person service provider training in PECCT will be conducted in each province. These trainings are made possible through the funding support of USAID.

For further information, click [here](#)

From the field:

WHO delivers essential health supplies to Sudan

WHO has delivered critical medicines and health supplies from its logistics hub in Dubai to Khartoum, Sudan to address the health needs of 1.5 million people, including the protection of over 300 000 front-line health workers. This operation represents the single largest air bridge conducted between the United Arab Emirates and Sudan.

“We are very grateful to His Highness Sheikh Mohamed bin Rashid Al Maktoum for making his royal aircraft available to WHO, and for Dubai’s continued support in making these flights happen. The expedited transport and delivery of these medicines will most certainly save lives and alleviate suffering and we are grateful for the support from all parties engaged in coordinating this historic operation,” said Dr Nima Abid, WHO Representative in Sudan.

The shipments — consisting of over 283 metric tons valued at more than US\$ 2 million — also include essential paediatric medicines to support the health of children suffering from complications of acute severe malnutrition and were delivered over three rotations of a B-747 aircraft operated by Royal Air Wing. The supplies will be immediately distributed upon arrival to health facilities in 18 States across Sudan. WHO’s Dubai Logistics Hub is also deploying technical staff with the supplies to facilitate the operation. This year, WHO’s Logistics Hub in Dubai has delivered a total of 25 shipments to Sudan valued at US\$ 1.4 million. In 2020, the hub supported eight lifeline shipments to Sudan valued at US\$ 900 000.

“Sudan continues to suffer from the impact of global supply chain disruptions that affect the transport and delivery of essential medicines [due to the pandemic]. These flights come at a critical time when Sudan is facing higher transmission of waterborne diseases due to the rainy season, as well as increasing numbers of vulnerable populations in need of humanitarian medical assistance”

- Dr Nima Abid, WHO Representative in Sudan.



Through its logistics hub in Dubai, WHO is able to immediately and efficiently deliver lifesaving supplies to countries in the Eastern Mediterranean Region and beyond. Since the start of the COVID-19 pandemic, the hub dispatched over US\$ 90 million worth of health supplies to over 120 countries around the world.

For further information, click [here](#)

From the field:

Germany supports the Philippines with 844 800 COVID-19 vaccine doses via COVAX



On 15 October, the Philippines welcomed 844 800 AstraZeneca COVID-19 vaccine doses donated by the Government of Germany through the COVAX Facility.

The doses comprise the first delivery of more than 1.6 million doses from Germany and will play a vital role in supporting the country's ongoing fight against COVID-19. The latest arrival brings the Philippines' total available doses to 89 474 100, with more than 24.3 million from the COVAX Facility.

WHO, the Department of Health and UNICEF said this timely addition of vaccine doses is particularly important in protecting our most vulnerable citizens as the country moves into a period of events where gatherings and mobility will increase.

This includes All Saints' Day and the Christmas season. Typhoon season has already begun, which brings greater risk of COVID-19 transmission should people need to relocate. Schools will soon see the reintroduction of face-to-face learning.

“ To minimize the likelihood of a new surge of COVID-19 cases, WHO continues to advocate for a risk-based approach as non-pharmaceutical interventions are adjusted and calibrated with the decreasing transmission and urges for acceleration of full vaccination of the most vulnerable ”

- *Dr Rabindra Abeyasinghe*
WHO Representative to the Philippines



For further information click [here](#).

From the field:

Interagency social listening supports the scale-up of RCCE activities in Eastern and Southern Africa

Since May 2021 [the Collective Service](#) (WHO, UNICEF, IFRC supported by GOARN) in the East and South Africa regions has worked with core partners to collaboratively review and analyse social listening and community feedback data primarily from weekly and monthly WHO/AIRA COVID Infodemic [reports](#), UNICEF Social Listening and the IFRC/WHO-led Community Feedback Report.

This Joint COVID Infodemic Report is issued monthly and highlights key trends seen across the region and linked to specific countries in both digital and offline conversations, including those around vaccine safety, efficacy, origins of COVID-19 and vaccines.



Community Feedback Subworking Group Partner AWET in Zimbabwe collecting community feedback data about COVID-19 vaccines from a community member.

The reports have also included over 70 actionable recommendations linked to the insights for RCCE practitioners, including national government partners, to consider as they design and rollout RCCE activities.

These data have been gathered through a variety of channels including social listening through social media and digital news monitoring and community feedback.

The Community Feedback report particularly is comprised of data received from RCCE partners and government stakeholders in the region on a monthly basis and jointly analysed by partners. Some feedback from RCCE partners in the region indicate that the reports are very well received with findings routinely discussed in national RCCE TWGs and supporting partner decision making and design of RCCE activities.

These insights and recommendations have also been fed into the work of [Viral Facts Africa](#) (VFA), AIRA's social media content production hub, and complements the social listening pillar by developing high quality digital content that simplifies technical knowledge around key COVID-19 issues, amplifies the correct information and debunks misinformation.



Pandemic learning response

Serving countries with a one-stop-shop for learning in health emergencies

Countries need easy access to learning materials in local languages to respond safely and effectively to health emergencies like the COVID-19 pandemic. To provide countries with a single access point

for these training resources, the OpenWHO platform created a [Serving countries](#) portal that currently hosts dedicated learning channels for 12 countries (Azerbaijan, India, Indonesia, Kazakhstan, Nepal, Somalia, Sri Lanka, Suriname, Thailand, Timor-Leste, Ukraine and Viet Nam).

Each country channel is a one-stop-shop for multilingual learning resources produced in collaboration with WHO Country

Country Offices and Ministries of Health to empower frontline health workers, policy-makers and the public. Online courses featured in the portal include OpenWHO courses translated into the country's official languages, as well as courses developed by countries or adapted to the local context. The [Ukraine channel](#), for example, hosts five courses produced by the WHO Country Office in Ukraine to support the country's response to COVID-19, including courses focused on epidemiological surveillance customized to the situation in Ukraine.

In addition, the [India channel](#) hosts a course for Rapid Response Teams responding to the COVID-19 outbreak in India that was produced by the WHO India Country Office with technical support from the National Centre for Disease Control, Ministry of Health and Family Welfare, Government of India, and the U.S. Centers for Disease Control and Prevention India country office.

OpenWHO will continue to work with colleagues across the globe to launch additional country channels in the coming months.



OpenWHO.org learning platform figures



COVID-19 Partners Platform



COVID-19 Vaccine Delivery Support (CDS) funding opportunities

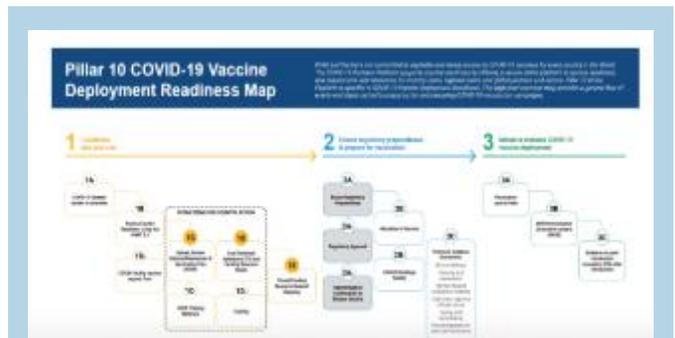
Gavi is offering new COVID-19 Vaccine Delivery Support (CDS) funding opportunities to support countries hoping to scale-up distribution of COVAX-funded doses. UD\$ 400 million worth of funding is being made available through two pathways

on the Partners Platform: a full-request pathway to cover gaps in national plans through 2022, and a short-term pathway for emerging urgent delivery needs that place COVAX doses at risk of expiry. Application materials and supporting documents can be submitted through WHO's Partners Platform.

Countries are encouraged to apply as soon as the new funding window opens to assure timely disbursement of funds: the first deadline for full-request applications is 8 November 2021, but AMC countries participating in COVAX may apply until 3 February 2022 for full-request funding. Funds will be made available for disbursement through December 2022. Applications for short-term funding can be made at any time as urgent gaps emerge.

Priority will be given to the Gavi 57 eligible countries. In addition, 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 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 prioritization of target population groups identified in countries' National Deployment and Vaccination Plans.



Scaling-up support of Infection Prevention and Control (IPC) in-country

Infection prevention and control (IPC) measures are among the most effective tools available to contain the spread of SARS-CoV-2, both in health facilities and in the community. IPC is central to the COVID-19 response, but it also constitutes the foundations of safe essential health services and resilient communities and health systems, ensuring quality care, and protecting against antimicrobial resistance.

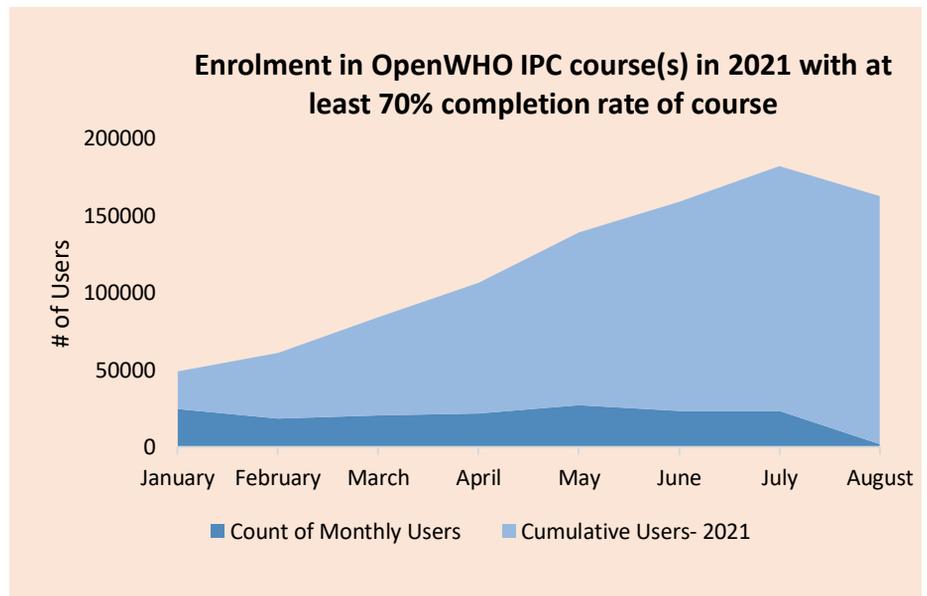
WHO is currently conducting a [global survey of Member States on the status of IPC programme implementation at the national level with respect to the IPC minimum requirements](#) using an assessment tool derived from the WHO Infection Prevention and Control Assessment Tool (IPCAT-2), accessible online via the [WHO Global IPC Portal](#). Upon the completion of the survey and subsequent analysis, the indicator related to IPC programme status will be updated.

As the pandemic situation has evolved, some countries have experienced multiple waves of COVID-19 cases including waves linked with emerging variants, impacting health systems capacity to continue to provide care. To better support health facilities with preparing for potential resurgences, the WHO IPC team has created a check list of critical IPC actions to be taken within 2-4 weeks including patient flow management, health facility infrastructure and health worker protection. Actions in each step are linked to respective guidance and tools that can assist with implementation.

OpenWHO IPC Channel disseminates 16 IPC-related courses to Member States

In 2021 (as of 9 August), **241,227 users** enrolled in an IPC-related course through the OpenWHO learning platform. Amongst total enrolments, **67% of users (160,602)** completed at least **70% of the course**.

Courses were offered in multiple languages including the UN languages, Albanian, Bengali, Indonesian, Somali, Thai, Turkish, and other languages.



Mexico, United States of America, India, the Philippines and Ecuador were the top 5 users of the IPC-related courses so far in 2021.

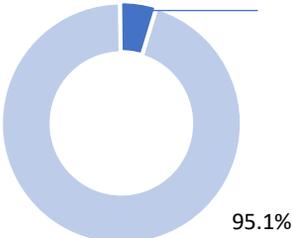
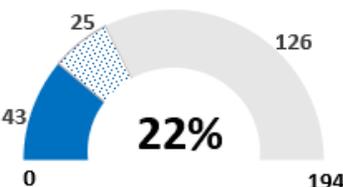
Young persons, aged 20-29 years old made up nearly half of all users (47.4%) who self-reported their user profiles.

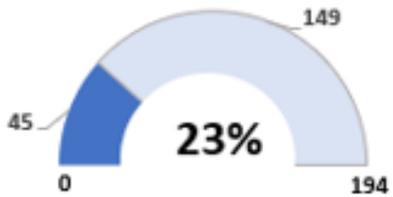
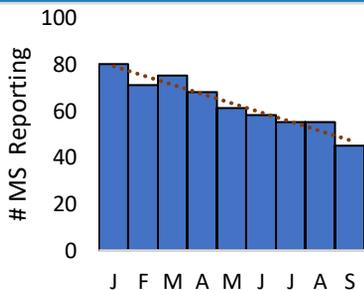
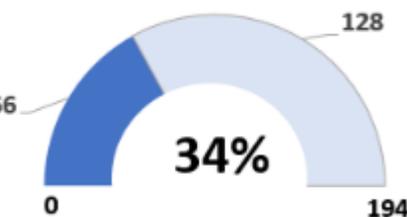
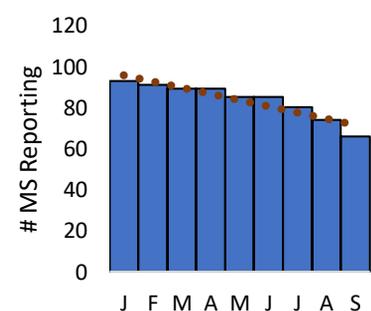
To access the IPC OpenWHO channel, click [here](#).



COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the SPRP M&E Framework are presented below:

Current Indicator Status (October 2021)	Overview
<p>Proportion of flexible funding received by WHO for SPRP 2021 (target = at least 30%)</p> <p>4.9%</p>  <p>95.1%</p> <p>■ Flexible Funding ■ Designated or Specified Funding</p>	<p>As of 12 October 2021, 4.9% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. This is well below the 30% target for indicator on flexible funding in the SPRP M&E Framework (2021)</p> <p>With operating funds that are not flexible, there has been an impact on operations and WHO's ability to rapidly react and flexibly respond to acute events and provide swift and needed support to countries.</p> <p>For more information on the appeal and funding, click here For the SPRP 2021 mid-term reporting, click here</p>
<p>Proportion of Member States conducting at least 1 Intra-Action Review or equivalent in 2021</p>  <p>22%</p> <p>43</p> <p>25</p> <p>126</p> <p>194</p>	<p>Since the publication of the WHO Guidance for conducting an Intra-Action Review (IAR) in July 2020, as of 29th October 2021, based on our knowledge, 100 IARs have been conducted by 68 Member States in addition to other types of evaluations.</p> <p>In 2021, a total of 50 IARs have been conducted by 43 Member States (22%), in AFR (35), AMR (2), EMR (2), EUR (6), SEAR (4), and WPR (1). Moving forward, WHO will continue to refine the IAR guidance and tools to adapt to country needs and contexts to help countries review and adjust their COVID-19 response as the pandemic evolves.</p>

Current Indicator Status (September 2021)	Trend	Overview
<p>Member States Reporting Health Worker Infection to WHO</p>  <p>23%</p> <p>45</p> <p>149</p> <p>194</p>	 <p># MS Reporting</p> <p>J F M A M J J A S</p>	<p>In September 2021, 45 Member States (23%) reported COVID-19 health worker infections to WHO.</p> <p>Since January 2021, there has been a 43.8% decline in Member States' reporting.</p>
<p>Member States Reporting detailed surveillance reporting to WHO</p>  <p>34%</p> <p>66</p> <p>128</p> <p>194</p>	 <p># MS Reporting</p> <p>J F M A M J J A S</p>	<p>There is a steadily decreasing trend of Member States reporting of disaggregated surveillance data (breakdown of age and sex) to WHO.</p> <p>Since January 2021 (n=93), there has been a 29% decline in Member States reporting since the beginning of the year.</p>

¹WHO will evaluate an additional indicator under SPRP/Pillar 1 related to health inequity analysis in Member States through the next iteration of the [WHO Pulse Survey](#). 10



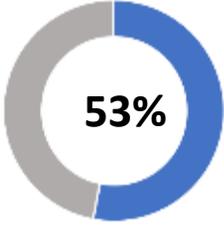
SPRP M&E Indicator (continued)

Maximizing influenza systems to support SARS-CoV-2 surveillance

The well-established system for influenza virus detection, risk assessment and sharing of virus materials and data, provide ready platforms to monitor the circulation of SARS-CoV-2 at the national, regional and global level.



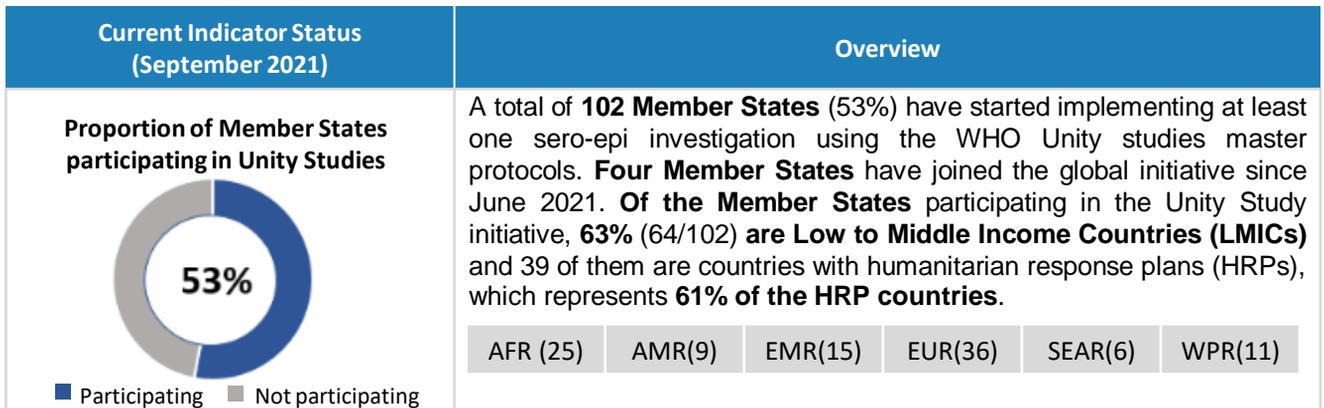
Since the beginning of the COVID-19 pandemic, influenza sentinel surveillance systems have been leveraged to integrate SARS-CoV-2 testing in specimens from influenza surveillance sources. A total of 125 countries are part of the [Global Influenza Surveillance and Response System \(GISRS\)](#); The GISRS system is now being adapted to monitor for COVID-19.

Current Indicator Status (September 2021)	Overview
<p>Proportion of countries testing for COVID-19 and timely reporting through established ILI, SARI, ARI surveillance</p>  <p>■ Reported data ■ Do not report</p>	<p>This week (epidemiological week 41), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 62 (53%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.</p>

The approach of integrated surveillance of influenza and SARS-CoV-2 to address critical public health needs of both influenza and SARS-CoV-2 at the same time using existing systems has been welcome by countries and supported by international agencies. Since December 2020, **12 additional countries** have integrated SARS-CoV-2 sentinel systems that monitor influenza, bringing the total number of countries with integrated surveillance systems to **71 Member States**.



Operationalizing the WHO Unity Studies: from protocol to publication



Protocols	Member States
Population-based age-stratified sero-epidemiological investigation protocol for COVID-19 infection	74
Household transmission investigation protocol for COVID-19 infection AND the First Few X (FFX) cases and contact investigation protocol for COVID-19 infection	41
Assessment of risk factors for COVID-19 in health workers protocols (cohort AND case control designs)	36
A prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2	10
COVID-19 Vaccine effectiveness protocols	20

WHO, in collaboration with technical partners, has developed several standardized generic epidemiological investigation protocols branded as the [UNITY Studies](#). The WHO UNITY Studies supports global research capacity building and results dissemination, with a particular focus on low-middle income countries (LMIC). To support Member States to increase their evidence-based knowledge for action, WHO developed tailored tools to LMIC contexts, supported capacity building of in-country scientific writing and ensured equity in high-impact, peer-reviewed journals.

To date, WHO UNITY Studies has organized six workshops on scientific writing that targeted UNITY-aligned studies across the WHO regions: two workshops in the African region (French and English), two for the European region, one for the Western Pacific region and one for the South-East Asian region. With technical support from external partners such as [SeroTracker](#) and the University of Melbourne, WHO has expanded its country support to also include topics on data management and data analysis. To further facilitate knowledge-sharing and collaboration with countries, WHO has partnered with *PLOS Med* to establish a forthcoming special journal issue that will exclusively focus on LMICs and their results from the population-based age-stratified sero-epidemiology protocol, the “[First Few X cases](#)” and “household transmission investigation” protocols. Through this timely collaboration, WHO hopes to feature the work of up to 20 LMICs and will provide writing and financial support during this process.

“I’d like to express my sincere gratitude to you for allowing me to be part of this enriching workshop. It was such a rare yet very beneficial opportunity and I have been transformed into a versatile cadre. Being a PhD aspirant, I have amassed a wealth of knowledge which I believe will propel me to greater heights. Your knowledge, patience and humility will always be appreciated.”

-- Zimbabwe scientific writing seminar participant (April 2021)



Operations Support and Logistics

WHO continues to forge and strengthen partnerships with procurement agencies to support countries with the purchase and delivery of diagnostics, PPE and biomedical equipment for the COVID-19 response. This has helped reduce competition among buyers for limited products in the market and contributed to the integration of WHO technical standards in operations and markets across implementing partners. WHO continues to manage the COVID-19 Supply Portal to process procurement for countries requesting essential supplies, while facilitating the transition to Long Term Agreements to enable countries to resume procurement directly from suppliers..

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and biomedical equipment for clinical care. In response, WHO and partners have created a COVID-19 Supply Chain System, which has procured and delivered supplies globally, including **US\$ 1.3 billion of PPE, diagnostic tests, medicines, and clinical care equipment to support COVID-19 response efforts in 191 countries.** The table below reflects WHO and PAHO-procured items that have been shipped as of 18 October 2021.

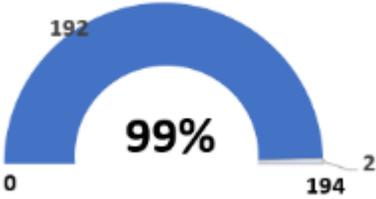
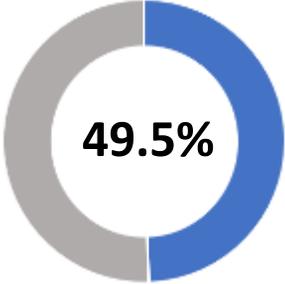
Shipped items as of 18 October 2021	Laboratory supplies*			Personal protective equipment					
	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 095 425	1 442 550	2 395 710	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
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



COVID-19 Vaccination

Current Indicator Status (1 November)	Overview
<p>Proportion of Member States that have started administration of COVID-19 vaccines</p> 	<p>Overall, 192 Member States (99% of Member States) have started the administration of COVID-19 vaccines.</p>
<p>Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion)</p>  <p>■ Population receiving 1+ dose ■ Not received</p>	<p>Overall, a 3,854,979,394 persons have been vaccinated with at least one dose (49.5% of the global population).</p> <p>According to the Global Dashboard for Vaccine Equity, 63.5% of people in high income countries have been vaccinated with at least one dose while only 4.75% of persons living in low income countries were vaccinated with at least one dose</p> <p>To support country scale-up and improve equity, WHO released a Strategy to Achieve COVID-19 Vaccination by mid-2022, which briefly outlines the urgent actions of the global community to vaccinate 70% of the world's population against COVID-19 by mid-2022.</p>
<p>6,893,633,094 COVID-19 vaccine doses have now been administered globally as of 1 November, 17h04 CET.</p>	

Following the [9th meeting of the IHR Emergency Committee on COVID-19 pandemic](#) on 22nd October, the following temporary recommendation related to SARS-CoV-2 surveillance have been extended by WHO:

MODIFIED: Achieve the WHO call to action to have at least 40% of all countries' populations vaccinated by the end of 2021. Increased global solidarity and production capacity is needed to protect vulnerable populations from the emergence and spread of SARS CoV-2 variants. States Parties are requested to share doses to increase global vaccine equity and to use a step-wise approach to vaccination, in accordance with advice from SAGE. Vaccination programmes should include vulnerable populations, including sea farers and air crews. To enhance vaccine uptake, States Parties are encouraged to assess enablers and barriers to vaccination. [Link to WHO SAGE Prioritization Roadmap](#) and [SAGE Interim Statement on Booster Doses for COVID-19 Vaccination](#)

MODIFIED: Recognize all vaccines that have received WHO Emergency Use Listing and all vaccine schedules as per SAGE recommendations, including in the context of international travel. [Link to Explanation of WHO Emergency Use Listing](#) and [Link to WHO Emergency Use Listing](#)



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 26 October **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- WHO COVID-19 global rapid risk assessment
- Age and sex distribution from WHO COVID-19 global surveillance
- SARS-CoV-2 Variants of Concern (VOCs) including an update on geographic prevalence and a focus on the Delta lineage AY.4.2 is also provided

News

- To read further about WHO Empowering heroes: support to strengthen the world's health workforce, click [here](#).
- To read more about the appeal to G20 leaders to make vaccine accessible to people on the move, click [here](#).
- To register for the live roundtable discussions exploring the future of the COVID-19 pandemic and other infectious threats from 4 – 9 November 2021, click [here](#).