

Weekly Operational Update on COVID-19

1 February 2021



Confirmed cases^a
102 399 513

Confirmed deaths
2 217 005

PAHO launches app that helps health workers use PPE more effectively

The Pan American Health Organization (PAHO) launched a mobile application, MedPPE, this week that provides detailed information on the personal protective



equipment that health personnel should use to guard against COVID-19, depending on their role and workplace.

MedPPE emphasizes the role and timing of health workers jobs and offers specific information to prevent the spread of COVID-19 and is available in Spanish, English, Portuguese, and French. The guidelines are aimed at all personnel working in health facilities, including security guards, administrative and cleaning personnel, transfer assistants, nurses, biomedical and imaging technicians, surgeons, and physicians, among others.

The correct use of PPE remains key to preventing infection and spread of the virus in hospital settings and to protecting essential workers in the response to the pandemic.

MedPPE provides guidance for the use of PPE according to workers' function, the level of care they provide, and the multiple environments of primary health care and hospitals.

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

Key Figures



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



145 GOARN deployments conducted to support COVID-19 pandemic response



19 948 965 respirators shipped globally



197 343 426 medical masks shipped globally



8 540 231 face shields shipped globally



6 713 379 gowns shipped globally



35 821 900 gloves shipped globally



More than **2.5 million** people registered on [OpenWHO](#) and able to access **25** topical courses in **44** languages

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

From the field:

Ukraine conducts Intra-Action Review to adjust COVID-19 response



Intra-Action Review in Ukraine. Credit: WHO CO Ukraine

On 27-28 January 2021, WHO Regional Office for Europe and the Ukraine WHO Country Office supported the Ministry of Health and the Ukrainian Public Health Centre to conduct a Country Intra-Action Review (IAR) for the COVID-19 response in Ukraine. The IAR allowed to review the national functional capacity of the public health and emergency response systems and to identify practical areas for immediate remediation or continuous improvement of the current response to the COVID-19 outbreak.

During the review, over 130 participants from multisectoral teams took part in 7 groups centered around the pillars of the response, including country-level coordination, risk communication and community engagement, points of entry, national laboratories, infection prevention and control, and operation support and logistics. The format of the IAR was a mix of in person and virtual collaboration to adjust to COVID-19 prevention measures in place.

The main goal of the IAR was to support the country in reviewing the actions implemented in all the critical response areas over the past year at the national and regional levels. WHO Regional Office for Europe provided guidance on the organization of an IAR according to WHO recommendations, and helped to run and facilitate the review sessions.

The IAR will provide practical recommendations and action points identified by the participants for sustained improvement of the ongoing COVID-19 response and updating the Ukrainian Country Preparedness and Response Plan (CPRP) accordingly.



Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 27 January 2021, **WHO** provided an update on the SARS-COV-2 variants identified in the UK, South Africa and Brazil and noted that current vaccines appear to be effective to the variants. WHO advised the continued development of a common risk monitoring framework, building on existing detection systems, linking human/animal transmission with broader surveillance efforts.

The Yellow House, an independent consultant briefed on their COVID-19 Supply Chain System (CSCS) assessment, citing immense achievements made by UN partners, including **WFP**, **UNICEF** and **WHO** among others, in the procurement and delivery of large quantities of critical COVID-19 supplies to countries worldwide.

On external communications, **WHO** informed that it is working with UNICEF on vaccine equity campaigns and asked the rest of the UN system to draw attention to the success in procuring and delivering large quantities of essential goods during a critical phase of the pandemic.

COVID-19 Preparedness

Mauritius conducts a COVID-19 vaccine simulation exercise prior to the national vaccine roll-out.

In collaboration with the Ministry of Health, the WHO Country Office in Mauritius conducted a discussion-based tabletop exercise on 25 January 2021. The exercise focused on the national deployment and vaccination plan (NDVP) and tested the planning assumptions before national vaccination roll-out. The exercise was carried out using the [COVID-19 vaccine tabletop exercise](#) packages that were developed and published by WHO.



Start of the COVID-19 national vaccination roll-out in Mauritius. Photo Credit: WHO/Mauritius

The exercise focused on potential regulatory and safety issues, as well as the overall strategy, supply chain and communications aspects of vaccine roll-out. It helped test the regulatory frameworks and systems, as well as procedures and oversight for monitoring vaccine safety after it is deployed, while the strategy, supply chain and communications aspects helped identify the target populations and test vaccination strategies, manage supply chains, and prepare communication plans to promote vaccine acceptance and uptake.

Around 25 participants joined in the exercise including from National Regulatory Agency, decision-makers, logisticians, warehouse & logistic managers and communication specialists. The exercise helped to test and make final adjustments to the national vaccination strategy and plan before the national roll-out started on 26 January 2021.

Prior to the exercise, together with AFRO a brief training was provided to the MoH and Country Office staff to update them on the vaccine exercise package content and ensure smooth implementation and support. The vaccine exercise packages have been developed by the Health Security Preparedness (HSP) Department and through the collaboration with the Access to COVID-19 Tools (ACT) Accelerator's Country Readiness and Delivery (CRD) workstream.



COVID-19 Partners platform

Trainings for roll-out of vaccine introduction

WHO, UNICEF and partners are supporting countries in preparing for COVID-19 vaccine introduction through the Access to COVID-19 Tools (ACT) Accelerator.

The Country Readiness and Delivery (CRD) workstream – which is part of the ACT Accelerator and is included in the SPRP – has developed a [toolbox](#) with guidance, tools, and trainings.

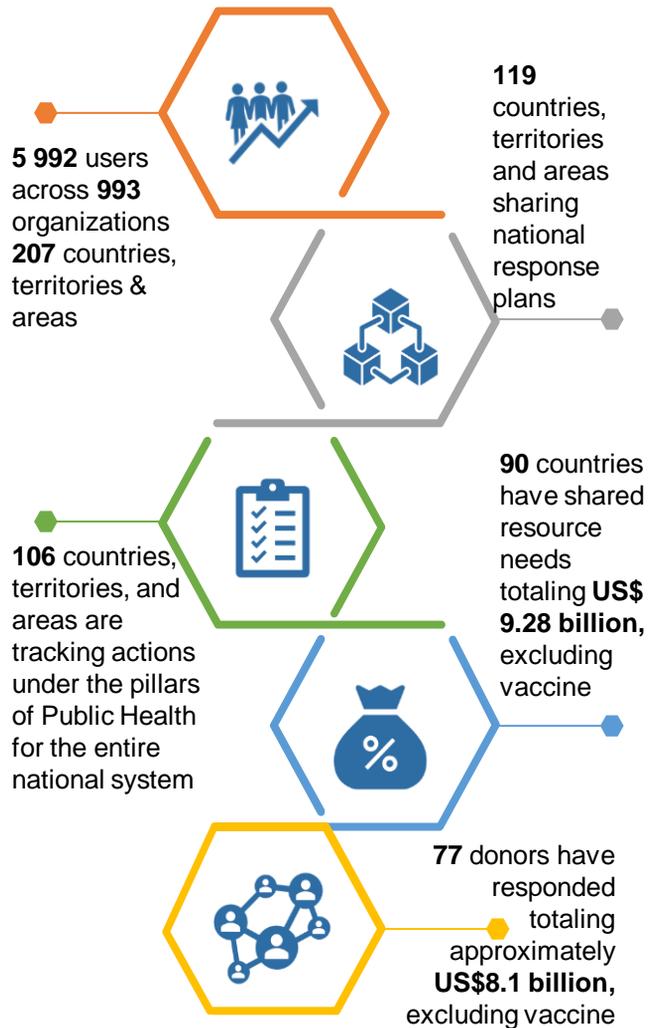
The trainings for [national/subnational focal points](#) and [health workers](#) to prepare for COVID-19 vaccine roll-out have been taken by more than 35,000 learners globally and are being translated into 12 languages. Additional trainings and resources, including for acceptance and uptake of COVID-19 vaccines and preparing for COVID-19 vaccine supply and logistics, will be added to the toolbox shortly.

With the launch of the CRD COVID-19 vaccine introduction on the Partners Platform online tool, WHO is providing technical training sessions to ensure all the new Vaccine Regional Administrators (VRA) and Vaccine Country Administrators (VCA) are able to quickly and efficiently per-

form essential tasks in the National Deployment and Vaccination Plan (NDVP) process. VRAs and VCAs are appointed by the Regional Advisors for Immunization.

In these digital training sessions, provided in English, Spanish, French and Arabic, WHO technical experts from the Partners Platform team will guide participants through the completion and uploading of the NDVP and provide an overview of the next stages of the process, including validation by a government official, Costing Technical Assistance and funding resource needs, assessment by the Regional Review Committee (RRC), and progression to allocation by the Joint Allocation Task Force.

These trainings take place from Monday, 25 January to Tuesday, 5 February. Regional Advisors for Immunization can provide the VCAs and RCAs with the training schedule. Archived recordings of these sessions will be available [here](#).



Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 29 January, 2021

Shipped items as of 29 Jan 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	700 800	3 649 890	2 079 446	1 423 210	10 139 300	208 050	1 717 279	53 429 400	2 700 630
Americas (AMR)	6 030 050	1 019 862	10 518 766	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	840 300	1 245 910	1 843 210	914 985	6 905 000	174 480	799 322	26 317 550	1 502 095
Europe (EUR)	248 000	404 050	580 190	1 728 300	8 935 100	399 820	1 564 748	40 545 400	5 369 950
South East Asia (SEAR)	200 000	2 352 150	2 482 024	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		175 800	348 848	768 700	3 021 000	311 927	463 710	14 974 146	2 102 035
TOTAL	8 019 150	8 847 662	17 852 484	8 540 231	35 821 900	1 503 727	6 713 379	197 343 426	19 948 965

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



Appeals

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.

As of 20 January 2021

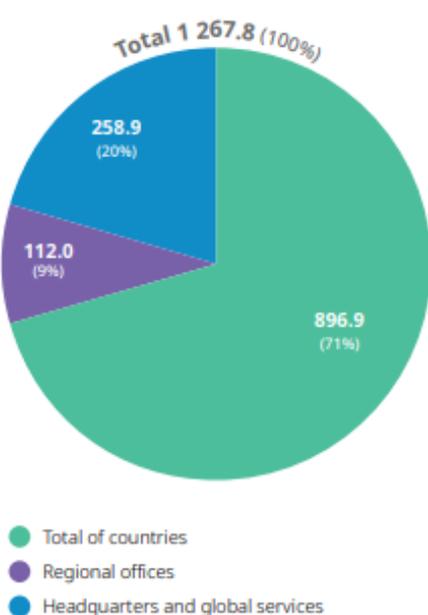
Global Strategic Preparedness & Response Plan (SPRP)



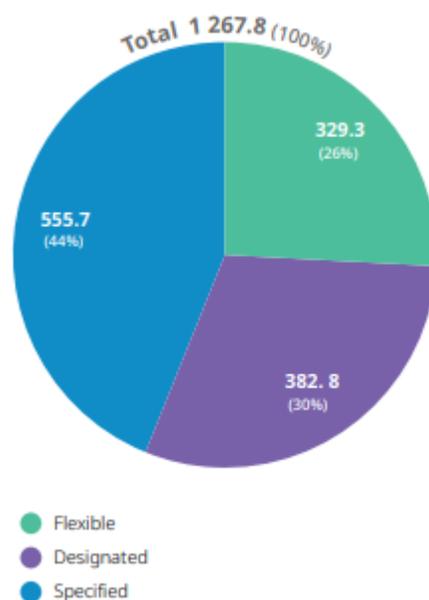
- US\$ 1.5 billion raised by WHO during 2020
- US\$ 1.3 billion projected utilization for 2020 SPRP
- US\$ 240 million raised by the COVID-19 Solidarity Response Fund
- US\$1 billion on country support and regional coordination

The status of funding raised for WHO against the SPRP can be found [here](#)

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



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



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



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

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

By 29 January 2021, more than 659,000 [leading companies, foundations](#) and individuals from more than 190 countries had committed more than US\$ 241 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the lifesaving work of WHO and its partners.

More than US\$ 241 Million



659 000 donors

[individuals – companies – philanthropies]

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](#).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

Real-time training for COVID-19
Free online courses from WHO

Intro to COVID-19	Health & safety	Clinical care	Prevention & control (IPC)
Protective equipment	Hand hygiene	Country capacitation	Treatment facilities
Field data tool	Mass gatherings	Long-term care	

OpenWHO.org



44 languages

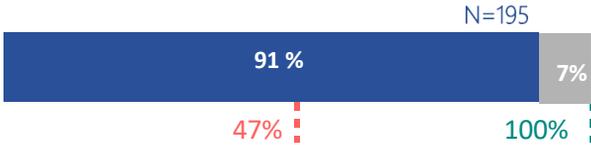
25 topical courses

Over 2.5 million certificates

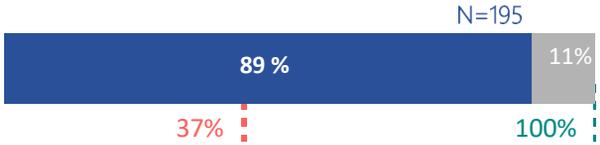


COVID-19 Global Preparedness and Response Summary Indicators ^a

Countries have a COVID-19 preparedness and response plan



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



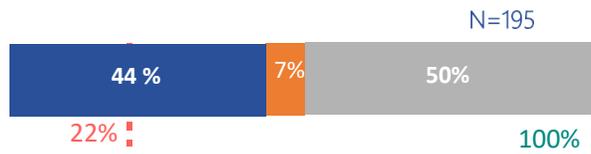
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



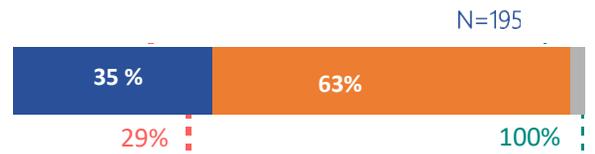
Countries that have defined essential health services to be maintained during the pandemic



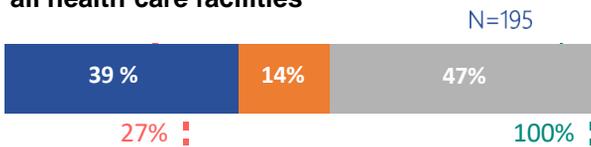
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



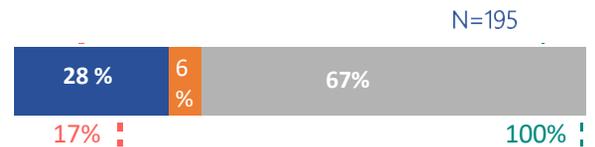
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



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



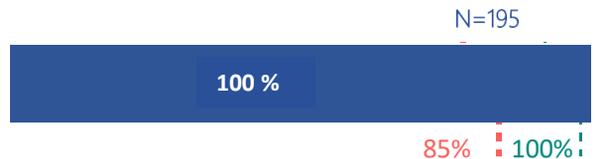
Countries have a health occupational safety plan for health care workers



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



Countries have COVID-19 laboratory testing capacity



Legend



Notes:

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



COVID-19 Global Preparedness and Response Summary Indicators

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

Priority countries with multisectoral mental health & psychosocial support working group

N=64



Priority countries with an active & implemented RCCE coordination mechanism

N=64



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

N=64



Priority countries with a contact tracing focal point

N=64



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

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue)
- No (Orange)
- No information (Grey)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository



The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

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



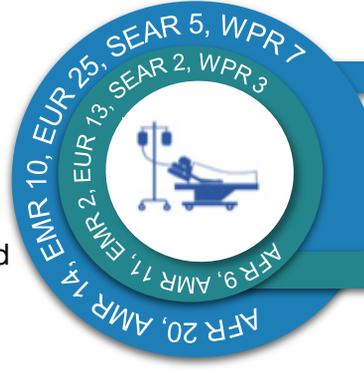
118 countries intend to implement at least one Unity Study protocol

76 countries have started implementation

Global COVID-19 Clinical Data Platform

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

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



81 countries intend to contribute data to the clinical platform

40 countries have started sharing data

Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



In week 02, 44 countries have reported COVID-19 data from sentinel surveillance systems

43 967 sentinel surveillance specimens were tested in week 02

25.5% specimens tested were COVID-19 positive



Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [Regional Office of the Americas](#)
 - [European Regional Office](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 16 December 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)
- ❑ Updated COVID-19 Table top Exercise packages are now available online to better reflect the current situation as well as align it to the latest WHO guidance. The updated exercises include:
 - Generic table top exercise
 - Health Facility & IPC table top exercise
 - A Point of Entry (POE) table top exercise
 - Target population, supply chain and community engagement & communications table top exercise
 - The regulatory and safety issues table top exercise

All COVID-19 simulation exercises can be found [here](#)