

Weekly Operational Update on COVID-19

4 October 2021

Issue No. 74



As of 3 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
234 551 981

Confirmed deaths
4 796 171

Nearly a third of African countries hit 10% COVID-19 vaccination goal: WHO support to accelerate rollouts

Only 15 of the African continent's 54 nations have fully vaccinated 10% of their people against COVID-19 – a goal set for 30 September by the World Health Assembly.

COVAX is working with donors to identify countries that can currently absorb large volumes of vaccines and plans to strengthen support for countries that do not have other sources of vaccines.



Fifteen African countries hit 10% COVID-19 vaccination goal ©WHO / Andre Rugema

WHO has already assisted 19 African countries in conducting intra-action reviews (IARs) to analyze vaccination campaigns and identify recommendations for improvement.

These IARs show that uncertain deliveries have been a major impediment for many countries. WHO is also providing targeted support through the deployment of a team of international experts to specific countries to identify and resolve bottlenecks in COVID-19 vaccine rollouts, including working with local authorities and partners to identify and address the root causes of challenges to administering vaccines.

WHO is also working to share crucial lessons and best practices among African countries to help accelerate vaccine rollouts.

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

Key Figures



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



More than **5.7 million** people registered on [OpenWHO](#) and accessing online training courses across **38** topics in **56** languages



20 700 072 PCR tests shipped globally



207 026 426 medical masks shipped globally



97 051 700 gloves shipped globally



9 474 791 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



6 188 903 420 COVID-19 vaccine doses administered globally as of 4 October

^a COVAX has shipped over **311 million** vaccines to **143 participants** as of 27 September

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

From the field:

WHO supports national vaccine cold chain system in Islamic Republic of Iran

The WHO country office in the Islamic Republic of Iran has supported maintenance of the vaccine cold chain in the country by equipping the existing cold rooms with 16 000 electronic temperature loggers, officially handed over on 27 September. These temperature loggers, procured through funds from the State of Kuwait, were delivered to the Ministry of Health and Medical Education.

The procured temperature loggers can record the temperature for up to 30 days, which is displayed on the attached

LCD panels and can be easily monitored by the cold chain staff. This will also help computer analysis of the data at district or national levels to ensure proper temperature is maintained for quality assurance of different vaccines.



“

“A number of universities of medical sciences have facilities that support ultra-low temperature storages, and if vaccines requiring such low temperatures arrive in Islamic Republic of Iran in batches of one million doses, they can be swiftly distributed in the original packaging and utilized at vaccination centres in due time,” said Dr Mohsen Zahrayi, Head of the Immunization and Vaccine Preventable Diseases Office of the Centre for Disease Control and Prevention.

”

Based on the Effective Vaccine Management Assessment facilitated by WHO early in 2020, a cold chain improvement plan was developed according to which the newly donated equipment will be distributed across the country. The handover meeting also allowed for conferring about other equipment needed in the country, including a variety of refrigerators and fridge-vehicles for safe transportation of vaccines to remote areas in the country.

Dr Jaffar Hussain, the WHO Representative and Head of Mission to the Islamic Republic of Iran, concluded the meeting by emphasizing WHO’s readiness to technically support immunization programme in Islamic Republic of Iran and the willingness to further invest in upgrading the national cold chain system pending available financial support from donors.

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

From the field:

WHO/Europe supports COVID-19 intensive care in Georgia: 13 – 24 September 2021

Throughout the month of August 2021, Georgia saw a sharp rise in reported COVID-19 cases and deaths reaching levels not previously seen in the country and placing significant pressure on the provision of quality care to patients.

Following a WHO expert mission conducted during the second half of August 2021, and upon the request of the Ministry of Health in Georgia, the WHO Health Emergencies



*WHO experts and Georgian healthcare workers discuss infection prevention and control practices
©WHO Europe*

Programme and the WHO Country Office in Georgia supported an additional mission to support COVID-19 Intensive Care Unit (ICU) care from 13 to 24 September 2021.

WHO experts in intensive and critical care of COVID-19 patients and in Infection Prevention and Control (IPC) were deployed to review intensive care management, operational procedures and infection control procedures in thirteen separate health facilities designated to provide services for severe and critical COVID-19 patients in several regions of the country.

The mission team's findings and recommendations were presented to key policy makers and experts in Georgia and a rapid refresher training was conducted with 26 intensive care medical staff. The training provided an occasion to refresh the knowledge of clinical practitioners involved in COVID-19 care on the provision of oxygen, prevention of complications in ventilated patients, nursing care and rationale use of pharmaceuticals within the ICU.

Based on the findings WHO will continue to support the Ministry of Health to strengthen clinical capacities and core nursing skills, including in support of enhanced specialized ICU care.

From the field:

Fourth Intra-Action Review (IAR) Meeting: Recommendations to strengthen Indonesia's COVID-19 response

The [intra-action review \(IAR\)](#) is a comprehensive multisectoral review to identify gaps and opportunities for learning from and improving the COVID-19 response. Between 11-14 August 2020, WHO supported the Ministry of Health (MoH) of Indonesia to conduct an IAR for the COVID-19 response.

WHO also supported MoH to conduct regular monitoring of IAR recommendations implementation and COVID-19 health sector response plan indicators. Previous monitoring meetings were held in November 2020, February 2021, and April 2021. As a follow up, MoH conducted the fourth monitoring meeting of the IAR recommendations and COVID-19 response plan implementation from 23-25 August 2021. During the meeting, the MoH presented COVID-19 situation analysis, evaluation of public health social measures, achievements, and gaps.



Around 84 participants actively engaged in the IAR monitoring meeting, comprising MoH, Ministry of Agriculture, National Disaster Management Authority, Presidential Staff Office, Coordinating Ministry of Human Development and Cultural Affairs, National Armed Forces, professional organizations, partners, and other stakeholders.

Outstanding achievements included updated COVID-19 guideline, silacak application (English: Information Tracing System) for contact tracing and E-Health Alert Card (E-HAC) implementation in 497 districts (96%), expansion of the laboratory network and genomic sequencing laboratory network, expansion of the number of referral hospitals and more.

The IAR highlighted that increased mobility and the spread of the delta variant were among the main contributing factors to the surge of COVID-19 cases in June and July 2021. Monitoring of epidemiological and response capacity indicators were crucial to adjust public health and social measures (PHSM) to prevent another surge of COVID-19 cases in the future.

Recommendations to further strengthen the national COVID-19 response included: integrate logistics information system and regular review of supply stockpile and forecasting using Essential Supply Forecasting Tool (ESFT), improve timeliness and completeness of ILI and SARI surveillance to monitor COVID-19 trends, continue public campaign including for vaccination involving community and timely infodemic management and more.

The IAR monitoring meeting facilitated continued stakeholders' engagements to identify gaps and embrace lessons learned from the COVID-19 response.

For further information on the IAR in Indonesia, including the full list of recommendations, click [here](#).

Public health response and coordination highlights



- At the **UN Crisis Management Team (CMT)** meeting on 30 September 2021, **WHO** noted continued decline of COVID-19 new cases and deaths globally, reporting over 3.3 million cases and over 55,000 deaths in the previous week. However, WHO commented that high levels of diseases and severity continue to be observed among unvaccinated people.
- **The United Nations Department of Global Communications (DGC)** provided an update on the media impact of COVID-19 related issues during the UN General Assembly, with an analysis of news coverage and social media activity.
- WHO reported on the work of the Mass Gatherings Working Group during the 2021 Tokyo Olympics, noted the effective coordination and joint work with partners of the IOC/Tokyo 2020 All-Partner Task Force and WHO's advisory role in the wide implementation of a public health and social measures package.
- **ICAO** reported that a High-level Conference on COVID-19 will take place in mid-October and briefed the CMT on its agenda and preparation.
- **OHCHR** highlighted human rights concerns associated with the stigmatization of COVID-19 patients, around mandatory vaccination legislations that lack free and informed consent, and on restrictions on fundamental freedoms.
- **FAO** stressed that together with WFP and OCHA, it will brief the Member States on the unprecedented famine faced by multiple countries and the 41 million people in IPC phase 4. **FAO** also noted that it is working on a global plan of action on One Health in the context of the FAO-WHO-OIE Tripartite Agreement, which will be briefed in the CMT in a future meeting.



Pandemic learning response

Nicaragua: Working together to bring training to the front lines

The pandemic has highlighted significant equity gaps that impact the capacity of health workers in remote communities. In the Managua, Nicaragua node of the Virtual Campus of the PAHO/WHO, they had to rethink their training practices: replacing face-to-face training with distance training and developing innovative strategies to overcome barriers such as internet access and computer equipment or smartphones.

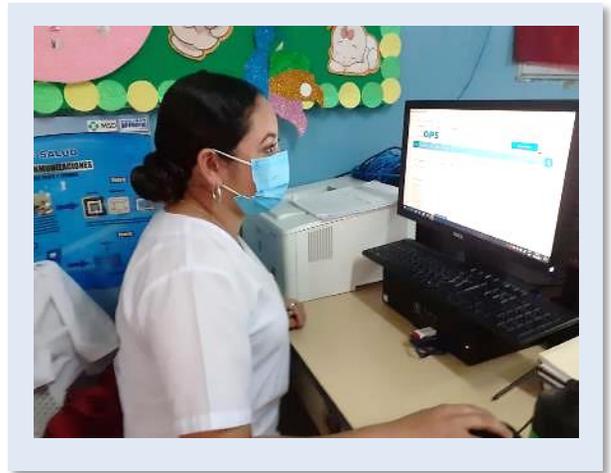
The [Diploma on the Management of the Expanded Program of Immunizations](#), based on content from OpenWHO and from the PAHO/WHO Virtual Campus for Public Health, started when the pandemic began and is currently running its third edition via USB stick distribution to health workers in a remote area of the Caribbean coast.

A support network was created with health worker families, Ministry of Health staff and the PAHO/WHO team that developed further

initiatives, such as collaboration with local authorities from remote health units for participants to access the technological infrastructure of health units to complete their distance training. Additionally, a network of over 300 tutors nationwide, trained by the Virtual Campus for Public Health, collaborated in the translation of courses available in Spanish into the Miskito language, Mayangna and English.

The two platforms play an important role in this process because "they put in our hands key tools to be able to advance learning," in the words of Perla Zeledón, lead of the Nicaragua node of the Virtual Campus.

The Nicaraguan team, together with specialists from the Ministry of Health, have adapted courses to local sensibilities and culture, such as the 'Training for health personnel for the application of the vaccine against COVID-19', launched in May 2021.



OpenWHO.org learning platform figures



Infection, prevention and control
Clinical management



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 1 October 2021.

Shipped items as of 1 Oct 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 072 925	1 316 550	2 381 538	1 553 010	35 442 300	453 536	2 373 079	54 810 400	3,654,630
Americas (AMR)	1 348 132	18 097 275	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	2 122 925	2 276 518	1 506 585	16 604 000	348 080	3 119 722	32 987 550	2 476 695
Europe (EUR)	849 600	1 197 550	654 984	1 911 220	27 997 900	627 860	3 316 548	42 101 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 658	385 036	8 714 500	91 470	642 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	117 000	1 196 882	777 100	3 434 000	311 927	488 710	15 008 146	3 206 035
TOTAL	13 917 477	26 026 300	20 700 072	9 474 791	97 051 700	2 155 813	11 580 079	207 026 426	27 097 565

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 24 September 2021*

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



Appeals

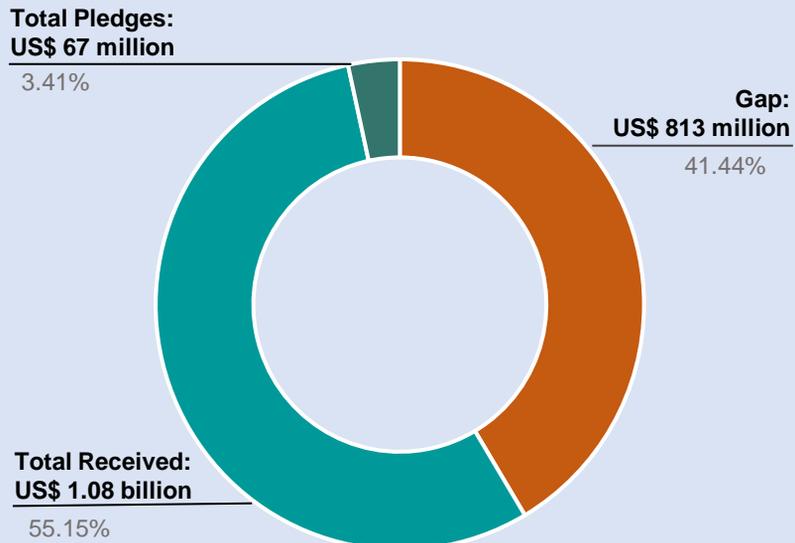
WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 28 September 2021, WHO has received US\$ 1.08 billion out of the 1.9 billion total requirement. **A funding shortfall of 45% remains at the close of 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 5.5% 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 28 September 2021



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
Pillar 1: Proportion of flexible funding received by WHO for SPRP 2021 (SPRP budget: US\$ 1.96B, as of 28 September 2021 for quarter 3 / 2021) ^a	N/A	8.0%	5.5%	30%
As of 28 September, only 5.5% of the total funding received by WHO for SPRP 2021 is flexible. This is a decrease from the 30% flexible funding that was received for SPRP 2020 and the current target for 2021.				
Pillar 3: Proportion of countries ^b 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 ^c , as of epidemiological week 37 2021) ^d	22% (n=15) ^e	58% (n=40)	54% (n=37)	50%
This week (epidemiological week 37), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 37 (54%) have timely reported COVID-19 data. An additional 15 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 3: Number of countries ^b that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, as of Quarter 3 / 2021) ^f	n=59 ^g	69	71	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 4 October) ^d	0 ^h	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 4 October) ^d	0 ^h	5 924 819 985	6 188 903 420	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 4 October) ^d	0 ^h	43.3% (n=3.37 billion)	45.3% (n=3.52 billion)	N/A

^a Quarterly reported indicator

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

^c 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

^d Weekly reported indicator

^e Baseline for epidemiological week for southern hemisphere season

^f Quarterly reported indicator

^g Baseline as of 31 December 2020

^h 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 7 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 674 859 donors.

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.

More than US\$ 254 Million



674 859 donors

[individuals – companies – philanthropies]

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





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

- Approaches to determining waning COVID-19 vaccine effectiveness
- SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs

News

- For the new Science in 5: Air Pollution & COVID-19 on YouTube, click [here](#).
- The Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings has developed a new book titled 'My Hero is You 2021: How kids can hope with COVID-19', a sequel to the successful 'My Hero is You: How kids can fight COVID-19!'. Both books have been a collaboration of 60 organizations including WHO; read more about the new book [here](#) or download it [here](#).