

Weekly Operational Update on COVID-19

9 August 2021

Issue No. 67



As of 8 August 2021

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

Confirmed cases

202 138 110

Confirmed deaths

4 285 299

PAHO Director urges countries to prioritize indigenous communities in COVID-19 pandemic responses

At a press briefing in advance of August 9, International Day of the World's Indigenous Peoples, PAHO Director Dr Carissa F Etienne noted: while lacking robust data, there have been at least



© PAHO

617 000 COVID-19 cases and nearly 15 000 deaths of indigenous peoples in the Americas. She urged countries to collect more disaggregated data on indigenous groups to help better understand and resolve challenges they face and to guide better policies.

“PAHO has worked closely with organizations that represent indigenous groups in our region – like FILAC, the Fund for Development of Indigenous Peoples of Latin America and the Caribbean, and COICA, the Coordinator of Indigenous Organizations of the Amazon River Basin – to issue culturally appropriate recommendations to countries across our region. PAHO has also been supporting a cross-border vaccination campaign to reach indigenous communities in the Amazonian regions of Colombia, Ecuador, Peru, and Bolivia, where we’ve seen the importance of intercultural dialogues to build support for COVID vaccinations.” said Dr Etienne, adding “we must ensure our responses and our COVID vaccination campaigns do not widen inequities that have long plagued our region.”

For further information and the Director’s Opening Remarks, click [here](#).

Key Figures



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



More than **5.5 million** people registered on [OpenWHO](#) and accessing online training courses across **37** topics in **55** languages



19 818 496 PCR tests shipped globally



203 302 426 medical masks shipped globally



77 179 700 gloves shipped globally



9 130 031 face shields shipped globally



188 GOARN deployments conducted to support COVID-19 pandemic response



4 033 124 099 COVID-19 vaccine doses administered globally as of 9 August

^aCOVAX has shipped over **190 million** vaccines to **138 participants** as of 9 August

^aSee Gavi’s [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

Hajj 2021: Successful and safe hajj season in Saudi Arabia during the COVID-19 pandemic

As the hajj season for 2021 concludes, WHO's Regional Office for the Eastern Mediterranean acknowledges the efforts of Saudi Arabia in successfully implementing health and safety measures amid the COVID-19 pandemic resulting in no cases of COVID-19 or other illnesses reported among pilgrims.

“WHO greatly appreciates the high level of coordination and collaboration that was adopted by all sectors throughout the hajj season, using a collaborative and multisectoral approach. The Saudi Ministry of Health and WHO are in continuous dialogue and cooperation on all fronts related to the COVID-19 response,” said Dr Ibrahim El-Ziq, WHO Representative in Saudi Arabia.



From a risk assessment of the pandemic including the evolving epidemiology nationally, regionally, and globally, mitigation measures were enacted to only permit individuals who are fully vaccinated against COVID-19 and individuals who were previously infected and received one dose of the COVID-19 vaccine.

Other measures were put in place, including using innovative technology procedures by Saudi Arabia to protect pilgrims' health. Electronic cards, which registered the pilgrim's contact and medical details were used to provide access to all religious sites, accommodation, and transport, as well as to facilitate health authorities to identify crowded areas at sites. Saudi Arabia also used electronic robots to prevent physical contact and disperse physical gatherings, distribute bottled water and to help sanitize religious sites.

In addition, the Ministry of Health enforced strict physical distancing measures during the transitioning of pilgrims in the two Holy Mosques and the central area in Makkah and Madinah, all residential buildings and tents.

“This year's hajj came at a critical time in which cases are increasing across the Region and globally, calling for stricter procedures to prevent spread. We welcome all mitigation measures put in place by Saudi Arabia to ensure a safe hajj season without COVID-19 infections reported,” said Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean.

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

From the field:**Viet Nam receives additional COVID-19 vaccines through the COVAX Facility**

Viet Nam received 1 188 000 doses of COVID-19 vaccines from the COVAX Facility on 2 August 2021, bringing the total donations to the country to 8 681 300 doses. The total number of doses includes 5 000 100 doses of Moderna vaccine donated through the COVAX Facility by the United States Government and 3 681 200 doses of AstraZeneca.

As of 2 August, over 6.2 million COVID-19 vaccine doses have been administered in Viet Nam, among them 620 611 second doses. The additional vaccines will help the Ministry of Health to expand coverage and reach more people from priority groups, contributing to attaining the country's target of vaccinating more than 70% of population by the end of the first quarter of 2022.

“

“COVID-19 vaccines are lifesaving tools, but with a limited supply, prioritizing the most vulnerable is the most optimal way to save lives” says Dr Kidong Park, WHO Representative for Viet Nam. “As we face the surge of cases, we need to accelerate and ramp up our efforts in Viet Nam to vaccinate health workers, the elderly and those with underlying conditions to protect them from severe illness and death.”

”

From the field:

Sri Lanka receives a large consignment of AstraZeneca vaccines from Japan via the COVAX Facility

On 31 July 2021, over 728 000 doses of the AstraZeneca COVID-19 vaccines have been delivered to Sri Lanka from a total contribution of over 1.4 million doses provided by the Government of Japan through the COVAX Facility. This is the third COVAX allocation to Sri Lanka, all entirely donor-funded with no cost to the country.

The first delivery of COVID-19 vaccines from the COVAX Facility comprised of 264 000 doses of AstraZeneca in March, followed by 1.5 million doses of Moderna vaccines donated by the United States Government earlier in July.



The Minister of Health, Hon. Pavithra Wanniarachchi, emphasized the role the COVAX Facility and donors play in Sri Lanka's fight against COVID-19. "The arrival of this batch of vaccines is the result of continuous advocacy over the past several months by the Government of Sri Lanka, WHO, UNICEF, and the United Nations. And of course, it would not be possible without substantial support from the Government of Japan, who recognized that it is in every country's best interest to work together to accelerate vaccination, because no country is safe until every country is safe."

The Ambassador of Japan to Sri Lanka, Sugiyama Akira, noted that "Japan has also provided USD 16.2 million to Sri Lanka to assist its combat against COVID-19, including improving its cold chain system. Globally, Japan has pledged USD 1 billion to the COVAX facility to accelerate vaccination in developing countries."

The WHO Representative to Sri Lanka, Dr Alaka Singh, stated that "Japan's donation is much appreciated as an exemplary demonstration of global solidarity for the pandemic response. The contribution is critical for fully vaccinating those who have already received the first dose of AstraZeneca. This would be an important milestone for H.E. President Rajapaksa's laudable vaccination plan and puts Sri Lanka on track to lead on WHO's call to each country to vaccinate 40% of their population by year end. WHO recognizes this as one of the key factors against transmission, along with critical reinforcement from public health and social measures.

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

From the field:

WHO/Europe carries out an Infectious Substance Shipment Training (ISST) for priority countries in Almaty, Kazakhstan: 02 - 04 August 2021

The ability to detect, confirm or control global disease threats often relies on the transfer of patient samples and other biological materials between healthcare providers and laboratories. In order to ensure safe and timely operations, shippers of infectious substances must have appropriate knowledge on the national and international processes and regulations for transport by air, road, rail and sea. The COVID-19 pandemic has highlighted that capacity building of human resources in performing international shipments of infectious substances is a priority to allow confirmation and further testing.

From 2 to 4 August, a 3-day face to face Infectious Substance Shipment Training (ISST) was held in Almaty, Kazakhstan in order to certify shippers of infectious substances against applicable international transport regulations. The training was carried out by the WHO Regional Office for Europe in Russian and attended by laboratory experts from Azerbaijan, Tajikistan, Kyrgyzstan, Kazakhstan and Uzbekistan as well as WHO National Professional Officers from both Tajikistan and Kyrgyzstan.



The training was composed of interactive lectures, short presentations, demonstrations, hands on activity, question & answer sessions as well as a pre- and final- examination. As part of the ISST course different modules cover: the introduction to transport of infectious substances, shipping terms, categorization, packaging, marking and labeling, documentation and refrigeration.

This is one of two ISST trainings covering priority countries that will be carried out by the WHO Regional Office for Europe. The following training will be held in Kiev, Ukraine from 13 – 15 September 2021.

From the field:

Adamawa State Government, Nigeria, with WHO support, increases COVID-19 risk messaging to scale-up community knowledge and perceptions

The Adamawa State Government in Nigeria and in partnership with WHO initiated a community sensitization campaign across five Local Government Areas (LGAs) to disseminate risk messages about the COVID-19 and dispel associated misinformation including about COVID-19 vaccines.

The State Ministry of Health (MoH), through the State Primary Healthcare Development Agency (ADSPHCDA), with support from WHO, worked with community resource groups in the five LGAs from April to June 2021, visiting a total of 229 settlements, educating 57 254 males and 75 883 females respectively.

WHO provided logistics and allowances for the community health volunteer teams in the five LGAs. During the campaign, the teams used a multi-pronged community-based strategy adopting an inter-personal communication approach as they moved from settlement to settlement, targeting households, churches, tsangayas (learning centres), Islamiyya Schools and street joints (Majalisa).

The volunteers sensitized households and other community members on COVID-19 using job aids such as poster and flip charts with educational messages as well as conducting practical demonstrations to deliver key messages. Prior to the campaign, the volunteers were trained on how to adhere to COVID-19 safety guidelines while doing their jobs.

“To reinforce our efforts and messages, we are also working with the mass media, that is, radio and television, religious and traditional leaders”, said Dr Bashir Sulaiman, the Executive Chairman, ASPHCDA.



“ A housewife in Doubeli ward, Yola North LGA, Hajiya Amina Ibrahim, said “I watch those things on television, but I usually regarded them as mere drama until when I interacted with those women. They taught us how to wash our hands, use facemasks and hand sanitisers. To protect my household, I will ensure my children observe the COVID-19 prevention measures at home, when out to school and in their day to day functions,” added Mrs Ibrahim.

Alhaji Abdu Musa, a nomadic Fulani, stated that the campaign changed his perception of Covid-19 because he did not believe it exist[ed]. “I will educate my people about the disease. I also urge the government to send personnel to the settlement for better enlightenment,” he added.

Pandemic learning response

Webinars attract worldwide audience during COVID-19

As the pandemic continues, webinars have endured as a popular interactive tool to transfer life-saving knowledge to all corners of the globe. Grounded on OpenWHO.org principles of equity, free access and lifelong learning, they provide a unique opportunity for anyone with an internet connection to interact directly with experts and those in the field.

OpenWHO has collaborated on 2 widely-attended webinar series for COVID-19. In June and July alone, a total of 13 352 participants attended 6 webinars. The events included 2 [#LearningSavesLives webinars](#) on [competencies](#) for health emergencies and [One Health](#), as well as the 4-part [joint training](#) which provided simultaneous translation in 5 languages: Chinese, French, Portuguese, Arabic and Spanish. Overall, the webinar series have counted nearly 20 000 participants over 12 webinars.

- the [#LearningSavesLives webinar series](#), which was launched in February to spotlight how learning and training are helping to protect people in health emergencies like COVID-19;
- the joint online training launched in June entitled, "[Build back better: Harnessing South-South cooperation and risk reduction planning for resilient and healthy cities in the post COVID-19 era](#)" by the UN Office for South-South Cooperation (UNOSSC), the UN Office for Disaster Risk Reduction (UNDRR) Global Education and Training Institute (GETI), and the WHO Health Emergencies Programme.



GLOBAL USER FIGURES

As of 20 July 2021

5.5 MILLION
TOTAL COURSE ENROLMENTS

55
LANGUAGES

37
COVID-19 COURSE TOPICS

10.2 MILLION
WORDS TRANSLATED



2.8 MILLION CERTIFICATES AWARDED

77 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES AND WHO AREAS OF EXPERTISE

COVID-19 Preparedness: engaging civil society organizations

Solidarity Response Fund initiative on engaging civil society organizations (CSO) in COVID-19 response at national and local levels

WHO Country Readiness Strengthening Department, with the leadership of the WHO Health Emergencies Programme and the Department of Health and Multilateral Partnerships, is coordinating an initiative on engaging grassroots civil society organizations (CSOs) in COVID-19 responses at the local level in alignment with national response actions to mitigate the impact of the pandemic.



Local training of Shuar and Achuar community workers in soap production and prevention of domestic violence in Ecuador. ©PAHO

To date, with the support of the COVID-19 Solidarity Response Fund, 54 CSOs across 40

countries in all six WHO regions have received direct financial support (a total of US\$ 5 million) and are receiving programme support to strengthen readiness and resilience in their communities to respond to the current and future pandemics.

A CSO mapping survey was conducted and responses show that implementation in countries, supported by WHO regional offices, benefits over 80 million people living in vulnerable communities, including migrants, internally displaced people, refugees, indigenous groups, ethnic and social minorities, the elderly, people with disabilities, children and women in distress, youth groups, as well as front-line care providers.

The novel initiative is guided by joint WHO/CSO efforts to plan, implement, and monitor response directly with communities in the spirit of empowering community ownership, enhancing participatory governance, and strengthening global solidarity in building back better and preparing for future emergencies.

The selected CSOs significantly contribute to connecting hard-to-reach and marginalized communities to services, focusing on culturally appropriate approaches and sustainable solutions with initiatives ranging from 'information caravans' (awareness campaigns) to local soap production and more.

Reaching out to communities via CSOs increases the efficiency of national efforts for achieving health for all and contributes to accelerating the progress toward attainment of Sustainable Development Goals.

The initiative began in October 2020 and will continue until December 2021 with countries beginning the implementation phase from January 2021 onwards. Stay tuned for country implementation highlights in future WOU editions.

COVID-19 Partners Platform

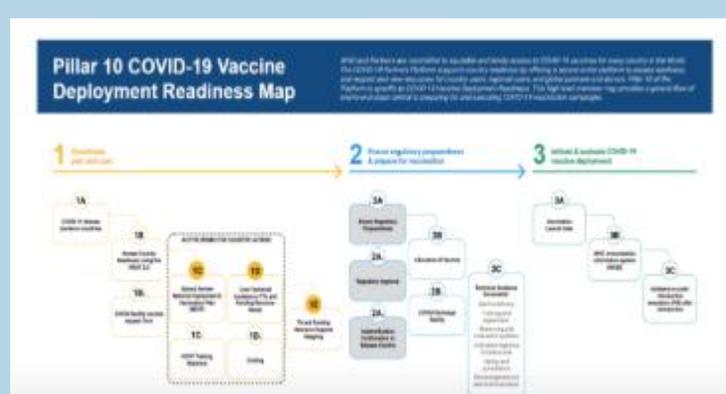


The COVID-19 outbreak poses a significant challenge for all countries – creating an unprecedented need for international solidarity and a coordinated global response.

The [COVID-19 Partners Platform](#) was launched as an enabling virtual space for all countries to share their plans for the response and coordinate efforts between implementing partners, UN agencies, donors and contributors. This includes mechanisms to monitor and progress implementation of readiness and response plans regularly, to cost technical assistance and resource needs not covered by domestic budget and to match country needs with donor contributions. As the Partners Platform has continued to expand to match global needs of the evolving pandemic, this now includes its role with the COVAX Facility in tracking vaccine contributions and country needs.

The Partners Platform features real-time tracking to support the planning, implementation and resourcing of country preparedness and response activities in a transparent and efficient manner across all

10 response pillars of the [COVID-19 Strategic Preparedness and Response Plan \(SPRP 2021\)](#) and its accompanying [Operational Planning Guideline](#).



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 4 August 2021.

Shipped items as of 4 Aug 2021	Laboratory supplies*			Personal protective equipment					
	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 036 925	1 255 950	2 361 204	1 529 970	34 350 300	366 770	2 156 579	54 284 400	3 224 030
Americas (AMR)	1 348 132	12 259 900	10 555 962	3 335 800	4 785 000	322 940	1 621 120	55 146 330	7 716 960
Eastern Mediterranean (EMR)	2 201 020	2 112 925	2 314 438	1 340 185	14 412 000	253 040	2 136 722	29 895 550	1 826 295
Europe (EUR)	849 600	1 160 550	679 080	1 772 020	15 978 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 630 800	3 175 000	2 976 658	381 436	4 393 500	86 510	632 300	6 940 500	1 894 495
Western Pacific (WPR)	659 450	30 000	931 154	770 620	3 260 000	311 927	468 710	14 984 146	3 107 035
TOTAL	13 725 927	19 994 325	19 818 496	9 130 031	77 179 700	1 866 447	10 061 979	203 302 426	24 965 365

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 2 August 2021*

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

Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 3 August 2021, WHO has received US\$ 1 billion out of the 1.96 billion total requirement. **A funding shortfall of 41% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, as of 3 August, 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 3 August 2021

Total Pledges:
US\$ 153 million

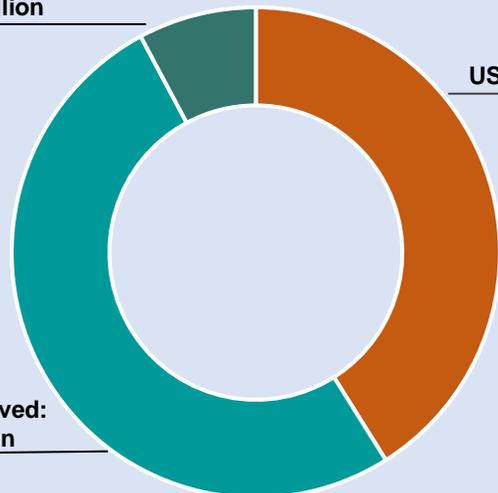
7.82%

Total Received:
US\$ 1 billion

51.12%

Gap:
US\$ 805 million

41.06%



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](#).



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 August 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 673 083 donors.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by WHO.

More than **US\$ 254 Million**



673 083 donors

[individuals – companies – philanthropies]

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.



42 countries
sharing data

- **AFRO 10**
- **AMRO 11**
- **EMRO 3**
- **EURO 13**
- **SEARO 2**
- **WPRO 3**

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 29 2021) ^c	22% (n=15) ^d	45% (n=31)	45% (n=31)	50%
<p>This week (epidemiological week 29), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 31 (45%) have timely reported COVID-19 data. An additional 9 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.</p>				
Pillar 9: Countries ^a where at least one vaccine preventable disease (VPD)-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=67, as of 3 August 2021) ^e	55% (n=35) (January 2021)	57% (n=38)	60% (n=40)	100%
<p>The recent observed change is due to updates in reporting.</p>				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 9 August) ^c	0 ^f	98% (n=191)	98% (n=191)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 9 August) ^c	0 ^f	3 886 112 928	4 033 124 099	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 9 August) ^c	0 ^f	19.4% (1.5 billion)	20.4% (1.6 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 Monthly 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



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

SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs.

News

- For more information on the record weekly COVID-19 deaths in Africa, click [here](#).
- To watch the newest Science in 5 on HIV & COVID-19, click [here](#).
- FIFA has launched #ReachOut with the support of WHO among others, a campaign designed to raise awareness of the symptoms of mental health conditions, encourage people to seek help when they need it, and take actions every day for better mental health. For more information, click [here](#).