

# Weekly Operational Update on COVID-19

13 February 2021



Confirmed cases<sup>a</sup>  
**107 838 255**

Confirmed deaths  
**2 373 398**

## Nepali Audio Journalists Engaged in Webinar on "Science behind COVID-19"



Recently, around a hundred audio journalists from across Nepal participated in a webinar on the “*Science Behind COVID-19*” organized by the [Ministry of Health and Population](#) (MoHP). The objective was to brief them on scientific evidence concerning COVID-19 including vaccination against the disease, to increase their understanding of the pandemic and thereby improve the accuracy of their reporting.

Participants also heard about community engagement and how to create content during a pandemic. They were then able to put forward their questions and concerns with the respective speakers related to COVID-19, vaccines, and communicating during a pandemic, with most queries related to vaccines, their side effects and availability.

A spokesperson for the MoHP emphasized the importance of communicating information based on science during the COVID-19 pandemic, while the WHO Representative to Nepal, Dr Rajesh Sambhajirao Padav, highlighted the role of audio producers in countering rumors and misinformation during the pandemic.

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

## Key Figures



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



**150** GOARN deployments conducted to support COVID-19 pandemic response



**19 951 965** respirators shipped globally



**198 343 426** medical masks shipped globally



**8 582 631** face shields shipped globally



**6 835 879** gowns shipped globally



**36 600 900** gloves shipped globally



More than **4.9 million** people registered on [OpenWHO](#) and accessing online training courses across **25** topics in **44** languages

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



**World Health  
Organization**

HEALTH  
**EMERGENCIES**  
programme

## From the field:

### **EU and WHO provide additional support to prevent COVID-19 spread and strengthen health systems in Somalia**



On 3 February, the European Union (EU) launched a €5 million multi-year project to support the WHO and the Federal Government of Somalia to prevent further community spread of COVID-19 and to strengthen health service delivery across the country as Somalia's health systems start recovering from the aftershock of the pandemic.

This new and vital multi-year partnership stems from a Bilateral Technical Coordination Mechanism previously established between WHO Somalia and the EU Delegation to Somalia which sought to strengthen operational response capacities for COVID-19 and other health emergencies.

The project, to be implemented by WHO and the Federal Ministry of Health, will contribute to preventing large-scale community transmission of COVID-19 and further spread or resurgence of the virus and other epidemic-prone diseases, while helping health systems recover better and stronger. Dr Mamunur Rahman Malik, WHO Representative in Somalia noted "We are leaving no stone unturned. Together with the EU, and the Federal Government of Somalia, we are redoubling our efforts to ensure everyone, everywhere in this country is safe and protected from COVID-19 and other health threats."

Over a 3-year period, the project will support institution and capacity-building of the health workforce in the country, such as establishing integrated data management and surveillance system and launching a new services availability and readiness assessment (SARA) survey, which will consolidate information on all health facilities and services available across the country. This information will be useful to better understand how the project is having an impact on its beneficiaries by improving health and keeping them safe and protected.

"In addition to saving lives and preventing the spread of COVID-19, this project will help us build a legacy for Somalia's health systems" said HE Dr Fawziya Abikar Nur, Minister of Health and Human Services, Federal Government of Somalia.

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

## From the field:

### WHO Regional Office for Europe's Southern Caucasus Hub points of entry assessment in Azerbaijan



Points of Entry (PoE) play a critical role in safeguarding a country's public health and well-being, which is recognized by the International Health Regulations (2005).

Large international airports and sea ports often represent a challenge due to the complex issues they deal with daily (such as high volume and frequency of traffic, population density around PoE, etc.) and the presence of many

stakeholders including international travelers, government authorities, private air and sea companies and more.

Upon request from the Sanitary and Quarantine Service of the State Customs Committee of Azerbaijan and in coordination with the Ministry of Health, the WHO Health Emergencies Hub for the Southern Caucasus organized an informal assessment on the preparedness and response capacities for COVID-19 at key national PoE including the international airport, the sea port of Baku and ground-crossings with Georgia, Iran and the Russian Federation.

During the assessment, key aspects related to coordination and communication mechanisms, health and non-pharmaceutical measures in place, cleaning, disinfection and training of the responsible staff were addressed. Discussions were held with key persons in charge and representatives of the responsible agencies.

Critical functions addressed included on-site observations of physical spaces and equipment with an emphasis on practical recommendations. While Azerbaijan has taken the threat of COVID-19 seriously and significantly increased public health capacities to prevent, detect and respond to COVID-19 at PoE, opportunities exist to further strengthen and align actions with WHO guidance.

WHO is maintaining direct communication with the responsible authorities and the results of the assessment and technical recommendations will be provided and used to further enhance the measures in place, which health authorities at PoE are keen to operationalize to further prevent cross-border spread of COVID-19.



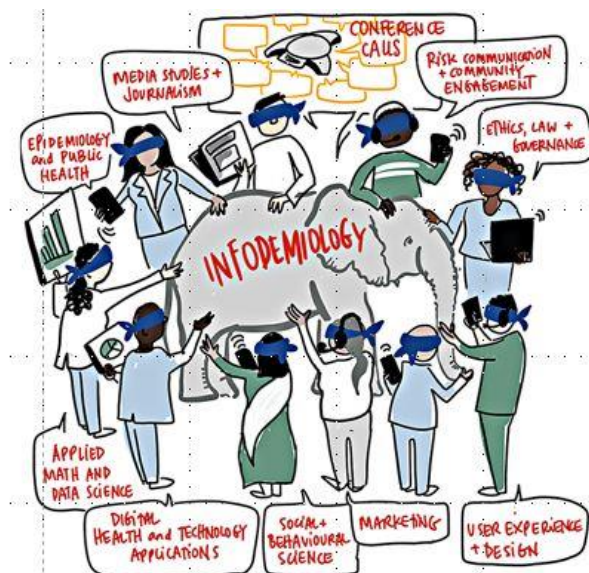


## Infodemic management

### Responding to and combatting an infodemic with science-based interventions

In the early days of the COVID-19 pandemic, people around the world were suffering from information overload, while lacking credible, accurate information and falling prey to mis- and disinformation.

Recognizing this COVID-19 “infodemic” was perpetuating online and causing harm to people’s health offline, WHO’s Director-General, Tedros Adhanom Ghebreyesus sounded the alarm that “we’re not just fighting an epidemic; we’re fighting an infodemic.”



After an [initial consultation in April 2020](#), WHO organized [a major global infodemic conference](#) in June and July where over 100 experts convened virtually to define the nascent science of infodemic management and build [a public health research agenda](#) that serves as a playbook for conducting relevant public health research.

This research agenda provides guidance to invest in research and innovation so that we have better interventions and tools to understand, measure and respond to infodemics, and ultimately to steer people towards timely, accessible, understandable health information that can help them make good health choices.

Within the research agenda, five streams of thinking and 65 research questions were developed and prioritized so that the practice of infodemic management has a structure, a methodology that is rooted in evidence and has room to further evolve as a discipline.

This exciting progress will challenge country authorities to explore:

- How do overwhelming amounts of information affect behaviour in emergencies and what interventions are effective in addressing it?
- How does online behaviour affect offline action?
- How does the infodemic affect cognition and influence uptake of health services?
- How do policy interventions successfully address and mitigate health misinformation?

The next steps will be to track implementation of the agenda and review evidence of its effectiveness.

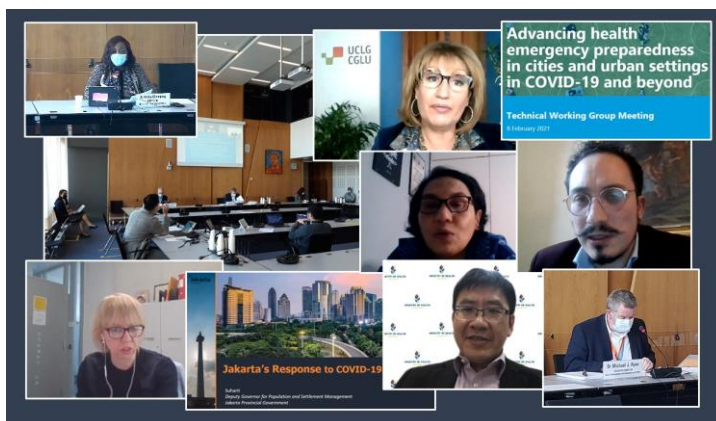
[Click here](#) for more information and to download the research agenda, and please [commit](#) to practicing infodemic management in the world around you.

## COVID-19 Preparedness

### **First Meeting of the Technical Working Group on “Advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond”**

COVID-19 has disproportionately impacted cities and urban settings and will unfortunately not be the last health threat or emergency. The inaugural meeting of a technical working group on urban preparedness held its first meeting on 8 February 2021.

Members included representatives from countries across all WHO regions (from Ministries of health and interior and local governments), partners (academia, national public health institutes and the private sector), city networks, international organizations and all levels of WHO.



The working group's objectives are to discuss unique considerations that influence emergency planning and implementation, share experiences and best practices in cities and urban settings, discuss how the approach to preparedness will change given the pandemic including seven key areas of focus (such as population density and mobility, including ways to manage congestion and ensure safe public transportation) and to develop clear roles and actions moving forward.

The meeting was opened by Executive Director for the WHO Health Emergencies Programme, Dr Mike Ryan, and Deputy Secretary for Health of the Republic of Singapore, Dr Benjamin Koh. They highlighted the need to learn from the impact of the current crisis in urban areas and build back cities that are safer, healthier and better prepared for future emergencies.

Members shared their experiences and perspectives including the Secretary-General of the NGO, United Cities and Local Governments; the Deputy Governor from Jakarta Provincial Government in Indonesia; an urban planner from a university in Bochum in Germany; Ministry of Health officials from the United Arab Emirates and Singapore; the 'ASL Roma 1' Regional Health System from Italy; and the International Organization for Migration.

Topics for deliberation in future meetings were discussed. The working group will complete its work in mid-April and contribute to the development of a technical guidance for national and local authorities including the experiences and lessons learnt during the COVID-19 pandemic to be published mid-2021.

## Health Learning



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

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

## WHO launches free online course on rehabilitation from COVID-19

A new training devoted to the rehabilitation of COVID-19 patients is available for free on OpenWHO.org as part of the *Clinical Management of Patients with COVID-19* course series.



The series is designed to equip healthcare workers with crucial knowledge to provide safe, effective quality patient care during the COVID-19 pandemic. The [rehabilitation course](#) is the second to launch; the [first course](#) on general considerations was published in October 2020. In total, seven courses are planned.

The seven modules of the rehabilitation training address the varied rehabilitation needs of patients recovering from COVID-19, including patients with cognitive impairment, physical deconditioning and weakness, respiratory impairment, swallow impairment, communication impairment, and challenges in completing Activities of Daily Living (ADLs). Techniques for rehabilitation also are addressed.

In total, the course will take approximately three hours to complete. Certificates are available for participants who score at least 80% across all quizzes or complete at least 80% of the course material.

As per 9 February 2021

44 languages

25 topical courses

Over 2.6 million certificates

4 882 837

Course  
enrollments

## COVID-19 Partners platform

Over the past three weeks WHO has been working diligently to support countries intending to participate in the February round of vaccine allocation through the COVAX facility. In that time span, the Partners Platform team has provided 50 countries, territories, or areas with 1:1 mentoring for their completion of the National Deployment and Vaccination Plan (NDVP) and support for uploading the plan onto the Partners Platform.

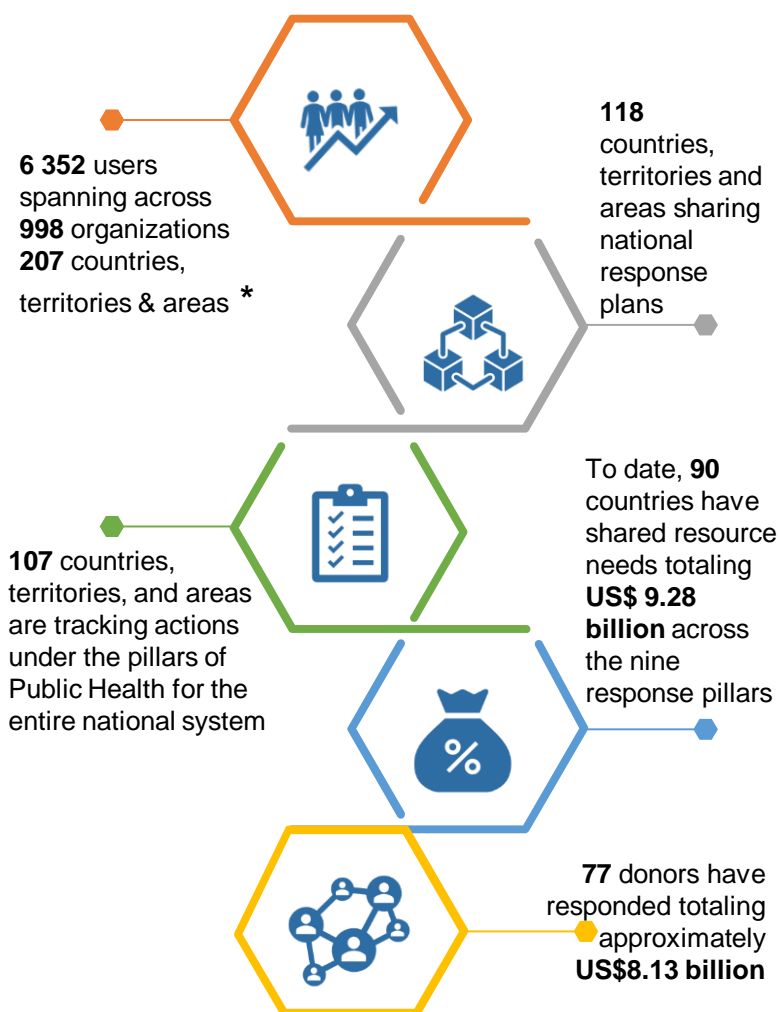
The Platform is the global repository for all NDVPs, in an effort to ensure uncomplicated and efficient access to the plans for the Regional Review Committees involved in assessing them and for other key vaccine stakeholders, such as global and regional donors providing essential funds and logistical contributions towards COVAX's equitable vaccine distribution initiative.

Tuesday, 9 February marked the deadline for the first round of NDVPs to be uploaded to the Platform. By the deadline 81 out of 87 countries that opted in for February allocation had uploaded their national plan to the Platform. A second round of vaccine allocation will occur in March.

Since its launch in March 2020, and especially in the execution of its central coordinating role in the global roll-out of vaccine readiness assessment, the Partners Platform has demonstrated its value as a digital repository.

In addition to the thorough guidance that WHO technical leads provided for vaccine introduction, the Platform's technical leads have been providing country and regional offices extensive mentorship for the development of national COVID-19 response plans across the [Strategic Preparedness and Response Plan's](#) (SPRP) nine recognized areas of response.

With the pending 2021 updates to the SPRP and its Operational Planning Guidance, the Partners Platform will continue to expand its functionality and provide crucial support as countries have the opportunity to adjust their national response plans in line with the changing nature of the pandemic.



For further information on Partners platform click [here](#)

*\*Note: viewing of vaccine information may be restricted to key vaccines stakeholders according to countries' preferences.*



## 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 12 February 2021

Shipped items as of 12 Feb 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	3 548 265	1 825 642	1 423 210	10 154 300	208 050	1 717 279	53 429 400	2 700 630
Americas (AMR)	6 520 050	1 020 412	10 518 478	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	934 050	1 249 320	1 439 590	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	248 000	409 300	540 770	1 730 700	8 935 100	399 820	1 647 248	40 545 500	5 372 950
South East Asia (SEAR)	320 000	2 352 150	2 240 200	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		175 800	346 834	768 700	3 021 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>8 722 900</b>	<b>8 755 247</b>	<b>16 911 514</b>	<b>8 582 631</b>	<b>36 600 900</b>	<b>1 535 727</b>	<b>6 835 879</b>	<b>198 343 426</b>	<b>19 951 965</b>

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

US\$ 1.7 billion requested

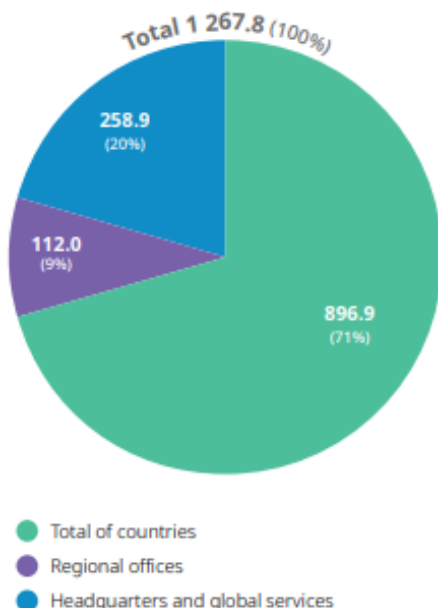
US\$ 1.5 billion raised by WHO during 2020  
US\$ 1.3 billion projected utilization for 2020 SPRP

US\$ 240 million raised by the COVID-19 Solidarity Response Fund

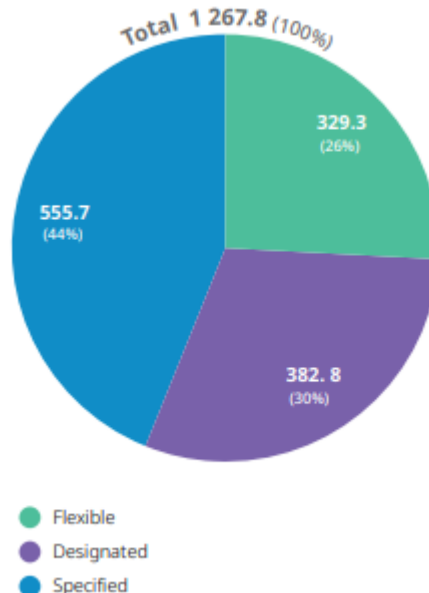
US\$1 billion on country support and regional coordination

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 5 February 2021, more than 660,000 [leading companies, foundations](#) and individuals from more than 190 countries had committed more than US\$ 242 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\$ 242 Million**



**660 000 donors**

[individuals – companies – philanthropies]

### The WHO Contingency Fund for Emergency (CFE)

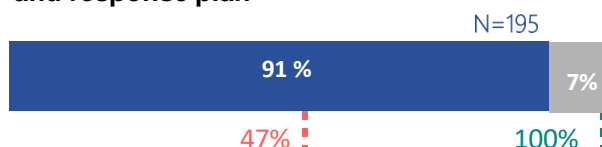
WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

**US\$ 8.9 Million released**

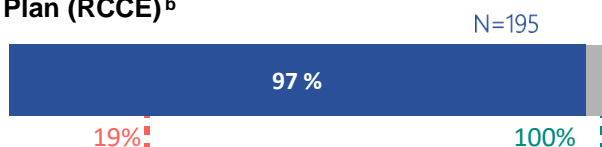
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).

## COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

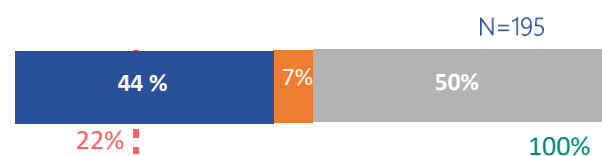
Countries have a COVID-19 preparedness and response plan



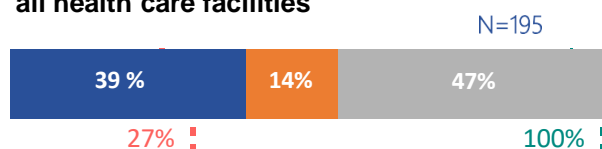
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



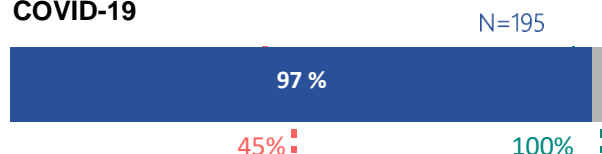
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



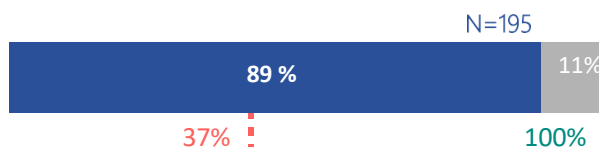
Countries with a national IPC programme & WASH standards within all health care facilities



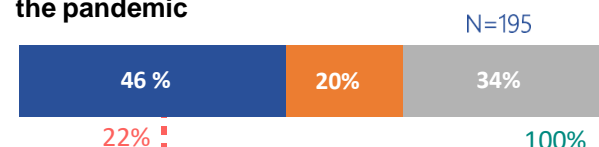
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



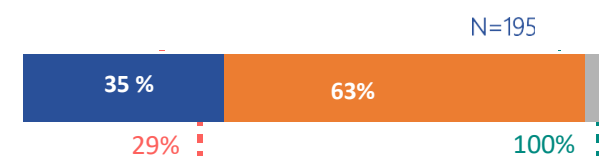
Countries have a clinical referral system in place to care for COVID-19 cases



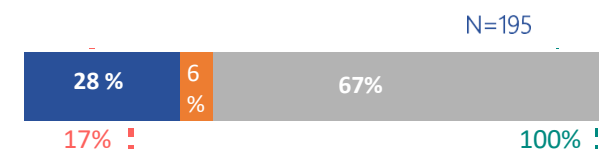
Countries that have defined essential health services to be maintained during the pandemic



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



Countries have a health occupational safety plan for health care workers



Countries have COVID-19 laboratory testing capacity



### Legend



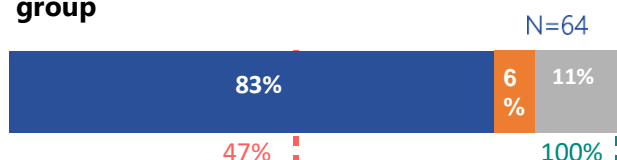
#### Notes:

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

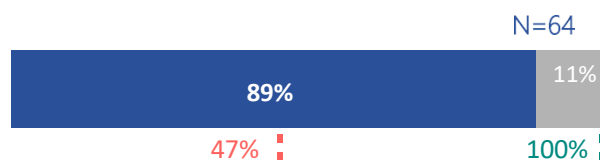
## COVID-19 Global Preparedness and Response Summary Indicators

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



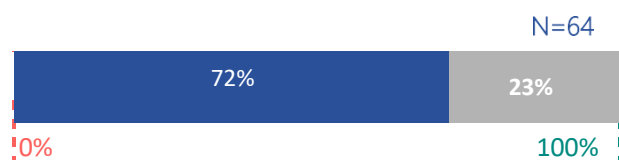
### Priority countries with an active & implemented RCCE coordination mechanism



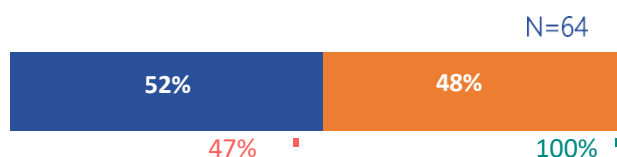
### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 <sup>c</sup>



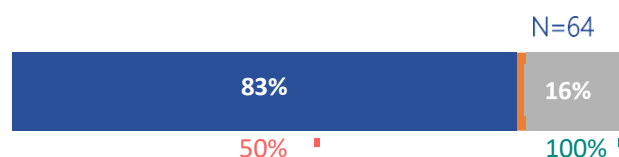
### Priority countries with a contact tracing focal point



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



### Priority countries with an IPC focal point for training



#### Legend

Yes

No

No information

Baseline value

Target value

#### Notes:

<sup>c</sup> 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 country, 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.



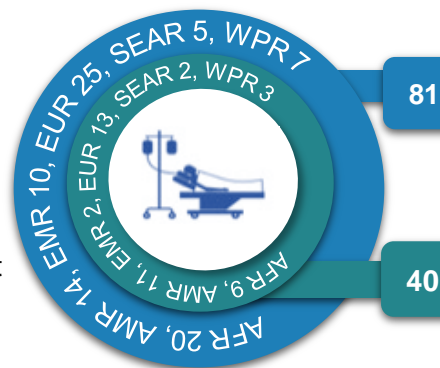
121 countries intend to implement at least one Unity Study protocol

77 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 5, 49 countries have reported COVID-19 data from sentinel surveillance systems

41,970 sentinel surveillance specimens were tested in week 5

18.5% 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](#)