

Weekly Operational Update on COVID-19

10 May 2021

Issue No. 54



Confirmed cases^a
157 289 118

Confirmed deaths
3 277 272

For tips to celebrate Eid-El-Fitr safely, click [here](#).



PAHO and Germany donate equipment to support Belize's COVID-19 vaccine deployment

PAHO and Germany donated essential equipment including 14 laptops, 14 MiFi devices (for internet), 200 000 vaccination cards for personal records and 148 500 information sheets for individuals who receive a COVID-19 vaccine to Belize's Ministry of Health and Wellness (MoHW).



Chief executive officer of the Ministry of Health and Wellness Belize, Dr. Deysi Mendez, accepting donated items from PAHO/WHO Representative of Belize, Dr. Noreen Jack. ©PAHO/WHO

In Belize, some rural and remote health facilities do not have internet or access to the national electronic medical record, presenting a challenge to real-time information, monitoring and evaluation capacity on vaccine administration. The donated equipment will enable monitoring of the COVID-19 vaccine rollout including information on vaccine type, batch numbers and more.

Dr Deysi Mendez, Chief Executive Officer of the MoHW noted her gratitude for the important donation that “will allow prompt access to gather and record individual data for reporting and documenting any adverse events following immunizations and respond timely.”

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

Key Figures



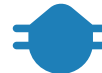
WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **31** topics in **51** languages



17 713 489 PCR tests shipped globally



200 105 426 medical masks shipped globally



8 664 511 face shields shipped globally



45 279 700 gloves shipped globally



167 GOARN deployments conducted to support COVID-19 pandemic response



1 171 658 745 COVID-19 vaccine doses administered globally as of 6 May

^a COVAX has shipped over **59 million** vaccines to **122 participants** as of 10 May

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

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

From the field:

Strengthening International Health Regulations capacities during COVID-19 by assessing ground crossings between the Republic of Moldova and neighboring countries

The Ministry of Health, Labour and Social Protection (MoHLSP) of the Republic of Moldova, jointly with the competent authorities in Points of Entry (PoEs) and with the technical support of WHO/Europe successfully conducted an assessment of the 2005 [International Health Regulations](#) (IHR) core capacities at four designated ground crossings in Leuseni, Hincesti, Criva, Briceni, Tudora and Ungheni. The aim of the assessment was to develop, strengthen and maintain core IHR public health capacity requirements at designated ground crossings, related to the prevention, early warning and response of public health risks and events.

Prior to beginning the assessment exercise, team participants reviewed the objectives of the assessment, the ground crossing assessment tools and considerations for a successful exercise.

The assessment team, consisting of representatives of MoHLSP, Border Police and Custom Service of the Republic of Moldova, National Public Health Agency, National Food Safety Agency and WHO, conducted



*Joint Points of Entry assessment in the Republic of Moldova. © WHO
Moldova Country Office*

four site visits to designated points of entry and a Ungheni railroad and cargo PoE.

“WHO technical support relies on strengthening specific components of IHR core capacities at points of entry to improve the overall IHR implementation at the country level. The COVID-19 pandemic was considered as an opportunity to evaluate and improve the current level of the country’s preparedness and response”, stressed Dr Igor Pokaneych, WHO Representative in the Republic of Moldova.

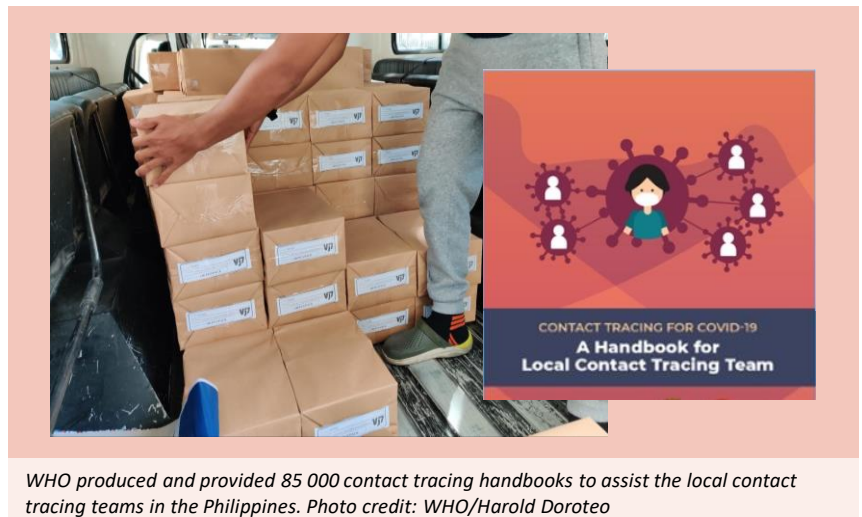
The mission concluded by identifying strengths, areas for improvement and developing an action plan for immediate, mid-term and long-term interventions to enhance capacities at the designated ground crossings in accordance with the requirements of the International Health Regulations (2005).

From the field:

WHO strengthens support to COVID-19 contact tracing efforts to break chains of transmission in the Philippines

The WHO Country Office in the Philippines, in partnership with the Philippines Department of Interior and Local Government (DILG) and Department of Health (DOH), launched a Contact Tracing Handbook for more than 1700 local government units (LGUs) to help enhance their local COVID-19 contact tracing systems and response strategies.

“Contact tracing and management remains one of the most important and effective public health interventions to break the chains of transmission” of SARS-CoV-2 said Dr Rabindra Abeyasinghe, WHO Representative to the Philippines. “The handbook will be an essential tool to support our local government units in ensuring an efficient and effective system for detecting possible cases and limiting the spread of the virus.”



WHO produced and provided 85 000 contact tracing handbooks to assist the local contact tracing teams in the Philippines. Photo credit: WHO/Harold Doroteo

The handbook will help to establish a well-coordinated nationwide contact tracing and management system that uniformly and effectively functions across LGU boundaries and includes quality assurance processes on national and sub-national levels. In addition, it will support workers to engage and communicate with people and communities and raise awareness, acceptance and support for contact tracing for COVID-19 and future outbreaks and health emergencies.

WHO has produced and handed over 85 000 contact tracing handbooks to assist local contact tracing teams. The handbook was made possible by collaboration between WHO, DILG, DOH and the National Task Force Against COVID-19, with the technical assistance from the University of the Philippines Manila College of Nursing.

WHO will continue to work closely with stakeholders to establish the contact tracing and management system and provide ongoing support to strengthen local, regional and national capacities to break the chains of SARS-CoV-2 transmission, protect health and minimize the social and economic impacts of the virus.

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

From the field:

COVID-19 vaccination campaign in Bhutan: from planning to execution

The WHO Country Office supported Bhutan from preparation to execution of their COVID-19 vaccine campaign. Initially, WHO supported Bhutan with their National Deployment and Vaccination Plan (NDVP) by providing technical support, funding and organizing a consultative workshop to develop the NDVP, followed by incorporating feedback from the WHO Regional Office for South-East Asia.

Developing the plan allowed Bhutan and WHO to foresee challenges that may arise during the implementation phase of the COVID-19 vaccine rollout. WHO provided recommendations for the anticipated challenges and supported Bhutan to plan for vaccinations in different scenarios, depending on vaccine availability. WHO's cumulative support helped Bhutan roll out its first COVID-19 nationwide vaccination campaign.



*Health Secretary and WR, WHO in field during the vaccination campaign.
©WHO country office/Bhutan*

WHO supported the development of a comprehensive health manual for COVID-19 vaccination and training inclusive of details on different COVID-19 vaccines, adverse events following immunization (AEFI), reporting and more. WHO supported national counterparts in training 77 health officials, including 20 medical officers in a training of the trainers (ToT). WHO then provided funding for subsequent training of 303 health personnel, vaccinators, support staff and volunteers in the field by those 77 individuals to conduct COVID-19 vaccinations.

The nationwide vaccination campaign was launched on 27 March 2021 in the country's capital, Thimphu. The campaign launch was immediately followed by administering COVISHIELD™ vaccines across all twenty districts nationwide in 1217 vaccination posts. WHO provided PPE and other necessary vaccination campaign equipment; volunteers monitored vaccination posts to avoid crowds and limit SARS-CoV-2 transmission risk. The vaccination campaign was successfully implemented and led to the vaccination of 453 595 individuals out of the total 533 558 eligible individuals by the end of day seven, irrespective of nationality. The Ministry of Health continues to vaccinate the remaining eligible population in health care facilities nationwide.

With the support of WHO, the Ministry of Health plans to conduct a COVID-19 vaccination Intra-Action Review (IAR) to assess the lessons learned and understand challenges faced during the first vaccination campaign. Findings from the IAR will help the country better prepare for the rollout of the second dose of the COVID-19 vaccine.

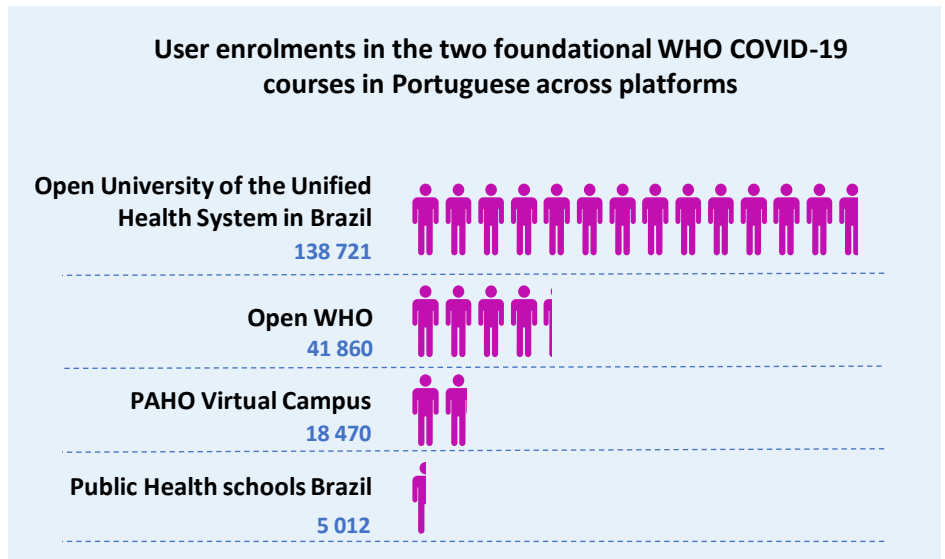


Pandemic learning response

Beyond OpenWHO: multi-platform dissemination of WHO online courses on COVID-19 in Portuguese in Brazil

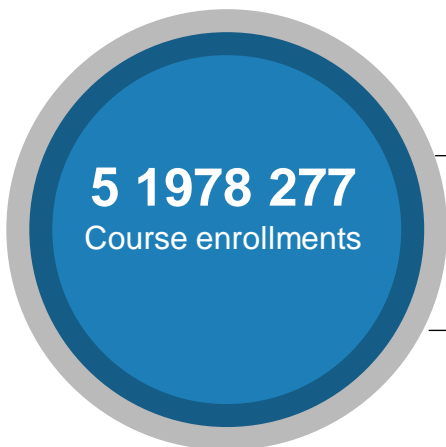
WHO provides technical guidance-based learning by means of online and open access formats in as many languages as possible, and in real time during the COVID-19 pandemic. Portuguese is the most spoken language in the southern hemisphere with 265 million speakers around the world. To date, 15 of the 31 COVID-19 OpenWHO courses have been translated into Portuguese.

In collaboration with PAHO's Virtual Campus, two foundational courses on COVID-19, *Introduction to COVID-19* and *Infection Prevention and Control*, were translated into Portuguese early in 2020 and made available on four platforms, ensuring that essential WHO technical knowledge is as widely available and accessible as possible.



Together, the two courses in Portuguese across all four platforms host more than 200 000 enrolments.

As of 4 May 2021



31 topical COVID-19 courses

51 languages

Over 2.8 million certificates



Partnerships

The Global Health Cluster - GHC

The Global Health Cluster [COVID-19 Task Team](#) has released a position paper, developed with 28 key partners, agencies and clusters involved in the COVID-19 response. The purpose of the paper is to guide global and country level Health Cluster partners to advocate and support equitable vaccine availability and uptake for populations of concern in humanitarian settings through 12 key messages.

Access to therapeutics, vaccines, diagnostics and other health products for COVID-19 must be considered as global public goods and thus made equitable, affordable, available, appropriate, safe and of assured quality for all those who need them, leaving no one behind.

To read the position paper, click [here](#).

Global Health Cluster Position on COVID-19 vaccination in Humanitarian settings

12 key messages for advocacy



HEALTH
CLUSTER

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 29 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 250 million from more than 669 548 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 the WHO.

More than **US\$ 250 Million**



669 548 donors

[individuals – companies – philanthropies]

Clinical management

Rapid assessment of medical oxygen and biomedical capacity in Guinea Bissau

The High Commissioner of Guinea Bissau and WHO coordinated a visit from 13 to 23 March 2021 with the aim of conducting a rapid assessment of medical oxygen and biomedical capacity in the country, marking the first time WHO deployed a biomedical engineer specialist to the field. COVID-19 has highlighted the need to increase access to medical technologies and to increase biomedical technical capacity to support the selection and sustainable maintenance of appropriate and safe medical equipment in countries.

WHO assessed 10 health facilities including five hospitals and one clinic in the capital, Bissau and four regional hospitals. The assessments were undertaken with a systematic and holistic approach, observing the conditions of the infrastructure (e.g., electricity, ventilation, patient flows), cleaning and disinfection measures and clinical and technical trainings and workshops. All necessary aspects related to the quality and safe use of existing biomedical equipment.



WHO team from HQ, Regional Office for Africa and Country Office assessed the biomedical equipment status in main hospitals of Guinea Bissau. Radiology service at Military Hospital. Photo credit: Sunfon Baial Sambu.

Subsequent recommendations such as a tiered scale up of medical technology and incentives to train and maintain staff to support biomedical equipment management were provided by WHO.

Presently, the country largely depends on importing medical oxygen cylinders from abroad; only three hospitals in Bissau have capacity to fill cylinders for off-site distribution through a Pressure Swing Adsorption (PSA) plant. Yet, due to poor maintenance these PSA plants are not operating optimally.

WHO, through the Solidarity Fund, has committed to support the country in procuring a new PSA plant and repairing two of the four existing PSA plants in Bissau. Next steps are already underway: a supplier has been identified who will conduct detailed assessments followed by a visit with spare parts for repair to the existing PSA plants.

To increase biomedical technical capacity, trainings will be supported through a toolkit including topics such as clinical oxygen therapy and maintenance of the PSA plants. WHO will also support in improving calculations of medical oxygen demand and planning for decentralized medical unit needs. Supporting sustainable and reliable access to medical oxygen, an essential medicine, through end-to-end support by WHO, can help improve health systems and clinical outcomes in the long-term beyond COVID-19.

COVID-19 Vaccine / COVID-19 Preparedness

WHO launches mini-cPIE (COVID-19 vaccination Intra-Action Review) to help countries take stock of early lessons from their COVID-19 vaccine roll-out

With the rapid approval and roll-out of COVID-19 vaccines globally, WHO's Health Security Preparedness Department and the COVID-19 Vaccine Country Readiness and Delivery Workstream co-developed tools for conducting a COVID-19 vaccination intra-action review (IAR), also known as the mini COVID-19 post-introduction evaluation (mini-cPIE). The key areas covered in the scope align with the programme areas under each country's COVID-19 national deployment and vaccination plan ([NDVP](#)).



WHO held a webinar on how to conduct a mini-cPIE twice from 29 to 30 April 2021. More than 300 participants attended in total from Ministries of Health, WHO headquarters, regional and country offices, UNICEF, other UN agencies, and partners from across all six WHO regions.

During the webinar, Botswana, the first country to conduct a mini-cPIE, shared their experience in the spirit of collective and peer learning. The Director of Health Services, Dr Malebogo Keabonye, highlighted an example of a success using a “snowball approach [where] the activation of a few sites allowed the community and the system to build confidence ... as we increase the volume [of COVID-19 vaccine roll-out]”. She also emphasized that the mini-cPIE helped “build momentum and optimize and leverage all the issues we [hadn't] paid particular attention to, so we are ready for the long haul of this programme”.

The mini-cPIE is recommended as a flexible way for countries to review the vaccine roll-out in the early phase, 2-6 months post-introduction. Countries can customize the mini-cPIE process by defining the scope of the review for the programme areas needed and questions of interest. The mini-cPIE is complemented by the “classic” post-introduction evaluation (PIE), a standard process that WHO recommends long-term following new vaccine introductions. For COVID-19 vaccines, the “classic” cPIE is recommended 6-18 months post-introduction.

To promote the continued exchange of country learnings from COVID-19 vaccine roll-out, WHO plans to host regular online “clinics” as an experience-sharing platform. Building on Botswana's experience, WHO looks forward to supporting more countries to conduct mini-cPIEs to identify good practices and areas for improvement to inform collective learning. As the largest global rollout of vaccines in history is underway, learnings from these reviews will be critical to promote a smooth roll-out as more COVID-19 vaccines are being developed and approved.

For *Guidance for conducting a country COVID-19 IAR* and associated tools, click [here](#). For vaccination-specific IAR (mini-cPIE) tools, click [here](#).

COVID-19 Preparedness

Simulating COVID-19 vaccination in Trinidad and Tobago

Before the arrival of COVID-19 vaccines, Trinidad and Tobago used simulation exercises to prepare and train the health workforce for the vaccine rollout. COVID-19 vaccine simulations test planning assumptions and procedures in a safe and constructed environment before national vaccine rollouts occur.

Modifying simulations developed by WHO and COVAX, health workers in Trinidad and Tobago were able to test and practice the planning and logistics of vaccine administration within the specific context of their country. For the simulations, a series of drills for the vaccine rollout occurred in Trinidad and Tobago throughout February and March 2021 at six health facilities and centres.

Participants in these exercises were personnel who performed their actual responsibilities and responded as they would in a real situation. They practiced their role within the vaccine roll-out at every stage and identified where the plan and procedures were working well and where they could be improved. The drills enabled the development of a standard operational procedure for the roll-out, including providing immunization cards and ensuring a 30-minute post-vaccination monitoring period for all COVID-19 vaccine recipients.



Waheeda Abdool Solomon, the senior district health visitor (DHV), gives a visual of required storage temperature for COVID-19 vaccines. © WHO/ Kibwe Brathwaite



During a simulation exercise on 6 March 2021, people acting as COVID-19 vaccine recipients wait to be registered. © WHO/ Kibwe Brathwaite

During the vaccination drill conducted at the Siparia District Health Facility in Trinidad, multiple scenarios were simulated at once to test preparedness and vaccine readiness. These included responding to a COVID-19 vaccine recipient who had decided to take the vaccine, a potential recipient who was undecided, walk in recipients with no appointments, a recipient with an allergic reaction to the vaccine, and a recipient who declined being vaccinated.

The COVID-19 vaccination endeavour is one of the biggest in history. It is critical that all countries are well prepared. Operational simulation exercises allow countries such as Trinidad and Tobago to stay one step ahead in the global fight against COVID-19 and enable an effective and efficient vaccine roll-out.

For further information, click [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 6 May 2021.

Shipped items as of 6 May 2021	Laboratory supplies			Personal protective equipment*					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	718 250	3 930 475	1 864 338	1 478 890	13 516 300	245 810	1 884 679	54 035 400	2 783 830
Americas (AMR)	7 479 900	1 046 132	10 550 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 278 300	1 594 920	1 931 565	954 985	7 627 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	459 000	682 850	610 820	1 756 900	13 438 900	424 780	2 276 548	41 701 500	6 011 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 885 500	86 510	585 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	11 375 450	10 668 677	17 713 489	8 664 511	45 279 700	1 598 447	7 662 579	200 105 426	20 673 565

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Personal protective equipment data is as of 28 April 2021*

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

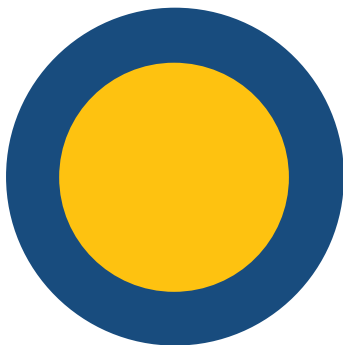


Appeals

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, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 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.

SPRP 2021 Requirements US\$ 1.96 billion

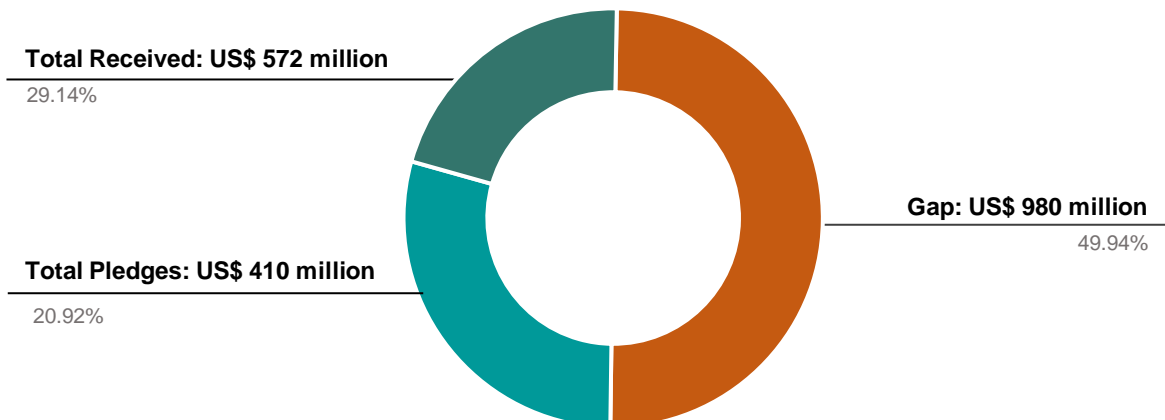


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

Contributions to WHO for COVID-19 appeal

Data as of 4 May 2021



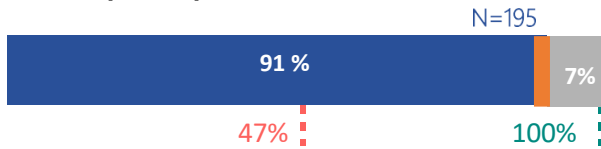
Note: Data within the graph above undergoes data verification and minor revisions in the amounts per category are anticipated.

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](#).

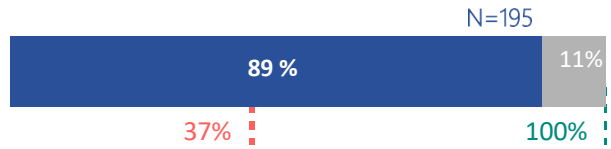


COVID-19 Global Preparedness and Response Summary Indicators ^a

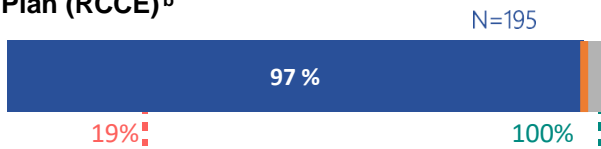
Countries have a COVID-19 preparedness and response plan



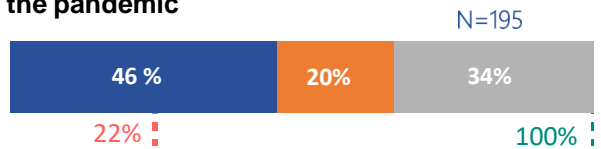
Countries have a clinical referral system in place to care for COVID-19 cases



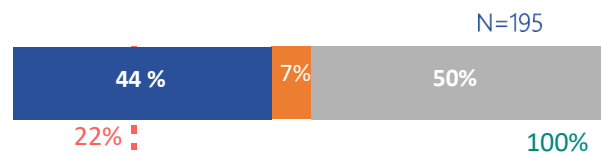
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



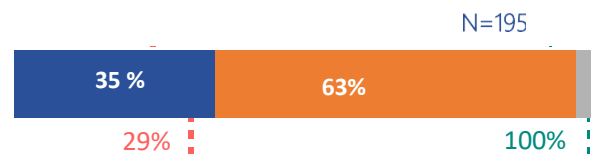
Countries that have defined essential health services to be maintained during the pandemic



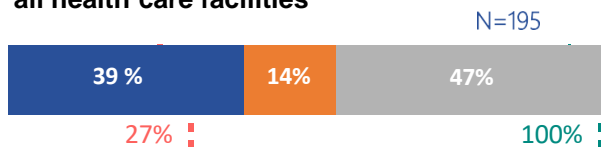
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



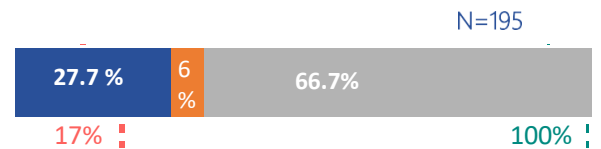
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



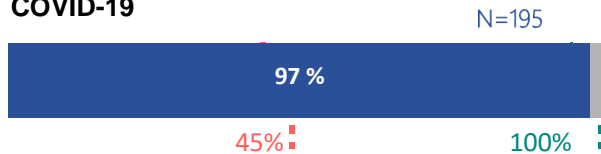
Countries with a national IPC programme & WASH standards within all health care facilities



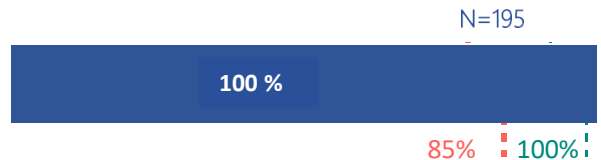
Countries have a health occupational safety plan for health care workers



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

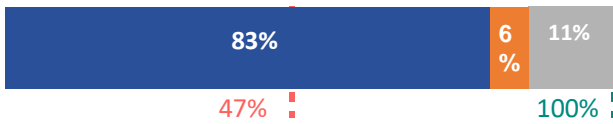


COVID-19 Global Preparedness and Response Summary Indicators

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](#).

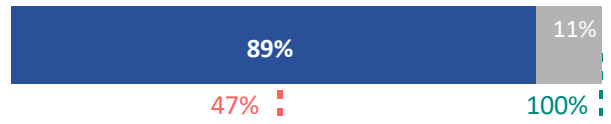
Priority countries with multisectoral mental health & psychosocial support working group

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



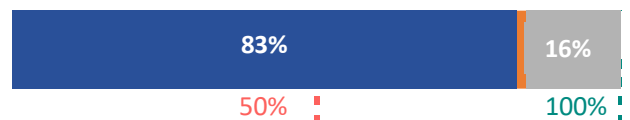
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- 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



87

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.



42

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 SARS-COV-2



In week 17, 45 countries have reported COVID-19 data from sentinel surveillance systems

25 048 sentinel surveillance specimens were tested in week 17

14.5% specimens tested were COVID-19 positive



Key links and useful resources



GOARN

For updated GOARN 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 4 May **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- World Hand Hygiene Day, 5 May 2021
- WHO partnership with SeroTracker — synthesizing “real-time” seroprevalence data to support global pandemic response
- SARS-CoV-2 variants

News

- For the more on WHO listing Moderna and Sinopharm COVID-19 vaccines for emergency use, click [here](#) and [here](#).
- For the WHO Director-General commending the United States decision to support temporary waiver on intellectual property rights for COVID-19 vaccines, click [here](#).
- For more on WHO, Germany launching new global hub for pandemic and epidemic intelligence, click [here](#).
- For more on WHO welcoming Sweden’s announcement to share COVID-19 vaccine doses with COVAX, click [here](#).