

# Weekly Operational Update on COVID-19

11 January 2021



Confirmed cases<sup>a</sup>

**88 828 387**

Confirmed deaths

**1 926 625**

## Islamic Republic of Iran tackles COVID-19 by enhancing primary health care

The Islamic Republic of Iran was one of the first countries severely affected by COVID-19. The government designed its national COVID-19 response around its well-established primary health care (PHC) system.



A pharmacy at Fasham Urban Comprehensive Health Centre, Shemiranat District Tehran. ©WHO Islamic Republic of Iran

Across the country, comprehensive health centres provide the first point of care for people. The [UHC \(Universal Health Coverage\) Partnership](#) has been supporting the Ministry of Health and Medical Education in piloting and scaling up a PHC measurement and improvement model to identify opportunities for a more efficient and effective response to COVID-19.

Local officials are focused on raising population awareness on keeping safe from COVID-19, improving access to health services, and using triage to reduce the load and burden on hospitals. PHC staff routinely follow up on suspected cases in the communities. By using a strong PHC approach, services have been brought closer to communities, further demonstrating that a well-functioning, resilient health system is the bedrock for progress towards health security and UHC.

For more information, click [here](#)

## Key Figures



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



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



**19 580 165** respirators shipped globally



**194 435 980** medical masks shipped globally



**8 464 831** face shields shipped globally



**6 240 279** gowns shipped globally



**30 884 121** gloves shipped globally



More than **4.7** million people registered on [OpenWHO](#) and able to access **148** COVID-19 online training courses across **23** topics in **42** languages

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

## From the field:

### **WHO Country Office in Montenegro supports COVID-19 response and continuity of essential health services**

The COVID 19 pandemic remains a major challenge in Montenegro despite a decline in the number of cases compared to the peak in mid-November. To further support the COVID-19 response, a two-week mission, from 9 – 23 December 2020, was organized by experts from the WHO Country Office and the WHO Health Emergencies Programme (WHE) Balkan Hub Office. The main objectives of the mission were to assess the overall COVID-19 response in Montenegro, review the COVID-19 Country Preparedness and Response Plan, determine the current status of essential health services (EHS) provision and define measures required for ensuring the continuity of EHS.

With the aim of strengthening the pandemic response through a whole-of-government approach, the COVID-19 response coordination mechanism will be reorganized in line with the pillars of the established COVID-19 preparedness and response plan. As a result, the highest coordination body will now be a multi-sectoral council composed of relevant Ministries and government authorities.

During the pandemic, access to and the utilization of health services has been affected at all levels of the health delivery system. At the Primary Health Care (PHC) level the family health model was reportedly overwhelmed due to the increased case load and the provision of EHS either declined or was suspended at the secondary and tertiary level. This highlights the need for a strengthened interconnected dual-track approach through maintaining and strengthening preparedness and response for health security and ensuring continuity and safety of essential health services delivery while responding to the COVID-19 pandemic.

With the recently established EHS pillar within the new national coordination mechanism, a focal point will be assigned to lead the development of a plan for restoring and maintain the EHS delivery based on the 4-step approach developed by the WHO EURO Incident Management Support Team (IMST) that includes:

1. assessment of the impact of COVID-19 on EHS and situation analysis;
2. development of the action plan to address the identified gaps;
3. implementation of the action plan;
4. monitoring and evaluation of the action plan implementation.

The actions mentioned above will contribute to ensure the interface between health security, emergency risk management and UHC. The Ministry of Health with support from the WHO Country Office in Montenegro has also established a working group to redefine PHC in the context of COVID-19. The first meeting was held on 23 December 2020.



### Infodemic management

**3<sup>rd</sup> VIRTUAL GLOBAL WHO INFODEMIC MANAGEMENT CONFERENCE**

**Infodemic Response Call to Action**

**Become a signatory**

The overabundance of information—including mis- and disinformation—has gravely affected our societies and remains a threat to our health and well-being.

Join the World Health Organization and partners in making a commitment to hold ourselves accountable to infodemic management. Sign our call to action to show your support.

Read and sign our call to action here: <https://bit.ly/WHOmanifesto>

#societyvsinfodemic

For further information on WHO’s call to action and how to become a signatory, click [here](#)

### 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.

**Real-time training for COVID-19**

Free online courses from WHO

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

**OpenWHO.org**



**42 languages**

**Over 2.5 million certificates**

**148 COVID-19 courses**



## COVID-19 Partners Platform

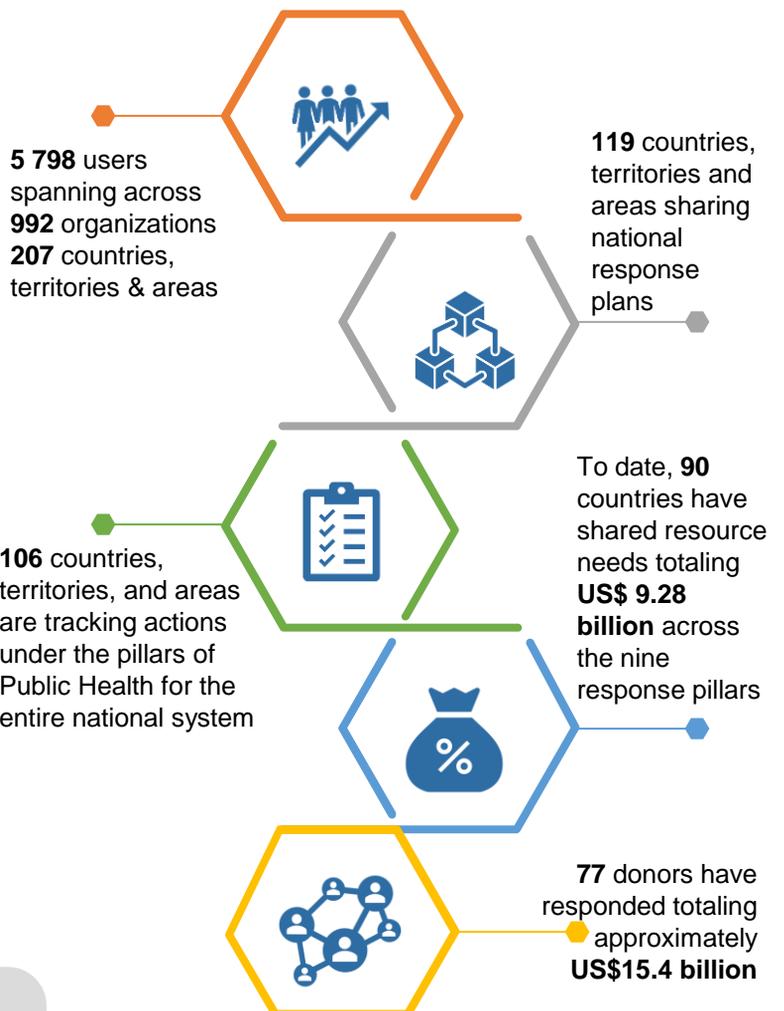
### Regular Regional Focal Point discussions

WHO has been holding weekly discussions with the six regional offices on incorporating upcoming revisions to the Partners Platform. Inputs provided by regional colleagues are greatly informing the Partners Platform’s planned operations for 2021.

### New pathways for country planning

In order to incorporate a country’s diverse number of plans, the Partners Platform now includes pathways, or subfolders, for users to add multiple types of plans, including but not limited to: SPRP, Socio-economic and Global Humanitarian Response. Going beyond planning, users will also have the ability to upload evaluations such as Intra-Action and After-Action Reviews, to provide further transparency for monitoring and evaluation.

This feature launched on 22 December and is available to all users. With this new feature, country users will have increased planning opportunities, going beyond the SPRP to incorporate a broader range of national and global response needs, with the new folders for other destination plans.



The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.



## 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 8 January 2021

Shipped items as of 8 Jan 2021	Laboratory supplies			Personal protective equipment					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	95 000	2 833 835	1 431 634	1 417 810	8 216 521	165 810	1 535 679	53 077 950	2 595 630
Americas (AMR)	2 788 000	1 019 862	10 504 038	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	330 300	663 160	1 133 720	864 985	5 613 000	173 520	759 322	26 267 550	1 350 095
Europe (EUR)	20 000	210 650	451 270	1 715 300	8 463 100	386 380	1 349 048	39 215 500	5 299 150
South East Asia (SEAR)	200 000	2 271 550	1 936 700	371 836	2 125 500	86 510	556 000	6 940 500	604 495
Western Pacific (WPR)		114 300	252 064	761 700	1 770 000	310 807	427 210	13 798 150	2 061 035
<b>TOTAL</b>	<b>3 433 300</b>	<b>7 113 357</b>	<b>15 709 426</b>	<b>8 464 831</b>	<b>30 884 121</b>	<b>1 445 967</b>	<b>6 240 279</b>	<b>194 435 980</b>	<b>19 580 165</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 or GHRP** 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 23 December 2020**

### Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US\$1.74  
BILLION**

WHO's current funding gap against funds received stands under the updated SPRP

**US\$122.4  
MILLION**

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

### Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550  
MILLION**

WHO current funding gap

**US\$55  
MILLION**

Global WHO GHRP allocation

**US\$495  
MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. [Link](#)



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 18 December 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 240 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 656,000 individuals together contributed more than US\$651 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 240 Million**



**656 000 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.

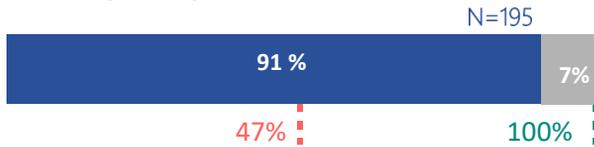
**US\$ 8.9 Million released**

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](#).

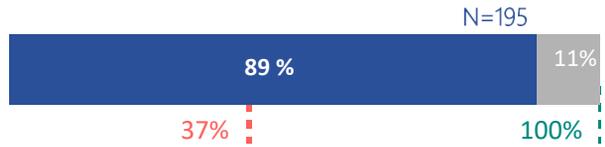


### COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

Countries have a COVID-19 preparedness and response plan



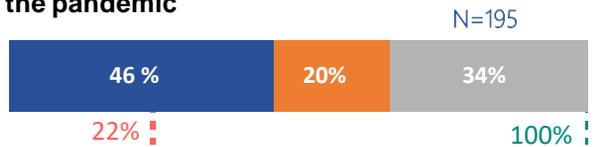
Countries have a clinical referral system in place to care for COVID-19 cases



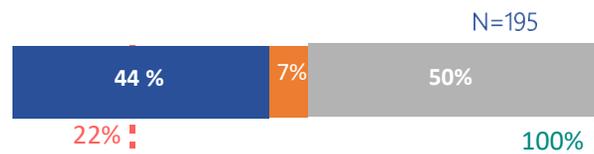
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



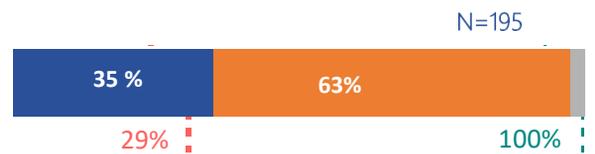
Countries that have defined essential health services to be maintained during the pandemic



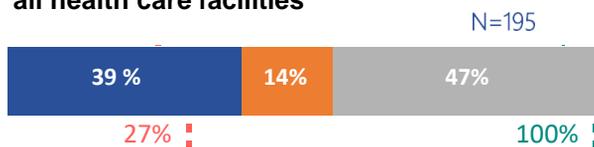
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



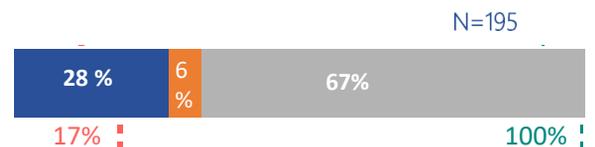
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



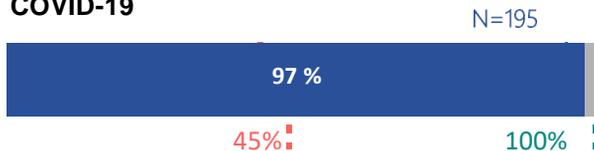
Countries with a national IPC programme & WASH standards within all health care facilities



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](#).

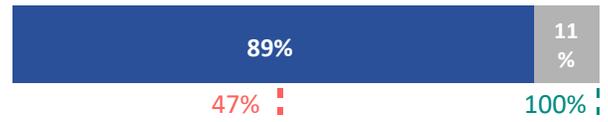
#### Priority countries with multisectoral mental health & psychosocial support working group

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<sup>c</sup>

N=64



#### Priority countries with a contact tracing focal point

N=64



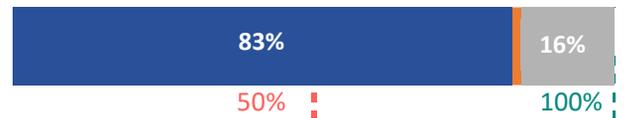
#### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

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

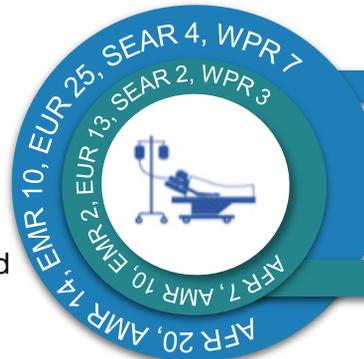
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



### 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.



### 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



\*Note: Data derives from week 49



## 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](#)
    - [European Regional Office](#)
    - [Southeast Asia Regional Office](#)
    - [Regional Office of the Americas](#)
    - [Eastern Mediterranean 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
- All COVID-19 simulation exercises can be found [here](#)