

# Weekly Operational Update on COVID-19

8 March 2021



Confirmed cases<sup>a</sup>  
**116 363 935**

Confirmed deaths  
**2 587 225**

## Historic roll-out of shipments from the COVAX Facility gathers pace



Photo credit: WHO Sudan Country Office

The "First Wave" initiative, a global pilot program in which some countries receive early delivery of a limited number of doses of COVID-19 vaccines as part of their total allotted quota from the COVAX facility is underway, marking a key milestone for countries.

On March 1, Colombia celebrated the arrival of 117 000 doses of COVID-19 vaccine. Paying tribute to the diligence of those involved, WHO Director-General Tedros Adhanom Ghebreyesus said: "Colombia, supported by COVAX partners, has worked incredibly hard preparing to receive its first wave of vaccines".

Meanwhile Sudan became the first country in the Eastern Mediterranean Region to receive COVID-19 vaccines with over 800 000 doses arriving from the COVAX Facility. Nigeria, the most populous country in the African Region, received 3.94 million doses to immediately begin vaccinating frontline workers. The COVAX Facility expects to deliver 90 million doses of COVID-19 vaccines to the African Region in the first quarter of 2021.

For further information, click for: [Colombia](#), [Sudan](#), [Nigeria](#)

## Key Figures



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



157 GOARN deployments conducted to support COVID-19 pandemic response



20 060 365 respirators shipped globally



198 709 426 medical masks shipped globally



8 651 831 face shields shipped globally



37 040 900 gloves shipped globally



More than 4.9 million people registered on [OpenWHO](#) and accessing online training courses across 27 topics in 45 languages

Register [here](#) for the OpenWHO webinar on 8 March to celebrate **International Women's Day 2021**: Create an equal future in a COVID-19 world

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

## From the field:

### Cambodia among first countries to receive COVID-19 vaccines from COVAX Facility

On 2 March, 324 000 doses of the AstraZeneca/Oxford COVID-19 vaccine licensed to Serum Institute of India (SII) arrived at Phnom Penh International Airport, their first stop before being given to priority groups, including those at high risk of exposure such as frontline health workers and those who are most vulnerable to developing severe illness from COVID-19.



*Photo caption: Boxes of vaccine doses at the Phnom Penh International Airport on 2 March 2021. Photo credit: ©WHO*

These additional COVID-19 vaccines will provide the Royal Government of Cambodia (RGC) with another powerful tool in its ongoing efforts to combat COVID-19.

His Excellency Professor Mam Bunheng, Minister of Health, said “This is the best approach to maximising the impact of the limited supply of vaccines available in the initial phase”. He also urged everyone to continue following public health and social measures through the “3 do’s” of physical distancing, wearing a mask, and washing hands regularly while avoiding the “3 don’ts” of confined and enclosed spaces, crowded spaces, and touching each other.

These doses are the first of a total of 1.1 million doses that are expected to be provided in batches by the COVAX Facility by the end of May. Cambodia is expected to receive doses for 20% of its population (an estimated 7 million doses) from COVAX, with further batches continuing to arrive throughout the year.

The COVAX Facility is an unprecedented global effort to provide every country in the world with equitable access to safe COVID-19 vaccines as rapidly as possible. Cambodia is among the first countries in the Western Pacific Region to receive vaccines from COVAX.

Given the limited global supply of vaccines, the RGC is in the process of procuring, through numerous means, vaccines which have met its regulatory safety standards as quickly as possible to protect its citizens. Vaccines were first administered on 10 February, and to date more than 65 000 people have been vaccinated. The arrival of these additional vaccine doses will be a significant step closer towards achieving the RGC’s goal of vaccinating 10 million people.

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

## From the field:

### **WHO gives laboratory, cold chain equipment to Maldives to strengthen pandemic response, build resilient health systems**

On 25 February, WHO handed over cold chain and laboratory supplies to the Ministry of Health Maldives to strengthen the pandemic response and support building a resilient health system.

The supplies will build a cold chain system for vaccines (COVID-19 and others) adequate to support vaccine management for the next 10 years while strengthening quality of care and quality testing for COVID-19, measles, rubella and Influenza.



Since the beginning of the pandemic, WHO has been working with Maldives government and partners for implementing scenario-based response with whole-of-government and whole-of-society buy-in. The procurement of essential medicines and consumables has helped Maldives maintain essential health services, which has been one of the key areas of focus throughout the response. With the help of WHO-provided test kits, Maldives has tested a staggering 75% of its population.

WHO South-East Asia Regional Director, Dr Poonam Khetrpal Singh remarked that “despite the country’s global connectedness and population density in capital Malé, COVID-19 cases and deaths in the country have been three times below the global average mortality per million population” as well as noting anticipation for Maldives continued “regional and global leadership throughout the vaccine roll-out and in the recovery from the crisis”.

Collaboration between WHO and Maldives has been a tradition and the Minister of Health, Mr. Ahmed Naseem, noted that “With WHO’s contributions, Maldives has made significant progress in its healthcare and development indicators over the past decades,” adding “Being a small island nation, Maldives is vulnerable to the impacts of socio economic transformations and environmental challenges. As such, it is imperative that we prioritize increasing our capacity for protecting health in an unstable and changing climate.”

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

## From the field:

### Handover of the GOARN Rapid Response Mobile Lab at the Reception and Identification Centre in Lesvos, Greece

Last week marked the transfer of the GOARN Rapid Response Mobile Lab (RRML) in Lesvos, Greece to the Greek National Organization of Public Health (EODY). Following a fire on 8 September 2020 on Lesvos Island at the Moria refugee and migrant camp, the Emergency Medical Team (EMT) Secretariat supported deployments of EMTs from Norway and Germany comprised of experts including medical doctors, nurses and paramedics. They were tasked with supporting local authorities to establish a triage, testing and isolation facility for patients with COVID-19 and to provide essential health care services to those in need.

On 1 March, the European Mobile Lab, a type II RRML began operations under its new leadership of EODY, after a successful transition months in the making to two newly trained lab technicians.

The RRML, run by the Bernhard Nocht Institute of Tropical Medicine (BNITM) in Germany, had been deployed on 4 October 2020 by the Global Outbreak Alert and Response Network (GOARN) to Lesvos for an initial three-month period to support health providers at the Reception and Identification Centre (RIC) at Kara Tepe in COVID-19 PCR diagnostics and supportive analysis.



*The handover of the RRML key to the Greek National Organization of Public Health Coordinator. Credit: WHO Country Office in Greece*

In order to facilitate the continuity and sustainability of the lab's services, the laboratory deployment was extended by two months to ensure handover of the lab to EODY. During this period, the BNITM facilitated the training of lab technicians to familiarize them with the lab equipment and ensure a smooth capacity transfer.

BNITM, WHO and EODY jointly developed this exit strategy, including the capacity building. Then, from 26-28 February 2021, the WHO Greece Country Office's Migration and Health Officer oversaw and officiated the handover process of the RRML. The transition included a donation of goods and consumables with the goods transported to EODY storage facilities in the RIC at Kara Tepe.

Throughout the emergency response, WHO and BNITM have worked hand in hand, in close alignment with the Greek Government and in close contact with high level officials from the Ministry of Health, Ministry of Migration and Asylum, Ministry of Citizen Protection and the leadership of EODY. WHO would like to thank the BNITM for their contribution to the COVID-19 response.

## Risk Communication, Community Engagement and Infodemic Management

### New COVID-19 risk assessment quiz increases motivation to change behaviour

A new personal WHO COVID-19 risk assessment quiz is now available in the 6 UN languages. The quiz asks people to answer 10 questions on what they would do in different scenarios, such as seeing friends, going to a music event, having their hair cut and going to work.

Each question provides a response as to whether their actions are more or less risky, and what they can do to reduce their risk.

**How do you decide when to go to indoor public places (such as bars, restaurants or religious services)?**  
(select all that apply)

I choose not to go to indoor public places, especially where it can be crowded.

I go if I know if there is good ventilation and I can keep at least a 1-metre distance from others.

I go (and stay) only when I and everyone else wears a mask in crowded situations where we can't maintain the 1-metre distance.

I go regardless of the virus and take no precautions.



**HIGHER RISK**

**Your behavior may be putting you and others at risk.**

**Tips to reduce the risk of contracting or spreading COVID-19:**

- Avoid closed crowded indoor settings, especially when there is poor ventilation.
- If you have to go to a public building, maintain at least a 1-metre distance from others.
- Wear a mask and encourage others to wear a mask as well.

Within the first ten weeks of its use almost 36 000 people opened the quiz with 58% of those completing it reporting that the quiz motivated them to make behaviour changes.

By increasing the numbers of people following the recommended precautions, transmission can be reduced – which is more important than ever to reduce the number of variants of the virus. Countries can promote and link to the quiz, and a print version should be available next month.

Please click here for the quiz in the following languages: [English](#), [Arabic](#), [Chinese](#) (Simplified), [French](#), [Russian](#), [Spanish](#)

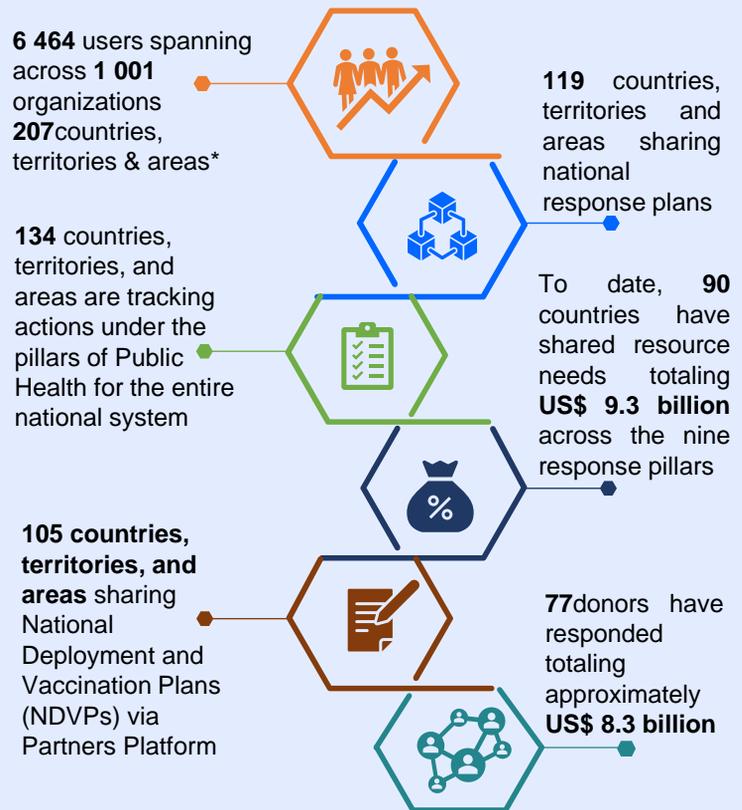
## COVID-19 Partners Platform

### Strategic Preparedness and Response Plan (SPRP) 2021 Operational Planning Guidelines and next steps for implementation

Last week the World Health Organization released its 2021 COVID-19 Strategic Preparedness and Response Plan ([SPRP](#)), which seeks to build on the world's global response to the virus and the knowledge we've acquired a year into the pandemic.

Accompanying the recently released SPRP 2021 are the soon to be released 2021 Operational Planning Guidelines. Written with the aim of translating acquired knowledge into practical, high-level strategic actions, the new guidelines' actions can be adapted as needed and implemented to meet countries' respective COVID-19 national and subnational contexts in the areas of capacity, income, and SARS-CoV-2 transmission to meet the SPRP's larger six strategic objectives (suppress transmission; reduce exposure; counter misinformation and disinformation; protect the vulnerable; reduce death and illness; accelerate equitable access to new tools, including vaccines, diagnostics and therapeutics).

#### 2020 Strategic Preparedness and Response Plan (SPRP) and 2021 National Deployment and Vaccination Plan (NDVP) Achievements



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

The new operational guidelines will be featured prominently in the Partners Platform's updating of its own Action Checklist, which will include new recommended action items for countries to undertake organized under ten pillars of health preparedness and response; updated technical guidance references; and key areas for global and regional support to countries under each response pillar. As a living document, the guidelines' technical assistance will be regularly updated to meet an evolving epidemiological situation.

With these new guidelines, the [Partners Platform](#) continues to onboard new countries every day in order to foster collaboration between governments, aid in the development of national COVID-19 response plans and identify and bridge the serious resource gaps facing too many countries.

## 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 5 March 2021.

Shipped items as of 5 March 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	3 695 735	1 825 642	1 472 210	10 594 300	208 690	1 717 279	53 429 400	2 758 630
Americas (AMR)	7 282 300	1 046 142	10 543 278	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	978 300	1 357 970	1 553 410	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	430 000	562 080	553 070	1 750 900	8 935 100	409 900	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	440 000	2 509 400	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 021 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>9 848 850</b>	<b>9 399 827</b>	<b>17 231 204</b>	<b>8 651 831</b>	<b>37 040 900</b>	<b>1 546 447</b>	<b>6 946 179</b>	<b>198 709 426</b>	<b>20 060 365</b>

*Note: The laboratory supplies data is as of 26 February 2021*

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

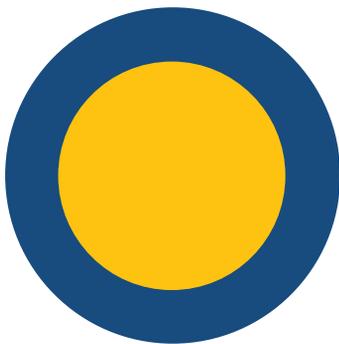


## Appeals

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.

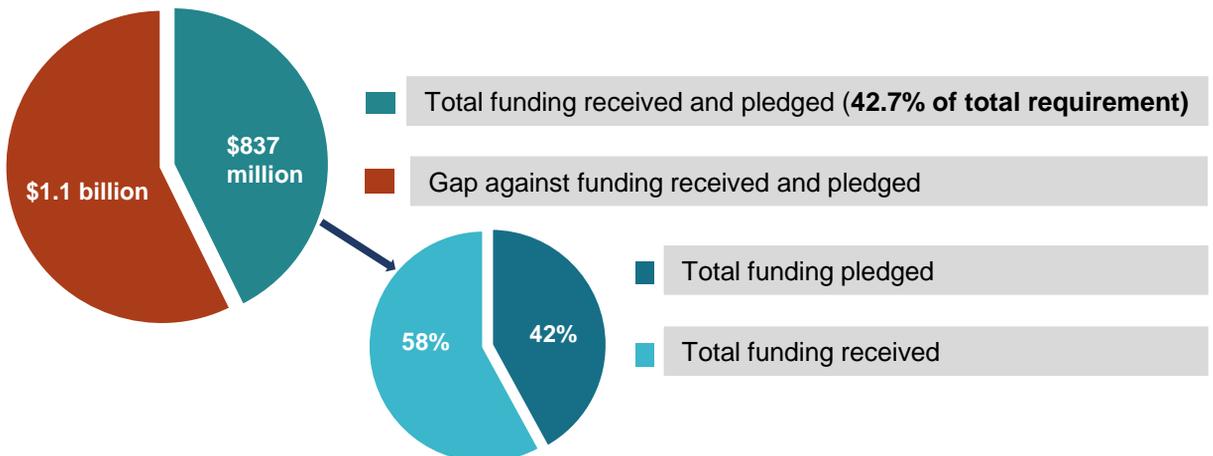
### SPRP 2021 Requirements US\$ 1.96 billion



- 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*

### SPRP 2021 Requirement Progress (US\$)



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



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 26 February 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 242 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 660 000 individuals together contributed more than US\$651 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 242 Million**



**660 000 donors**

[individuals – companies – philanthropies]

## Health Ops

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

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

Register [here](#) for the webinar from OpenWHO on 8 March to celebrate **International Women's Day 2021**: Create an equal future in a COVID-19 world

**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
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

**OpenWHO.org**



**45 languages**

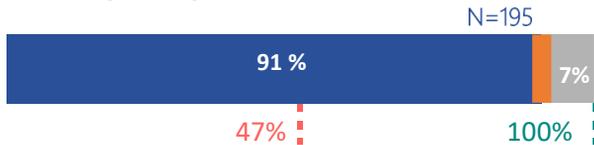
**27 topical courses**

**Over 2.7 million certificates**

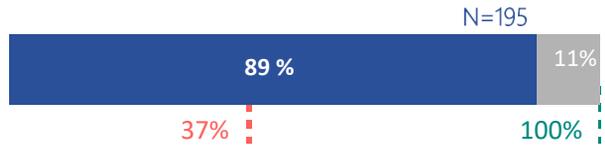


### COVID-19 Global Preparedness and Response Summary Indicators<sup>a</sup>

Countries have a COVID-19 preparedness and response plan



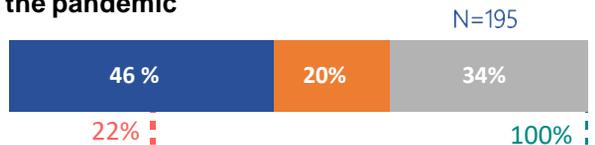
Countries have a clinical referral system in place to care for COVID-19 cases



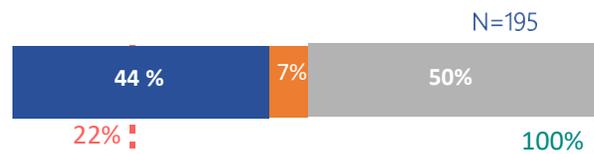
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)<sup>b</sup>



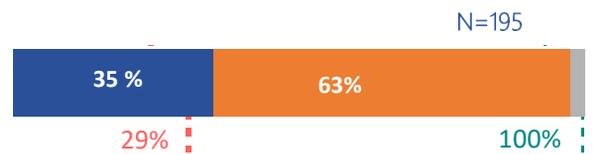
Countries that have defined essential health services to be maintained during the pandemic



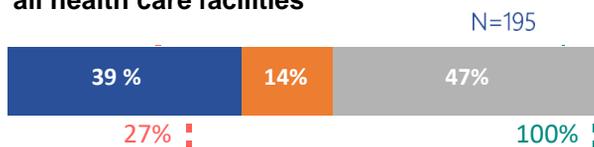
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



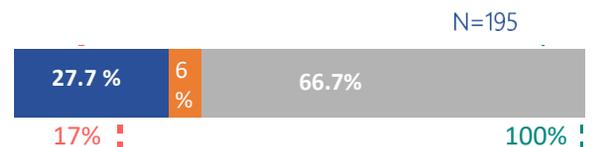
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



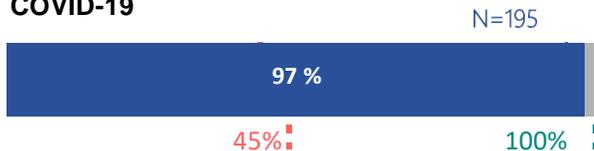
Countries with a national IPC programme & WASH standards within all health care facilities



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](#).

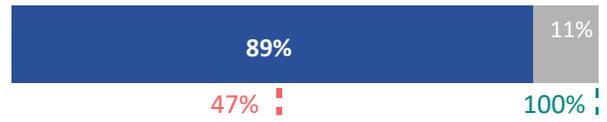
#### Priority countries with multisectoral mental health & psychosocial support working group

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



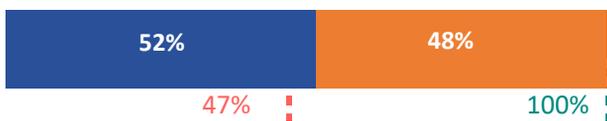
#### Priority countries with a contact tracing focal point

N=64



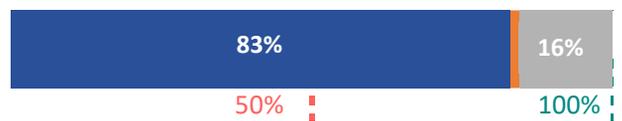
#### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

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

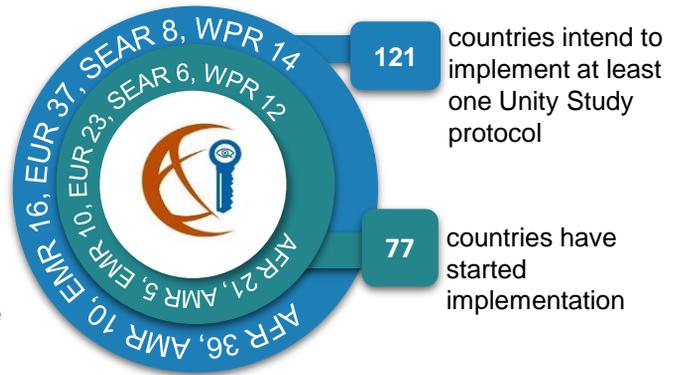


### The Unity Studies: WHO Early Investigations Protocols

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.

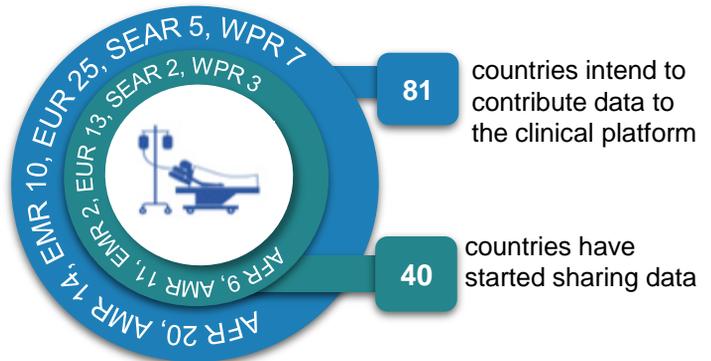
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



### 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.

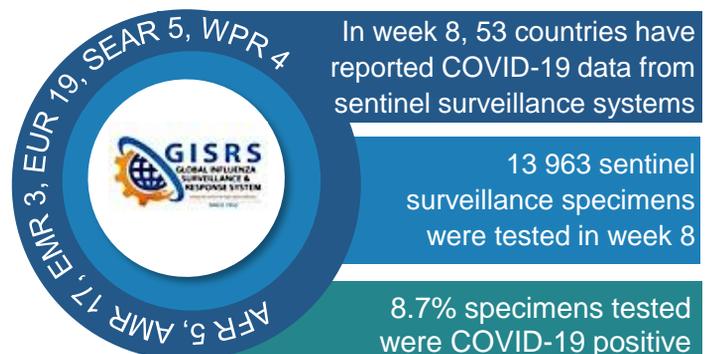
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



### 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 SARS-COV-2





## 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 2 March 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:
  - Overviews of global and regional epidemiological situation
  - Special focus sections on:
    - COVID-19 trade, travel and points of entry
    - The importance of fit, filtration and breathability of non-medical (fabric) masks in the context of COVID-19
    - SARS-CoV-2 variants of concern
  - Updates on publications and other news
- ❑ 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. All COVID-19 simulation exercises can be found [here](#)