

Weekly Operational Update on COVID-19

8 February 2021



Confirmed cases^a

105 394 301

Confirmed deaths

2 302 302

Indonesia: WHO helps assess and improve COVID-19 pandemic preparedness and response capacity

WHO, in collaboration with University of Hasanuddin and National Board for Disaster Management (BNPB), supported the Ministry of Health to conduct field assessments in 211 locations across Indonesia from 4 September to 9 October 2020. The project aimed to assess COVID-19 preparedness in fifteen provinces based on the status of their pandemic risk.

The assessment covered provincial command centres, provincial health offices, port health offices, hospitals, laboratories, district health offices, public health centres, and community health centres. All assessed provinces had a functioning command and control structure for pandemic management.

Key areas identified of improvement included: icase reporting and analysis for pandemic severity, budget allocation for response in points of entry, personal protective equipment stockpiling, and exit screening of passengers. The assessment also identified potential gaps in ICU and other health systems capacities in the event of rising COVID-19 cases.

The results of the field assessment will be used to inform key stakeholders of the strengths and gaps in each province in responding to the ongoing COVID-19 pandemic as well as supporting the country to prepare for future outbreaks.

For further information on this assessment and next steps, click [here](#).

Key Figures



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



148 GOARN deployments conducted to support COVID-19 pandemic response



19 948 965 respirators shipped globally



198 343 426 medical masks shipped globally



8 540 231 face shields shipped globally



6 713 379 gowns shipped globally



36 587 900 gloves shipped globally



More than **4.8 million** people registered on [OpenWHO](#) and able to access online training courses across **24** topics in **44** languages

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

From the field:

The WHO “SCORE Report” highlights urgent need for better data to strengthen pandemic response



According to the first ever global assessment of country health information systems, 40% of the world’s deaths are unregistered and this figure increases to 90% for the African region. The SCORE report, recently published by WHO in partnership with Bloomberg Philanthropies, highlights the urgent need to strengthen standardized systems for reporting causes of death, particularly in low-income countries.

The COVID-19 pandemic has highlighted that even the most advanced health and data systems still struggle to provide data in near real-time in order to act swiftly. The lack of data worldwide limits global understanding of absolute mortality, including of the true mortality impact of the COVID-19 pandemic, undermining response planning.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General remarked that *“The pandemic has stretched the capacity of health information systems around the world, so the SCORE report is an important step towards better data for better decisions in health.”*

Although there is good availability of data on immunization, tuberculosis, and HIV incidence, the ability of countries to plan and implement effective health programmes is severely limited by the lack of data on other critical health issues, such as mental health and cancer. *“The report urges countries to improve their death data registration systems and to collect better data to address inequalities,”* said Michael Bloomberg, WHO Global Ambassador for Noncommunicable Diseases and Injuries.

For further information on the SCORE report, click [here](#).

From the field:

WHO laboratory mission to the Republic of Moldova

The WHO Regional Office for Europe is supporting the Ministry of Health of the Republic of Moldova to expand the public health laboratory capacities and improve the overall response to the COVID-19 pandemic.

The main objectives of the mission include:

- Finalizing the national strategy for scaling-up laboratory testing with SARS-CoV-2 Antigen Rapid Diagnostic Test (Ag-RDT) integration;
- Carrying out a training of trainers of Ag-RDT for SARS-CoV-2 Ag-RDT testing and use;
- Discussing and finalizing the laboratory information system platform technical specification;
- Implementing the laboratory costing & needs assessment tools to facilitate the management of the public health laboratory network.

Since the start of the mission on 1 February 2021, a SARS-CoV-2 Ag-RDT User Training Workshop was held for health care and laboratory workers who will be using SARS-CoV-2 Ag-RDTs to collect samples and perform testing at clinical facilities.

The objective of this workshop was to convey the theoretical and practical knowledge required to safely and accurately collect samples, conduct SARS-CoV-2 Ag-RDT testing, interpret and record results, and understand their implications for patient management.

In addition, national laboratory experts will be trained on cost evaluation using WHO EURO costing tools. These tools will help to analyze the costs of PCR tests and Ag-RDTs in the context of COVID-19 and will provide support to the Republic of Moldova in costing and establishing a monitoring framework for the implementation of Ag-RDTs.





Infodemic management

WHO launches EARS, an AI-powered public-access social listening tool



Early AI-supported Response with Social Listening

COVID-19 online conversations in 20 pilot countries

In an effort to provide health authorities with concrete tools to support their response to the harm caused by the COVID-19 infodemic, WHO has developed the Early AI-supported Response with Social Listening tool ([EARS](#))

The EARS platform is open to the public and allows anyone to keep a finger on the pulse of online conversations that are happening in real time, so that they can better assess what topics are trending, what's of interest and where there are gaps of credible information that need to be filled. When health authorities understand what topics are catching people's attention—and where there are information voids—they can respond in real time with high-quality, evidence-based information and intervention recommendations to health systems and emergency response administrators.

EARS combs the internet, reading publicly available conversations on social media such as Twitter, online forums, commentaries on blogs and news articles, and then analyses what people are discussing. By using natural language processing, EARS can interpret context cues, such as if people are asking questions, if people are complaining, and when there are gender differences. Supported by the WHO Solidarity Fund, EARS is currently in pilot phase, mining in 20 countries across all 6 WHO Regions in French, English, Spanish and Portuguese. Since 15 December 2020, EARS has analysed nearly 9.9 M posts within the 20 pilot countries.

The tool analyzes 41 narratives based on keywords and hashtags and can be scaled to study any local context, language or future epidemic. Narratives analysed by the tool include such topics as the COVID-19 vaccine, the cause of the virus, modes of transmission, COVID-19 treatment, impact of COVID-19 on mental health, and research and development.

For more information on EARS and to explore the listening tool, click [here](#)



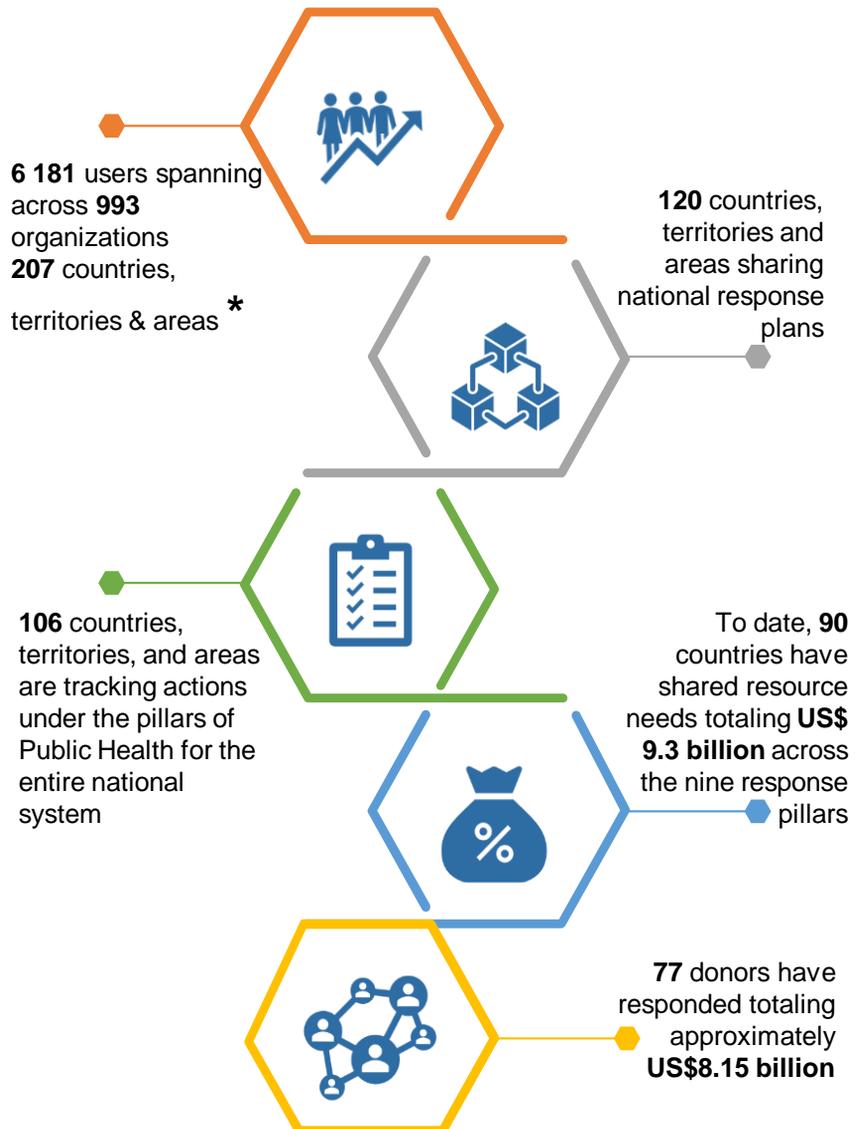
COVID-19 Partners platform

Countries submit vaccination plans for consideration of the next round of allocation

As of 4 February, 18 National Deployment and Vaccination Plans (NDVPs) have been uploaded to the [Partners Platform](#). Countries will submit their NDVPs on the Platform for consideration for the next allocation round of COVID-19 by **9 February 2021**.

Once a country's NDVP has been uploaded to the Partners Platform and validated by a government vaccine official, the Regional Review Committee (RRC) will review and assess the plan using the Standard Review Form (SRF). The deadline to upload the SRF is set for **12 February**. Country support for development and pre-assessment of NDVPs has been made available through the regional office or through the Partners Platform at covid19-platform-support@who.int.

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



Note: viewing of vaccine information may be restricted to key vaccines stakeholders per 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 4 February, 2021

Shipped items as of 4 Feb 2021*	Laboratory supplies			Personal protective equipment					
	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	700 800	3 646 015	1 805 750	1 423 210	10 154 300	208 050	1 717 279	53 429 400	2 700 630
Americas (AMR)	6 030 050	1 019 862	10 518 478	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	840 300	1 244 910	1 424 362	914 985	7 600 000	174 480	799 322	27 317 550	1 502 095
Europe (EUR)	248 000	404 050	539 198	1 728 300	8 935 100	399 820	1 564 748	40 545 500	5 369 950
South East Asia (SEAR)	200 000	2 352 1500	2 240 200	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		174 800	314 384	768 700	3 021 000	311 927	463 710	14 974 146	2 102 035
TOTAL	8 019 150	8 842 787	16 842 372	8 540 231	36 587 900	1 503 727	6 713 379	198 343 426	19 948 965

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

**Periodic fluctuations in supply figures will occur as data is compiled*



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

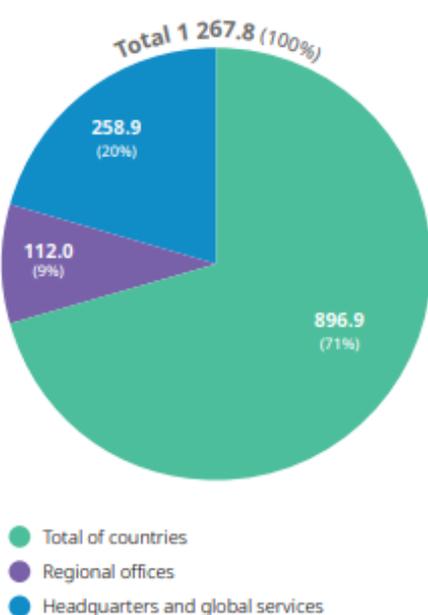
Global Strategic Preparedness & Response Plan (SPRP)



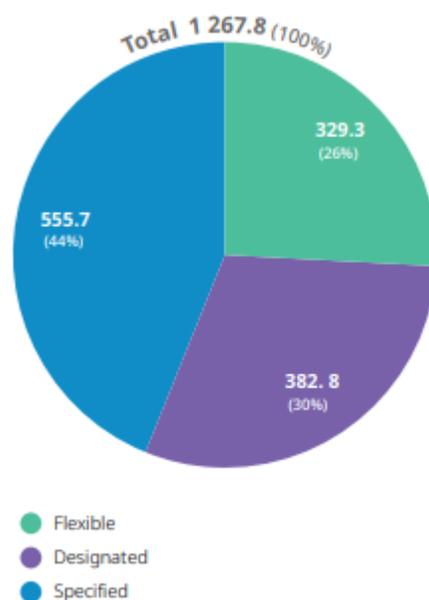
- US\$ 1.5 billion raised by WHO during 2020
- US\$ 1.3 billion projected utilization for 2020 SPRP
- US\$ 240 million raised by the COVID-19 Solidarity Response Fund
- US\$1 billion on country support and regional coordination

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 659,000 [leading companies, foundations](#) and individuals from more than 190 countries had committed more than US\$ 241 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\$ 241 Million



659 000 donors

[individuals – companies – philanthropies]

Health Learning

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.

Real-time training for COVID-19
Free online courses from WHO

OpenWHO.org



44 languages

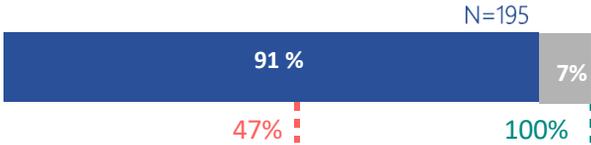
25 topical courses

Over 2.6 million certificates

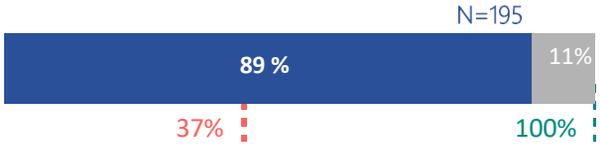


COVID-19 Global Preparedness and Response Summary Indicators ^a

Countries have a COVID-19 preparedness and response plan



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



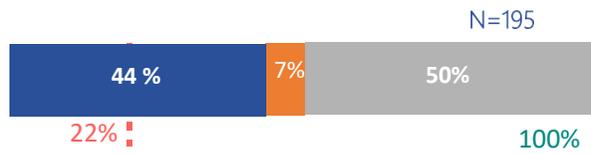
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



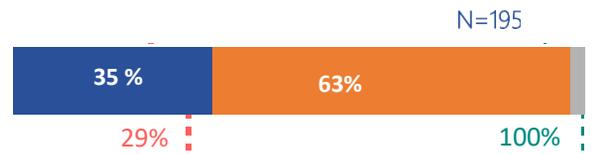
Countries that have defined essential health services to be maintained during the pandemic



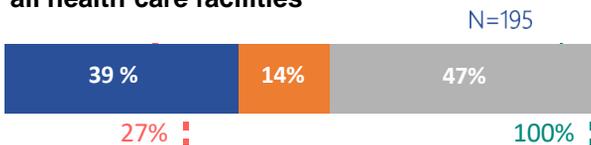
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



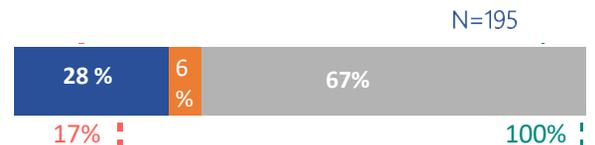
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



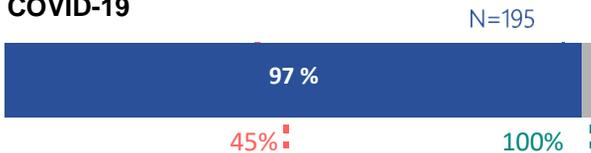
Countries with a national IPC programme & WASH standards within all health care facilities



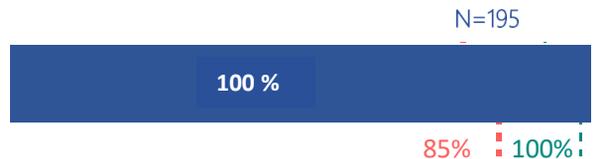
Countries have a health occupational safety plan for health care workers



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](#).

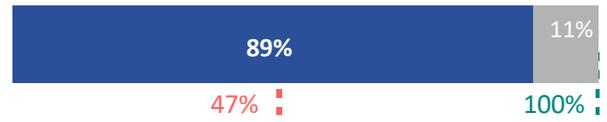
Priority countries with multisectoral mental health & psychosocial support working group

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



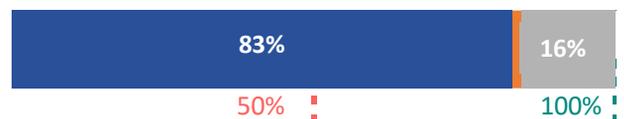
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue)
- No (Orange)
- No information (Grey)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository



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](#)