Scaling up telemedicine services in Romania

WHO is working with Romania’s Ministry of Health and health professionals in the country to make telephone consultations more widely available. The aim is to institutionalize telemedicine in Romania and make the service easily accessible to patients during and after the pandemic.

WHO supported a proposal by the Ministry’s Pediatric Commission to update national health legislation to include phone triage, thereby helping to strengthen health services in the wake of COVID-19. Thirty-eight pediatricians work around the clock on the phone triage service for children, and patients can then access the health system at the appropriate level, increasing efficiency and avoiding delays.

WHO Representative to Romania Dr Miljana Grbic called this service “a wonderful example of how we can improve health services and build back better following the COVID-19 pandemic”.

Over 65 000 calls have been made to Alopedi, which was set up by a team of senior pediatric physicians led by Dr Călin Lazăr and Dr Daniela Dreghiciu of Cluj-Napoca Clinical Emergency Hospital for Children. It has proven to be a sought-after and valuable service both before and during the COVID-19 pandemic.

For more information, click here.
From the field:

WHO Afghanistan continues to strengthen COVID-19 testing capacity across the country

COVID-19 has severely challenged Afghanistan’s already fragile health system. However, preparations for vaccine rollout have signaled renewed hope in the country’s fight against the pandemic.

While vaccine roll-out planning is underway, Afghanistan is also prioritizing surveillance activities by increasing its in-country lab testing capacity to continue to identify cases and contain the spread of the outbreak.

WHO Afghanistan Country Office is ensuring that investment in enhancing COVID-19 testing capacity remains a top priority since the gradual and phased vaccine rollout will not immediately stop the transmission of COVID-19 across the country.

The Ministry of Public Health, in coordination with WHO, established and expanded their testing network to 18 public laboratories. Collectively, they can perform 6,500 tests per round, and up to 19,500 tests per 24 hours as needed. Four more laboratories are expected to be operational by the end of January 2021, with plans to ensure that by June 2021, each province has at least one COVID-19 testing facility.

WHO is supporting the Ministry of Public Health by procuring essential laboratory supplies and equipment required for COVID-19 testing. A batch of laboratory supplies and equipment valued at approximately US$ 730,000 was recently dispatched to 12 provinces – bringing WHO’s total procurement value of key laboratory supplies to the Ministry of Public Health to approximately US$ 3,380,000. Further supplies with an estimated value of US$ 9,240,000 are in the pipeline.

This investment will have a long-term payoff as the newly established laboratories will play a crucial role in improving the availability of and access to essential health services beyond the COVID-19 pandemic.

WHO thanks the Asian Development Bank, ECHO and the World Bank for their generous financial support, enabling an effective COVID-19 response.
From December 2020 to January 2021, the WHO Armenia Country Office along with the South Caucasus Hub of the World Health Emergencies Programme supported Armenia in a national assessment of Infection Prevention and Control (IPC).

The aim was to better understand the IPC standards within facilities relating to COVID-19 and to standard infection control procedures.

Areas assessed included structural IPC systems within facilities, staff education, COVID-19 patient pathways and surveillance.

The WHO standard IPC assessment and COVID-19 facility assessment frameworks were both utilized during these visits.

With the support of additional experts, a round table assessment of national IPC guidelines also took place from 14 to 15 January to provide a better understanding of the current available guidelines and their implementation. This assessment brought together members from key institutions involved in IPC programs in Armenia including the Ministry of Health, educational institutions, and the National Center for Disease Control.

The results of these assessments will be combined to create a National Action Plan for Infection Prevention Control. This plan will aim to further improve the quality of IPC measures across health facilities and ensure that improvements in IPC programing continue within the context of COVID-19.

The joint efforts of national partners and WHO Europe within these assessments have strengthened the relationships of WHO within Armenia and strengthened information sharing.
The Global Health Cluster (GHC) released the Health Cluster 2020 Annual Report, which featured the experiences from countries and partners in upholding the tenuous balance between rapidly responding to the COVID-19 pandemic, maintaining essential health care services and responding to new crises. The annual report can be accessed here.

The GHC COVID-19 Task Team released three new products for responding to COVID-19 in humanitarian settings:

- Key questions to ask when facing ethical dilemmas;
- Guidance on prioritization of essential health services;
- Health workforce estimator tool.
Medicines and Health Products

- The WHO-led **COVID-19 Technology Access Pool (C-TAP)** aims to promote and facilitate sharing of COVID-19 health technology related knowledge, intellectual property and data. The C-TAP is operating as a hub involving WHO Secretariat and other partners such as the Medicines Patent Pool and the Technology Access Partnership. On 14 January, a consultation with the private sector was held to introduce the C-TAP concept, rationale and objectives and to discuss engagement in C-TAP of research institutions as well as producers of novel technologies for speeding up the development of COVID-19 related technologies and scaling up production to ensure global and equitable access to COVID-19 pandemic vaccines, therapeutics, in-vitro diagnostics and medical devices.

- The quality of products procured and/or supplied under the COVAX Facility must be assured at all times, to ensure a positive impact on the recipient population and to preserve the trust that has been placed in the Facility. To this end, WHO has advised that the COVAX Facility should only **consider products** which have been listed by **WHO Emergency Use Listing** (EUL) or Prequalification. Under exceptional circumstances, products approved by specified Stringent Regulatory Authority can be accepted.

- The WHO Prequalification teams have assessed (based on available sequence information) the potential impact of the SARS-CoV-2 VOC 202012/01 (B1.1.7.) variant, the variant currently most prevalent in the United Kingdom of Great Britain and Northern Ireland. The assessment included associated S gene mutations and deletions on the performance of the 23 molecular tests that WHO has listed for emergency use. The risk of a false negative result is assessed as low. More information about the virus variants is available [here](#).

- The Pfizer/BioNTech Comimaty COVID-19 mRNA vaccine has received emergency validation from WHO, and was placed on the EUL. As a result, countries can now expedite their national regulatory approval processes to import and administer the vaccine. In addition, other UN organisations, including UNICEF and the Pan-American Health Organisation, are enabled to procure the vaccine for distribution to countries in need.

- The WHO COVID-19 vaccine safety surveillance manual has been published. WHO Regional Offices are supporting countries to implement safety surveillance as recommended in the manual.
COVID-19 Partners platform

Vaccination Deployment Readiness map on the Partners Platform

The Country Readiness and Delivery COVID-19 vaccine introduction is launching on the Partners Platform this week. In addition to support for National Development and Vaccination Plan (NDVP) and Standard Review Form (SRF) completion, countries will be able to utilize another useful feature to come to this space - a new visual dashboard dedicated to vaccine technical assistance and resource mapping.

This dashboard will allow for real-time gap identification and streamlined coordination between donors, implementing partners and other stakeholders, meeting countries’ greatest needs in a timely manner. The Partners Platform provides an interactive map of the end-to-end process that countries using the COVAX facility will follow for vaccine deployment.

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

- 5,829 users spanning across 992 organizations
- 106 countries, territories, and areas are tracking actions under the pillars of Public Health for the entire national system
- 119 countries, territories and areas sharing national response plans
- To date, 90 countries have shared resource needs totaling US$9.28 billion across the nine response pillars
- 77 donors have responded totaling approximately US$8.06 billion

To date, 90 countries have shared resource needs totaling US$9.28 billion across the nine response pillars.
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 19 January 2021.

<table>
<thead>
<tr>
<th>Region</th>
<th>Laboratory supplies</th>
<th></th>
<th>Personal protective equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Antigen RDTs</td>
<td>Sample collection kits</td>
<td>PCR tests</td>
<td>Face shields</td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>550 800</td>
<td>3 325 965</td>
<td>1 783 046</td>
<td>1 423 210</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>6 030 050</td>
<td>1 019 862</td>
<td>10 515 548</td>
<td>3 333 200</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>840 300</td>
<td>1 134 960</td>
<td>1 381 970</td>
<td>914 985</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>248 000</td>
<td>400 750</td>
<td>539 870</td>
<td>1 728 300</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>200 000</td>
<td>2 479 050</td>
<td>2 240 200</td>
<td>371 836</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>175 800</td>
<td>347 984</td>
<td>767 500</td>
<td>1 770 000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7 869 150</td>
<td>8 536 387</td>
<td>16 808 618</td>
<td>8 539 031</td>
</tr>
</tbody>
</table>

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.

For further information on the COVID-19 supply chain system, see here.
**Appeals**

*WHO* appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.

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

<table>
<thead>
<tr>
<th>US$ 1.5 billion raised</th>
<th>US$ 1.7 billion requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$ 1.5 billion raised by WHO during 2020</td>
<td></td>
</tr>
<tr>
<td>US$ 1.3 billion projected utilization for 2020 SPRP</td>
<td></td>
</tr>
<tr>
<td>US$ 240 million raised by the COVID-19 Solidarity Response Fund</td>
<td></td>
</tr>
<tr>
<td>US$1 billion on country support and regional coordination</td>
<td></td>
</tr>
</tbody>
</table>

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 20 January 2021, more than 657,000 leading companies, foundations and individuals from more than 190 countries had committed more than US$ 240 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the lifesaving work of WHO and its partners.

Last week, COVID-19 Solidarity Response Fund resources have been allocated in support of the following projects:

- **Building and strengthening public health intelligence capacity in Member States through Epidemic Intelligence from Open Sources (EIOS) adoption and automated threat detection**

  The creation of the Epidemic Intelligence from Open Sources (EIOS) data platform in 2017 serves the purpose enabling multiple communities of users to collaboratively assess and share information about outbreak events in real time.

  Funding from the Solidarity Response Fund will support the strengthening of actionable intelligence through EIOS for WHO, Member States and collaborating organisations focusing on two key areas of work:
  - EIOS expansion: strengthening public health intelligence capacity in and support to Member States
  - Automated anomaly detection: automated identification of unusual or unexpected events and threats

- **Oxygen scale up project: bringing oxygen therapy to patients in need**

  Oxygen therapy is necessary for safe surgeries and effective management of many medical conditions, including for maternal and child care. Prior to COVID-19 pandemic, the lack of accessibility to oxygen therapy in Low-and Middle-Income Countries (LMICs) resulted each year in over 800,000 preventable deaths of children under five who succumbed to pneumonia.

  With COVID-19 pandemic, the gaps were accentuated. Delivery of high flow oxygen to patients with severe and critical COVID-19 increased demand of oxygen and caused further strain on many health systems. The COVID-19 response strategy and clinical management guidelines emphasize the critical importance of ensuring that severe or critical COVID-19 patients have access to life-saving oxygen therapy and/or ventilator support.

  To address this gap, the Oxygen scale up project originated during the COVID-19 response, as part of the Biomedical consortium. Support from the Solidarity Response Fund will contribute to ensuring that oxygen can be reliably provided to any patient that requires access due to COVID-19 and other pathologies. To date, the project is supporting a total of 15 countries.
WHO Funding Mechanisms - COVID-19 Solidarity Response Fund

**WHO continues using chatbot to tackle COVID-19 misinformation**

In an effort to better inform the world about COVID-19 and combat misinformation, a group of WHO staff spanning five different departments came together to develop WHO’s first-ever COVID-19 chatbot in February 2020. The intention was to create a channel which could provide up-to-date advice and guidance directly to the public and support the Strategic Preparedness and Response Plan (SPRP). The WHO chatbot helps people quickly access key information on COVID-19, as well as recommend ways to protect their health based on WHO guidance.

Through initial pro bono support offered by tech companies for the COVID-19 response, the team was able to leverage support from Facebook, Whatsapp and Praekelt to create the chatbot. Within a week of launching the WHO chatbot, there were 10.1 million users.

In order to improve user experience, WHO will carry out a formal assessment of the chatbot initiative with support from the COVID-19 Solidarity Response Fund. Funding from the COVID-19 Solidarity Response Fund will also provide further support to improve the chatbot experience for end users. Developers will, improve the service design based on assessment results and increase marketing and promotion of the chatbot feature. WHO will also add additional languages to improve its global reach.

**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.

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

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

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- 43 languages
- Over 2.5 million certificates
- 153 COVID-19 courses

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**WHO Learning**

- 4 805 058 Course enrollments
### COVID-19 Global Preparedness and Response Summary Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
<th>No information</th>
<th>Baseline value</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries have a COVID-19 preparedness and response plan</td>
<td>91%</td>
<td>7%</td>
<td></td>
<td>47%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries have a clinical referral system in place to care for COVID-19</td>
<td>89%</td>
<td>11%</td>
<td></td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)</td>
<td>97%</td>
<td>3%</td>
<td></td>
<td>19%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries that have defined essential health services to be maintained during the pandemic</td>
<td>46%</td>
<td>20%</td>
<td></td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries in which all designated Points of Entry (PoE) have emergency contingency plans</td>
<td>35%</td>
<td>63%</td>
<td></td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries with a national IPC programme &amp; WASH standards within all health care facilities</td>
<td>39%</td>
<td>14%</td>
<td></td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries have a health occupational safety plan for health care workers</td>
<td>28%</td>
<td>6%</td>
<td></td>
<td>17%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19</td>
<td>97%</td>
<td>3%</td>
<td></td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td>Countries have COVID-19 laboratory testing capacity</td>
<td>100%</td>
<td></td>
<td></td>
<td>85%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Legend**

- **Yes**
- **No**
- **No information**
- **Baseline value**
- **Target value**

**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**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No information</th>
<th>Baseline value</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>6%</td>
<td>14%</td>
<td>47%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No information</th>
<th>Baseline value</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>11%</td>
<td></td>
<td>47%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Priority countries that have postponed at least 1 vaccination campaign due to COVID-19**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No information</th>
<th>Baseline value</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>45%</td>
<td>55%</td>
<td></td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No information</th>
<th>Baseline value</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>52%</td>
<td>48%</td>
<td></td>
<td>47%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No information</th>
<th>Baseline value</th>
<th>Target value</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%</td>
<td>16%</td>
<td></td>
<td>50%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Notes:**

- 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.
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