WHO supports the installation of public address systems at 50 remote health centers in Lao People’s Democratic Republic

During the pandemic a key challenge in Lao PDR has been getting important practical advice to remote villagers on how they can protect themselves from COVID-19.

Many remote villagers cannot access the internet and furthermore are unable to understand the Lao language.

In response, Lao PDR has installed 50 sets of public address (PA) systems in selected remote areas prone to outbreaks and natural disasters, with 150 mobile loudspeakers also procured to support other activities against COVID-19. Funded by the German Federal Ministry of Health, WHO oversaw the installation of the systems and trained health centre staff on their use.

Well received by communities and health workers alike, the PA system allows health workers to easily communicate with villagers in their own languages, regarding COVID-19, measles and dengue. They can also provide flood alerts, broadcast reminders for parents about infant vaccinations, and be used to monitor designated quarantine centres.

For further information on the innovative approaches to risk communication, click here

Key Figures

- WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work
- 144 GOARN deployments conducted to support COVID-19 pandemic response
- 19 732 165 respirators shipped globally
- 194 485 980 medical masks shipped globally
- 8 514 831 face shields shipped globally
- 6 280 279 gowns shipped globally
- 31 723 121 gloves shipped globally

More than 4.8 million people registered on OpenWHO and able to access 150 COVID-19 online training courses across 23 topics in 43 languages

* For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports
From the field:

Marking a decade since last polio case: WHO SEAR countries gear up for massive vaccination campaign – this time for COVID-19 virus

WHO South-East Asia Region reported its last case of wild poliovirus from West Bengal in India. A decade later, countries in the Region are taking lessons learned from the polio program to gear up for massive vaccination campaigns in a bid to end the COVID-19 pandemic.

“We are witnessing unprecedented efforts by Member countries to protect their vulnerable population against COVID-19 with vaccines,” said Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia.

Indonesia rolled out COVID-19 vaccination on 13 January 2021, vaccination has started in full swing in India for one of the world's biggest vaccination programme beginning 16 January, Other countries in the regions will roll out their campaigns in the coming months.

Safe and effective vaccines can be a gamechanger if accessible across the world and to all vulnerable population within the countries. Vaccines will help to curtail the COVID-19 pandemic. However, they won't solve everything by themselves as initially they are bound to be in limited supplies. As the COVID-19 crisis continues, necessary behavioural measures still need to continue - masks, hand hygiene, cough etiquette, physical distancing - and core public health measures by the authorities – detect, test, trace, isolate and treat - to prevent the virus from spreading and causing more disease and deaths.

Community engagement and participation – both for continued COVID-19 appropriate behavior and vaccination – will be critical to curtail the virus transmission. WHO continues to work with all countries for COVID-19 vaccination planning and roll out, to have a robust National Deployment and Vaccination Plan covering all elements of planning and management needed to deliver a vaccine.

The networks of surveillance officers in countries such as Bangladesh, India, Indonesia, Myanmar and Nepal, which was the backbone of polio eradication programme, are now also in the forefront supporting coordination, preparedness and roll out of COVID-19 vaccination down to the district level.

Bringing in best practices from polio eradication, WHO has supported countries in the Region with development of operational guidelines and plans for COVID-19 vaccination; training of vaccinators; planning vaccine and logistics management; and monitoring key preparatory activities.

At the global level, the ACT-Accelerator partnership launched by WHO and partners, has supported the fastest, most coordinated, and successful global effort in history to develop tools to fight COVID-19. The vaccine pillar - COVAX - co-led by WHO, Gavi and the Coalition for Epidemic Preparedness Innovations, aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access.

For further information on the vaccine scale-up activities in the region, click here
WHO EURO convenes Member States to support response to new SARS-CoV-2 variants of concern

Since the notification of a new SARS-CoV-2 variant of concern (VOC 202012/01) on 14 December 2020 from the United Kingdom of Great Britain and Northern Ireland, the WHO Regional Office for Europe has continued to support countries across the Region. WHO has continually assessed the public health risks; provided recommendations on virological studies, sequencing and surveillance, and guidance on enhancing public measures, including risk communication.

As part of this support and in order to inform countries on the evolving situation in Europe, WHO/Europe held a virtual briefing on the SARS-CoV-2 variant with the Director Generals (DGs) and Chief Medical Officers (CMOs) of the 53 Member States of the WHO European Region and has followed this with bilateral meetings with countries.

Regular technical exchanges have also been established with the United Kingdom of Great Britain and Northern Ireland – with the first of series taking place 23 December 2020. This platform to exchange knowledge and information was extended, on 08 and 14 January 2021, to other countries also now documenting local circulation of VOC202012/01 including Denmark, Israel, Ireland and The Netherlands.

These meetings, held jointly by WHO and the European Centres for Disease Prevention and Control (ECDC), have provided a platform for European countries to share scientific findings and experiences responding to new variants of concern in real-time. Discussions have centred around the epidemiology; diagnostic testing, including monitoring of spread through S-gene target drop-out in some PCR assays; studies to characterise any phenotypic changes; modelling to look at transmission and measures; impact of additional public health measures; case management; whole genome sequencing; and vaccine implications. This sharing of knowledge and lessons learned will help WHO to support other countries in the Region to reduce the impact of spread on their health systems.

As of 14 January, VOC 202012/01 has been reported to WHO from 26 countries in the European region.
US$ 50 million Iran COVID-19 Emergency Response Project (ICERP) scales up nationwide response to the epidemic

The World Health Organization (WHO) and the Ministry of Health and Medical Education of the Islamic Republic of Iran have delivered life-saving medical and diagnostic equipment to public hospitals and laboratories across the country to support the fight against the COVID-19 pandemic.

The procurement is part of the COVID-19 Emergency Response Project (ICERP), a collaboration between WHO and the Ministry of Health and Medical Education initiated on 16 June 2020 and funded at US $50 million in an effort to support the country’s health care system in diagnosing and treating patients with COVID-19.

“We are facing even more risks in winter and urgently need more resources and more projects like ICERP to support the Ministry to scale up hospital and laboratory capacities serving all people in Islamic Republic of Iran, in parallel with all preventive measures and work towards a vaccine,” said Dr Christoph Hamelmann, WHO Representative in Islamic Republic of Iran.

By its closing date on 31 May 2021, the project is planned to procure and deliver a total of 316 medical devices, including CT scanners, ultrasound machines, portable digital x-ray machines, as well as 135 diagnostic laboratory devices and their consumables. The devices are being distributed to 136 public hospitals and 43 laboratories across the country caring for COVID-19 patients.

The Ministry confirmed the country's first 2 cases of COVID-19 on 19 February 2020 in the city of Qom situated near the capital Tehran. Since then, 1 280 438 laboratory confirmed COVID-19 cases were reported and 54 100 COVID-19 related deaths as of 9 January 2021. At the recent highest peak on 27 November, a total of 5860 patients were hospitalized in intensive care units, posing serious challenges for all hospitals and health care workers throughout the country.

To guide the response, WHO monitors the COVID-19 situation on a daily basis and prepares a comprehensive report which includes daily and cumulative figures, risk status for Islamic Republic of Iran’s provincial capitals, updates on the imposed national and international travel restrictions, and useful links. The report archive can be accessed here.
Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 15 January 2021, WHO provided an overview of the SARS-CoV-2 Variants, noting that viruses constantly change through mutation, and the emergence of new variants is an expected occurrence. Given the transmissibility of the new variants, WHO stressed the continued, and even increased, importance of maintaining the public health and social measures taking by countries even as vaccines are being introduced.

WHO also provided an overview on the current state of COVID-19 vaccinations around the world, noting that some countries have already covered their high risk population while many other countries in the world has not yet started vaccinating; citing equity in access problems.

WHO indicated that the COVAX facility aims to deliver 2 billion doses of vaccins in 2021 and is expediting regulatory review of promising vaccines.

WHO also noted the substantial progress in country readiness for vaccinations, with thanks to partners including DCO, the World Bank and UNICEF.

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.

4 781 756 Course enrollments

43 languages

Over 2.5 million certificates

150 COVID-19 courses
Partnerships

**The Global Outbreak Alert and Response Network - GOARN**

GOARN partner institutions continue to provide technical support across all health operation pillars, particularly epidemiology and surveillance, laboratory, clinical management, infection prevention and control, data management, and risk communication and community engagement (RCCE).

From the start of the pandemic until mid-January 2021, nearly 700 individual offers of support have been received from 65 institutions in support to GOARN requests for assistance for COVID-19 response. **144 deployments have been conducted to date.** Due to logistical challenges and travel restrictions many of these deployments are conducted on a remote support basis.

**Go.Data – field data collection, contact tracing**

WHO and GOARN partners are supporting over **60 projects worldwide** to implement Go.Data, including virtual trainings and briefings, providing direct user support and technical support for local responders for epidemiology, training, analytics, reporting, interoperability, and technology.

To further scale up support WHO and GOARN partners are focusing on country-specific Go.Data rollouts for 2021. Additional on-site missions are being planned and will take place in the coming months.

**GOARN Training**

- GOARN is collaborating with Robert Koch Institute in Germany, Public Health Agency of Canada and other key training partners across the Network for rolling out the next phase of the GOARN Leadership Training Programme which targets over 140 individuals working in leadership capacities across GOARN partners for COVID-19 response worldwide. The next phase includes a Leadership Seminar with the entire cohort of programme participants and roll-out of 6 new virtual training workshop modules designed to address the participants priority leadership and crisis-management needs, taking place between January-July 2021.

- GOARN in partnership with TEPHINET and US CDC are undertaking arrangements for a series of virtual training workshops on *Orientation to International Outbreak Response with GOARN/WHO* for TEPHINET alumni from around the world. These workshops will take place over January and February, with supporting faculty from regional Field Epidemiological Training Programmes (FETPs).

**GOARN Risk Communication and Community engagement**

The updated global RCCE strategy was published in collaboration with UNICEF, WHO, IFRC, GOARN and a wide range of collective service partners recognizing the evolved state of the pandemic, the central role of communities in stopping transmission and the need for a collaborative global response.

GOARN continues to support the RCCE collective service coordination with a focus on stronger partner engagement in the roll out of the strategy and ensuring that RCCE principles are integrated across the pillars of response.

For further information on GOARN RCCE click [here](#).
With an unprecedented need to elevate the role risk communication and community engagement (RCCE) plays in breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic, WHO, IFRC, GOARN, and UNICEF have updated and published a revised COVID-19 Global Risk Communication and Community Engagement Strategy (December 2020-May 2021) to support Member States and partners.

Until biomedical tools such as vaccines or treatments are developed and widely available, people’s behaviours and their willingness to follow public health and social measures remain the most powerful tools to stop the spread of the virus.

The updated strategy is underpinned by a socio-behavioural trends analysis and builds on the learnings from the response to-date. The strategy moves from directive one-way communication toward the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past.

The overarching goal of the strategy: That people-centred and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.

For further information on the updated COVID-19 Global Risk Communication and Community Engagement Strategy – interim guidance, click here
COVID-19 Partners platform

WHO provides leadership in vaccine rollout

WHO is supporting countries to prepare for COVID-19 vaccine introduction. The COVID-19 Partners platform provides an established and secure online space for countries to upload their National Deployment and Vaccination Plans (NDVPs) and request resources, for regional review committees to review the NDVPs and for all vaccine stakeholders to view resources, and for countries to request technical and financial support.

Country Readiness and Delivery: COVID-19 Vaccine Introduction

This week WHO is beginning a step-wise launch on the COVID-19 Partners Platform of Pillar 10 on COVID-19 Vaccine Deployment Readiness.

Pillar 10 is a new Pillar in the updated COVID-19 Strategic Planning and Response Plan (SPRP) for 2021. The first functionality that country administrators will have in the Pillar 10 space will be uploading the NDVP onto the Platform. The WHO Country Readiness and Delivery workstream developed guidance on developing a national and deployment vaccination plan to support countries in developing their NDVP. Government officials are responsible for validating the NDVP.

Regional review committees will be reviewing the plans to ensure they meet the minimum criteria needed for vaccine allocation, preparedness for vaccination, and monitoring of vaccine implementation.

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 15 January 2021.

<table>
<thead>
<tr>
<th>Region</th>
<th>Laboratory supplies</th>
<th>Personal protective equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Antigen RDTs</td>
<td>Sample collection kits</td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>325 400</td>
<td>3 068 465</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>4 975 050</td>
<td>1 426 902</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>740 300</td>
<td>869 560</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>168 000</td>
<td>320 650</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>200 000</td>
<td>2 605 850</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>213 800</td>
<td>338 984</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6 408 750</td>
<td>8 505 227</td>
</tr>
</tbody>
</table>

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

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.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 15 January 2021, 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 657,000 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

657 000 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

Countries have a COVID-19 preparedness and response plan

- Yes: 91%
- No: 7%
- No information: 100%

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

- Yes: 89%
- No: 11%
- No information: 100%

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

- Yes: 97%
- No: 0%
- No information: 100%

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

- Yes: 46%
- No: 20%
- No information: 34%

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

- Yes: 35%
- No: 63%
- No information: 29%

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

- Yes: 44%
- No: 7%
- No information: 50%

Countries have a health occupational safety plan for health care workers

- Yes: 28%
- No: 6%
- No information: 67%

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

- Yes: 39%
- No: 15%
- No information: 45%

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

Priority countries with an active & implemented RCCE coordination mechanism

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

Priority countries with a contact tracing focal point

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

Priority countries with an IPC focal point for training

Legend
- Yes
- No
- No information
- Baseline value
- Target value

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.

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
  - 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
  - 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