Weekly Operational Update on COVID-19
4 August 2021

Issue No. 66

For all other latest data and information, including trends and current incidence, see the WHO COVID-19 Dashboard and Situation Reports

Confirmed cases 197,865,160
Confirmed deaths 4,219,861

As of 1 August 2021

Key Figures

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

More than 5.5 million people registered on OpenWHO and accessing online training courses across 37 topics in 55 languages

19,655,689 PCR tests shipped globally

203,272,426 medical masks shipped globally

77,139,700 gloves shipped globally

9,114,711 face shields shipped globally

186 GOARN deployments conducted to support COVID-19 pandemic response

3,886,112,928 COVID-19 vaccine doses administered globally as of 3 August

* COVAX has shipped over 177 million vaccines to 138 participants as of 3 August

Supporting COVID-19 emergency preparedness and response in Thailand

Thailand’s Ministry of Public Health, the National Vaccine Institute, the European Union (EU), WHO Thailand and the World Vision Foundation of Thailand launched a programme on 23 July to support the COVID-19 response of Thailand and strengthen preparedness for future pandemics.

The EU is providing €1.9 million to Thailand, as part of the overall €20 million for “The EU Southeast Asia Health Pandemic Response and Preparedness Programme in Thailand”. The initiative includes eight other member countries from the Association of Southeast Asian Nations (ASEAN) and the ASEAN Secretariat. COVID-19 priorities will focus on multi-source surveillance and testing strategies, subnational analysis and risk assessment, risk communication and community engagement, support to the national COVID-19 Immunization Programmes and strengthening essential health services.

WHO plays a critical role in supporting coordination of the initiative, providing technical expertise, supporting the exchange of best practices and capturing lessons learned to help address systemic challenges.

For further information, click here.
From the field:

Supporting treatment of COVID-19 patients across Yemen

WHO and the King Salman Humanitarian Aid and Relief Centre (KSRelief) are working together to fill critical gaps and strengthen preparedness and response to COVID-19 and other public health concerns in Yemen.

WHO and KSrelief are working to advance pandemic preparedness, early detection of COVID-19 and promoting appropriate public health containment measures. The large-scale support includes building local capacity at the intensive care unit (ICU) level, providing oxygen and essential medical and nonmedical supplies and supporting the national referral laboratory capacity through provision of equipment and essential supplies and training laboratory staff.

Through this project, 173 health care workers have been trained including 70 laboratory staff in order to build capacity across 14 ICUs and 12 laboratories. This has made treating 2560 COVID-19 patients possible in WHO and KSRelief supported facilities between January and June 2021.

Sameh is a father who works in Al Sadaqqah hospital’s ICU, one of the largest hospitals supported by WHO and KSRelief in Aden. When Sameh was infected with COVID-19 around 2 months ago, he stayed home hoping to feel better. But his condition worsened, and he was rushed to the ICU due to difficulty breathing.

“My health situation was dire..” He says while out of breath. “I've been receiving treatment, monitored oxygen supply and care here at the ICU for 3 weeks now. I feel much better and the doctors report that I’m doing well. But I still need to get regulated supply of oxygen as directed by the doctor,” adds Sameh. “I am grateful I am now better and that I will soon be able to be discharged,” says Sameh.

Health care workers in the frontlines of COVID-19 and other diseases are risking their lives daily. In Yemen, they face compounded challenges due to the damaged infrastructure and socioeconomic difficulties, yet they continue to work under dire circumstances.

For further information, click here.
WHO facilitating the implementation of Single Nucleotide Polymorphism (SNP) assays to detect SARS-CoV-2 variants in Ukraine: 13 – 19 July 2021

The WHO Regional Office for Europe continues to support countries in the detection and monitoring of Variants of Concern (VOCs). One example is by providing trainings and facilitating the procurement of Single Nucleotide Polymorphism (SNP) assays. SNP assays allow for the detection of single nucleotide changes within the SARS-CoV-2 genome and provide an easy, fast-track and reliable way to screen for VOCs. Mutations like the N501Y and E484K are key mutations present in VOCs currently circulating in the European Region and thus can serve as a reliable indicator of the presence of a VOC.

On 13 July, the WHO Ukraine Country Office facilitated the reception of 40 VirSNiP assays for SARS-CoV-2 variant detection which rely on melting curve analysis (enough for approximately 4000 samples). The kits, which were donated to the Ukraine Public Health Center by the German company TIB MOLBIOL, can be used to detect mutations associated with the Delta variant (30 assays) and other VOCs (10 assays). The timely donation of these kits will allow Ukraine to get important information on the prevalence and distribution of VOCs in the country and enable nationwide pre-sequencing screening for the Delta VOC.

In addition, the WHO Regional Office for Europe and the Ukraine Country Office held a joint webinar on methods of detection and identification of SARS-CoV-2 VOCs. Other areas covered included the viral evolution of SARS-CoV-2, reviewing the melting curve analysis method, and presenting the various SNP assays used to identify mutations that are associated with different variants. It is important to note that genome sequencing is the most accurate and gold standard method for variant detection/monitoring. Overall, the webinar was attended by 80 participants from Ukraine and Europe.

The WHO Regional Office for Europe has further used this donation by providing details on the TIB MOLBIOL SNP assays and carrying out a practical training on how to perform an SNP assay in Azerbaijan as part of a laboratory mission from 20 – 28 July 2021.
From the field:

More than one million COVID-19 vaccines arrive in Lao People’s Democratic Republic through the COVAX Facility

The Lao People’s Democratic Republic received their third shipment of COVID-19 vaccines through the COVAX Facility. This new shipment, consisting of 1 008 000 doses of the Johnson & Johnson/Janssen (J&J/Janssen) COVID-19 vaccine, was donated by the United States of America and arrived on 16 July.

With this single-dose vaccine, the Lao People’s Democratic Republic Government will be able to provide protection against the virus to more than one million people, out of the country’s total population of approximately seven million.

These J&J/Janssen doses will be used to first vaccinate priority groups, including people above 60 years of age, people with underlying health conditions and health workers across the country, in line with the National Deployment and Vaccination Plan. Further plans are being made for delivery to other target populations, including those in remote and hard-to-reach areas.

In addition to this latest shipment of the J&J/Janssen vaccines, Lao People’s Democratic Republic previously received a shipment of 132 000 doses of AstraZeneca/Oxford COVID-19 vaccines in March 2021 and a shipment of 100 620 doses of Pfizer BioNTech vaccines in early June 2021, both of which were procured through the COVAX Facility.

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

From the field:

Driving COVID-19 vaccine uptake in Ghana’s hard-to-reach communities

Ghana’s COVID-19 vaccine rollout has utilized best practices and lessons learned from decades of immunization campaigns for the mass COVID-19 vaccine rollout.

“We have a migratory population that travels routinely from north to south across the country so their animals can graze,” says Dr Francis Kasolo, WHO Representative in Ghana. “Just as we have done with routine immunization, vaccination stations along their travel routes have been set up so that these populations can also access COVID-19 vaccines.

Fred Osei Sarpong, WHO Immunization Officer, explained “Information on vaccination points was shared on every channel, including national television, radio, social media and chat apps like WhatsApp, as well as through networks of district and community leaders and organizations.” Ghana has also used drones to deliver vaccines to areas without roads and sent vaccinators out into communities to stay with them for periods of time while administering the vaccines.

Twenty days after the first COVAX delivery in February, the country had reached over 470 000 people in areas with the highest number of COVID-19 cases, including around 90% of all health workers. “We identified 43 areas where high transmission of the virus was evident, and started with those districts, sending out mobile teams to administer vaccines,” notes Fred Osei Sarpong. To date, Ghana has fully vaccinated around 2.7% of its population.

Dr Kasolo recently visited Kumasi in the Ashanti Region, noting their high COVID-19 related mortality rates and recalls his experience:

““There were huge queues of people waiting to be vaccinated there. When I talked to them, I realised that some had lost relatives to the virus and suddenly it had all become very real for them... They were no longer being told about the devastating effects of COVID-19, they were living through them. Vaccine availability is now a real challenge for Ghana, but we have been given assurances that hundreds of thousands of doses are likely to reach us by about August,” he says.

Offering his best advice, Dr. Kasolo explains that one of the most important lessons Ghana learned early on was to involve everyone, from the President who was vaccinated live on national television right down to communities. He further noted that efficient planning, driven by a strong national coordination mechanism supported the country’s success: “Chaired by the President, the inter-ministerial task force included both government and independent players. While our regulatory authorities imparted critical advice about the safety and efficacy of vaccines, the inclusion of independent partners helped boost confidence among the population,” he explains.

For further information, click here.
Pandemic learning response
Expanding capacity in Infection Prevention and Control during a pandemic

One of the global investments in expanding Infection Prevention and Control (IPC) capacity has been making IPC training available for free on OpenWHO over the course of the pandemic.

The platform hosts 16 IPC-related courses, of which 5 are COVID-19 specific (IPC in the context of COVID-19, personal protective equipment, long-term care, mask use and the prevention, identification and management of infections in health workers). The remaining 11 are part of a core IPC series. In total, the courses have 1.9 million enrolments. More courses are expected to be added over time, while others are being updated as needed.

OpenWHO has played a critical role during the COVID-19 emergency response by expanding the reach of training, capacity building and knowledge transfer, especially in light of the critical need for multilingual and multimodal learning materials and the travel measures restricting the movement of experts to deliver this training. To date, the IPC courses are available in 26 languages.
The Eighth meeting of the International Health Regulations (2005) Emergency Committee regarding the Coronavirus Disease pandemic was held on 14 July 2021.

In response, the Partners Platform remains ready to work hand-in-hand with countries and partners to carry out the Temporary Recommendations to States Parties. Among the advice to the WHO Secretariat listed in the official statement, the Partners Platform remains particularly engaged to:

➢ **Continue to work for equitable vaccine access and distribution.** The Partners Platform is already a strong partner in WHO’s work towards vaccine equity. On the Platform, countries can cost and upload their comprehensive vaccine needs, using the COVID-19 Vaccine introduction and Costing (CVIC) tool and aligned with the National Deployment and Vaccination Plan (NDVP) guidance. The Platform’s new visual dashboard on the vaccine space also allows all authorised vaccine users to easily track the global flow of vaccine technical assistance and resource needs, identifying resource gaps. This information is vital to all partners in the campaign to progress towards equitable vaccine access and distribution.
# 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 and PAHO-procured items that have been shipped as of 29 July 2021.

<table>
<thead>
<tr>
<th>Region</th>
<th>Sample collection kits</th>
<th>Antigen RDTs</th>
<th>PCR tests</th>
<th>Face shields</th>
<th>Gloves</th>
<th>Goggles</th>
<th>Gowns</th>
<th>Medical Masks</th>
<th>Respirators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (AFR)</td>
<td>4 838 975</td>
<td>1 103 775</td>
<td>2 275 932</td>
<td>1 529 970</td>
<td>34 350 300</td>
<td>366 770</td>
<td>2 156 579</td>
<td>54 284 400</td>
<td>3 224 030</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>1 348 132</td>
<td>12 069 900</td>
<td>10 555 962</td>
<td>3 335 800</td>
<td>4 785 000</td>
<td>322 940</td>
<td>1 621 120</td>
<td>55 146 330</td>
<td>7 716 960</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>1 866 270</td>
<td>2 112 925</td>
<td>2 312 935</td>
<td>1 326 785</td>
<td>14 412 000</td>
<td>253 040</td>
<td>2 136 722</td>
<td>29 875 550</td>
<td>1 826 295</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>707 500</td>
<td>1 160 550</td>
<td>673 240</td>
<td>1 772 020</td>
<td>15 978 900</td>
<td>525 260</td>
<td>3 046 548</td>
<td>42 051 500</td>
<td>7 196 550</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>3 184 400</td>
<td>1 440 000</td>
<td>2 872 802</td>
<td>381 436</td>
<td>4 393 500</td>
<td>86 510</td>
<td>632 300</td>
<td>6 940 500</td>
<td>1 894 495</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>652 100</td>
<td>30 000</td>
<td>964 818</td>
<td>768 700</td>
<td>3,220,000</td>
<td>311,927</td>
<td>466,710</td>
<td>14,974,146</td>
<td>3,107,035</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12 597 377</strong></td>
<td><strong>17 917 150</strong></td>
<td><strong>19 655 689</strong></td>
<td><strong>9 114 711</strong></td>
<td><strong>77 139 700</strong></td>
<td><strong>1 866 447</strong></td>
<td><strong>10 059 979</strong></td>
<td><strong>203 272 426</strong></td>
<td><strong>24 965 365</strong></td>
</tr>
</tbody>
</table>

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

*Laboratory supplies data are as of 20 July 2021

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

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, US$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 27 July 2021, WHO has received US$ 989.8 million out of the 1.9 billion total requirement. A funding shortfall of 50% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 5% of funding received for SPRP 2021 to date is ‘flexible’, compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO’s ability to rapidly react and respond to acute events and provide swift and needed support to countries.

A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

The 2021 SPRP priorities and resource requirements can be found here. The status of funding raised for WHO against the SPRP can be found here.
WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 27 July 2021, the Solidarity Response Fund has raised or committed more than US$ 253 million from more than 673,083 donors.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It’s never been more urgent to support the global response, led by WHO.

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.
COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

<table>
<thead>
<tr>
<th>Indicator (data as of)</th>
<th>2020 Baseline</th>
<th>Previous Status</th>
<th>Status Update</th>
<th>2021 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillar 3: Proportion of Member States implementing sero-epidemiological investigations or studies (N=194, as of quarter 2 / 2021)(^a)</td>
<td>N/A</td>
<td>42% (n=81)</td>
<td>50% (n=97)</td>
<td>40%</td>
</tr>
</tbody>
</table>

\(^a\)Quarterly reported indicator
N/A not applicable; TBD to be determined;

Since quarter 1 of 2021, 16 new Member States have been added to the global initiative, with the majority of new additions focusing on COVID-19 vaccine effectiveness. Of the 97 countries implementing at least one sero-epidemiological investigation using WHO Unity studies master protocols, 62 (64%) are low- and middle-income countries. Additionally, 53% of all the countries with a Humanitarian Response Plan (HRP) on the Global Humanitarian Overview (GHO) are implementing an investigation or study. Disaggregation of Member States implementing each type of study protocol can be seen below.

**97**
Member States have started implementation

**71**
Population-based age-stratified seroepidemiological investigation protocol for COVID-19 infection

**36**
Assessment of risk factors and transmission for COVID-19 in health workers

**17**
Measuring COVID-19 vaccines effectiveness

**10**
A prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2

**39**
The First Few X (FFX) cases and contact investigation protocol for COVID-19 infection & Household transmission investigation protocol for COVID-19 infection
COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

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<tr>
<td><strong>Pillar 1:</strong> Proportion of flexible funding received by WHO for SPRP 2021 (SPRP budget: US$ 1.96B, as of 29 June 2021 for quarter 2 / 2021)</td>
<td>N/A</td>
<td>8.7%</td>
<td>8.0%</td>
<td>30%</td>
</tr>
</tbody>
</table>

By the end of the second quarter (April to June) 2021, the percentage of flexible funding received by WHO for SPRP 2021 had decreased from the initial reporting to 8% compared to the target of 30%. As of 27 July, 5% of all funds received by WHO for SPRP 2021 are flexible. For more updates on WHO’s SPRP 2021 Appeal, see page 9.

| **Pillar 3:** Proportion of countries testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69, as of epidemiological week 28 2021) | 22% (n=15) | 46% (n=32) | 45% (n=31) | 50% |

This week, of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 31 (45%) have timely reported COVID-19 data. An additional 11 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.

| **Pillar 3:** Proportion of Member States with COVID-19 detailed surveillance reporting to WHO (N=194, as of 30 June 2021) | 39% (n=75) | 42% (n=81) | 37% (n=71) | 100% |

| **Pillar 10:** Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 3 August) | 0 | 98% (n=190) | 98% (n=191) | 100% |

| **Pillar 10:** Number of COVID-19 doses administered globally (N=N/A, as of 3 August) | 0 | 3 694 984 437 | 3 886 112 928 | N/A |

| **Pillar 10:** Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 3 August) | 0 | 18.4% (1.4 billion) | 19.4% (1.5 billion) | N/A |

*a* Quarterly reported indicator  
*b* The term “countries” should be understood as referring to “countries and territories”  
*c* 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year  
*d* Weekly reported indicator  
*e* Baseline for epidemiological week for southern hemisphere season  
*f* Baseline calculated by the number of countries having reported age and sex for at least 50% of their confirmed cases  
*g* Indicator reporting start date: start of COVID-19 vaccination used to calculate baseline  
*h* N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System
Key links and useful resources

GOARN
For updated GOARN network activities, click here.

Emergency Medical Teams (EMT)
For updated EMT network activities, click here.

WHO case definition
For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click here.

EPI-WIN
For EPI-WIN: WHO Information Network for Epidemics, click here.

WHO Publications and Technical Guidance
For updated WHO Publications and Technical Guidance on COVID-19, click here

For more information on COVID-19 regional response:
- African Regional Office
- Regional Office of the Americas
- Eastern Mediterranean Regional Office
- European Regional Office
- Southeast Asia Regional Office
- Western Pacific Regional Office

For the 27 July 2021 Weekly Epidemiological Update, click here. Highlights this week include:

- The evaluation of COVID-19 vaccines and their effectiveness in real world settings.
- An overview of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs.

News

- For the joint statement of the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics for Developing Countries following its second meeting, click here. For their new website, click here.
- For the Director-General’s opening remarks at the media briefing on COVID-19 on 30 July, click here. He noted testing rate gaps between low- and high-income countries, that less than 2% of all global COVID-19 vaccine doses have been administered in Africa and that on average in 5 out of 6 WHO regions infections have increased by 80% over the last 4 weeks.