Restoring essential health services in Haiti post-earthquake

PAHO Director, Dr Carissa F. Etienne, reported that “staff is being deployed to the Grand’Anse and Nippes departments to support reestablishing health services at departmental levels,” she said, referring to areas near the epicenter of the earthquake. COVID-19 and concurrent health emergencies have presented a challenge of caring for those with COVID-19 while adapting to ensure safe delivery of essential health services; pillar 9 of the COVID-19 2021 SPRP focuses on mitigating such service disruptions.

Health facilities in three departments in post-earthquake Haiti are overwhelmed and “In total 24 health facilities suffered damage, mainly first level of care.” In addition to supporting Haiti’s Ministry of Health and Population, PAHO has delivered essential medicines and other medical and surgical supplies for distribution to health institutions in need.

Dr Etienne called on the global community to meet the “urgent health needs” identified by the health ministry: “health personnel, supplies and equipment to treat patients with trauma, injuries, acute illnesses, chronic diseases and mental issues”. She continued, “There is an urgent need to restore health services mainly in the most affected areas and to ensure adequate water and sanitation to prevent increases of diarrheal, respiratory, and skin diseases.”

For further information on response efforts, click [here](#).
From the field:

Delivering critical health services in Afghanistan

WHO Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari issued a statement regarding essential health services (pillar 9 of the COVID-19 2021 SPRP) and noted the following:

“WHO is committed to staying in Afghanistan and delivering critical health services and calls on all parties to respect and protect civilians, health workers, patients and health facilities.”

“Months of violence have taken a heavy toll on Afghanistan’s fragile health system, which had already been facing shortages in essential supplies amid the COVID-19 pandemic. In areas where people have fled to seek safety and shelter, including Kabul and other large cities, field reports indicate that there are increasing cases of diarrhoea, malnutrition, high blood pressure, COVID-19-like symptoms and reproductive health complications. As a result of the recent conflict, trauma injuries have increased, requiring scaled up emergency medical and surgical services. In July 2021, some 13 897 conflict-related trauma cases were received at 70 WHO-supported health facilities, compared to 4057 cases in July 2020.

On 17 August WHO dispatched to Wazir Akbar Khan Hospital in Kabul 33 units of different modules of trauma kits, enough to cover 500 surgical procedures for 500 trauma patients and 750 burn victims, and 10 basic medical kits to provide essential medicines for 10 000 people for 3 months. This week, WHO also provided Helmand regional hospital with 6 basic medical supply kits and one cholera kit to support the provision of basic medicines for 6000 people for 3 months and the management of 100 cases of diarrhoea. WHO donated medical supplies to 3 health partners to sustain critical work at their health facilities this week.

Over the past 3 months, health staff in 10 referral hospitals have been trained in mass casualty management. Since January, WHO has provided trauma care support to 134 health facilities in 34 provinces. Since June, WHO has provided 500 health facilities with emergency kits and medical supplies. WHO is also training health workers in mental health support.

WHO and partners have conducted an initial assessment of the health needs of displaced populations and have deployed 2 mobile health teams to provide medical services.”

For the Regional Director’s full statement, click here.
From the field:

WHO/Europe strengthening Infection Prevention Control with the Georgian ambulance service: 9 - 20 August 2021

The ongoing transmission of SARS-CoV-2 continues to highlight deficiencies in Infection Prevention and Control (IPC) within health facilities. Rigorous implementation of IPC measures protects health workers from infection and needs to be regularly assessed, reviewed and strengthened.

During a period of intense COVID-19 transmission in Georgia, WHO and national teams are assessing the national ambulance service’s IPC capabilities. The work aims to build upon previous efforts conducted under the European Union funded project (DG NEAR) which supported rapid improvements to the ambulance service response to COVID-19.

To support this assessment, a WHO IPC specialist was deployed from the WHO South Caucasus Hub from 09 to 20 August.

During the mission, IPC experts visited ambulance services in both urban and rural settings, with the assessment focusing on surveillance, cleaning and disinfection, training, and the implementation of current IPC guidance.

The current project being carried out within the ambulance services, will help to improve infection prevention control through the introduction of structured IPC programmes, policies and trainings which will utilize multimodal strategies to create long lasting IPC improvements in Georgia.

Overall, the assessment will help to inform the creation of national IPC guidelines and standard operating procedures for ambulances services throughout Georgia.

WHO/Europe will continue to support Georgia in the development and implementation of IPC guidelines within the ambulance services and in other clinical settings.
From the field:

**Lao People’s Democratic Republic receives 616,820 doses of the COVID-19 vaccine through the COVAX facility**

On 5 August 2021, Lao People’s Democratic Republic received a donation from the Government of Japan through the COVAX Facility, which consisted of 616,820 doses of the AstraZeneca/Oxford COVID-19 vaccine manufactured in Japan.

This donation will contribute towards vaccinating more than 300,000 Lao people by the end of 2021.

The Lao People’s Democratic Republic Government will use the latest donation of doses to continue vaccinating 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 (NDVP) and in support of the Government of Lao People’s Democratic Republic’s goal of vaccinating 50% of the population by the end of 2021.

“"The latest donation from the Government of Japan via the COVAX Facility reminds us of the power of global partnerships in ending the COVID-19 pandemic. No country is safe until every country is safe and WHO is urging countries to continue to share vaccines equitably," said Dr. Jun Gao, WHO Officer-in-Charge to Lao PDR.”

For further information, click [here](#).
**From the field:**

**All-women teams trek miles to vaccinate in Meghalaya, India**

On 14 July 2021, five all-women vaccination teams set-off carrying heavy backpacks filled with COVID-19 vaccine vials in vaccine carriers, adverse events following immunization (AEFI) kits, documents, packed foods and water to promote COVID-19 vaccination as well as continued COVID-19 appropriate behaviour.

The officer-in-charge of Nonghyllam police station volunteered the support of police personnel, who travelled with them for their security and safety on a journey that began by road at 5:30 am to reach the first stop at 08:00 am. Undeterred by monsoon fury, the all-women teams of COVID-19 vaccinators in the state strapped backpacks with vaccine carriers and other equipment and trekked for nine hours, through hills, amidst rain and slush, to take lifesaving COVID-19 vaccines to these five villages.

Dr Anita Chauhan, who is part of the WHO Rapid Response Team (RRT) in Meghalaya, was among the women supporting the district administration in COVID-19 advocacy-related activities in South-West Khasi Hills district.

During her field visits, these hard-to-reach areas were identified and prioritized and then discussed in District Task Force meetings, leading to the planning of special outreach campaigns. She has also been providing training and support to the state’s COVID-19 response including for COVID-19 vaccination and transport via the RRT vehicle, essential services such as routine immunization strengthening and more.

Many villages served by the Ranikor Community Health Centre are hard-to-reach and inaccessible during most times of the year.

“All our field workers have been working tirelessly in immensely challenging conditions to ensure that the vaccines and health care reaches everyone,” said Dr Patmos Warjri, Medical and Health Officer in-charge of the vaccination teams.

“There were leeches and snakes throughout the way, and we joked about who had the most leech bites. Our teams vaccinated 147 beneficiaries in the villages in one day. We made our way back on foot to Pormawdar and were back at Kulang by 11:00 pm, finally reached at Ranikor Community Health Centre at around 1:30 am the following day,” said Dr Patmos Warjri.
In remembrance of WHO Dr Ousmane Touré

Dr Ousmane Touré, a young doctor and public health emergencies specialist whose commitment and expertise served PAHO and WHO in the polio eradication programme in Guinea, the fight against cholera in Haiti and Ebola in West Africa and tragically lost his life in the earthquake that struck Haiti on August 14, 2021.

“We are devastated by the loss of Ousmane, a dedicated medical doctor who supported our response in Haiti” said Director of PAHO, Dr. Carissa F. Etienne. “He will be extremely missed by his colleagues and friends at PAHO and the World Health Organization (WHO). Our deepest sympathies are extended to his own family – his wife and two daughters.”

“Over the years Ousmane worked in some of the most difficult places, assisting communities who found themselves in difficult and dangerous situations,” said WHO Director General Dr. Tedros Adhanom Ghebreyesus. “It is tragic to lose Ousmane in the line of duty. His selfless dedication was admired by his peers and greatly appreciated by the colleagues he served.”

To read more about Dr Ousmane Touré’s life and service to WHO, click here.
Public health response and coordination highlights

➢ At the UN Crisis Management Team (CMT) meeting on 18 August 2021, WHO noted the continued increase of COVID-19 cases globally, with many countries around the world reporting surges, including some countries with high vaccination coverage. This increasing trend is largely attributed to increases in the Western Pacific Region and the Region of the Americas which reported 14% and 8% increases respectively as compared to the previous week.

➢ WHO informed that as of 16 August, 4,710 million doses of COVID-19 vaccine have been administered in 217 countries, areas, territories and economies, with 10 countries having administered 73% of all doses.

➢ WHO stressed that the increased use of boosters in some countries would worsen the already inequitable distribution of COVID-19 vaccines. WHO reported that COVAX has now shipped 203.8 million doses to 138 participants to date, among which 90 million doses were donated from 8 countries.

➢ WHO further reported that the pace of COVAX shipments are increasing, with 1.75 billion COVAX doses planned for delivery in the 3rd and 4th quarters of the year.

➢ UNICEF brought attention to the issue of potential short shelf life of donated vaccines while UNHCR noted that 108 countries are vaccinating refugees, IDPs and others, but are facing limited vaccine supply.

➢ WHO called upon UN partners to support countries in absorbing the increased volume of COVAX shipments that would arrive in the last quarter of the year.
Pandemic learning response
Bringing the latest clinical management knowledge to frontline health workers in emergencies

Free online courses are now available on 9 different topics to support quality clinical care for the COVID-19 pandemic and other disease outbreaks through WHO’s learning platform, OpenWHO.org. The courses are hosted on a dedicated Clinical Management learning channel to provide frontline health workers across the globe with easy access to evidence-based tools and training, attracting more than 282 000 total enrolments thus far.

The channel offers training courses on a range of diseases, including COVID-19, Ebola, diphtheria and influenza, as well as a new course on recognizing and managing anaphylaxis. Four of the courses are part of an in-depth series on the clinical management of patients with COVID-19, which currently covers general considerations, the initial approach to acutely ill patients, investigations and care for mild, moderate and severe disease, and rehabilitation. The next course in the series will focus on the care of patients with critical disease.

In total, the clinical management courses are available across 16 national and local languages: 10 languages hosted on the Clinical Management channel and an additional 6 languages provided through OpenWHO’s new ‘Serving countries’ portal, accessible via the platform navigation bar.

<table>
<thead>
<tr>
<th>OpenWHO Overall COVID-19 User Figures</th>
<th>As of 10 August 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.6 million</strong></td>
<td>total course enrolments</td>
</tr>
<tr>
<td><strong>37</strong></td>
<td>COVID-19 course topics</td>
</tr>
<tr>
<td><strong>77</strong></td>
<td>other health topics for WHO mandated areas</td>
</tr>
<tr>
<td><strong>2.9 million</strong></td>
<td>certificates</td>
</tr>
<tr>
<td><strong>55</strong></td>
<td>languages</td>
</tr>
<tr>
<td><strong>10.2 million</strong></td>
<td>words translated</td>
</tr>
<tr>
<td><strong>17</strong></td>
<td>learning channels</td>
</tr>
<tr>
<td><strong>48 000</strong></td>
<td>course social shares</td>
</tr>
</tbody>
</table>
Partners Platform updates include Pfizer vaccine readiness checklist

The ACT-Accelerator is a framework for collaboration with the goal of ending the COVID-19 pandemic as quickly as possible by reducing COVID-19 mortality and severe disease through the accelerated development, equitable allocation and scaled-up delivery of vaccines, therapeutics and diagnostics. Managing the storage, transport and distribution of vaccines that requires an ultra-cold chain (-70C) and can only spend limited time outside of these conditions (14 days -20C, 31 days at +2 to +8C), such as the Pfizer-BioNTech COVID-19 vaccine, can be challenging for many countries and requires additional training and logistics to ensure sustained vaccine quality and minimize wastage.

Due to these specifications, allocation for the Pfizer-BioNTech vaccine for COVAX participants will now undergo a three-step process that includes a readiness checklist, legal documentation and an organization call with all relevant actors to confirm preparedness agreements and logistics. All COVAX AMC participants are required to fill in the new readiness checklist by 31 August 2021 to receive allocated Pfizer-BioNTech doses for the fifth allocation round which summarizes critical risk identification and management strategies related to the introduction of this vaccine.

WHO is supporting the coordination of this step 1 of this process via the Partners Platform; the Vaccine Country Administrators can now upload the completed action checklist for the Pfizer-BioNTech COVID-19 Vaccine Delivery Support (CDS) funds. Once the action checklist has been uploaded to the Platform, GAVI and UNICEF will be notified and download the document for review.

The Partners Platform team will be conducting live demo sessions for any vaccine country administrators who are interested in learning more about the three-step process and timelines for Pfizer-BioNTech doses including how to upload the Pfizer action checklist to the Partners Platform.

Vaccine country administrators can drop into the helpdesk for the Pfizer Checklist via the Partners Platform on Wednesday and Friday until end of August 2021

- From 10h00 to 10h30 Geneva time CET/(GMT+1) [Click here to join the meeting]
- From 22h00 to 22h30 Geneva time CET/(GMT+1) [Click here to join the meeting]
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 18 August 2021.

<table>
<thead>
<tr>
<th>Region</th>
<th>Laboratory supplies*</th>
<th>Personal protective equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sample collection kits</td>
<td>Antigen RDTs</td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>4 989 925</td>
<td>1 175 950</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>1 348 132</td>
<td>12 259 900</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>2 265 020</td>
<td>2 112 925</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>849 600</td>
<td>1 197 550</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>3 630 800</td>
<td>3 175 000</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>659 450</td>
<td>30 000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>13 742 927</td>
<td>19 951 325</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 August 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, 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 17 August 2021, WHO has received US$ 1.035 billion out of the 1.9 billion total requirement. A funding shortfall of 47% 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 6% 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 10 August 2021, the Solidarity Response Fund has raised or committed more than US$ 254 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 weekly 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><strong>Pillar 3:</strong> Proportion of countries(^a) 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(^b), as of epidemiological week 31 2021)(^c)</td>
<td>22% (n=15)(^d)</td>
<td>49% (n=34)</td>
<td>48% (n=33)</td>
<td>50%</td>
</tr>
</tbody>
</table>

This week (epidemiological week 31), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 33 (48%) have timely reported COVID-19 data. An additional 16 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.

| **Pillar 10:** Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 23 August)\(^c\) | 0\(^e\) | 98% (n=191) | 98% (n=191) | 100%       |
| **Pillar 10:** Number of COVID-19 doses administered globally (N=N/A, as of 23 August)\(^c\) | 0\(^e\) | 4 452 111 864 | 4 615 260 567 | N/A        |
| **Pillar 10:** Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 23 August)\(^c\) | 0\(^e\) | 21.9% (n=1.7 billion) | 23.1% (n=1.8 billion) | N/A |

\(^a\) The term “countries” should be understood as referring to “countries and territories”
\(^b\) 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
\(^c\) Weekly reported indicator
\(^d\) Baseline for epidemiological week for southern hemisphere season
\(^e\) Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
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
For the 17 August Weekly Epidemiological Update, click here. Highlights this week include:

- SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs.
- COVID-19 in Prisons

News

- For the Joint Statement from Unitaid and WHO (on behalf of the Access to COVID-19 Tools Accelerator) regarding availability of tocilizumab, including the call to ensure equitable allocation of current stocks of this medicine for all countries and encouraging Roche to facilitate technology transfer and knowledge and data sharing to broaden access to this important treatment, click here.

- For the WHO Director-General’s opening remarks at the media briefing on COVID-19 including the call for a temporary moratorium on COVID-19 vaccine boosters to help shift supply to countries that have not been able to vaccinate their health workers and at-risk communities despite current spikes in COVID-19, click here. Just 10 countries have administered 75% of all vaccine supply.

- For more on the ACT-Accelerator launching an urgent US$ 7.7 billion appeal to stem the surge of dangerous variants and save lives, click here.