Islamic Republic of Iran tackles COVID-19 by enhancing primary health care

The Islamic Republic of Iran was one of the first countries severely affected by COVID-19. The government designed its national COVID-19 response around its well-established primary health care (PHC) system.

Across the country, comprehensive health centres provide the first point of care for people. The UHC (Univeral Health Coverage) Partnership has been supporting the Ministry of Health and Medical Education in piloting and scaling up a PHC measurement and improvement model to identify opportunities for a more efficient and effective response to COVID-19.

Local officials are focused on raising population awareness on keeping safe from COVID-19, improving access to health services, and using triage to reduce the load and burden on hospitals. PHC staff routinely follow up on suspected cases in the communities. By using a strong PHC approach, services have been brought closer to communities, further demonstrating that a well-functioning, resilient health system is the bedrock for progress towards health security and UHC.

For more information, click here

Key Figures

- WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work
- 141 GOARN deployments conducted to support COVID-19 pandemic response
- 19 580 165 respirators shipped globally
- 194 435 980 medical masks shipped globally
- 8 464 831 face shields shipped globally
- 6 240 279 gowns shipped globally
- 30 884 121 gloves shipped globally

More than 4.7 million people registered on OpenWHO and able to access 148 COVID-19 online training courses across 23 topics in 42 languages

*For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports
WHO Country Office in Montenegro supports COVID-19 response and continuity of essential health services

The COVID-19 pandemic remains a major challenge in Montenegro despite a decline in the number of cases compared to the peak in mid-November. To further support the COVID-19 response, a two-week mission, from 9 – 23 December 2020, was organized by experts from the WHO Country Office and the WHO Health Emergencies Programme (WHE) Balkan Hub Office. The main objectives of the mission were to assess the overall COVID-19 response in Montenegro, review the COVID-19 Country Preparedness and Response Plan, determine the current status of essential health services (EHS) provision and define measures required for ensuring the continuity of EHS.

With the aim of strengthening the pandemic response through a whole-of-government approach, the COVID-19 response coordination mechanism will be reorganized in line with the pillars of the established COVID-19 preparedness and response plan. As a result, the highest coordination body will now be a multi-sectoral council composed of relevant Ministries and government authorities.

During the pandemic, access to and the utilization of health services has been affected at all levels of the health delivery system. At the Primary Health Care (PHC) level the family health model was reportedly overwhelmed due to the increased case load and the provision of EHS either declined or was suspended at the secondary and tertiary level. This highlights the need for a strengthened interconnected dual-track approach through maintaining and strengthening preparedness and response for health security and ensuring continuity and safety of essential health services delivery while responding to the COVID-19 pandemic.

With the recently established EHS pillar within the new national coordination mechanism, a focal point will be assigned to lead the development of a plan for restoring and maintain the EHS delivery based on the 4-step approach developed by the WHO EURO Incident Management Support Team (IMST) that includes:

1. assessment of the impact of COVID-19 on EHS and situation analysis;
2. development of the action plan to address the identified gaps;
3. implementation of the action plan;
4. monitoring and evaluation of the action plan implementation.

The actions mentioned above will contribute to ensure the interface between health security, emergency risk management and UHC. The Ministry of Health with support from the WHO Country Office in Montenegro has also established a working group to redefine PHC in the context of COVID-19. The first meeting was held on 23 December 2020.
Infodemic management

Infodemic Response
Call to Action
Become a signatory
The overabundance of information—including mis- and disinformation—has gravely affected our societies and remains a threat to our health and well-being.

Join the World Health Organization and partners in making a commitment to hold ourselves accountable to infodemic management. Sign our call to action to show your support.

Read and sign our call to action here: https://bit.ly/WHOmanifesto
#societyvssinfodemic

For further information on WHO’s call to action and how to become a signatory, click here

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, OpenWHO.org.

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

Real-time training for COVID-19
Free online courses from WHO
Intro to COVID-19
Health & safety
Clinical care
Prevention & control (IPC)
Protective equipment
Hand hygiene
Other IPC topics
Country capacitation
Treatment facilities
Field data tool
Mass gatherings

42 languages

Over 2.5 million certificates

148 COVID-19 courses

4 753 379 Course enrollments
COVID-19 Partners Platform

Regular Regional Focal Point discussions

WHO has been holding weekly discussions with the six regional offices on incorporating upcoming revisions to the Partners Platform. Inputs provided by regional colleagues are greatly informing the Partners Platform’s planned operations for 2021.

New pathways for country planning

In order to incorporate a country’s diverse number of plans, the Partners Platform now includes pathways, or subfolders, for users to add multiple types of plans, including but not limited to: SPRP, Socio-economic and Global Humanitarian Response. Going beyond planning, users will also have the ability to upload evaluations such as Intra-Action and After-Action Reviews, to provide further transparency for monitoring and evaluation.

This feature launched on 22 December and is available to all users. With this new feature, country users will have increased planning opportunities, going beyond the SPRP to incorporate a broader range of national and global response needs, with the new folders for other destination plans.

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 8 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>95 000</td>
<td>2 833 835</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>2 788 000</td>
<td>1 019 862</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>330 300</td>
<td>663 160</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>20 000</td>
<td>210 650</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>200 000</td>
<td>2 271 550</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>114 300</td>
<td>252 064</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3 433 300</strong></td>
<td><strong>7 113 357</strong></td>
</tr>
</tbody>
</table>

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 or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.

*As of 23 December 2020*

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

<table>
<thead>
<tr>
<th>WHO’s total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020</th>
<th>WHO’s current funding gap against funds received stands under the updated SPRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$1.74 BILLION</td>
<td>US$122.4 MILLION</td>
</tr>
</tbody>
</table>

The status of funding raised for WHO against the SPRP can be found [here](#).

**Global Humanitarian Response Plan (GHRP)**

<table>
<thead>
<tr>
<th>WHO’s funding requirement under GHRP</th>
<th>WHO current funding gap</th>
<th>Global WHO GHRP allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$550 MILLION</td>
<td>US$55 MILLION</td>
<td>US$495 MILLION</td>
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</tbody>
</table>

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 18 December 2020, 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 656,000 individuals together contributed more than US$651 million in fully flexible funding to support the WHO-led global response effort.

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.

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% (N=195)
- No: 7% (N=195)
- No information: 47% (N=195)

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

- Yes: 89% (N=195)
- No: 11% (N=195)
- No information: 37% (N=195)

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

- Yes: 97% (N=195)
- No: 22% (N=195)
- No information: 19% (N=195)

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

- Yes: 46% (N=195)
- No: 29% (N=195)
- No information: 22% (N=195)

Countries have a COVID-19 laboratory testing capacity

- Yes: 100% (N=195)
- No: 85% (N=195)
- No information: 10% (N=195)

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

- Yes: 97% (N=195)
- No: 45% (N=195)
- No information: 100% (N=195)

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

- Yes: 44% (N=195)
- No: 22% (N=195)
- No information: 50% (N=195)

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

- Yes: 35% (N=195)
- No: 29% (N=195)
- No information: 63% (N=195)

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

- Yes: 39% (N=195)
- No: 28% (N=195)
- No information: 14% (N=195)

Countries have a health occupational safety plan for health care workers

- Yes: 28% (N=195)
- No: 17% (N=195)
- No information: 67% (N=195)

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

- Yes: 97% (N=195)
- No: 45% (N=195)
- No information: 100% (N=195)

Legend

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

Notes:
- Data collected from Member States and territories. The term “countries” should be understood as referring to “countries and territories.”
- 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>
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<th>Yes</th>
<th>No</th>
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<tr>
<td>80%</td>
<td>6%</td>
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<tr>
<td>47%</td>
<td>100%</td>
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</table>

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

<table>
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<th>No</th>
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<td>45%</td>
<td>55%</td>
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<td></td>
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<tr>
<td>0%</td>
<td>27%</td>
<td>100%</td>
<td></td>
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</table>

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

<table>
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<tr>
<td>52%</td>
<td>48%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47%</td>
<td>100%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
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<th>No</th>
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<tbody>
<tr>
<td>89%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47%</td>
<td>100%</td>
<td></td>
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</table>

**Priority countries with a contact tracing focal point**

<table>
<thead>
<tr>
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<tr>
<td>72%</td>
<td>23%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>100%</td>
<td></td>
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</tbody>
</table>

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

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

**Legend**

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

**Notes:**

- Source: WHO Immunization Repository

- c
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.

*Note: Data derives from week 49
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

  All COVID-19 simulation exercises can be found [here](#).