Strengthening essential services in Nepal

The NORAD (Norwegian Agency for Development Cooperation) and WHO project for strengthening basic non-communicable Diseases (NCDs) health services in Nepal was launched on 16 July.

Secretary of the Ministry of Health and Population, Mr Aryal stressed “A well-organized and well-prepared health system has the capacity to maintain essential service delivery throughout an emergency such as COVID-19, limiting mortality. The COVID-19 pandemic has highlighted the need for urgent action for overall health systems preparedness for continuity of services. This provides an opportunity to rethink building back better for essential NCD services and innovations.”

The project aims to improve the delivery of essential NCD services through the use of the Nepal Integrated NCD Care Model (NINCM) and will build on existing initiatives of Package of Essential Noncommunicable (PEN) and mental health interventions to develop a comprehensive service delivery that includes early detection, management, and long-term care for common NCDs.

This project is critical as gaps remain nationally with only 5% of hypertensive patients having controlled blood pressure and will be implemented in six districts with WHO’s continued technical support.

For further information, click here.
Maintaining safe delivery of essential services for pregnant women, mothers and their babies during the COVID-19 pandemic in Cambodia

Since the start of COVID-19 pandemic, the Royal Government of Cambodia has taken swift actions and implemented a robust response while ensuring the continuity of essential health services and programmes. From mid-March 2021, the number of COVID-19 cases has significantly increased including among pregnant women, newborns and children.

Ensuring all women of reproductive age including pregnant women, mothers and their children continue to have access to quality care before, during and after childbirth is a priority of the National Maternal and Child Health Center (NMCHC) of the Ministry of Health, located in Phnom Penh, Cambodia. WHO, the United Nations Population Fund and other health partners have jointly supported NMCHC to develop guidance on organizing services during the pandemic for nationwide implementation.

As one of the national hospitals, NMCHC has taken preventive measures to improve infection prevention and control (IPC) with WHO’s technical advice, such as establishing screening and triage for all patients who arrive to access services and the flow of patients (from waiting rooms to delivery rooms, post-delivery monitoring, etc.). Isolation rooms have been organized for pregnant women with COVID-19.

Between 18 April 2021 and 06 July 2021, 206 pregnant women with COVID-19 safely delivered at NMCHC, including 33 by cesarean section. These safe deliveries were made possible by the support of WHO, the United States Centers for Disease Control and Prevention and Khmer-Soviet Friendship Hospital, which supported NMCHC to set up an operation room for COVID-19-positive pregnant women with complications requiring operative delivery. WHO, specifically, provided technical advice during a joint site visit to set up the operation room.

WHO continues to work with health partners to support NMCHC to guide the national response to keep reproductive, maternal, newborn, child and adolescent health services safe and accessible.
WHO/Europe’s mass gathering taskforce to monitor and respond to public health risks during the 2020 UEFA European Football Championship finals

The Union of European Football Associations (UEFA) Euro 2020 football tournament vividly captured the attention of millions from 11 June to 11 July 2021. With fans traveling and mixing across the European continent, the hosts of the tournament faced numerous challenges to hold matches across 11 different countries across the region with 50 games played by 24 different teams during the COVID-19 pandemic. Each host country was in a different phase of the pandemic with varied levels of public health and social measures, restrictions, and vaccination uptake.

To provide support to countries, ahead of, during and after the mass gathering, WHO/Europe’s Incident Management Support Team established a mass gathering taskforce active between 28 May and 25 July 2021 involving WHO staff at the Regional and country levels to coordinate WHO actions.

During the Taskforce’s tenure, an enhanced event-based surveillance (EBS) system was established to detect signals of public health concern related to the tournament. Its aim was to trigger public health action and response, using WHO’s Epidemic Intelligence from Open Sources (EIOS) collaboration, as needed.

This system not only included data on COVID-19, but also other infectious diseases prone to spread during mass events and signals related to other public health threats, such as stampedes, deliberate chemical, biological, radio-nuclear and explosive (CBRNE) hazards. In partnership with the EIOS core team, the Taskforce designed a new set of ‘categories’, using 6 search components, to pick up relevant signals (see Figure 1 above).

European Region: Mass gathering monitoring from 14 – 21 July 2021

**Figure 1** – Illustrative representation of grouped search criteria combinations used in Epidemic Intelligence from Open Sources (EIOS)
European Region: Mass gathering monitoring from 14 – 21 July

Continued: WHO/Europe’s mass gathering taskforce to monitor and respond to public health risks during the 2020 UEFA European Football Championship finals

The Taskforce conducted continuous risk monitoring and compiled live data on COVID-19 incidence; mobility data; information on stadium restrictions, public health and social measures; as well as open-sourced signals of public health concern and news stories related to the tournament that were picked up by WHO’s surveillance system on a public dashboard (see Figure 2 below) available for authorities, organizers and the public to better understand the COVID-19 situation in host cities, and assess related risks at a public health and individual level.

As part of WHO/Europe’s #SummerSense campaign (Figure 3), WHO/Europe issued specific considerations for sporting events based on WHO guidance, promoted risk communication messages, and shared stories with football fans to engage communities to take COVID-19 risks into account, while enjoying the games.

“We need to look much beyond just the stadiums themselves,” WHO’s senior emergency officer, Catherine Smallwood, noted to the public. “We need to look at how people get there, are they travelling in large crowded convoys of buses? And when they leave the stadiums, are they going into crowded bars and pubs to watch the matches?”

Up to two-weeks after the tournament’s official end, the Taskforce has continued to monitor any public health alerts detected through EBS, share immediate information with Member States, support countries with public health and social measure calibration when requested, promote risk reducing behaviors through communications and social media, and communicate in real time with Member States through IHR channels, and with partners such as European Centre for Disease Prevention and Control (ECDC) and UEFA.

Engagement with Member States through Taskforce meetings, IHR and EWRS mechanisms were key to picking up more detail on signals of public health concern, and were effective leverages to share information quickly and in documenting the broader lessons learnt from the event. Lessons learnt on the development of the EBS system using EIOS and methods for managing signal noise have already been shared across WHO for other mass gathering events including Copa America football tournament and the Olympics.
From the field:

**PAHO/WHO donates 12 tonnes of COVID-19 supplies to Cuba**

A donation of 12 tonnes of supplies from PAHO/WHO to support Cuba’s response to the COVID-19 pandemic arrived 21 July after swift transfer and delivery in coordination with the Ministry of Public Health (MINSAP).

The supplies included ten kits consisting of 155 boxes with disposable gowns, gloves, masks and face shields; three kits with 42 boxes containing rapid antigen tests for health institutions to make diagnoses of COVID-19; a trauma kit with 104 boxes of medicines, consumables and medical instruments for emergency situations; 110 boxes of personal hygiene products that can be used in centres dedicated to the isolation and medical care of COVID-19 patients.

This donation, organized as part of the close collaboration between PAHO/WHO and the Ministry of Health of Cuba in favor of public health, complements the efforts that the entire country is implementing to contain the pandemic, which is in the most complex moment since the first COVID-19 cases were detected in the island. In the first 17 days of July, Cuba reported four times more COVID-19 cases than the same period in June with the daily average of cases continuing to increase over the past few days.

For further information, click [here](#).
Public health response and coordination highlights

- At the UN Crisis Management Team (CMT) meeting on 21 July 2021, WHO noted a global upward trajectory of COVID-19 case incidence, reporting a total of 3.4 million cases worldwide in the previous week. WHO also reported that the number of cumulative deaths has exceeded 4 million, and the cumulative number of cases reported globally could exceed 200 million in the next three weeks.

- WHO stressed that vaccines protect against severe disease hospitalization and deaths, but also noted that no vaccine is 100% effective, citing reports of people vaccinated with two doses being infected. WHO reported that there will be increased vaccine donations to the COVAX facility, projecting an additional 250 million vaccines over the next six to eight weeks. The next CMT meeting will feature a dedicated briefing on COVID-19 vaccination roll out and distribution.

- WHO gave a presentation on the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, which aims to strengthen the world’s capacity to identify risks earlier, and initiate responses faster, to facilitate better decisions to mitigate and manage pandemic and epidemic risks. It will partner with stakeholders across disciplines, sectors and jurisdictions, to build a collaborative global intelligence system. In this respect WHO noted collaborative efforts with UNICEF on integrated epidemic or outbreak analytics that combines the measurement of disease cases, with that of social impact and response.

- ICAO (International Civil Aviation Organization) reported that the third phase of the ICAO Council Aviation Recovery Taskforce recommendation has been launched and is fully in line with the recommendation of WHO that vaccination is not be a prerequisite for travel. ICAO further noted ongoing collaboration with WHO on the digital documentation of COVID-19 certificates, while WHO noted that it has published policy and technical considerations for implementing a risk-based approach to international travel in the context of COVID-19. WHO also provided an update on the recent launch of a joint project with WFP – Initiate Squared, which seeks to bring together a number of emergency actors to work on technical solutions that integrates individual care and operational research.

- FAO reported that together with IFAD, UNICEF, WFP and WHO, it has launched the report *The State of Food Security and Nutrition in the World* on 12 July. It estimates that between 720 and 811 million people in the world faced hunger in 2020.
Pandemic learning response

Equipping healthcare workers with knowledge and skills for an effective COVID-19 pandemic response in North Macedonia

As the backbone of health systems, equipping frontline workers with the knowledge they need is key to a successful pandemic response, ensuring quality care for patients and saving lives. To provide new opportunities for professional learning for COVID-19, WHO in North Macedonia has adapted 14 specialized OpenWHO training modules about COVID-19 in Macedonian and Albanian languages. These courses cover various aspects of the COVID-19 response, including preventing transmission of infectious agents, correct use of personal protective equipment (PPE), prevention of contamination in the clinic of cloth, skin, and environment, administrative preventive measures and more topics.

“All personnel responding to the COVID-19 outbreak need to have the knowledge and skills to mount an effective response. We support healthcare workers by providing critical information they need to keep themselves and others safe during the COVID-19 pandemic”, says Dr Jihane Tawilah, WHO Representative to North Macedonia, continuing “OpenWHO courses are an excellent opportunity for timely transfer of life-saving knowledge to large numbers of health workers.

To promote the available courses in North Macedonia, WHO has partnered with the Ministry of Health. All courses can be accesses through the Ministry of Health e-health platform (https://obuki.zdravstvo.gov.mk) and are officially accredited course by the Macedonian Medical Chamber. Over 3000 health care workers have completed the courses thus far, acquiring the knowledge they need to better contain this and future disease outbreaks and manage health emergencies in general.

WHO will continue to support an informed and educated health workforce to provide the best health services in North Macedonia and populations worldwide. To find free courses in your language and start learning, click here.

GLOBAL USER FIGURES

As of 20 July

5.5 MILLION TOTAL COURSE ENROLMENTS

55 LANGUAGES

37 COVID-19 COURSE TOPICS

10.2 MILLION WORDS TRANSLATED

2.8 MILLION CERTIFICATES AWARDED

77 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES AND WHO AREAS OF EXPERTISE
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 22 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>33,830,300</td>
<td>316,850</td>
<td>2,016,579</td>
<td>54,214,400</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>3,333,200</td>
<td>4,785,000</td>
<td>322,940</td>
<td>1,621,120</td>
<td>55,146,330</td>
<td>7,669,760</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>14,014,000</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>15,958,900</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>371,836</td>
<td>4,293,500</td>
<td>86,510</td>
<td>625,300</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>TOTAL</td>
<td>12,597,377</td>
<td>17,917,150</td>
<td>19,655,689</td>
<td>9,102,511</td>
<td>76,101,700</td>
<td>1,816,527</td>
<td>9,912,979</td>
<td>203,202,426</td>
<td>24,918,165</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.

*Personal protective equipment data are as of 14 July 2021

For further information on the COVID-19 supply chain system, see here.
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, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 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.

**SPRP 2021 Requirements US$ 1.96 billion**

- **Total WHO requirement under SPRP 2021**
- **Proportion of requirement attributed to ACT Accelerator***

*Of the total US$1.96 billion WHO requirement, US$1.22 billion (62%) counts towards WHO’s requirement for the Access to COVID-19 tools accelerator

**Contributions to WHO for COVID-19 appeal**

**Data as of 20 July 2021**

- **Total Pledged:** US$ 172 million (8.76%)
- **Total Received:** US$ 969 million (49.40%)
- **Gap:** US$ 821 million (41.84%)

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 14 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.

Country Readiness and Delivery

Upcoming:

Clinic 1 on Mini-COVID-19 vaccine Post-introduction Evaluations (mini-cPIE or COVID-19 vaccination Intra-Action Review)

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>Current Status</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 27 2021)(^c)</td>
<td>22% (n=15)(^d)</td>
<td>51% (n=35)</td>
<td>46% (N=32)</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Pillar 10:</strong> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 26 July)(^c)</td>
<td>0(^e)</td>
<td>98% (n=190)</td>
<td>98% (190)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Pillar 10:</strong> Number of COVID-19 doses administered globally (N=N/A, as of 26 July)(^c)</td>
<td>0(^e)</td>
<td>3 434 304 520</td>
<td>3 694 984 437</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Pillar 10:</strong> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 26 July)(^c)</td>
<td>0(^e)</td>
<td>17.2% (n=1.3 billion)</td>
<td>18.4% (1.4 billion)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

\(^a\) 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 20 July 2021 Weekly Epidemiological Update, click here. Highlights this week include:

- The release of a WHO COVID-19 detailed surveillance data dashboard, including a downloadable database feature.

- A detailed update on the phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta. It also includes updates on the geographic distribution of VOCs.

News

- For more information on how vaccine inequity is undermining global economic recovery, click here.

- For global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study, click here.