

2021 MID-YEAR REPORT WHO STRATEGIC ACTION AGAINST COVID-19



2021 MID-YEAR REPORT WHO STRATEGIC ACTION AGAINST COVID-19



© **World Health Organization 2021**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. *2021 MID-YEAR REPORT: WHO STRATEGIC ACTION AGAINST COVID-19*. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

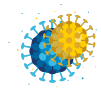
Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

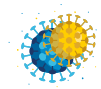
The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.



Contents

Situation overview	1
DELIVERING A GLOBAL RESPONSE	2
WHO is at the centre of a global response network	2
Implementation and operational support	3
Supporting clinical care and health systems	3
Vaccination	5
Operational support and logistics	7
Guidance and capacity building	9
Training the world	9
End-to-end: infodemic management	11
Partnership, planning and coordination	12
Uniting behind a common plan	12
Public health intelligence	14
Tracking the virus across the globe, and keeping the response on track	14
Research and innovation	16
Driving change, from policy to practice	16
Monitoring, Evaluation, and Learning	18
Capturing lessons for today and tomorrow	18
TOWARDS AN AGILE, SUSTAINABLE RESPONSE	19



Situation overview

“The 200 millionth case of COVID-19 was reported to WHO, just six months after the world passed 100 million reported cases. Whether we reach 300 million, and how fast we get there, depends on all of us.”

Tedros Adhanom Ghebreyesus
Director-General, WHO

No country and no community has been spared the direct and indirect impacts of the COVID-19 pandemic. As of 7 September 2021, more than 220 million confirmed cases and more than 4.5 million deaths have been reported to WHO.

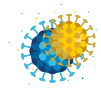
The world is at a pivotal moment in the course of the COVID-19 pandemic. In many high-income countries, the pandemic has faded from public and political view as vaccination programmes succeed in decoupling cases from severe disease. At the same moment, the Delta variant of SARS-CoV-2 has dramatically increased the risk from COVID-19 across the majority of countries in the world that have not yet reached the vaccination rates needed to protect their most vulnerable populations.

The rate of new cases and deaths plateaued during August at the unacceptably high level of more than 4 million new cases and almost 70 000 new deaths every seven days, although both of these figures represent an underestimate of the true toll. A number of factors continue to increase the risk that these already high rates will rise again in the near and medium term. These risk factors include the very real possibility that new variants will emerge with greater transmissibility and lower susceptibility to current vaccines; the inconsistent application of public health and social measures; the continued politicization and mixed messaging around proven and effective public health interventions; the global prevalence of misinformation about COVID-19 and COVID-19 tools such as vaccines; and crucially, inequitable access to and capacity to utilize COVID-19 tools such as vaccines. Despite the concerted efforts of WHO and partners, including through the Access to COVID-19 tools (ACT) Accelerator, the consequences of inequitable

global distribution of vaccines is highly likely to result in growing disparities in health and economic outcomes for the foreseeable future.

The pandemic has had, and continues to have, a profound impact on health. The disruption of essential services, such as routine immunization for vaccine-preventable diseases, will have consequences for health and development for years to come. Nonetheless, the magnitude and extent of disruptions within countries has decreased in 2021 compared with 2020, with just over a third of a set of 35 tracer services in countries disrupted on average, compared with half in quarters 2–3 of 2020. Immunization and rehabilitative and palliative care services saw the largest reductions in disruption.

The evolution of highly transmissible SARS-CoV-2 variants underscores the continued importance of public health and social measures even in those countries where vaccination programmes are well underway. To date, WHO has designated four variants as Variants of Concern and an additional five as Variants of Interest. All four variants of concern have demonstrated that they are more transmissible than the original SARS-CoV-2 virus, with the highly transmissible Delta variant now present in 124 countries worldwide, and responsible for precipitous increases in cases where it has taken hold. WHO continues to work with partners to respond to the sporadic surges in transmission caused by SARS-CoV-2: all variants have been shown to be controllable using public health and social measures. The risk of emergence of further variants of concern increases with every instance of transmission: the best way to reduce the risk of further virus mutations continues to be to reduce transmission globally.



DELIVERING A GLOBAL RESPONSE

WHO is at the centre of a global response network

WHO's response to COVID-19 has been rapid, coordinated, and sustained on an unprecedented scale. WHO triggered its Incident Management Support System under its Emergency Response Framework on 1 January 2020, and published its first global strategic preparedness and response plan (SPRP) on 4 February 2020. Since then, WHO has been at the centre of the world's response to COVID-19, from convening global expertise to working on the ground with communities in some of the world's most challenging contexts.

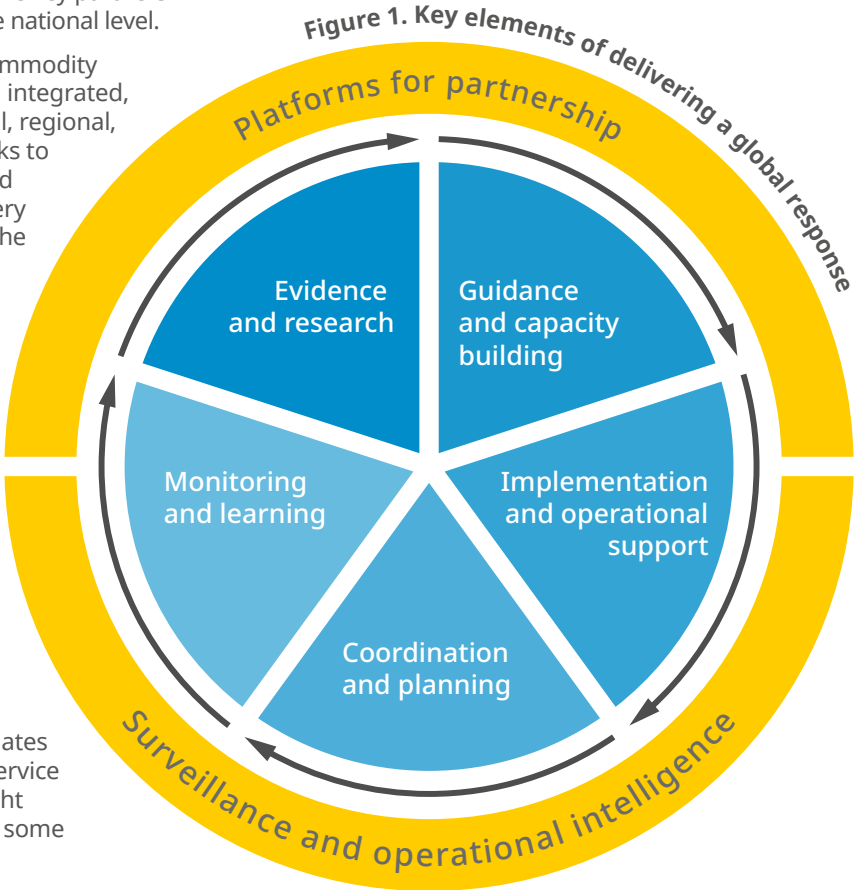
The SPRP outlined the essential steps needed at global, national and local levels to suppress transmission, reduce exposure, protect the vulnerable and save lives. That foundational strategy, updated in February 2021, has evolved in lockstep with our increasing knowledge of the virus and the development of effective tools with which to implement COVID-19 control. Notably, the most recent update to the SPRP incorporated vaccination as an additional pillar of the response, fully aligning all relevant pillars of the SPRP with those of the Access to COVID-19 Tools (ACT) Accelerator.

Everything that WHO has done since COVID-19 was first detected, from the global level to the Organization's offices in the field, has been done with the aim of delivering impact for countries. This support to countries has encompassed every part of WHO and every pillar of the response, from generating and gathering the fundamental data needed to drive evidence-based decision-making and inform the rapid formulation of guidelines, through to the translation and application of that accumulated knowledge in the service of every community, and the implementation and delivery of key interventions and supplies on the ground (figure 1).

To achieve this, the Organization has leaned heavily on its global footprint, through its six Regional Office COVID-19 Response Platforms and more than 150 Country Office teams who, in many cases, have become the key partners for COVID-19 response coordination at the national level.

Each intervention, service, or essential commodity delivered at the local level depends on an integrated, multi-sector network of partners at global, regional, national, and community level. WHO works to connect these networks of knowledge and operational expertise together across every pillar of the response, in every region of the world, at every step of the value chain.

Ultimately, it is in communities, at the frontline, where epidemic and pandemic prevention and control begins and ends. Communities, health workers, facilities facing COVID-19 must be trained, equipped, and supported. Operationally, WHO works with a huge range of partners but is always ready to be the first mover, and the provider of last resort, working with local partners to provide and maintain essential services for communities that would otherwise have nowhere else to turn. Through WHO's interconnected systems, extensive integrated networks, and partnerships, the Organization translates global capacities into local action in the service of communities. In this report, we highlight some of WHO's recent local impacts, and some of its cumulative global achievements.





Implementation and operational support

Supporting clinical care and health systems

During the second quarter of 2021, sporadic surges in SARS-CoV-2 transmission around the world, many of which were caused by the Delta variant, have given added impetus to WHO's wide-ranging work to ensure that:

- 1 Countries have access to quality-assured therapies, training, equipment and supplies to provide quality care for all patients;
- 2 Health workers everywhere have the necessary training and equipment to keep themselves and their patients safe, and to prevent SARS-CoV-2 transmission in health care settings.

WHO's support for countries encompasses a broad range of guidance and direct interventions designed to ensure not only that patients with COVID-19 have access to high-quality care, but also that all other essential health services can operate as safely and effectively as possible. This support is calibrated based on need, with a large proportion of direct technical and operational support focused on fragile and conflict-affected contexts, including through the Global Health Cluster.

As just one example of WHO's direct, end-to-end support for clinical care, the map below shows the supply of safe, quality-assured medical oxygen to countries affected by surges of transmission. Oxygen is an essential medicine used to care for patients at all levels of the healthcare system, including in pneumonia, surgery, heart failure and emergency obstetric care. In addition to meeting acute needs, WHO has worked extensively with partners to build national capacities for the sustainable production of medical oxygen by scaling up the use of pressure swing absorption (PSA) plants, including by supplying vital equipment and training. The initiative is a perfect example of how the COVID-19 response can drive broad, sustainable improvements in health outcomes with the right strategic investments, and illustrates perfectly the value of WHO's unique combination of technical expertise, global operational footprint, and deep partnerships with communities through to expert networks and equipment manufacturers.



WHO strengthens COVID-19 clinical management in Ghana

WHO has recently been able to enhance COVID-19 treatment facilities in all 16 regions of Ghana. Critical medical supplies such as oxygen concentrators, patient monitors, arterial blood gas analyzers and more were provided by WHO along with training for more than 360 multidisciplinary health staff in the effective and safe management of patients with COVID-19, giving them the best chance of survival.

Photo: © WHO / Blink Media – Nana Kofi Acquah

>58 000 oxygen concentrators to 127 countries >3400 ventilators to 84 countries

~230 000 enrolments for severe acute respiratory infection facilities training on OpenWHO

Regional technical support missions to 106 countries

193 Global Outbreak Alert and Response Network deployments in support of 37 countries

4500 health facility beds supported by the Technical Science for Health Network

WHO and partners support vulnerable populations in Angola

WHO is working urgently with the World Food Programme (WFP) and UNICEF to support national nutrition and mental health programmes in Angola, as well as assisting in the adaptation of norms and protocols to prevent and treat malnutrition and its health consequences, especially among vulnerable populations, as a result of the COVID-19 crisis.

Photo: © WHO / Marta Villa Monge





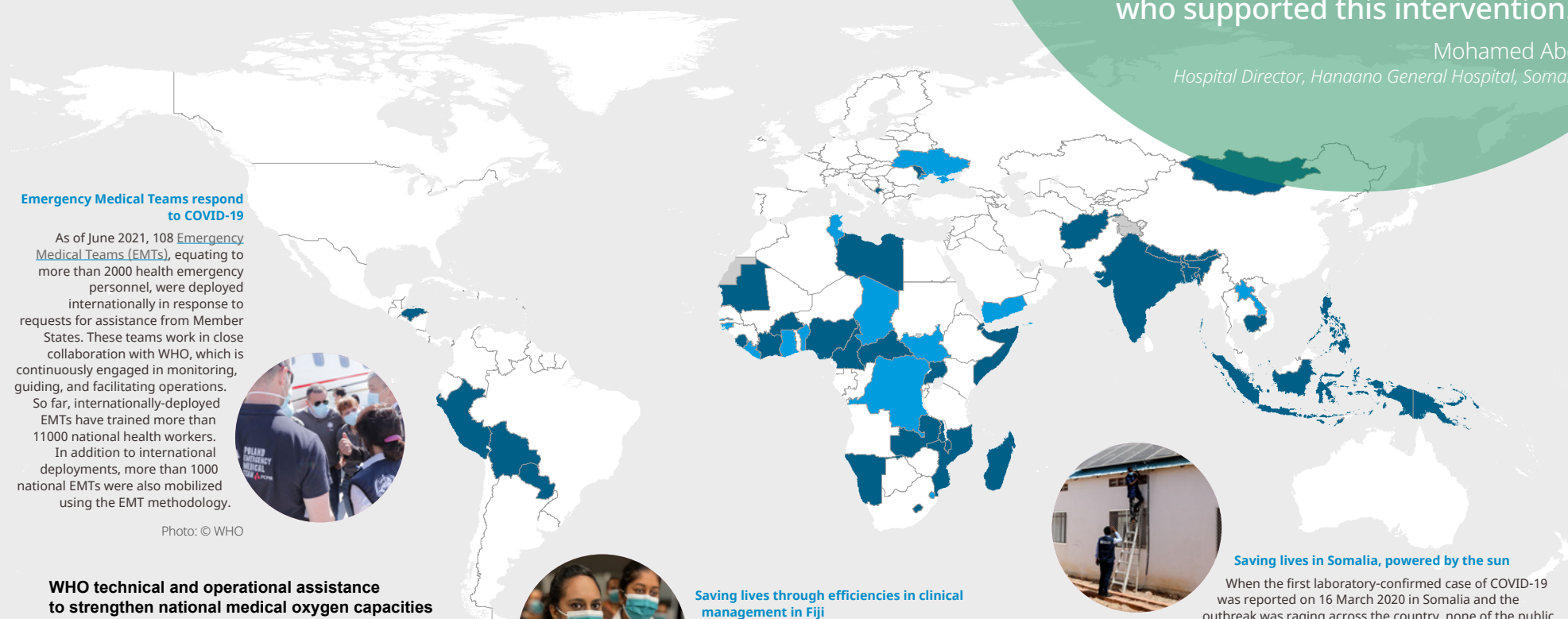
Boosting home-based care in Nigeria

In Nigeria's Lagos State, patients with COVID-19 who do not require intensive care can now receive hospital-level care in their own home through a programme supported by WHO that will free up vital and limited capacity at treatment centres for the most severe cases and increase overall capacity to provide emergency care to people who need it.

Photo: © WHO

“Last year, sadly, more than 180 patients died in the hospital, due to the lack of oxygen. Many of them were children. This system will save many lives, and we are really grateful to the Government, WHO, and all the actors who supported this intervention.”

Mohamed Abdi
Hospital Director, Hanaano General Hospital, Somalia



Emergency Medical Teams respond to COVID-19

As of June 2021, 108 Emergency Medical Teams (EMTs), equating to more than 2000 health emergency personnel, were deployed internationally in response to requests for assistance from Member States. These teams work in close collaboration with WHO, which is continuously engaged in monitoring, guiding, and facilitating operations. So far, internationally-deployed EMTs have trained more than 11000 national health workers. In addition to international deployments, more than 1000 national EMTs were also mobilized using the EMT methodology.



Photo: © WHO

WHO technical and operational assistance to strengthen national medical oxygen capacities

- Technical Advice and Support, including oxygen assessment and solution design
- Oxygen Infrastructure Investments - PSA, Liquid Oxygen, Cylinders, ISO tank storage (excludes portable oxygen concentrators)



Saving lives through efficiencies in clinical management in Fiji

As COVID-19 surged in Fiji, many patients were isolated and cared for at home. WHO, along with other partners in the Pacific Joint Incident Management Team (JIMT), supported the Fiji Ministry of Health and Medical Services to establish a care pathway to facility-based and community-based solutions adapted to the Fijian context and supported by a live dashboard to facilitate real-time, evidence-based decision-making.

Photo: © WHO / Jin Ni



Saving lives in Somalia, powered by the sun

When the first laboratory-confirmed case of COVID-19 was reported on 16 March 2020 in Somalia and the outbreak was raging across the country, none of the public sector hospitals in Somalia had medical oxygen available. Now, a sustainable solution has been delivered by a project that linked the innovation team at WHO headquarters, the Regional Office for the Eastern Mediterranean, the Somalia Country Office, funders, and academics, with local authorities and experts. In March 2021 the project team **officially handed over** three solar-powered plants producing medical oxygen uninterrupted by the power cuts that would otherwise hamper traditional production facilities.

Photo: © WHO / Ismail Taxta

Data as at 16 September 2021. Does not include the countries that have received oxygen concentrators from WHO, and may not fully reflect the comprehensive scope of WHO activities through the course of the pandemic.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



232 million doses to 137 countries through COVAX

More than 5 billion doses administered in 216 countries, areas, territories and economies

Vaccination

The availability, accessibility, and deployment of COVID-19 vaccines is the highest health, social, economic, and political priority for virtually every country and community around the world. Since January 2020 WHO has worked with international partners, including through the WHO R&D Blueprint and the ACT Accelerator, to coordinate and accelerate the research and development, manufacture, regulatory evaluation/in-country authorization, allocation, and country readiness to deploy vaccines at a scale and pace that has never been attempted before.

As at 3 September 2021, more than 5 billion doses of WHO-approved vaccines have been administered, and more than 232 million doses have been shipped through COVAX. However, as the map below shows, the uneven distribution of vaccines mirrors, and threatens to exacerbate, existing global inequalities: under 3% of people in low-income countries have been vaccinated. WHO continues to provide direct technical and operational support to ensure that all countries are prepared for vaccine rollout, and calls on all international partners to support the equitable distribution of COVID-19 vaccines on the basis of need.

The global failure to share vaccines equitably is fuelling the pandemic. WHO's target together with all partners in the ACT Accelerator is to vaccinate at least 10% of the population of every country by September 2021, at least 40% by the end of this year, and 70% globally by the mid-2022. But vaccines alone are not enough: countries must have the planning and capacities in place to get the vaccines into arms. To that end, following the addition of a vaccination pillar to the SPRP in 2021, WHO expanded the scope of its Partners Platform to meet country planning needs to support scale-up and roll-out of COVAX vaccine allocation. The WHO-hosted platform, which serves as a repository for COVID-19 country preparedness and response plans, provided a safe and secure hosting space for 151 national deployment and vaccination plans (NDVPs), many of which were developed with support from WHO. A total of 89 of the 92 low-income and middle-income economies participating in the COVAX Advance Market Commitment (AMC) facility have uploaded plans to the Platform for rapid technical review by WHO and other partners. This process helps to ensure that key readiness criteria are met, and then linked with the COVAX allocation mechanism to ensure the most effective use of a scarce global resource.

“Beyond moral obligation, it is a public health responsibility that refugees in Cross River State have equitable access to COVID-19 vaccines.”

Chisom Emeka
WHO Cross River State Coordinator Nigeria



1.9 billion doses secured for 2021

>92 000 learners enrolled on three OpenWHO courses on vaccination

Supporting a complex vaccine rollout in Libya

The WHO Country Office in Libya works daily with health authorities in the east and west of the country to support strategic planning, provide technical advice, issue daily epidemiological bulletins, strengthen disease surveillance, train health care staff, assess health needs, and provide medicines, equipment, and laboratory supplies to keep essential health care services running. Libya began rolling out its national COVID-19 vaccination campaign in early April 2021, after receiving its first shipments of vaccines early that month. Since then, Libya has received more than 1.3 million doses of three different COVID-19 vaccines from different sources, including the WHO-led COVAX mechanism, in various batches. To date, over half a million people have received their first dose of vaccine thanks to meticulous and agile planning on the ground supported by the WHO Country Office.

Photo: © WHO / Blink Media – Nada Harib



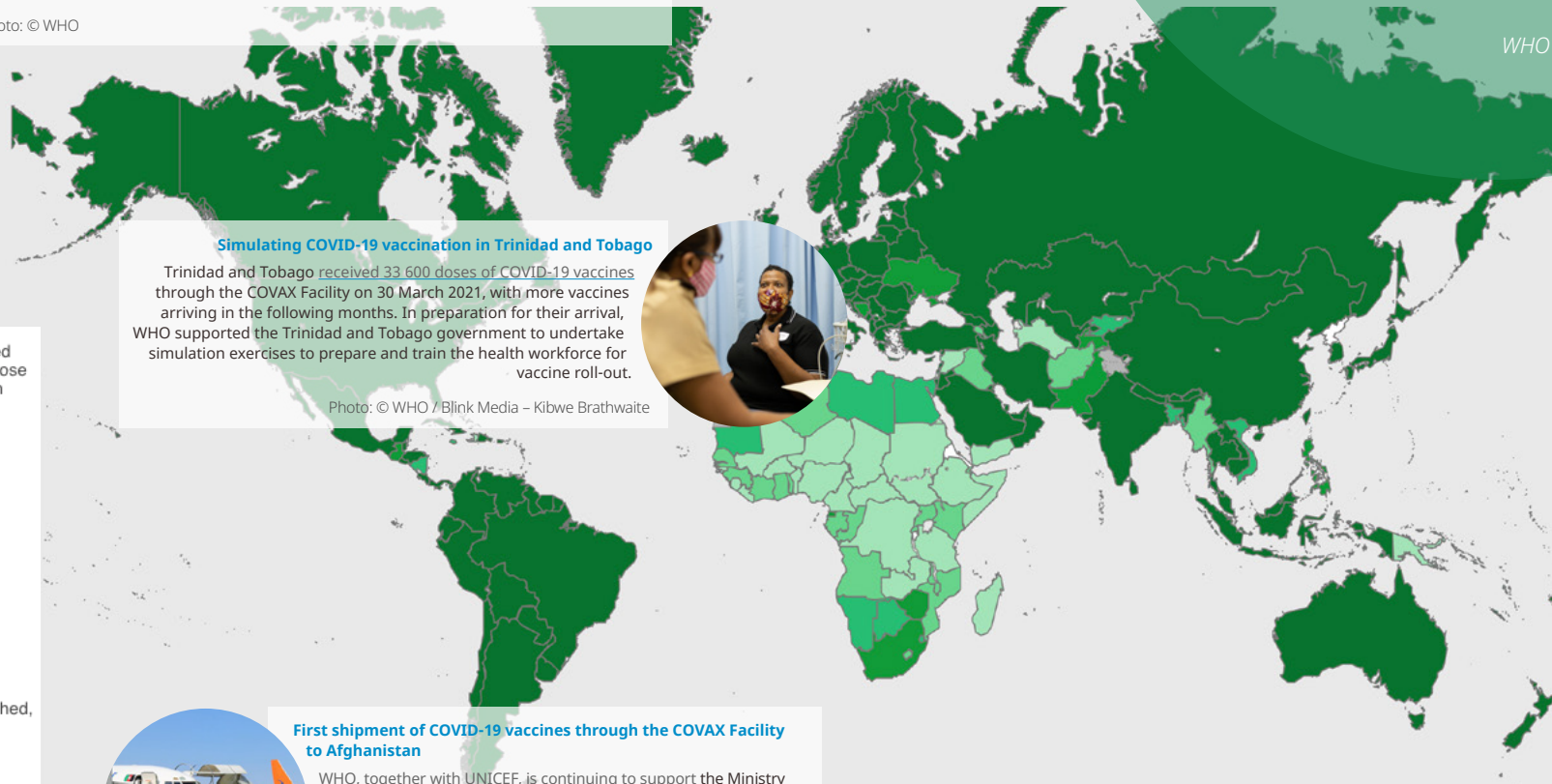
Bhutan carries out rapid COVID-19 vaccination campaign

In April 2021, WHO supported Bhutan to vaccinate more than 93% of its eligible population against COVID-19 in less than 2 weeks. This makes it one of the fastest countries in the world to immunize a majority of its adults during the pandemic. Over 1200 vaccination posts were set up across the country, treating 472 139 individuals, including frontline workers and health workers. [WHO supported the development of the vaccine deployment plan as well as training materials for vaccinators](#), and provided technical and financial support to train health workers across Bhutan ahead of the campaign.

Photo: © WHO

“WHO has repeatedly stressed that equitable access to safe and effective vaccines is critical to ending the COVID-19 pandemic. No one is safe until everyone is safe.”

Elizabeth Hoff
WHO Representative Libya



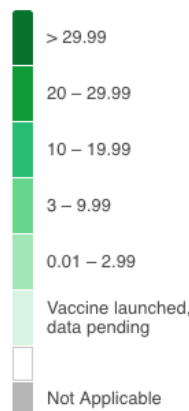
Simulating COVID-19 vaccination in Trinidad and Tobago

Trinidad and Tobago received 33 600 doses of COVID-19 vaccines through the COVAX Facility on 30 March 2021, with more vaccines arriving in the following months. In preparation for their arrival, WHO supported the Trinidad and Tobago government to undertake simulation exercises to prepare and train the health workforce for vaccine roll-out.

Photo: © WHO / Blink Media – Kibwe Brathwaite



Persons vaccinated with at least one dose per 100 population



First shipment of COVID-19 vaccines through the COVAX Facility to Afghanistan

WHO, together with UNICEF, is continuing to support the Ministry of Public Health in Afghanistan to safely and equitably administer vaccinations after the first shipment from the COVAX Facility arrived in the country in July 2021. More than 3 million doses have been allocated to Afghanistan through COVAX, with vaccination continuing despite a deteriorating security situation in much of the country.

Photo: © WHO



Vaccinating refugees, leaving no one behind in Nigeria

In late June 2021, internally displaced persons in the Adagom refugee community in Cross River State, Nigeria, [received their first dose of COVID-19 vaccine](#) as part Nigeria’s drive to leave no one behind. The doses were distributed through Nigeria’s allocation from COVAX. The campaign was led by the State Primary Health Care Development Agency with support from WHO and the United Nations High Commissioner for Refugees. WHO’s support for information campaigns has been crucial in overcoming initially high rates of hesitancy among refugees and host communities.

Photo: © WHO



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).



Operational support and logistics

The global supply of essential commodities has been constrained since early 2020, and remains so, with shortages of COVID-19 vaccines, medical oxygen, emergency kits and other critical items.

WHO continues to support procurement needs of Member States for biomedical equipment, diagnostics, therapeutics and personal protective equipment (PPE). As of 27 August 2021, WHO and partners in the COVID-19 Supply Chain System have procured more than US\$ 1.3 billion of essential supplies to support the COVID-19 response in 191 countries since the beginning of the pandemic (see map below).

In response to a review of the COVID-19 Supply Chain System and extensive consultation with Member States, WHO has worked closely with partners to improve the responsiveness of logistical support to country needs. As a result, in the second quarter of 2021, WHO delivered more than 80% of all PPE supplies within 8 weeks of receiving a request. Over the same period, almost all (98%) biomedical supplies were delivered within 10 weeks of a request, whilst 75% of diagnostics were delivered within 6 weeks of a request.

The continued fragility of supply chains leaves them vulnerable to new shocks, underscoring the need for continued multilateral and multisectoral collaboration to ensure equitable and timely access to supplies essential for the COVID-19 response. WHO's procurement support to countries provides an essential lifeline to countries. However, the current funding outlook has severely constrained WHO's ability to respond rapidly and at scale to the sudden surge in demand for commodities experienced by countries that are dealing with surges of transmission.

WHO supports Lebanon to rebuild logistics hub

As the lead international agency supporting the health system in Lebanon, WHO has worked with partners to oversee the complete reconstruction of the Ministry of Public Health's Central Drugs Warehouse, which was destroyed in the huge explosion that hit the port area in August 2020. The reconstruction project will more than double previous storage capacity, and will play a key role in the long-term management of COVID-19 in the country.

Photo: © WHO / Joseph Silwan





Surging personal protective equipment to Bangladesh

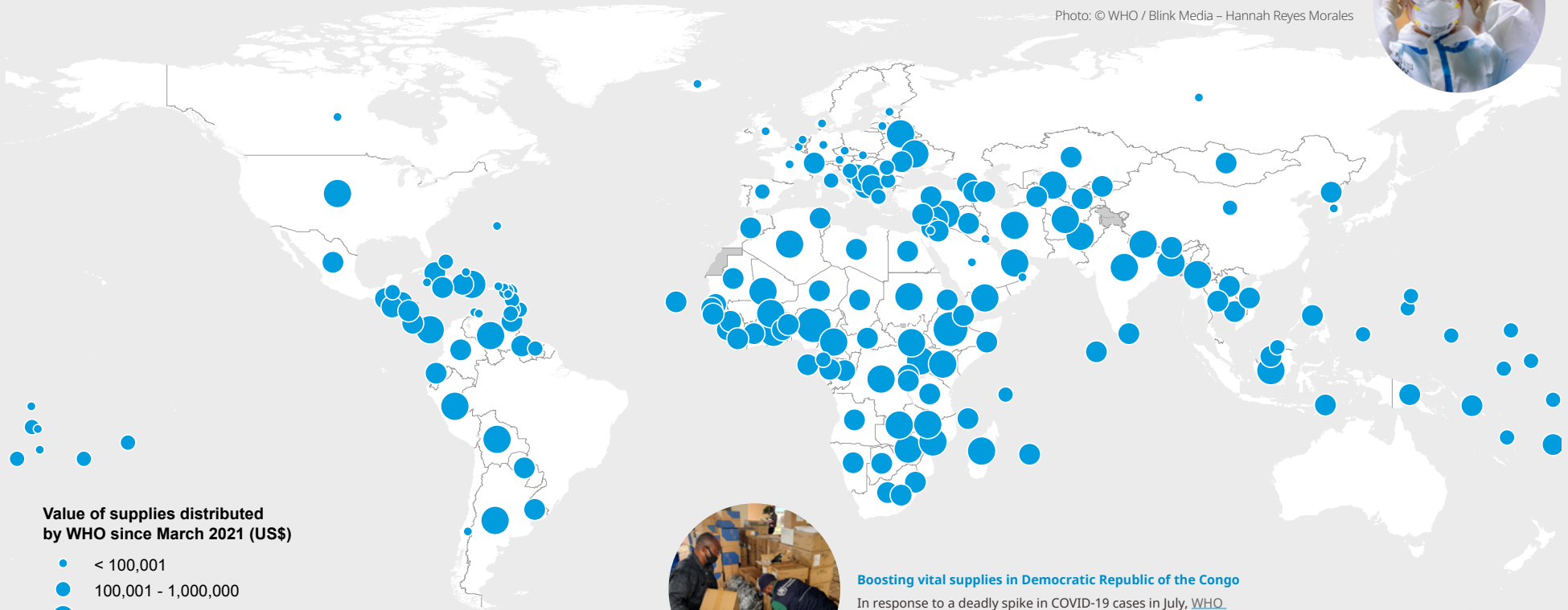
WHO was able to donate a substantial quantity of personal protective equipment to Bangladesh to support the country's COVID-19 response, after a spike in transmission throughout May.

Photo: © WHO

Supporting countries in South-East Asia Region to respond to COVID-19 surge

In May 2021, as countries across the South-East Asia Region responded to a surge in COVID-19 cases, WHO provided over 340 megatons of essential medical supplies and medicines. Oxygen concentrators, testing kits, hospital beds, tents and personal protective equipment were among the critical supplies shipped to countries and rapidly distributed to the hardest hit areas. In India, which in May accounted for a large proportion of global cases, essential supplies reached 26 States and Union Territories within days of a major consignment of medical equipment landing in New Delhi.

Photo: © WHO / Blink Media – Hannah Reyes Morales



Value of supplies distributed by WHO since March 2021 (US\$)

- < 100,001
- 100,001 - 1,000,000
- 1,000,001 - 10,000,000
- 10,000,001 - 50,000,000
- > 50,000,000



Boosting vital supplies in Democratic Republic of the Congo

In response to a deadly spike in COVID-19 cases in July, WHO rapidly provided health facilities in Kinshasa, Democratic Republic of the Congo, with vital supplies of medical materials and equipment to boost care for a growing number of patients with COVID-19. Hospitals in the capital have been facing increasing pressure amid the circulation of the Delta variant of concern. The most recent shipment consisted of respirators and accessories, oxygen concentrators, personal protective equipment and other items.

Photo: © WHO



Guidance and capacity building

Training the world

Translating knowledge into action for the benefit of all is at the core of WHO's mission in the COVID-19 pandemic. The translation of the Organization's expert, regularly updated guidance into tailored, relevant, and relatable training is one of the Organization's primary vehicles to drive positive behavioural change across the globe.

The rapid increase in learners on WHO's online learning platform, OpenWHO, has continued throughout 2021, as the platform has continued its work to broaden its appeal. OpenWHO's learners come from all parts of the world (see map below) and all sectors, from education, to transportation, to the entertainment industry. Just over a quarter (28%) of OpenWHO learners are health professionals, who need new knowledge during the pandemic to work safely and effectively.

OpenWHO is also reaching underserved demographics with real-time knowledge during the pandemic. Women represent 51% of OpenWHO learners, compared to 40% prior to the pandemic. 5% of OpenWHO learners are 70 years of age or older – a previously unrepresented demographic – as those most vulnerable to COVID-19 actively seek life-saving information. The proportion of learners under 20 years of age has grown from 1% pre-pandemic to 10% today. As of August 2021, OpenWHO.org has hosted 5.6 million total enrolments across more than 100 different courses, 37 of which deal specifically with COVID-19, in 55 different languages.

In addition to innovative tools such as OpenWHO, WHO also delivers bespoke, specialized in-person training for health workers and other responders based on WHO's up-to-date guidance, with a primary focus on boosting health system capacity to respond effectively to COVID-19 in contexts affected by fragility and conflict. Multi-disciplinary WHO teams deployed from country, regional, and headquarters offices, often in concert with partners from sister UN agencies, Global Outbreak Alert and Response Network (GOARN) partners, members of the EMT network, and the Risk Communication and Community Engagement Collective Service, and have hosted thousands of training sessions over the course of the pandemic, on subjects from infection prevention and control to community engagement.

Breakthrough initiative launched to reach vulnerable groups in Europe

Civil society organizations (CSOs) are critically important partners in reducing the impact of COVID-19 among hard-to-reach vulnerable groups. To empower CSOs, WHO has launched an initiative that will help them further contribute to the current COVID-19 response in the European region. The initiative will directly invest in 11 selected CSOs within eight Member States, and aims to demonstrate how small investments in CSOs can have a meaningful impact.

The selected organizations work directly with refugees and migrants, Roma populations, people living with disabilities, older people, religious leaders, women, and communities impacted by conflict.

Photo: © WHO / Blink Media – Brendan Hoffman





Strengthening critical care capacity in Iraq

WHO recently completed a training of trainers sessions for intensive care doctors and nurses in Iraq as part of an ongoing response to demand for intensive care beds and critical care for patients with COVID-19. Six rounds of three-day workshops were held in May and June 2021 to train 87 health professionals working in COVID-19 intensive care units around the country. Participants will go on to train additional personnel.



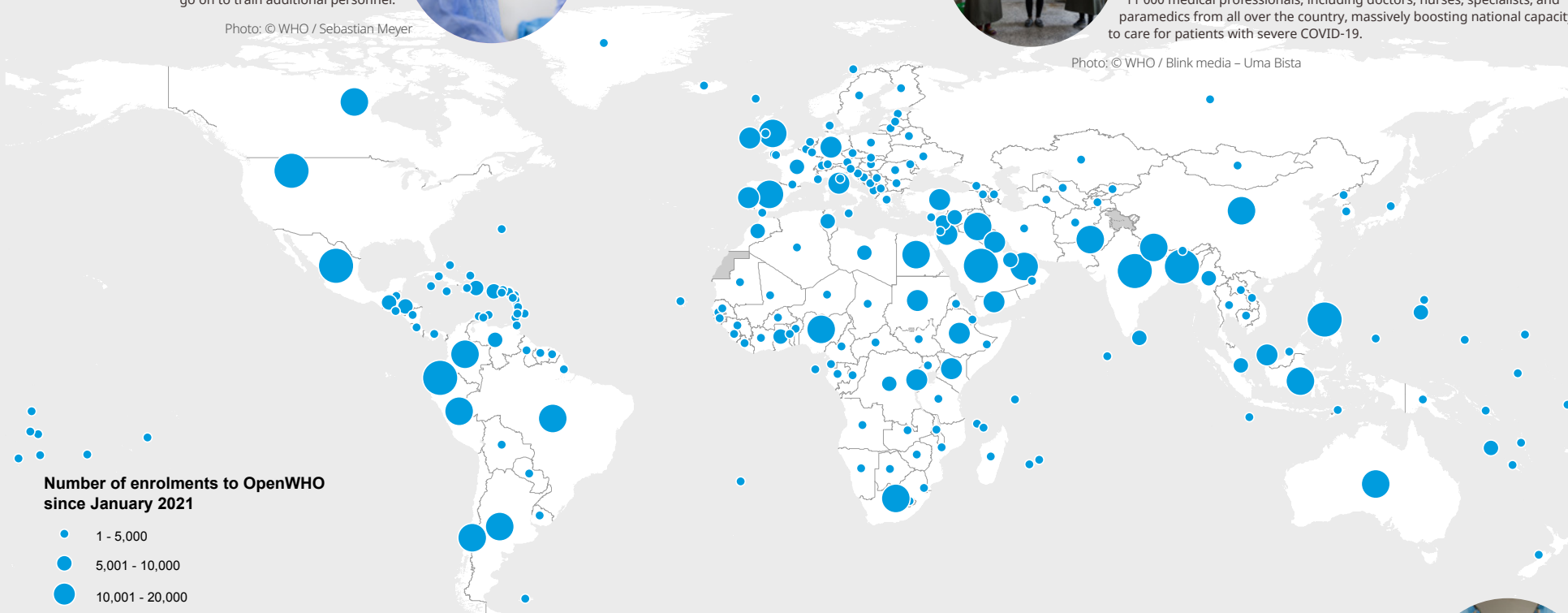
Photo: © WHO / Sebastian Meyer

Training 11 000 healthcare workers in Nepal

Following a rapid surge of COVID-19 cases in Nepal during May and June 2021, WHO worked with the Ministry of Health and Population, the National Health Training Centre, the Nepal Medical Association to meet demand for training in the critical care of patients with COVID-19. The Critical Care Training for Health Care Workers: COVID-19 Program attracted more than 11 000 medical professionals, including doctors, nurses, specialists, and paramedics from all over the country, massively boosting national capacity to care for patients with severe COVID-19.



Photo: © WHO / Blink media – Uma Bista



Number of enrolments to OpenWHO since January 2021

- 1 - 5,000
- 5,001 - 10,000
- 10,001 - 20,000
- 20,001 - 100,000
- > 100,000

*806,332 enrolments from undisclosed locations

Training for midwives in Lebanon to improve infection prevention and control

In early May 2021 WHO supported the launch of the first session in a training series to empower midwives operating private clinics in Lebanon. The workshop, which was delivered in coordination with the Ministry of Public Health and the Lebanese Order of Midwives, aimed to give midwives a complete grounding in enhanced infection prevention and control measures to ensure patient safety against preventable infections including COVID-19. Additional workshops will soon be rolled out in other parts of the country.



Photo: © WHO / Rony Ziade

Scaling up COVID-19 surveillance and training in Somalia

WHO recently completed a training series on the Early Warning and Response Network (EWARN) to strengthen disease surveillance, including COVID-19, in Somalia. As a result of the sustained support for the system since 2020, the EWARN reporting rate and case detection of COVID-19 cases dramatically increased from 57% in April 2020 to 79% in May 2021.



Photo: © WHO / Blink Media – Mustafa Saeed



End-to-end: infodemic management

The right message at the right time, from the right messenger, through the right medium can save lives – misinformation or mixed messages can cost lives.

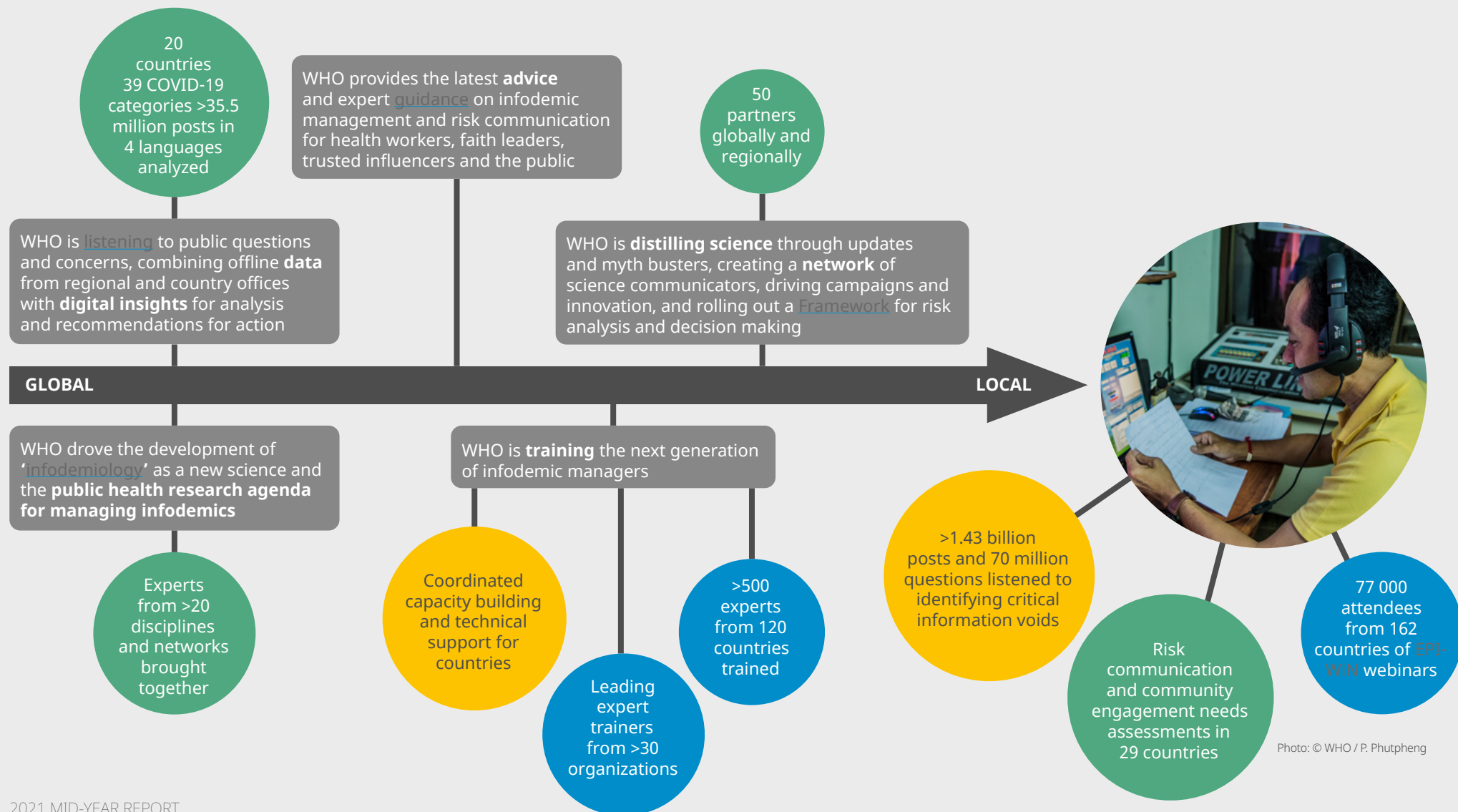


Photo: © WHO / P. Phutpheng



Partnership, planning and coordination

Uniting behind a common plan

An effective response to COVID-19 must be based on partnership. Only by bringing together different agencies, experts, donors, national authorities, and communities behind a common plan, with a common purpose, can we end the acute phase of the pandemic in every country.

From day one of the COVID-19 pandemic, WHO has put coordination, solidarity and partnership at the core of its response. Within the UN system, WHO's role is mediated through the United Nations Crisis Management Team (UNCMT), which is chaired by WHO, and which brings together the collective strengths of 23 UN entities in 9 dedicated workstreams, Regional UN Coordination Mechanisms and through the UN Country Teams.

On the humanitarian front, the Inter-Agency Standing Committee initiated a system-wide scale-up of the UN's humanitarian response capacity tailored specifically to the challenges of COVID-19. The Global Health Cluster puts that humanitarian mission front and centre in the COVID-19 response, serving 63 million people in 30 countries to respond to COVID-19 and preserve existing humanitarian health action and commitments.

WHO facilitates access to a global health emergency workforce through the Global Outbreak Alert and Response Network and Emergency Medical Team initiative, who have deployed across the world to support countries in their public health and clinical responses.

Through the ACT Accelerator, which WHO launched with many partners in April 2020, WHO has helped to catalyze the rapid development of vaccines, diagnostics and therapeutics that was initiated by the Global Research and Development Roadmap, and which built on the foundations laid down by the WHO R&D Blueprint.

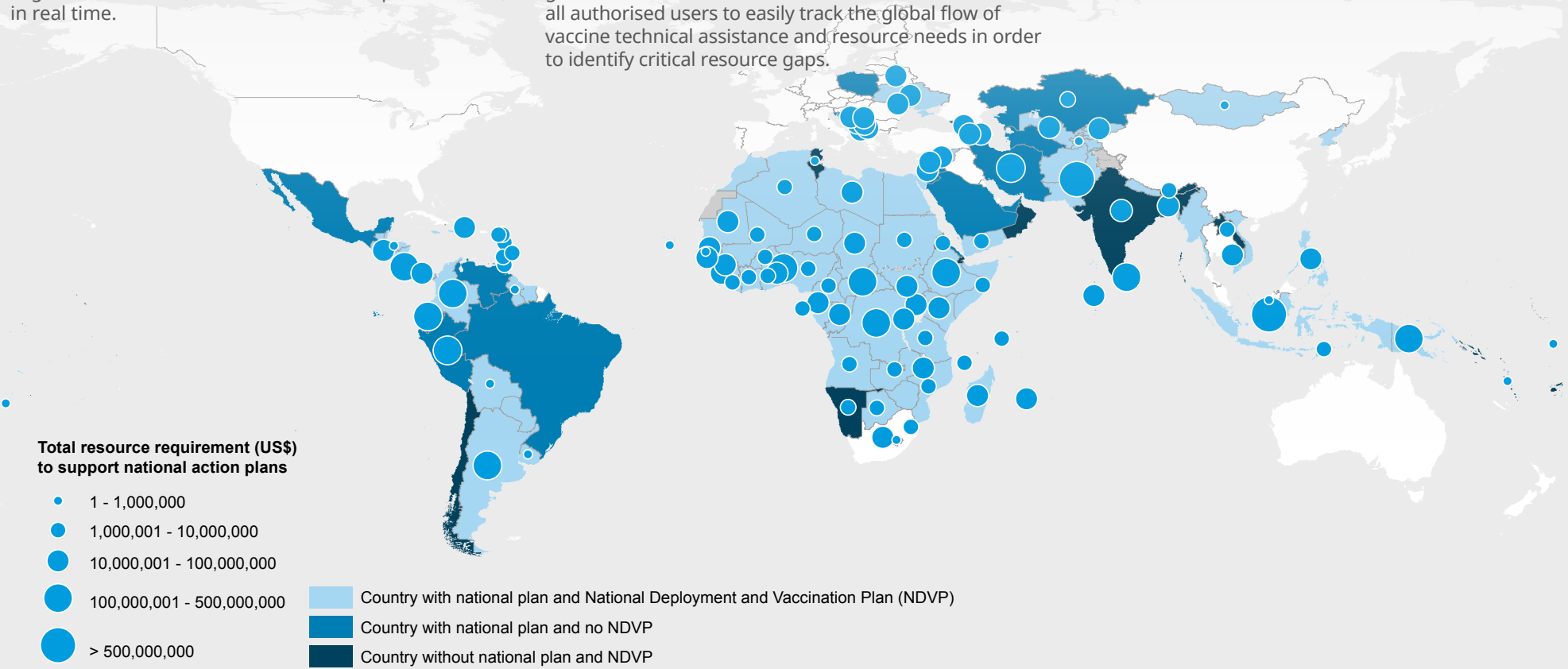
“The COVID-19 pandemic has demonstrated that trust, partnership and solidarity are essential for confronting shared public health threats.”

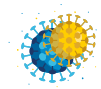
Tedros Adhanom Ghebreyesus
Director-General, WHO



WHO's role at the centre of this web of partnership is best illustrated at the country level by the [WHO COVID-19 Partners Platform](#). The SPRP provided the template that countries could adapt and deliver with support from WHO, and the COVID-19 Partners Platform enables governments, UN agencies, partners and donors to develop and fund national action plans aligned to the SPRP, and monitor their implementation, in real time.

Since March 2021 the Platform has changed in step with the revision of the SPRP to include Vaccination as a new and essential pillar of the response. On the Platform, countries can cost and upload their comprehensive vaccine needs, using the COVID-19 Vaccine introduction and Costing (CVIC) tool aligned with the National Deployment and Vaccination Plan (NDVP) guidance. The Platform's new visual dashboard enables all authorised users to easily track the global flow of vaccine technical assistance and resource needs in order to identify critical resource gaps.





Public health intelligence

>150 GISRS laboratories in 126 countries



Enhancing COVID-19 testing in Afghanistan

In early July 2021, as Afghanistan grappled with a substantial surge in COVID-19 cases across the country, WHO was able to support the Ministry of Public Health to establish 12 new COVID-19 testing laboratories and train 68 laboratory technicians, among other response activities. The investment in laboratories will have long-term benefits beyond COVID-19 as they will contribute to improving access to health care at the provincial level.

Photo: © WHO

Tracking the virus across the globe, and keeping the response on track

A proportionate, agile, and effective response to COVID-19 is entirely reliant on accurate, timely data about the dynamics of disease transmission and the implementation of response measures. WHO works at every level of the organization, and with an extensive network of expert partners, to ensure that countries have the technical and operational tools they need to inform their response. The Organization then takes this information, validates and standardizes it, to produce comprehensive, transparent information products for the public and international policy makers. The [WHO COVID-19 dashboard](#) continues to host 2.6 million visitors every month, with more than 75 million unique sessions logged in the 12 months to May 2021.

In addition to WHO's continued global surveillance of cases, deaths, and vaccination, and detailed case-based surveillance, WHO has developed tools to support the analysis of data from surveillance, testing, public health and social measures to predict departures from expected trends and identify hotspots. This modelling helped WHO forecast the surges in Brazil and India during the second quarter of 2021, and rapidly scale up its operational and technical support to both countries.

A major part of WHO's work at the regional and global level is the continuous tracking of [new variants](#), including the designation of new variants of interest and variants of concern according to WHO's classification system. Of the 58 signals of SARS-CoV-2 variants that have been assessed as of 01 September 2021, four variants have been classified as variants of concern, five as variants of interest, and eleven as alerts that merit further monitoring. For all variants of concern, WHO assesses their characteristics and public health risks, coordinates additional laboratory investigations, and monitors their geographical spread.

Monitoring the spread of SARS-CoV-2 requires WHO to operate as the central node in a global network of laboratories that spans many thousands of national and subnational facilities. Throughout the pandemic WHO has worked urgently with national authorities not only to bring new testing and diagnostic capacity online, including through the provision of many millions of testing kits and laboratory supplies and equipment, but has also worked tirelessly to make the best use of existing systems and infrastructure.

Currently, more than 125 countries undertake routine respiratory disease surveillance through the Global Influenza Surveillance and Response System (GISRS; see below). Building from the success of leveraging GISRS to respond to COVID-19, WHO continues to encourage and support countries to integrate SARS-CoV-2 sentinel surveillance into established influenza sentinel surveillance systems as an efficient, cost-effective, and sustainable approach for monitoring trends in SARS-CoV-2 community transmission. As of June 2021, more than a third (35.6%) of Member States have now integrated COVID-19 surveillance into the sentinel systems that monitor influenza: a 17% increase compared with December 2020.

WHO also continues to ensure that countries have the necessary national and subnational expertise to make the most effective use of the tools at their disposal through the External Quality Assessment Programme (EQAP; see below) for the detection of SARS-CoV-2 Virus by real time transcription polymerase chain reaction (RT-PCR), which was rapidly launched in 2020 to assess the proficiency of laboratories that are performing molecular detection of SARS-CoV-2 in all WHO regions. The COVID-19 pandemic placed enormous demand on laboratory infrastructure, with a huge and rapid increase in the number of national and subnational laboratories undertaking SARS-CoV-2 testing in all WHO regions. Following the completion of the first round of external quality assessments in 2020 that primarily focused on national laboratories, in 2021 WHO is organizing a second round of proficiency testing for more than 3000 subnational testing laboratories.

Boosting biosafety in Thailand

WHO in Thailand has been assisting the country in its response to COVID-19 since the beginning of the outbreak. Most recently, WHO was able to [renovate six laboratories](#) to strengthen disease surveillance, patient management, and research and development in the country, which will have a lasting positive legacy beyond COVID-19.

Photo: © WHO / P. Phutpheng



71 million diagnostics tests and kits supplied to 161 countries

28 countries with COVID-19 reference laboratories



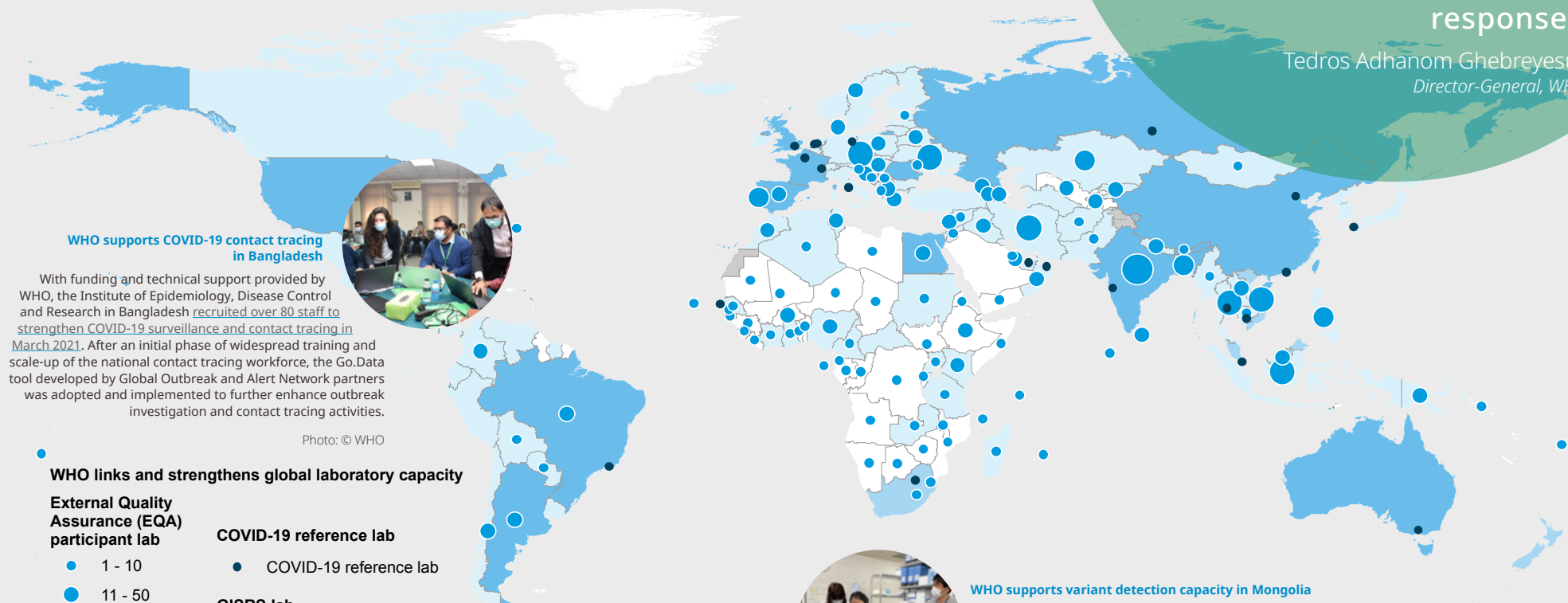
Collaborating to detect virus variants in Pakistan

In June 2021, WHO and Pakistan's National Institute of Health signed an agreement to collaborate on detecting COVID-19 variants of interest and concern through PCR detection and genome sequencing. The initiative will help rapidly identify known and emerging SARS-CoV-2 variants, track their geographical spread and ensure real time sharing of sequence data via global databases.

Photo: © WHO / Blink Media – Saiyna Bashir

“Global intelligence is only ever as good as local intelligence. A key part of WHO’s work is developing tools, training people and supporting countries to collect and analyse data at its source to guide rapid local response.”

Tedros Adhanom Ghebreyesus
Director-General, WHO



WHO supports COVID-19 contact tracing in Bangladesh

With funding and technical support provided by WHO, the Institute of Epidemiology, Disease Control and Research in Bangladesh recruited over 80 staff to strengthen COVID-19 surveillance and contact tracing in March 2021. After an initial phase of widespread training and scale-up of the national contact tracing workforce, the Go.Data tool developed by Global Outbreak and Alert Network partners was adopted and implemented to further enhance outbreak investigation and contact tracing activities.



Photo: © WHO

WHO links and strengthens global laboratory capacity

External Quality Assurance (EQA) participant lab

- 1 - 10
- 11 - 50
- 51 - 100
- 101 - 1000
- 1001 - 1100

COVID-19 reference lab

- COVID-19 reference lab

GISRS lab

- 1
- 2
- > 2



Photo: © WHO

WHO supports variant detection capacity in Mongolia

WHO is able to connect expertise across the globe to build capacity. After Mongolia recognized the need to enhance its national capacity to characterize viral samples, WHO supported three delegates from the Mongolian National Center for Communicable Diseases to receive training in whole-genome sequencing in the National Institute of Infectious Diseases in Japan in April 2021. WHO was also able to procure the necessary equipment and reagents to strengthen in-country capacity for SARS-CoV-2 surveillance. The breadth of WHO’s support and expertise, intimate knowledge of national capacities, and links to regional centres of excellence enables the Organization to offer holistic, end-to-end solutions.

Research and innovation

Driving change, from policy to practice

On 11–12 February 2020, the world’s top scientists and policy makers met at the World Health Organization’s Geneva headquarters to agree the priority areas for COVID-19 research. Since then, WHO has been at the forefront of the scientific effort to understand SARS-CoV-2 and to equip the world to protect itself from the virus. And although the COVID-19 pandemic is unprecedented, from the outset the global response has drawn on the lessons learned from other disease outbreaks over the past several decades. As part of WHO’s response, the R&D Blueprint was activated to accelerate the development of diagnostics, vaccines and therapeutics for this novel coronavirus: an effort that evolved into the multi-partner ACT initiative.

Progress in the critical areas of research agreed at the February 2020 meeting, and codified in the first [Coordinated Global Research Roadmap for COVID-19](#), has been constantly reviewed over the past 19 months, and new evidence used to shape new guidance and interventions. WHO has brought together a truly global coalition: more than 3000 researchers, 40% of whom are from low-income or middle-income countries, from more than 1000 global institutions (see below) are working to find answers to our most urgent questions.

Many of WHO’s innovations have paid immediate dividends for the response, such as the Unity studies, which have enabled low-income and middle-income countries to understand the dynamics of transmission and population vulnerability to SARS-CoV-2. Other innovations, such as the new BioHub, and the new Berlin centre for pandemic and epidemic intelligence, will form a key part of the response to, and prevention of, future epidemics and pandemics.

“One of the lessons of COVID-19 is that the world needs a significant leap forward in data analysis to help leaders make informed public health decisions.”

Tedros Adhanom Ghebreyesus
Director-General, WHO

“The COVID-19 pandemic and other outbreaks and epidemics have underscored the importance of rapidly sharing pathogens to help the global scientific community assess the risk and develop countermeasures such as diagnostics, therapeutics and vaccines.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

“Finding more effective and accessible therapeutics for COVID-19 patients remains a critical need, and WHO is proud to lead this global effort.”

Tedros Adhanom Ghebreyesus
Director-General, WHO



WHO and Germany launch new global hub for pandemic and epidemic intelligence and epidemic intelligence

WHO and the Federal Republic of Germany have finalised plans to establish a new global hub for pandemic and epidemic intelligence, data, surveillance and analytics in Berlin. The Hub is part of WHO's Health Emergencies Programme, and will be a centre of collaboration for countries and partners worldwide, driving innovations to increase the availability and linkage of diverse data; develop tools and predictive models for risk analysis; and to monitor disease control measures, community acceptance and infodemics, drawing on lessons already learned from the COVID-19 response.



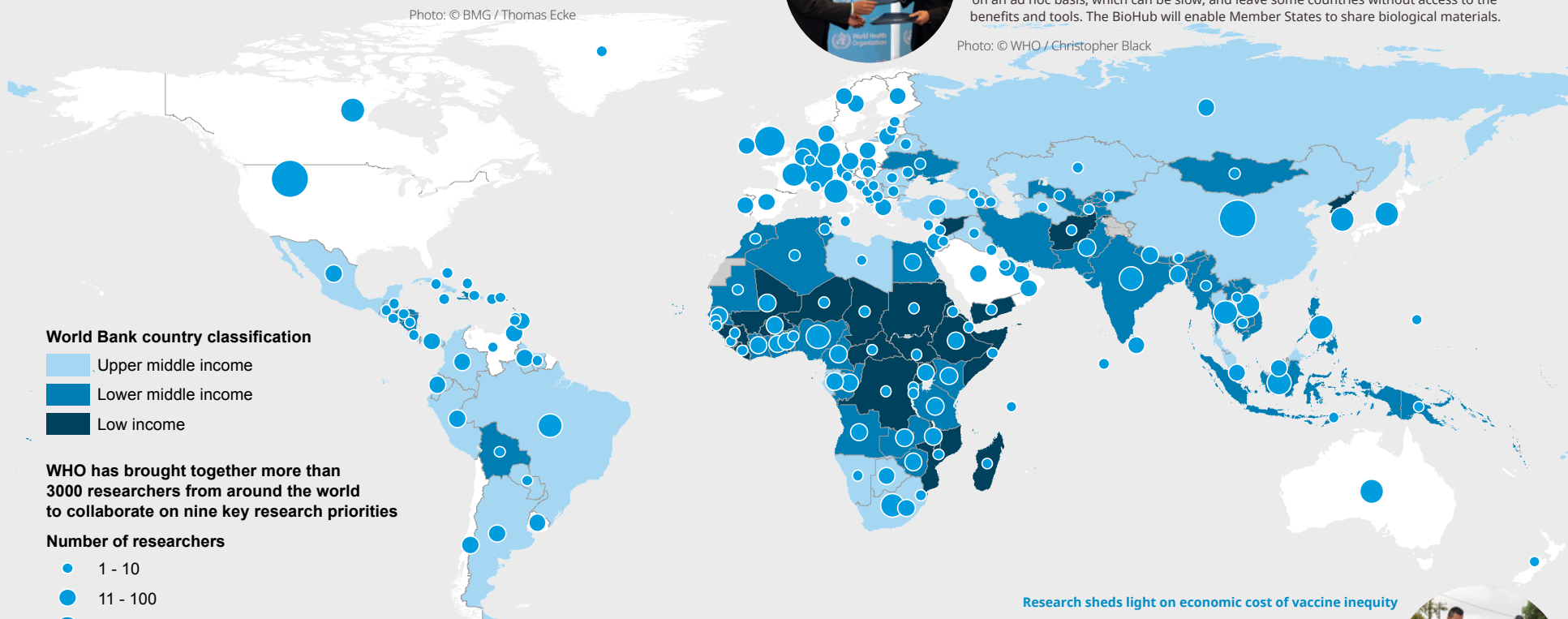
Photo: © BMG / Thomas Ecke

WHO launches global BioHub for pathogen storage, sharing and analysis

On 24 May 2021, WHO and the Swiss Confederation today signed a Memorandum of Understanding to launch the first WHO BioHub Facility as part of the WHO BioHub System. The facility will enhance the rapid sharing of viruses and other pathogens between laboratories and partners globally, serving as a centre for the safe receipt, sequencing, storage and preparation of biological materials for distribution to other laboratories, in order to inform risk assessments, and sustain global preparedness against these pathogens. Currently, most pathogen sharing is done bilaterally between countries and on an ad hoc basis, which can be slow, and leave some countries without access to the benefits and tools. The BioHub will enable Member States to share biological materials.



Photo: © WHO / Christopher Black



World Bank country classification

- Upper middle income
- Lower middle income
- Low income

WHO has brought together more than 3000 researchers from around the world to collaborate on nine key research priorities

Number of researchers

- 1 - 10
- 11 - 100
- 101 - 300
- 301 - 500
- >500

WHO's Solidarity clinical trial launches new phase

Solidarity PLUS, which follows in the footsteps of the groundbreaking Solidarity Trial, will test three potential treatments for severe COVID-19 in hospitalized patients: artesunate, a treatment for severe malaria; imatinib, a drug for certain cancers; and infliximab, a treatment for immune system disorders such as Crohn's disease. The three drugs were chosen by an independent panel of experts that evaluates all the available evidence on all potential therapeutics. The trial involves thousands of researchers at more than 600 hospitals in 52 countries.

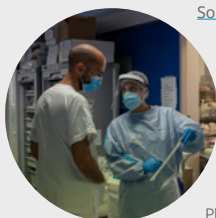


Photo: © WHO / Lindsay Mackenzie

Research sheds light on economic cost of vaccine inequity

COVID-19 vaccine inequity will have a lasting and profound impact on socio-economic recovery in low- and lower-middle income countries without urgent action to boost supply and assure equitable access for every country, including through dose sharing, according to data released in July by the United Nations Development Programme (UNDP), WHO and the University of Oxford. An acceleration in scaling up manufacturing and sharing enough vaccine doses with low-income countries could have added \$38 billion to their GDP forecast for 2021 if they had similar vaccination rates as high-income countries, the research showed.



Photo: © WHO / Blink Media – Nadège Mazars

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).



Monitoring, Evaluation, and Learning

Capturing lessons for today and tomorrow

Monitoring and learning is not only vital to constantly improve and refine the response to the COVID-19 pandemic, but also provides the evidential basis on which we must build our future pandemic response capacity. WHO monitors, collates, and synthesizes evidence on every aspect of the response.

The launch of an updated monitoring and evaluation framework in 2021 has fully aligned WHO's data collection with the updated SPRP, whilst the [Weekly Operational Update](#) and a series of [national case studies](#) give a respective snap shot and deep dive into the progress of the global response.

The Organization is constantly working with partners to act on lessons learned around the world (see below). Crucially, WHO also provides tools, guidance, and direct support to countries to conduct national COVID-19 Intra-Action Reviews (IARs). The IAR process guides countries to periodically review their national and subnational COVID-19 response, ensuring countries can seize critical opportunities to learn from and improve their COVID-19 response. To date, WHO has supported 47 countries to complete an IAR.

New WHO information series highlights transformation of primary health care in Europe during COVID-19

Throughout the COVID-19 pandemic, primary health-care systems in the WHO European Region have met the unprecedented surge in needs. Several countries responded by accelerating long-standing reforms and showed different degrees of adaptation and transformation. The WHO European Centre for Primary Health Care in Almaty, Kazakhstan [has now launched a new information series](#) that highlights this transformation. Pragmatic, country-specific and action-oriented, the new PHC Country Vignettes will contribute to cross-country exchange of experiences and perspectives.



Photo: © WHO / NOOR / Yuri Kozyrev

Africa: Learning from COVID-19 vaccine rollout

From exemplary mass-vaccination stations in Angola, [to complex cold-chain logistics in Rwanda](#) and model communications to boost trust in vaccines in Ghana, WHO has and continues to document key lessons emerging from Africa's rollout of COVID-19 vaccines. The Vaccines Learning Agenda team are building a dynamic database of valuable information for African countries. So far, eight African countries have shared knowledge and best-practices.



Photo: © WHO / Booming – Carlos Cesar

Drawing lessons for the future in Europe

A new analysis and report from WHO on health spending calls on governments to not repeat past mistakes when rebuilding from COVID-19. The report developed by the WHO Barcelona Office for Health Systems Financing has highlighted the need for governments to maintain a higher level of public spending on health for the wider benefit of society despite expected budgetary pressures following the pandemic.



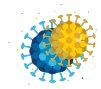
Photo: © WHO / NOOR / Sebastian Liste

How lessons learned from the Ebola virus helped Liberia respond to the COVID-19 pandemic

[Liberia](#) is no stranger to epidemics and their disruptive effects on society and the economy. Between 2014 and 2016, along with the neighbouring states of Guinea and Sierra Leone, Liberia had to cope with the most severe Ebola virus outbreak in recorded history. A recent WHO case study explores how the lessons learned from that outbreak have informed the country's response to the challenge of COVID-19.



Photo: © WHO / Ahmed Jallanzo



TOWARDS AN AGILE, SUSTAINABLE RESPONSE

In the 20 months since COVID-19 was first detected, WHO and its partners have mounted a coordinated and sustained response on a scale without historical precedent. However, the global situation remains highly dynamic and unstable. Much of the world remains susceptible to infection; variants continue to emerge with the potential to impact the rate of transmission and the effectiveness of response interventions; the implementation of public health and social measures remains inconsistent; and vaccination rates are uneven and inequitable. Health care systems, health workers, and global supply chains for essential commodities, remain under pressure.

Inequities continue to magnify the impact and prolong the duration of the pandemic. Urgent action is required not only to redress inequitable access to health care and to vaccines, but to ensure that countries have the capacity to translate vaccines into vaccination, diagnostics into effective surveillance, and therapeutics into treatment.

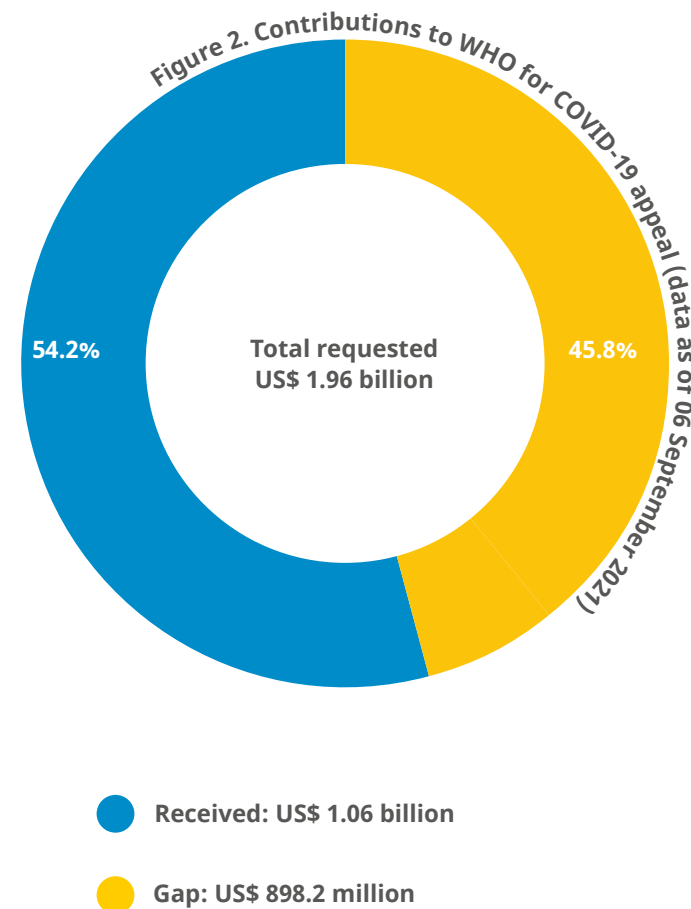
Urgent action is required not only to redress inequitable access to health care and to vaccines, but to ensure that countries have the capacity to translate vaccines into vaccination, diagnostics into effective surveillance, and therapeutics into treatment. Urgent and sustained action is still required to:

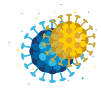
- Strengthen surveillance, genomic testing and sequencing capacity on a global scale;
- Support the equitable distribution of vaccines and other tools required to overcome COVID-19;
- Offer surge support to countries where there are situations of concern and transmission hotspots.

We must stay the course. WHO launched the COVID-19 Strategic Preparedness and Response Plan (SPRP) for 2021 on 24 February, requesting US\$ 1.96 billion to fund WHO's essential role in ending the acute phase of the epidemic (figure 2).

To date, WHO has received US\$ 1.06 billion (table 1a, b, figure 2) from our supportive and generous donors. WHO thanks all those who have contributed.

Unfortunately, WHO faces a funding shortfall of more than 46%, which leaves the Organization in real and imminent danger of being unable to sustain critical functions at national and global level for urgent priorities such as vaccination, surveillance, and acute response.





The challenges faced by WHO in responding rapidly to acute events are exacerbated by the fact that almost 95% of funds received so far are earmarked. To date, only five donors have contributed flexible funds to the 2021 SPRP appeal, totaling just over US\$ 60 million, or 6% of the US\$ 1.06 billion received so far.

This extensive earmarking of funds risks paralysing WHO’s ability to provide rapid and flexible support to countries, and is already having consequences for current operations. WHO will stay the course, but sustainable and flexible funding is required to maintain current urgent response activities, and to rapidly respond to new flashpoints as they arise.

The development of COVID-19 tools such as vaccines, along with our increased knowledge of the effectiveness of proven public health and social measures, means that we are now equipped with the knowledge and the technical solutions to end the pandemic. A strong, well-resourced WHO can provide the leadership and support that the world needs to stay the course. We can only end the pandemic together, in solidarity.

Table 1a. SPRP 2021 funding* by organizational level (US\$ millions)

Level	Total allocated
Country office	607.0
Regional office	178.0
Headquarters	246.6
Total	1031

Table 1b. SPRP 2021 funding* by major office (US\$ millions)

Region	Total allocated
Regional Office for Africa	210.4
Regional Office for the Americas	109.4
Regional Office for the Eastern Mediterranean	205.3
Regional Office for Europe	85.4
Regional Office for South-East Asia	105.7
Regional Office for the Western Pacific	68.7
Headquarters	246.6
Total	1031

*A residual total of US\$ 33.4 million recently received funds is in the process of being allocated.

“Many countries continue to face steep increases in cases and deaths, despite the fact that more than 5 billion vaccines have now been administered worldwide.”

Tedros Adhanom Ghebreyesus
Director-General, WHO



World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
WHO in Emergencies:
www.who.int/emergencies/en