

Weekly Operational Update on COVID-19

5 April 2021

Issue No. 49

Confirmed cases^a
130 422 190

Confirmed deaths
2 842 135

Burundi goes digital in the fight against COVID-19

In Burundi, 141 health information system managers and laboratory assistants from all of its 47 health districts have received training from 22 - 27 March on the collection and electronic reporting of COVID-19 data.

The Ministry of Public Health and the Fight Against AIDS, with the support of WHO, organized a training held in Bujumbura aimed to strengthen skills on the use of smart phones for the transmission of surveillance, laboratory data and the management of COVID-19 cases at the health district level. WHO recently provided the Ministry's Public Health Emergency Operations Centre (PHEOC) with 200 smartphones as a key enabler of the digital system.



Credit: WHO Country office Burundi

Digital data collection enables instant updating of the Alert and Early Response Centre in the PHEOC, with mapping of cases and rapid identification of close contacts of cases, thus improving the overall response. Individuals at the training remarked on how this will improve the quality of work by minimizing transcription errors, enabling verification of the authenticity of data and allowing for real-time monitoring, ultimately enabling daily reporting and analysis to guide response interventions at the PHEOC.

For further information in French, click [here](#).

Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **30** topics in **47** languages



17 753 922 PCR tests shipped globally



198 747 426 medical masks shipped globally



8 659 511 face shields shipped globally



37 135 700 gloves shipped globally



166 GOARN deployments conducted to support COVID-19 pandemic response



547 727 346 COVID-19 vaccine doses administered globally as of 31 March

^a COVAX has shipped over **33 million COVID-19** vaccines to **74** participants as of 1 April

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



**World Health
Organization**

HEALTH
EMERGENCIES
programme

From the field:

COVID-19 Operational Support and Logistics Mission to the western Balkans

During the COVID-19 pandemic, the timely movement of critical supplies and equipment has been one of the most challenging areas of the health response. Market failure, trade restrictions, and travel bans led to an acute shortage of essential supplies and has disrupted global supply chains. As new COVID-19 tools have been developed, additional pressures have been placed on countries to put in place needed customs, and regulatory processes to allow their importation and use.

Between 15 and 23 March 2021, health emergency logistics experts from the WHO Regional Office for Europe conducted a mission to support several countries in the western Balkans.

The aim was to conduct rapid assessments in procurement, logistics, customs clearance and human resource capacities in Serbia, Montenegro and North Macedonia identify potential capacity gaps and develop recommendations to improve end-to-end emergency supply chain processes.

During the mission, the team worked with local WHO staff and national partners involved in receiving and distributing supplies related to COVID-19 response, including Ministries of Health, Institutes of Public Health, national labs, clearing agents and national regulatory authorities. Through these interactions, channels of communication were defined in each country to ensure fast and smooth processes for importation. The Regional Office team also shared knowledge and experiences on capacity assessments, procurement, transport, distribution, warehousing, and physical stock management, monitoring and evaluation with logistics staff.



Handover ceremony of donated supplies from WHO to North Macedonia with Dr. Jihane Tawilah, WHO Representative in North Macedonia and the Minister of Health of the Republic of North Macedonia. Credit: WHO Country Office in North Macedonia

In all three countries, the OSL experts monitored distribution of supplies at national level, reviewing the current procedures for the receipt, storage, distribution, and recording of medical commodities. To maintain good relations with national partners, existing partnerships were mapped out and new relationships and agreements with other UN Organizations and NGOs were proposed. Throughout the mission, the team worked to understand importation requirements and establish a fast-track procedure to clear all humanitarian cargos.

By increasing access and removing bottlenecks to essential supplies, including PPE to protect frontline health care workers, this work will increase the ability of health systems to save lives.

From the field:

Somalia rolls out COVID-19 vaccines: WHO hears from some of the first to be vaccinated

On 15 March 2021, Somalia received 300 000 doses of the AstraZeneca/Oxford vaccine from the COVAX Facility. “I am so grateful to the Ministry of Health, WHO, the COVAX Facility and all other agencies who have brought COVID-19 vaccines to Somalia as we all know we don’t have money to buy these vaccines,” says Dr Luul Mohamud. As the Dean of the Faculty of Medicine at the Jazeera University, a paediatric lecturer, and the former head of the paediatric department at the Banadir Hospital from 2007 to 2020, Dr Mohamud is a passionate advocate for vaccination.



Credit: WHO Country Office Somalia

Dr Luul is also a member of the COVID-19 taskforce at the Somali Medical Association that

worked with the Somali Government and partners on the preparation of protocols for COVID-19 case management, awareness raising, infection prevention and control, and training health care workers to address COVID-19. Dr Luul hopes people will focus on the vaccine’s benefits over rare and minimal side-effects, a normal part of taking medicines.

“My message to all Somali people is to take vaccines – it is the only hope we have to defeat COVID-19 as our health system is very weak,” says Dr Luul. “We cannot treat all cases, especially critical cases, due to the lack of equipment and specialised personnel like anaesthetists. I do hope people take this seriously – COVID-19 is a deadly disease all around the world.”

Dr Aweis Olow Hassan, a medical doctor working along the front lines, requests all people who receive vaccines to share their experiences on social media and within their communities. “A lot of my medical colleagues stood back and waited for me to get vaccinated first. Once they saw I had no side-effects, apart from a sore arm – which is a common side-effect – my colleagues rushed to get the vaccine,” says Dr Hassan, proud of being a positive influence on his peers.

“Everyone should take the vaccine for the sake of their own safety and that of the community,” adds Dr Hassan. “Sadly, we are losing our golden grandfathers, grandmothers and parents to COVID-19. Please let’s all wear masks, wash hands and take vaccines.”

As of 21 March, 1267 people had already received vaccines in 4 of Banadir’s hospitals; from 21 March onwards, COVID-19 vaccinations also started to roll-out to frontline workers and elderly people with chronic conditions in Somaliland and Puntland.

For further stories, click [here](#).

From the field:

Solomon Islands receive 24 000 doses of COVID-19 vaccines through the COVAX facility

On 19 March 2021, Solomon Islands received 24 000 doses of the AstraZeneca/Oxford COVID-19 vaccine (COVISHIELD), manufactured by the Serum Institute of India (SII), via the COVAX Facility. This marks the second batch of vaccines to arrive in the Pacific islands through the COVAX Facility.

Solomon Islands Health Minister, Honourable Dr. Culwick Togamana, remarked that “Several months after WHO declared COVID-19 as a global pandemic, Solomon Islands maintained a COVID-19 free status. Though the virus managed to sneak into the country in early October 2020, it was met by well-prepared and disciplined frontline workers, quarantine stations and isolation wards that are up to infection,

prevention and control (IPC) standards, well equipped molecular laboratory that have prevented any community transmission till this day.”

WHO Representative to Solomon Islands, Dr Sevil Huseynova highlighted that WHO is very glad to witness the historical moment. “We have been working hard with the government and UNICEF over the past few months to ensure the timely submission of the national vaccine deployment plan as well as all other necessary preparation work”, while also acknowledging the efforts by the Ministry of Health team in preparing for the arrival of the vaccines

“From identifying priority groups, developing tracking systems to upskilling of staff for vaccine delivery. WHO will continue to work alongside our colleagues here to ensure we safely deliver these vaccines.”

Vaccinations started on 24 March, with health workers and public servants on the frontline among the first to receive doses.

For more information, click [here](#).



Credit: WHO / Dinu Bubulici

Risk Communication, Community Engagement and Infodemic Management

Social media & COVID-19: Outcomes of a global study of digital crisis interaction among Gen Z and Millennials

The COVID-19 pandemic has demonstrated how the spread of misinformation, amplified on social media and other digital platforms, is proving to be as much of a threat to global public health as the virus itself. Although young people are less at risk of severe disease from COVID-19, they are a key population that shares in the collective responsibility to limit transmission.

To better understand how young adults are seeking COVID-19 information, who they trust as credible sources and their awareness and actions around false news - a global study was conducted by WHO, Wunderman Thompson, the University of Melbourne and Pollfish. The study was conducted in 24 countries across all six WHO regions, with approximately 23 500 respondents between the ages of 18 and 40.

From the research, a brief [Key Insights](#) document and an [Interactive Dashboard](#) with disaggregated data by country, gender and age, have been developed with a more detailed report and analysis of the study being published in late April.

Key insights include:

- 1) Gen Z and Millennials rely on multiple sources for their COVID-19 information, but national mainstream media continues to be the most trusted channels
- 2) Health communicators need to be aware of diverse COVID-19 concerns that may be interlinked or competing and to acknowledge perceived trade offs
- 3) The challenge is in actively countering false news rather than letting it slide

3 Awareness of false news is high, but so is apathy

"Fake News" Awareness

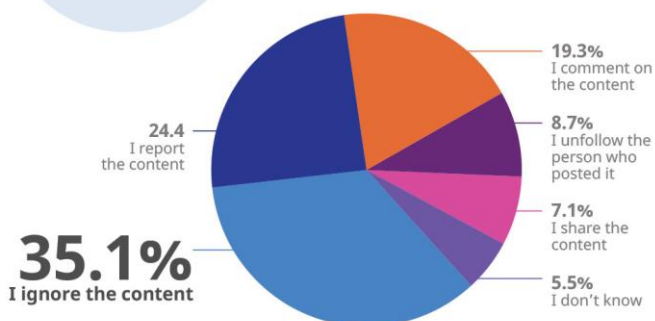
59.1%

Very Aware

of the fact that COVID-19 information on social media or messaging apps could be false

How one reacts to fake news

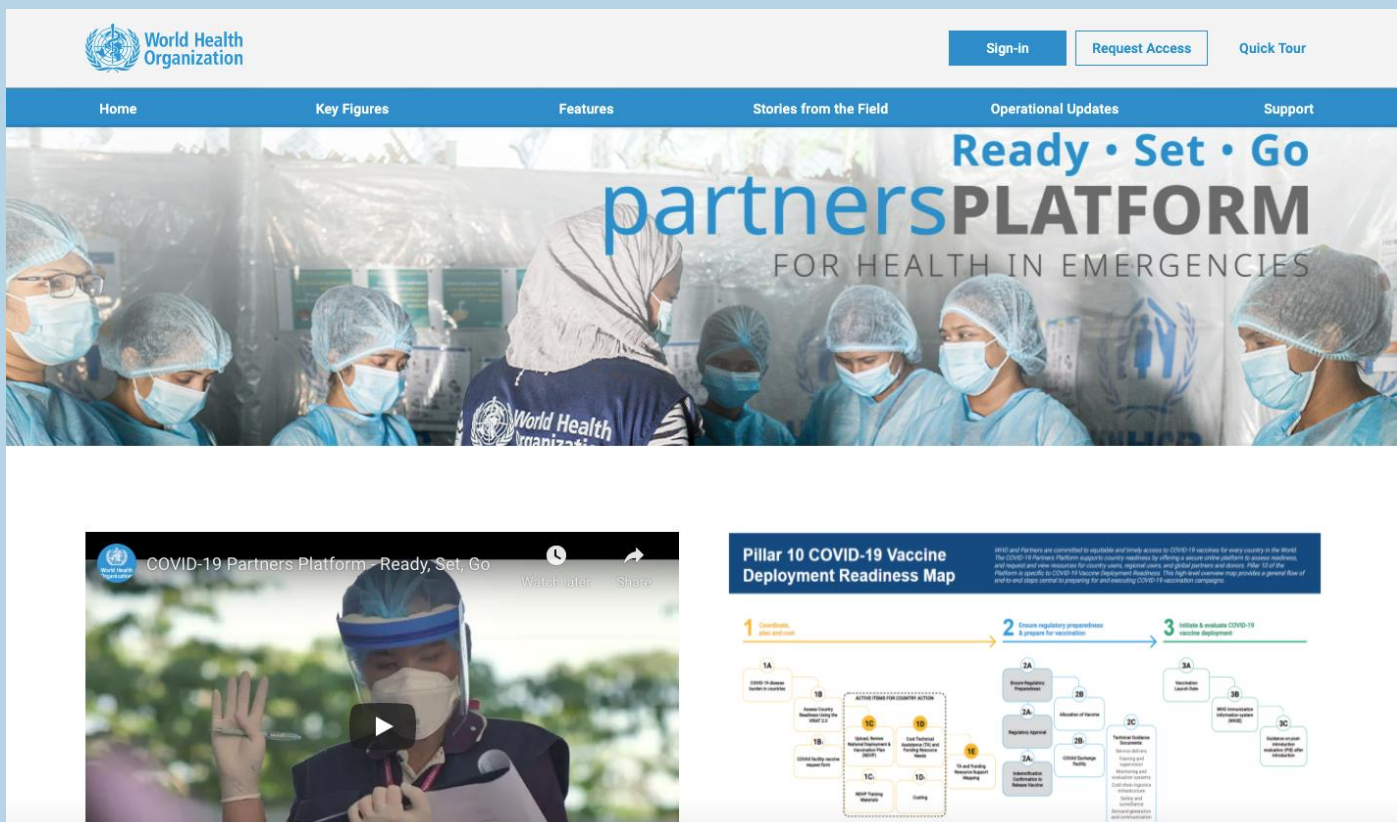
How do you react to COVID-19 information - shared by others on social media/messaging apps - that you know is false?



These can support WHO, governments, media, businesses, educational institutions and others to adapt and refine their health communication strategies, policies and recommendations to ensure they are relevant and appropriate to young people.

Young people should be enabled and empowered to navigate their digital world safely and well-informed on COVID-19 to make choices that not only protect their health, but also the health of their families and communities.

COVID-19 Partners platform



The screenshot displays the COVID-19 Partners Platform landing page. At the top, the WHO logo is on the left, and navigation links (Home, Key Figures, Features, Stories from the Field, Operational Updates, Support) are in the center. On the right, there are buttons for 'Sign-in', 'Request Access', and 'Quick Tour'. The main banner features a background image of healthcare workers in PPE, with the text 'Ready • Set • Go partners PLATFORM FOR HEALTH IN EMERGENCIES'. Below the banner, there is a video player titled 'COVID-19 Partners Platform Ready, Set, Go' and a 'Pillar 10 COVID-19 Vaccine Deployment Readiness Map' diagram. The diagram shows a flowchart of vaccine deployment readiness, starting with '1. Coordinate plan and roll-out', followed by '2. Review regulatory requirements & prepare for vaccination', and '3. Initiate & evaluate COVID-19 vaccine deployment'. The flowchart includes various sub-steps and boxes, such as '1A. Coordinate plan and roll-out', '1B. Review regulatory requirements & prepare for vaccination', '1C. Initiate & evaluate COVID-19 vaccine deployment', '2A. Review regulatory requirements & prepare for vaccination', '2B. Initiate & evaluate COVID-19 vaccine deployment', '2C. Review regulatory requirements & prepare for vaccination', '3A. Review regulatory requirements & prepare for vaccination', '3B. Initiate & evaluate COVID-19 vaccine deployment', and '3C. Review regulatory requirements & prepare for vaccination'.

The COVID-19 Partners Platform has just launched a new landing page to include a wider range of features that all visitors to the site will find useful - from our country administrators to donors and new users who are looking to understand more about this innovative WHO planning tool.

The new landing page includes:

- figures at a glance, showing real-time updates on total contributions made toward the pandemic response, how many countries are using the Platform's Action Checklist to inform their national plan, and more;
- the most current technical guidance documents for COVID-19;
- an introductory video with Dr. Mike Ryan, Executive Director of the WHO Health Emergencies Programme describing the impact of the Partners Platform in COVID-19 readiness and response planning;
- stories from the field, highlighting how specific countries, areas and territories have used the Partners Platform in their own national pandemic response;
- a link to a user support page with helpful information including User Guides and Frequently Asked Questions, training materials, and the Partners Platform's Terms of Use and Privacy Policy.

Partners Platform users still benefit from easy direct sign-in access. All proprietary information will only be accessible inside the Platform after user sign-in. You can explore all of these changes at <https://covid19partnersplatform.who.int/en>.

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 1 April 2021.

Shipped items as of 1 April 2021	Laboratory supplies			Personal protective equipment*					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	718 250	3 829 125	1 866 146	1 473 890	10 646 300	223 570	1 741 279	53 467 400	2 768 630
Americas (AMR)	7 479 900	1 046 132	10 720 012	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 178 300	1 625 220	1 802 440	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	459 000	658 050	609 520	1 756 900	8 938 900	414 860	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	11 275 450	10 572 827	17 753 922	8 659 511	37 135 700	1 566 287	6 970 179	198 747 426	20 070 365

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Personal protective equipment data is as of 25 March*

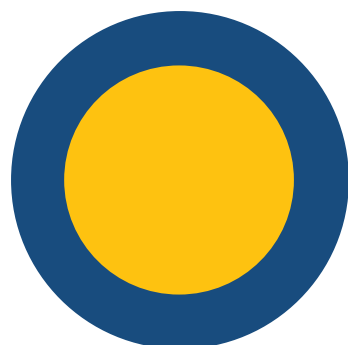
For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A and a 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 such as at 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

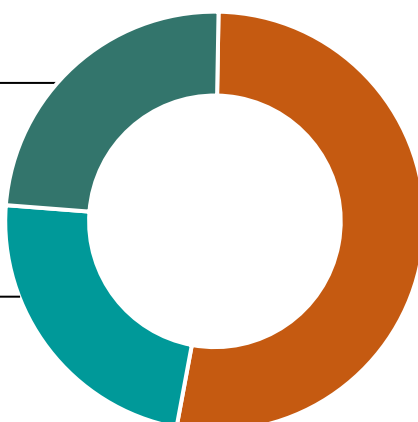
Data as of 26 March 2021

Total Received: US\$ 457 million

23.30%

Total Pledges: US\$ 472 million

24.05%



Gap: US\$ 1.03 billion

52.66%

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 26 March 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 246 million from more than 663 447 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 the World Health Organization (WHO).

More than **US\$ 246 Million**



663 447 donors

[individuals – companies – philanthropies]

Pandemic learning response

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
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

OpenWHO.org

5 065 596

COVID-19 Course
enrollments

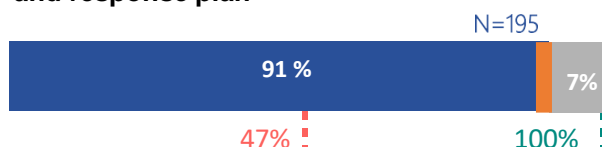
30 topical COVID-19 courses

47 languages

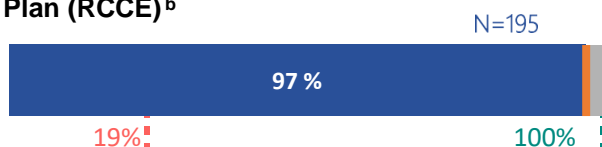
Over 2.8 million certificates

COVID-19 Global Preparedness and Response Summary Indicators ^a

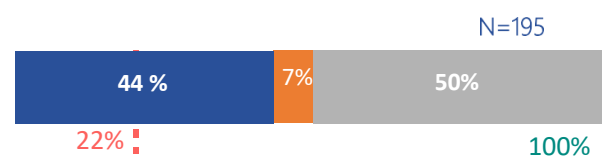
Countries have a COVID-19 preparedness and response plan



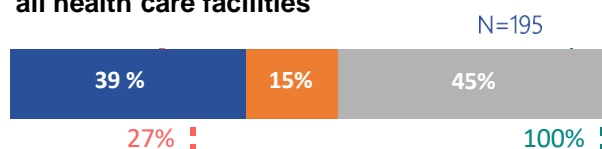
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



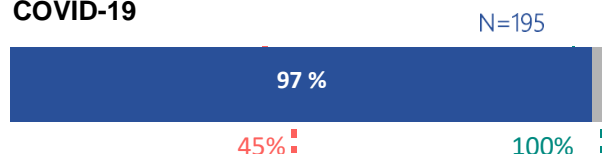
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



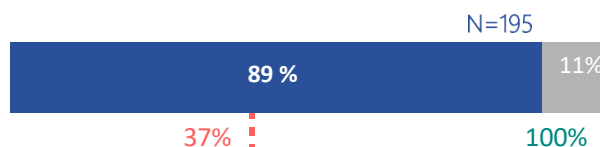
Countries with a national IPC programme & WASH standards within all health care facilities



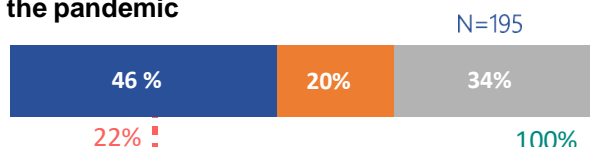
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



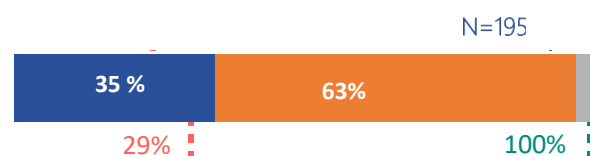
Countries have a clinical referral system in place to care for COVID-19 cases



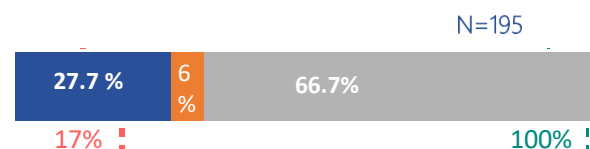
Countries that have defined essential health services to be maintained during the pandemic



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



Countries have a health occupational safety plan for health care workers



Countries have COVID-19 laboratory testing capacity



Legend



Yes



No



No information



Baseline value



Target value

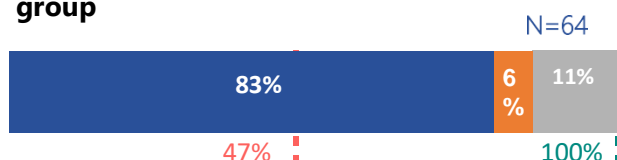
Notes:

^a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." ^b Source: UNICEF and WHO

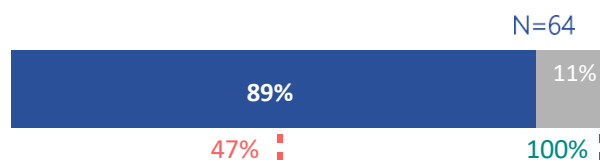
COVID-19 Global Preparedness and Response Summary Indicators

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



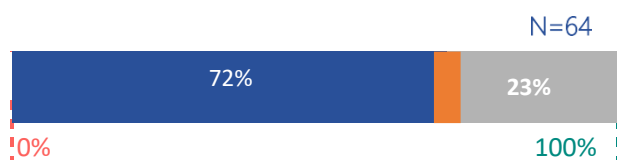
Priority countries with an active & implemented RCCE coordination mechanism



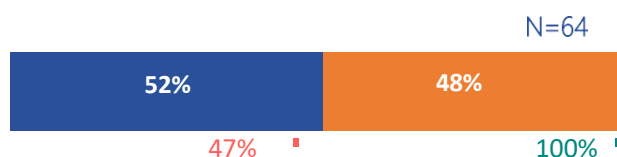
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



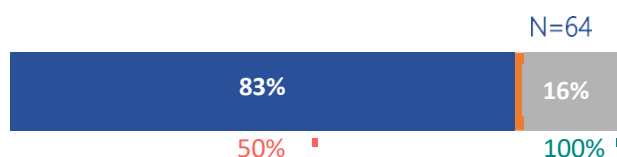
Priority countries with a contact tracing focal point



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



Priority countries with an IPC focal point for training



Legend

 Yes

 No

 No information

 Baseline value

 Target value

Notes:

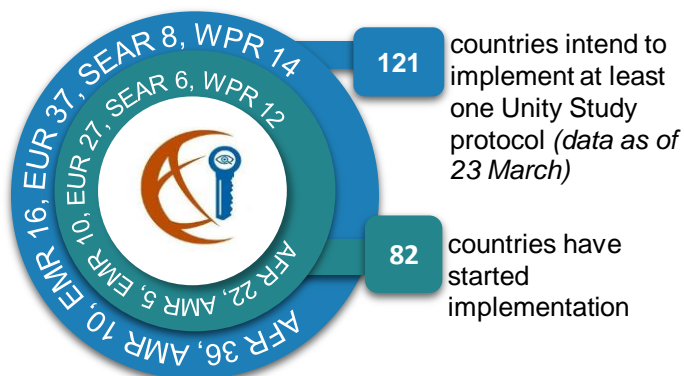
^c Source: WHO Immunization Repository

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.

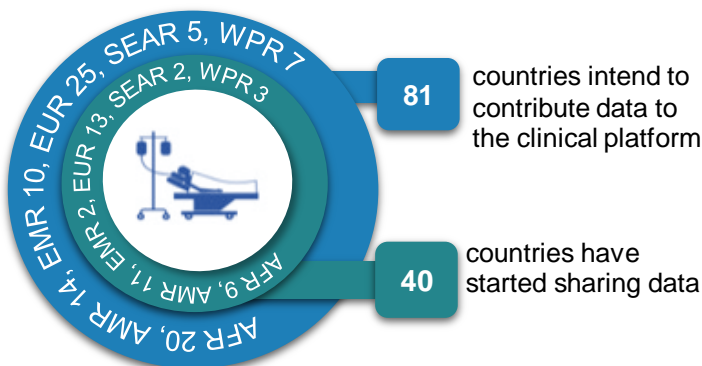
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



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.

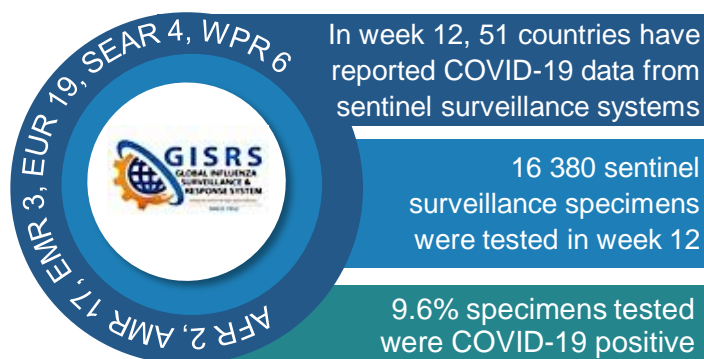
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



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 SARS-COV-2



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 30 March **Weekly Epidemiological Update**, click [here](#). Highlights this week include:
 - COVID-19 and Health and Care Workers (HCWs)
 - SARS-CoV-2 variants
- ❑ 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](#)
- ❑ For Ramadan campaign 2021 key messages from the Eastern Mediterranean Office, click [here](#).