

# Weekly Operational Update on COVID-19

8 November 2021

Issue No. 79



As of 7 November 2021

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

Confirmed cases

**249 425 563**

Confirmed deaths

**5 042 690**

## WHO/Europe increases support to Romania during a critical phase of its COVID-19 response

Romania is currently facing its most challenging time since the COVID-19 pandemic began with a wave of transmission that has led the country to seek international support from its neighbors and international organizations such as WHO.

Throughout the pandemic, WHO has worked closely with Romanian colleagues to provide wide-ranging strategic support through technical assistance to strengthen national response, social research studies to inform actions, and supporting risk



WHO mission team visit to Timisoara, ©WHO/Europe

communication and engagement with communities, particularly those who are marginalized. WHO has also worked with Romanian colleagues on maintaining essential health services and by facilitating research on studies such as the Solidarity trial, and the UNITY sero-epidemiological studies.

Following the rapid resurgence of COVID-19 starting mid-September, WHO's Regional Office for Europe geared up the scale of direct operational support to the country through the deployment of senior staff, critical supplies, and increased access to direct expertise from WHO and partners. This expanded technical support covers key areas of the COVID-19 response, from surveillance, clinical guidance, risk communications and community engagement to vaccine roll-out.

*continued on next page...*

## Key Figures



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



More than **5.9 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



**21 182 330** PCR tests shipped globally



**213 395 426** medical masks shipped globally



**99 332 700** gloves shipped globally



**9 598 151** face shields shipped globally



**195** GOARN deployments conducted to support COVID-19 pandemic response



**7 084 921 786** COVID-19 vaccine doses administered globally as of 8 November

<sup>a</sup> COVAX has shipped over **435 million** vaccines to **144** participants as of 2 November

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

## From the field: *WHO/Europe support to Romania continued*

Several WHO teams have been deployed to engage with national counterparts and support their response efforts including a high-level mission to Romania led by the WHO/Europe Executive Director with the WHO/Europe Regional Emergency Director from 03 – 04 November.

As part of the technical support, WHO has deployed a senior technical expert throughout October and November to visit several parts of the country including Bucharest, Sadova, Craiova and Timișoara. In order to understand the challenges and bottlenecks, WHO experts have engaged with a wide variety of actors, including community members, community health nurses, medical assistants, family and hospital doctors, hospital administrators and staff, academics institutions, civil society, health authorities at central and district levels, professional associations, government officials, private sector, UN sister agencies and international partners.

WHO has also donated 34 000 COVID-19 rapid diagnostic tests to Romania in October, provided 200 oxygen concentrators in response to a shortage of oxygen in the first week of November, and additional COVID-19 protective equipment are on the way.

WHO teams deployed in Romania are focusing on both the critical short-term actions needed to reduce the COVID-19 morbidity and mortality and release the strain on the health system, and longer-term actions to strengthen Romania's continued response and increase the level of vaccine uptake, especially among at-risk groups where coverage remains low.



*RDT shipment arriving in Romania, ©WHO/Europe*

Key priorities in Romania remain to rapidly suppress the virus transmission, lift health system pressure, and reduce severe disease and death through increased vaccine uptake. Increasing the level of COVID-19 vaccine uptake in the country will require:

- Scaling-up efforts to engage the family doctors and ambulatory nurses to improve vaccination uptake among elderly and rural populations.
- Developing a communication strategy to scale-up the vaccination through better understanding of why certain populations continue to see low uptake.
- Training and information exchanges of health care professionals on vaccine safety.

Romania, alongside much of central and eastern Europe, remains under severe pressure due to the current high levels of transmission. WHO's response efforts are focused on more effective and timely responses to current COVID-19 surges and preventing others from occurring with such severe health impacts. Further support to other countries seeing similar resurgences is ongoing.

## From the field:

### Ministry of Health and Wellness Belize receives twenty patient monitors at visibility event of the India-UN Development Partnership Fund

As Belize continues efforts to strengthen its COVID-19 response, the Ministry of Foreign Affairs, Foreign Trade and Immigration (MoFATI) and the Ministry of Health and Wellness (MoHW) submitted a proposal to the Permanent Mission of India to the United Nations on 23 June 2020. Through the India-UN Development Partnership Fund, a facility for South-South Cooperation established in 2017, India approved US\$ 1 million for Belize.

PAHO/WHO is the implementing agency for the India-UN Development Partnership Fund and Dr. Noreen Jack, PAHO/WHO Representative in Belize noted **“The fund specifically aims to strengthen clinical management of COVID-19 patients, and, most importantly, to fund actions that will reduce the risk of the transmission of COVID-19 among health workers in Belize.”**



*During 1 November visibility event to launch the multi-partner fund, 20 patient monitors were donated to the MoWH as part of the first set of medical equipment being procured through this fund.*

In collaboration with the United Nations Office of South-South Cooperation (UNOSSC), the project is centered around ‘Strengthening Clinical Management of COVID-19 Patients and Reducing of Risk of COVID-19 Transmission among Health Workers in Belize’ targeting three main objectives:

- To strengthen the response capacity of the health system to COVID-19 through the provision of key medical equipment;
- To improve accessibility to local healthcare services in support of COVID-19 recovery through the procurement of protective and medical equipment including a medical waste incinerator for a new health facility in Caye Caulker Village Belize;
- To increase awareness on the prevention, response, and recovery from COVID-19 among vulnerable urban and rural populations in Belize.

A risk communication and community engagement strategy was also developed and subsequent implementation has resulted in public service announcements in English, Spanish, Garifuna and Mopan Maya being prepared.

Dr. Deysi Mendez, Chief Executive Officer of the MoHW, commented, “challenges range from having adequate human resources, to having the right medical equipment and supplies to assist us with proper diagnosis, management and treatment of COVID-19 patients. Today, we thank the Government of the Republic of India, PAHO/WHO, and the UNOSSC for this grant and donation of medical equipment.”

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

## From the field:

### **The Government of Canada and WHO partner to support the COVID-19 response and resilience of Sri Lanka's primary health care system**

The Government of Canada (Global Affairs Canada) has announced a USD 1.3 million grant for immediate assistance on COVID-19 as well as longer term strengthening of primary health care through WHO Sri Lanka. Urgent medical supplies including 2 million syringes for the accelerated COVID-19 vaccination effort arrived in Sri Lanka last August and medical equipment for 55 hospitals at the primary health care level has been procured.

In collaboration with the Ministry of Health, WHO Sri Lanka has developed a comprehensive implementation plan for the grant. The focus is on critical gaps in the COVID-19 response and key technical areas to put Sri Lanka back on track to further advance its notable achievements on universal health coverage.

Since March this year, the Government of Canada has made available US\$ 23.86 million to WHO to support 10 countries across all six WHO regions with a grant aimed at both supporting pillar 9 of the COVID-19 response and strengthening primary health care.

“The Canadian grant comes at a critical time for both response and recovery from COVID-19. Moreover, WHO appreciates the flexibility allowed in allocation of the funding which means we can be more responsive to country needs. A case in point is this procurement whereby we have been able to make a critical contribution to Sri Lanka's ambitious vaccination drive through the supply of syringes. The longer-term perspective of the collaboration allows us to build towards sustainable recovery and resilient primary health care system with MoH leadership. For example, to support our health workers who are at the frontline of the pandemic, including looking after their psychosocial well-being”.

**- Dr Alaka Singh, WHO Representative to Sri Lanka**



*Credit: WHO Sri Lanka*

Canadian High Commissioner David McKinnon said, “this is an excellent example where coordinating efforts through the multilateral system allows us to provide timely, essential support for the fight against COVID-19 in Sri Lanka. The WHO allocation complements the funding we provided through UNICEF for Oxygen Therapy and other critical equipment. It also builds on support provided through several partners since the start of the pandemic, to address the range of social and economic impacts of the pandemic.”

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

**From the field:****Returning migrant workers receive medical care and support in Lao People's Democratic Republic**

*Frontline workers prepare the isolation facility. ©WHO/Philippe Aramburu*

Between 4–17 August 2021, 4815 migrant workers who returned home to Lao People's Democratic Republic tested positive for COVID-19 in Savannakhet Province. Since the provincial hospital was overwhelmed, three isolation facilities were added to accommodate the surge in positive cases and treat those who needed medical attention.

The isolation facilities were set up by the Ministry of Health with support from the provincial government and partners including WHO and the European Union (EU). The WHO country office for Lao People's Democratic Republic helped to develop a facility checklist; strengthen infection prevention and control measures; and improve water and sanitation. With support from the EU, WHO also provided beds, mattresses, bedding, fans, cleaning materials, autoclaves for waste management and financial support for surge capacity to manage the facilities.

“Given the current challenging COVID-19 situation in Lao PDR, the EU is very proud to work alongside with the Government, WHO, and other partners to provide emergency support to hospitals, isolations facilities and quarantine centres. This is part of Team Europe's global response to the COVID-19 pandemic worldwide, because no one is safe until everyone is safe,” said Ms Ina Marčiulionytė, EU Ambassador to Lao People's Democratic Republic.

At one of the isolation facilities, which was once a factory, 21 frontline staff provide health care to more than 1500 patients. This isolation facility was upgraded with emergency medical equipment. Returning workers were segregated into different zones based on their health conditions and symptoms.

The staff at the isolation facility were rostered in three rotations to monitor patients' health and provide medical care and mental health support as well as support basic needs such as serving of food. Recovered patients will receive a certificate that they are cleared to go home. This proof helps those affected to face less stigma or discrimination upon their return.

## Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 28 October 2021,

- **WHO** briefed on the epidemiological situation and reported a slight increase of global COVID-19 cases (4%) and expressed concerns over the increase of cases in the European region, which was largely driven by the lifting of public health and social measures in many countries in combination with a resumption of in-door gatherings.
- The **World Bank** noted that the global economy continues to recover and noted the relaxation of pandemic related lockdowns has boosted domestic and foreign demand. However, the pandemic continues to affect economic activities in developing countries, with only 40% of developing countries expected to regain their pre-pandemic per capita income and nearly 100 million people to fall back into extreme poverty.
- On COVID-19 vaccines, **WHO** reported that over 6.9 billion vaccine doses have been administered worldwide, but with only 3.1% of people having received at least 1 dose in Low-income Countries (LICs), WHO continues to express concerns over the inequitable distribution of vaccines. WHO stressed that COVAX is crucial to solving vaccine inequity, as COVAX accounts for 80% of vaccines administered in LICs. In addition, WHO reiterated that it does not recommend Booster shots for all at this point and has called for a vaccine booster moratorium until December 2021.
- **IOM** commented that 122 countries out of the 177 countries IOM collected data from are providing access to vaccines to regular migrants, but only 67 countries provide that to irregular migrants.
- With increased vaccine supply through COVAX expected in the coming months, **WHO as the Chair of CMT**, stressed the need for increased efforts by the UN system to support countries in the roll-out of vaccination with sufficient absorption capacity of the system.
- A dedicated discussion on vaccination in humanitarian settings will be held during the next CMT meeting. **FAO** reported the launch of the new [Global Animal Disease Information System \(EMPRES-i\)](#) on 22 October, which focuses on improving one-health intelligence, forecasting, early warning and enabling countries to monitor disease spread and risk of new outbreaks. A joint briefing on the “One-Health” Agenda by FAO, OIE, UNEP and WHO will be tabled in the next CMT meeting on 25 November.



### Pandemic learning response

#### HAITI | COVID-19 sensitization and learning bilingually

Clairna Philome is a community health nurse in Haiti working for PAHO/WHO on coordination of health emergency response. During the [#LearningSavesLives webinar](#) organized by OpenWHO in March 2021, she explained a key challenge in Haiti is that it is a bilingual country (French and Creole), in which 80% of the population speaks only Creole. Despite this, most of the documentation published early in the pandemic was in English, requiring translation of resources and documents.

“As these documents had to be shared promptly with the Ministry of Health in French, we could not wait for them to be officially translated. However, most interventions to the population were done in Creole, even when the documents were translated into French from Spanish or English first locally,” Philome said.

*Also involved in a capacity-building project to strengthen emergency services across the country’s 10 departments Philome reported “To reach the most people, we had to develop strategies adapted to the realities of the field. For example, we had to use the common popular language in secluded and isolated areas.”*



©WHO/PAHO

PAHO and WHO worked alongside the Ministry of Health and Population (MSPP) to not only inform the public, but Philome noted “It was also important to train health care personnel on COVID-19 case management and prevention measures, such as infection prevention and control.” Resources provided in multiple languages by training platforms such as OpenWHO.org were instrumental in training first-line health workers.

The OpenWHO learning platform currently hosts free online courses for COVID-19 and other emergencies across 57 languages, including 52 courses in [French](#) and the Introduction to COVID-19 course in [Haitian Creole](#).

#### OpenWHO.org learning platform figures



Infection, prevention and control  
Clinical management



## Partnerships

### The Emergency Medical Teams - EMT

#### Emergency Medical Team (EMT) support to Mauritania

Since the pandemic, Emergency Medical Team (EMT) network partners have completed more than 100 deployments with 20 ongoing deployments by 46 EMT network partners in 73 countries across all WHO regions. UK MED, one of the network partners deployed through the EMT Initiative for COVID-19 responses, has already deployed to Botswana, Burkina Faso, Chad, Eswatini, Ghana, Lesotho, Malawi, Namibia, South Africa, and Zambia in the WHO African Region and is presently deployed to Mauritania.

Through the support of WHO Mauritania, WHO Regional Office of Africa and the EMT Secretariat, UK MED deployed to Mauritania following the request of assistance from the Ministry of Health for COVID-19. A specialized team comprised of an intensivist, IPC specialist and nurses arrived in Nouakchott on 7 October. They were tasked to augment case management capacities and conduct trainings in the 124-bed capacity (with 24 ICU beds) Mohamed Bin Zayed Field Hospital.



Once on the ground, UK MED assessed the health facility based on a monitoring and evaluation tool developed recently by the EMT Secretariat. In the past, EMTs reported on deployment outputs such as number of cases or health care workers trained. The newly developed tool aims to describe and measure the outcome of deployments such as readiness and compliance in providing critical care among COVID patients.



Baseline findings include some challenges related to the infrastructure of the health facility and procedures in place, and significant challenges related to the readiness to provide critical care. Parameters on case management compliance such as IPC measures, oxygen therapy and use of medications were measured and showed critical gaps in areas including but not limited to appropriate use of gowns and donning and doffing personal protective equipment (PPE). These initial results identify key areas UK MED will need to emphasize during their deployment, aiming for an improved score once the same assessment is conducted at the end of its initial 4-week deployment.

## Risk Communication, Community Engagement and Infodemic Management

### WHO, faith partners and national governments collaborate for COVID-19 response

The pandemic has highlighted the importance of partnerships in responding to health emergencies. Faith partners have worked with WHO and national governments in support of national responses. The WHO Information Network for Epidemics (EPI-WIN) team is highlighting country level collaborations for COVID-19 response with faith partners, national governments, and WHO in the multi-session global conference [Strengthening national responses to health emergencies: WHO, Religious Leaders, Faith-based Organizations, Faith Communities and National Governments](#) co-hosted with [Religions for Peace](#).

Last week Kenya and Zimbabwe case studies explored the innovative ways in which these three actors work together to address misinformation and mistrust, communication, psychological, mental and social needs, promotion of protective measures, and vaccine access and uptake.

In Kenya, places of worship are reported as one of the most trusted sources of information. Recognizing that faith partners are at the heart of the response, the Kenyan government



*Vivian Mugarisi, Communication Officer, WCO Zimbabwe moderating during the Zimbabwe case study session of the global conference. ©WHO HQ*

initiated the establishment of the Inter-Religious Council of Kenya. Dr. Salim Hussein, Head of Primary Health Care, Kenya Ministry of Health (MOH) noted that “a lot of implementations would not have been possible if partners of the religious fraternity had not been complementary to us [the Ministry of Health].”

By working together, faith partners, WHO, and the MOH protect and save lives because places of worship and health facilities adhere to protocols and guidelines, the health messages are technically accurate and tailored to different faiths, and communities are engaged, including for vaccination.

In Zimbabwe, WHO, the MOH, UNICEF and faith partners jointly hosted a series of trainings for faith leaders and communities. Reverend Dr Kenneth Mtata, General Secretary of Zimbabwe Council of Churches (ZCC), explained that “We have learnt a lot from this [pandemic]. We need to redefine and strengthen the relationship between faith-based organizations, WHO, UNICEF and MOH because we have a lot to do in common.”

The newly published [World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies](#) outlines the commitment to continue working together so that more people are better protected and enjoying better health and well-being.

For further information, click [here](#). Register to join the [Philippines case study](#) on 10 November at 09:00 CET.

## COVID-19 Preparedness: engaging civil society organizations

**Community Innovation to Support Surveillance and Contact Tracing:** *An offline intervention from WHO's Civil Society Organization Initiative (CSO) in the Philippines*



© WHO/Rolox de la Pena

WHO is working with and providing funding for Families Choice for Health and Development through the WHO Solidarity Response Fund's CSO Initiative to enhance their work in COVID-19 response and health support to indigenous and mining communities.

“

**“This health tracker has been very helpful for us to monitor our family members, especially our children,” said Gladys Gapongli, a homemaker and wife of a small-scale miner in Itogon, Benguet in northern Philippines. “Now we can know and record if they are ill during this pandemic.”**

”

Gladys' household is one of 400 beneficiaries of the Home as Active Advocate and Network to COVID-19 Prevention and Control (“HAAN COVID”) project, implemented by Families Choice for Health and Development under WHO's Civil Society Organization (CSO) Initiative in the Philippines.

In the Ilocano language, *haan* means no, creating a strong message of ‘No COVID’ in the gold mining communities of Benguet where the organization operates.

The HAAN COVID project is a community-level response to the surge of COVID-19 cases in the mining areas in Benguet in October 2020. Unlike those working in established mining companies, small-scale miners in the Philippines have inadequate access to healthcare. They are often from indigenous populations, living and working in crowded, poorly ventilated conditions, and rarely use the Internet, smartphones, or personal protective equipment.

## COVID-19 Preparedness: engaging civil society organizations continued



Gladys Gapongli (center), a miner's wife and home health caregiver, writes information on the Home as Active Advocate and Network to COVID Prevention and Control (HAAN COVID) handbook at her home in a mining community in Gumatdang village, Itogon municipality, Benguet province in the northern Philippines, 24 June 2021. With her are Aida Gonzales (left) of Families Choice for Health and Development and Ava Sharon Batay-an (right), WHO Consultant for Community Engagement (COVID-19 Response). / © WHO/Rolax de la Pena

In early 2021, Families Choice pioneered an innovative health reporting and community surveillance system to address contact tracing data gaps amongst vulnerable groups. Using the COVID-19 handbook developed by WHO Philippines, the organization created hard copy logbooks (“Home Health Trackers”) for miners and their families to record their daily health status and activities.

These logbooks also contain information on COVID-19 best practices to prevent and limit community transmission. The data derived from the Trackers enhance contact tracing efforts undertaken by local authorities.

In addition to improving community surveillance, Families Choice is also conducting information, education, and communication (IEC) campaigns to improve the mining communities’ knowledge of COVID-19 prevention best practices and vaccine acceptance.

The positive results from the pilot phase of the Trackers show the potential of Families Choice’s community surveillance tool to be scaled up in other communities living in vulnerable conditions and low-resource settings, especially in areas with poor internet penetration. This empowers vulnerable communities by introducing the concept of close contact identification and its importance for COVID-19 prevention.

## 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 4 November 2021.

Shipped items as of 4 November 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 197 925	1 522 000	2 413 274	1 553 010	36 178 300	503 616	2 473 079	55 810 400	3 654 630
Americas (AMR)	1 446 132	18 177 275	11 187 492	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 374 620	2 345 883	2 504 580	1 607 785	17 950 000	348 720	3 122 222	33 047 550	2 583 695
Europe (EUR)	976 100	1 204 200	703 780	1 933 380	28 195 900	634 900	3 421 548	47 410 500	7 765 750
South East Asia (SEAR)	3 838 800	4 505 040	3 148 762	385 036	8 710 500	91 470	642 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 224 442	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>14 493 027</b>	<b>27 935 048</b>	<b>21 182 330</b>	<b>9 598 151</b>	<b>99 332 700</b>	<b>2 213 573</b>	<b>11 787 579</b>	<b>213 395 426</b>	<b>27 768 765</b>

*Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Laboratory supplies data are as of 4 November 2021*

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



## Appeals

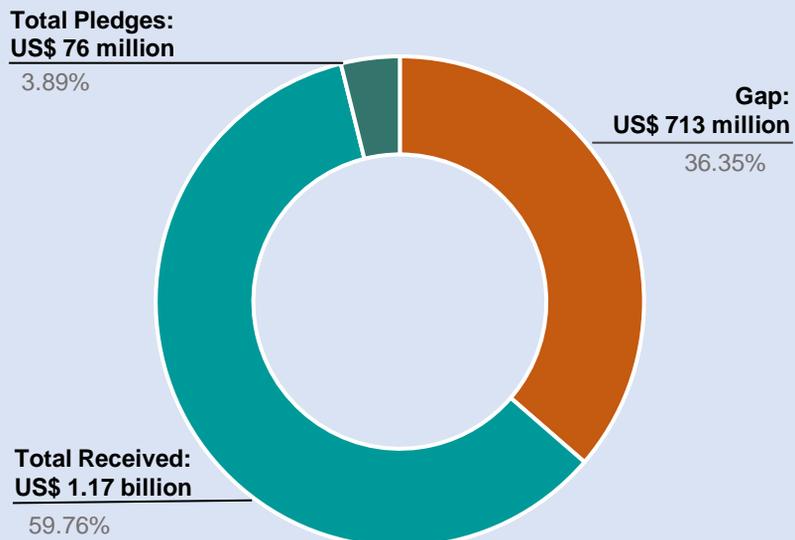
WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 2 November 2021, WHO has received US\$ 1.17 billion out of the 1.9 billion total requirement. **A funding shortfall of 40.2% remains during the fourth quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

**Of note, only 5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP.** The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

### Contributions to WHO for COVID-19 appeal

Data as of 2 November 2021



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

The 2021 SPRP priorities and resource requirements can be found [here](#). The status of funding raised for WHO against the SPRP can be found [here](#).

## 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, followed by a spotlight on indicators under Pillar 9, maintaining essential health services and systems.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
<b>Pillar 3:</b> Proportion of countries <sup>a</sup> 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 <sup>b</sup> , as of epidemiological week 42 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	53% (n=62)	<b>47% (n=55)</b>	50%
This week (epidemiological week 42), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 55 (47%) have timely reported COVID-19 data. An additional 5 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.				
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 8 November) <sup>e</sup>	0 <sup>f</sup>	99% (n=192)	<b>99% (n=192)</b>	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 8 November) <sup>e</sup>	0 <sup>f</sup>	6,893,633,094	<b>7 084 921 786</b>	N/A
<b>Pillar 10:</b> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 8 November) <sup>e</sup>	0 <sup>f</sup>	49.5% (n=3.8 billion)	<b>50.4% (n=3.9 billion)</b>	N/A

<sup>a</sup> The term "countries" should be understood as referring to "countries and territories"

<sup>b</sup> 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

<sup>c</sup> Weekly reported indicator

<sup>d</sup> Baseline for epidemiological week for southern hemisphere season

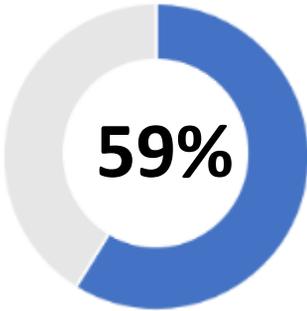
<sup>e</sup> Quarterly reported indicator

<sup>f</sup> 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

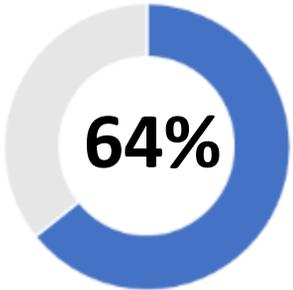
## COVID-19 Global Preparedness and Response Summary Indicators: Pillar 9

### WHO support to countries to reinstate previously postponed VPD campaigns for measles, polio, yellow fever, and other diseases

Current Indicator Status (October 2021)	Overview
<p><b>Countries where at least one VPD-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=68)</b></p>  <p>■ Country reinstated at least 1 VPD campaign ■ Country not reinstated postponed VPD campaign</p>	<p>As of October 2021, <b>40 countries (59%)</b> that previously had delayed planned VPD campaigns have since reinstated at least one vaccination campaigns, <b>an increase of 5 countries since May 2021.</b></p> <p>To support Member States to safely reinstate campaigns, WHO along with immunization partners developed guidance to promote safe practices during vaccination activities based on an improved understanding of SARS-CoV-2 transmission, provided technical assistance and mobilized resources for countries to implement immunization activities.</p> <p>Countries have implemented innovative efforts to resume immunization services and catch-up campaigns efficiently amidst the pandemic including additional training of vaccinators of infection prevention and control measures, ensuring health workers have personal protective equipment (PPE), engaging local communities to address misinformation and concerns as well as offering VPD vaccinations in open and well-ventilated areas and prolonging the length of campaigns to limit crowding and risks of COVID-19 transmission.</p>

For more information on efforts to ensure safe access to routine immunization and vaccine preventable disease campaigns during the COVID-19 pandemic , click [here](#).

### Mental Health and Psychosocial Support (MHPSS) scales-up in fragile, conflict-affected and vulnerable settings through the Inter-agency MPHSS rapid deployment mechanism

Current Indicator Status (October 2021)	Overview
<p><b>Proportion of GHO countries with a functioning multi-sectoral MHPSS coordination group</b></p>  <p>■ Functional MHPSS multi-sectoral group has met 3+ criteria ■ Does not meet criteria</p>	<p>As of October 2021, <b>36 <a href="#">Global Humanitarian Overview 2021</a> countries have functioning multisectoral coordination groups (64%)</b>. Of the 20 GHO countries that have not yet met the threshold for the indicator, 8 (40%) have partially met the criteria.</p> <p>Functional MHPSS multi-sectoral coordination group will be defined as meeting <b>at least three of</b> the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Coordination group has more than 4 Member Agencies of Governmental departments from at least two different sectors;</li> <li>▪ Coordination group has met at least once during the last two months;</li> <li>▪ Coordination group has TORs and workplan or mapped deliverables;</li> <li>▪ Coordination has dedicated funding to support its activities through at least one of the member agencies;</li> <li>▪ Group has a monitoring and evaluation system in place.</li> </ul>



## Pillar 9 Continued: Maintaining essential health services and systems

Mental health and psychosocial support (MHPSS) is recognized as a cross-cutting issue relevant to a range of sectors engaged in humanitarian and health emergency responses.. In 2021, the indicator was updated to focus on the existence of a coordination mechanism and its functionality, including multisectoral memberships, a clear plan, dedicated financial and human resources, and a monitoring and evaluation framework

WHO has collaborated with the Dutch Surge Support (DSS), IFRC Psychosocial Centre, and standby partners to elaborate the [first-ever programme](#) for rapid deployment of experts in MHPSS during public health and humanitarian emergencies, focusing on MHPSS coordination. Launched in January 2020, more than 30 deployments have been undertaken to date. In 2021, deployments of MHPSS coordinators took place to the following countries: **Yemen, Uganda, Libya, Pakistan, Egypt, Congo, Peru, Guyana, Armenia, Azerbaijan, Sudan, Kenya, Afghanistan, Chad, Haiti, Mozambique, and Ethiopia.**

**“The work in Yemen was complex and challenging...As coordinator of the MHPSS working group, it was my job to support organizations so that MHPSS activities and services can be scaled up. Using internationally recognized standards and best practices, I also helped partner organisations increase their theoretical and practical knowledge about mental healthcare.”**

*- Esubalew Haile Wondimu, MHPSS Coordinator deployed to Yemen*

For more information on the Dutch Surge Support for MHPSS, click [here](#).

### **WHO supports countries to maintain the provision and use of services for maternal, newborn, child and adolescent health and older people during the COVID-19 pandemic**

WHO has worked with 20 countries to mitigate the indirect impact of COVID-19 on essential health services, more specifically to ensure the continuity of essential services for maternal, newborn, child and adolescent health and older people (MNCAH). The initiative has engaged all 6 WHO Regions and the following 20 countries: **Bangladesh, Bolivia, Brazil, Cambodia, Cameroon, the Democratic Republic of the Congo, Ethiopia, India, Kazakhstan, Myanmar, Nepal, Nigeria, Pakistan, Romania, South Africa, Sudan, Tajikistan, Timor-Leste, Uganda, and Yemen**

This initiative has supported ministries of health in their role to coordinate national implementing partners to ensure a focus on the needs of women, newborns, children, adolescents and older people in emergency preparedness and response plans and coordination structures during the COVID-19 pandemic. Each WHO country team in close connection with a national Technical Working Group has worked to put guidance in place and document strategies and actions implemented to maintain the delivery and utilization of essential MNCAH services and prevent disruptions in health services due to COVID-19.

WHO has supported country teams to collect, synthesize and analyze information on mitigation actions and on stakeholders' perceptions on services and actions, to generate and use data and information for decision-making, and to hold policy dialogue at the country level.



## Key links and useful resources



### GOARN

For updated GOARN network activities, click [here](#).

### Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

### WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

### WHO clinical case definition

For the WHO clinical case definitions of the post COVID-19 condition, click [here](#).

### EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

### WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on  
COVID-19 regional  
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 2 October **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on the geographic distribution of SARS-CoV-2 Variants of Concern (VOCs), and summaries their phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) based on published studies.

## News

- To read more about WHO issuing emergency use listing for eight COVID-19 vaccine, COVAXIN® (developed by Bharat Biotech), click [here](#).
- To read the WHO Director-General's opening remarks at the COVID-19 media briefing on 4 November, including a call on manufacturers of vaccines that already have WHO Emergency Use Listing to prioritize COVAX, not shareholder profit, click [here](#).