Nearly a third of African countries hit 10% COVID-19 vaccination goal: WHO support to accelerate rollouts

Only 15 of the African continent’s 54 nations have fully vaccinated 10% of their people against COVID-19 – a goal set for 30 September by the World Health Assembly.

COVAX is working with donors to identify countries that can currently absorb large volumes of vaccines and plans to strengthen support for countries that do not have other sources of vaccines.

WHO has already assisted 19 African countries in conducting intra-action reviews (IARs) to analyze vaccination campaigns and identify recommendations for improvement.

These IARs show that uncertain deliveries have been a major impediment for many countries. WHO is also providing targeted support through the deployment of a team of international experts to specific countries to identify and resolve bottlenecks in COVID-19 vaccine rollouts, including working with local authorities and partners to identify and address the root causes of challenges to administering vaccines.

WHO is also working to share crucial lessons and best practices among African countries to help accelerate vaccine rollouts.

For further information, click [here](https://www.who.int).
From the field:

WHO supports national vaccine cold chain system in Islamic Republic of Iran

The WHO country office in the Islamic Republic of Iran has supported maintenance of the vaccine cold chain in the country by equipping the existing cold rooms with 16,000 electronic temperature loggers, officially handed over on 27 September. These temperature loggers, procured through funds from the State of Kuwait, were delivered to the Ministry of Health and Medical Education. The procured temperature loggers can record the temperature for up to 30 days, which is displayed on the attached LCD panels and can be easily monitored by the cold chain staff. This will also help computer analysis of the data at district or national levels to ensure proper temperature is maintained for quality assurance of different vaccines.

“...A number of universities of medical sciences have facilities that support ultra-low temperature storages, and if vaccines requiring such low temperatures arrive in Islamic Republic of Iran in batches of one million doses, they can be swiftly distributed in the original packaging and utilized at vaccination centres in due time,” said Dr Mohsen Zahrayi, Head of the Immunization and Vaccine Preventable Diseases Office of the Centre for Disease Control and Prevention.

Based on the Effective Vaccine Management Assessment facilitated by WHO early in 2020, a cold chain improvement plan was developed according to which the newly donated equipment will be distributed across the country. The handover meeting also allowed for conferring about other equipment needed in the country, including a variety of refrigerators and fridge-vehicles for safe transportation of vaccines to remote areas in the country.

Dr Jaffar Hussain, the WHO Representative and Head of Mission to the Islamic Republic of Iran, concluded the meeting by emphasizing WHO’s readiness to technically support immunization programme in Islamic Republic of Iran and the willingness to further invest in upgrading the national cold chain system pending available financial support from donors.

For further information, click here.
From the field:

WHO/Europe supports COVID-19 intensive care in Georgia: 13 – 24 September 2021

Throughout the month of August 2021, Georgia saw a sharp rise in reported COVID-19 cases and deaths reaching levels not previously seen in the country and placing significant pressure on the provision of quality care to patients.

Following a WHO expert mission conducted during the second half of August 2021, and upon the request of the Ministry of Health in Georgia, the WHO Health Emergencies Programme and the WHO Country Office in Georgia supported an additional mission to support COVID-19 Intensive Care Unit (ICU) care from 13 to 24 September 2021.

WHO experts in intensive and critical care of COVID-19 patients and in Infection Prevention and Control (IPC) were deployed to review intensive care management, operational procedures and infection control procedures in thirteen separate health facilities designated to provide services for severe and critical COVID-19 patients in several regions of the country.

The mission team’s findings and recommendations were presented to key policy makers and experts in Georgia and a rapid refresher training was conducted with 26 intensive care medical staff. The training provided an occasion to refresh the knowledge of clinical practitioners involved in COVID-19 care on the provision of oxygen, prevention of complications in ventilated patients, nursing care and rationale use of pharmaceuticals within the ICU.

Based on the findings WHO will continue to support the Ministry of Health to strengthen clinical capacities and core nursing skills, including in support of enhanced specialized ICU care.
From the field:

Fourth Intra-Action Review (IAR) Meeting: Recommendations to strengthen Indonesia’s COVID-19 response

The intra-action review (IAR) is a comprehensive multisectoral review to identify gaps and opportunities for learning from and improving the COVID-19 response. Between 11-14 August 2020, WHO supported the Ministry of Health (MoH) of Indonesia to conduct an IAR for the COVID-19 response.

WHO also supported MoH to conduct regular monitoring of IAR recommendations implementation and COVID-19 health sector response plan indicators. Previous monitoring meetings were held in November 2020, February 2021, and April 2021. As a follow up, MoH conducted the fourth monitoring meeting of the IAR recommendations and COVID-19 response plan implementation from 23-25 August 2021. During the meeting, the MoH presented COVID-19 situation analysis, evaluation of public health social measures, achievements, and gaps.

Around 84 participants actively engaged in the IAR monitoring meeting, comprising MoH, Ministry of Agriculture, National Disaster Management Authority, Presidential Staff Office, Coordinating Ministry of Human Development and Cultural Affairs, National Armed Forces, professional organizations, partners, and other stakeholders.

Outstanding achievements included updated COVID-19 guideline, silacak application (English: Information Tracing System) for contact tracing and E-Health Alert Card (E-HAC) implementation in 497 districts (96%), expansion of the laboratory network and genomic sequencing laboratory network, expansion of the number of referral hospitals and more.

The IAR highlighted that increased mobility and the spread of the delta variant were among the main contributing factors to the surge of COVID-19 cases in June and July 2021. Monitoring of epidemiological and response capacity indicators were crucial to adjust public health and social measures (PHSM) to prevent another surge of COVID-19 cases in the future.

Recommendations to further strengthen the national COVID-19 response included: integrate logistics information system and regular review of supply stockpile and forecasting using Essential Supply Forecasting Tool (ESFT), improve timeliness and completeness of ILI and SARI surveillance to monitor COVID-19 trends, continue public campaign including for vaccination involving community and timely infodemic management and more.

The IAR monitoring meeting facilitated continued stakeholders’ engagements to identify gaps and embrace lessons learned from the COVID-19 response.

For further information on the IAR in Indonesia, including the full list of recommendations, click here.
Public health response and coordination highlights

- At the **UN Crisis Management Team (CMT)** meeting on 30 September 2021, **WHO** noted continued decline of COVID-19 new cases and deaths globally, reporting over 3.3 million cases and over 55,000 deaths in the previous week. However, WHO commented that high levels of diseases and severity continue to be observed among unvaccinated people.

- **The United Nations Department of Global Communications (DGC)** provided an update on the media impact of COVID-19 related issues during the UN General Assembly, with an analysis of news coverage and social media activity.

- WHO reported on the work of the Mass Gatherings Working Group during the 2021 Tokyo Olympics, noted the effective coordination and joint work with partners of the IOC/Tokyo 2020 All-Partner Task Force and WHO’s advisory role in the wide implementation of a public health and social measures package.

- **ICAO** reported that a High-level Conference on COVID-19 will take place in mid-October and briefed the CMT on its agenda and preparation.

- **OHCHR** highlighted human rights concerns associated with the stigmatization of COVID-19 patients, around mandatory vaccination legislations that lack free and informed consent, and on restrictions on fundamental freedoms.

- **FAO** stressed that together with WFP and OCHA, it will brief the Member States on the unprecedented famine faced by multiple countries and the 41 million people in IPC phase 4. **FAO** also noted that it is working on a global plan of action on One Health in the context of the FAO-WHO-OIE Tripartite Agreement, which will be briefed in the CMT in a future meeting.
Pandemic learning response

Nicaragua: Working together to bring training to the front lines

The pandemic has highlighted significant equity gaps that impact the capacity of health workers in remote communities. In the Managua, Nicaragua node of the Virtual Campus of the PAHO/WHO, they had to rethink their training practices: replacing face-to-face training with distance training and developing innovative strategies to overcome barriers such as internet access and computer equipment or smartphones.

The Diploma on the Management of the Expanded Program of Immunizations, based on content from OpenWHO and from the PAHO/WHO Virtual Campus for Public Health, started when the pandemic began and is currently running its third edition via USB stick distribution to health workers in a remote area of the Caribbean coast.

A support network was created with health worker families, Ministry of Health staff and the PAHO/WHO team that developed further initiatives, such as collaboration with local authorities from remote health units for participants to access the technological infrastructure of health units to complete their distance training. Additionally, a network of over 300 tutors nationwide, trained by the Virtual Campus for Public Health, collaborated in the translation of courses available in Spanish into the Miskito language, Mayangna and English.

The two platforms play an important role in this process because "they put in our hands key tools to be able to advance learning," in the words of Perla Zeledón, lead of the Nicaragua node of the Virtual Campus.

The Nicaraguan team, together with specialists from the Ministry of Health, have adapted courses to local sensibilities and culture, such as the ‘Training for health personnel for the application of the vaccine against COVID-19’, launched in May 2021.
**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 1 October 2021.

<table>
<thead>
<tr>
<th>Region</th>
<th>Sample collection kits</th>
<th>Antigen RDTs</th>
<th>PCR tests</th>
<th>Face shields</th>
<th>Gloves</th>
<th>Goggles</th>
<th>Gowns</th>
<th>Medical Masks</th>
<th>Respirators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (AFR)</td>
<td>5 072 925</td>
<td>1 316 550</td>
<td>2 381 538</td>
<td>1 553 010</td>
<td>35 442 300</td>
<td>453 536</td>
<td>2 373 079</td>
<td>54 810 400</td>
<td>3,654,630</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>1 348 132</td>
<td>18 097 275</td>
<td>11 187 492</td>
<td>3 341 840</td>
<td>4 859 000</td>
<td>322 940</td>
<td>1 639 720</td>
<td>55 168 330</td>
<td>7 716 960</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>2 356 570</td>
<td>2 122 925</td>
<td>2 276 518</td>
<td>1 506 585</td>
<td>16 604 000</td>
<td>348 080</td>
<td>3 119 722</td>
<td>32 987 550</td>
<td>2 476 695</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>849 600</td>
<td>1 197 550</td>
<td>654 984</td>
<td>1 911 220</td>
<td>27 997 900</td>
<td>627 860</td>
<td>3 316 548</td>
<td>42 101 500</td>
<td>7 201 550</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>3 630 800</td>
<td>3 175 000</td>
<td>3 002 658</td>
<td>385 036</td>
<td>8 714 500</td>
<td>91 470</td>
<td>642 300</td>
<td>6 950 500</td>
<td>2 841 695</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>659 450</td>
<td>117 000</td>
<td>1 196 882</td>
<td>777 100</td>
<td>3 434 000</td>
<td>311 927</td>
<td>488 710</td>
<td>15 008 146</td>
<td>3 206 035</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13 917 477</strong></td>
<td><strong>26 026 300</strong></td>
<td><strong>20 700 072</strong></td>
<td><strong>9 474 791</strong></td>
<td><strong>97 051 700</strong></td>
<td><strong>2 155 813</strong></td>
<td><strong>11 580 079</strong></td>
<td><strong>207 026 426</strong></td>
<td><strong>27 097 565</strong></td>
</tr>
</tbody>
</table>

*Laboratory supplies data are as of 24 September 2021

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.

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 28 September 2021, WHO has received US$ 1.08 billion out of the 1.9 billion total requirement. A funding shortfall of 45% remains at the close of the third 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 5.5% 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.

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](https://www.who.int/emergencies/droplets/jhspandemic/monitoring-and-evaluation-framework) are presented below.

<table>
<thead>
<tr>
<th>Indicator (data as of)</th>
<th>2020 Baseline</th>
<th>Previous Status</th>
<th>Status Update</th>
<th>2021 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pillar 1:</strong> Proportion of flexible funding received by WHO for SPRP 2021 (SPRP budget: US$ 1.96B, as of 28 September 2021 for quarter 3 / 2021)(^a)</td>
<td>N/A</td>
<td>8.0%</td>
<td>5.5%</td>
<td>30%</td>
</tr>
</tbody>
</table>

As of 28 September, only 5.5% of the total funding received by WHO for SPRP 2021 is flexible. This is a decrease from the 30% flexible funding that was received for SPRP 2020 and the current target for 2021.

| **Pillar 3:** Proportion of countries\(^b\) 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\(^c\), as of epidemiological week 37 2021)\(^d\) | 22% (n=15)\(^e\) | 58% (n=40) | 54% (n=37) | 50% |

This week (epidemiological week 37), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 37 (54%) have timely reported COVID-19 data. An additional 15 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.

| **Pillar 3:** Number of countries\(^b\) that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, as of Quarter 3 / 2021)\(^f\) | n=59\(^g\) | 69 | 71 | N/A |

| **Pillar 10:** Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 4 October)\(^d\) | 0\(^h\) | 98% (n=191) | No change | 100% |

| **Pillar 10:** Number of COVID-19 doses administered globally (N=N/A, as of 4 October)\(^d\) | 0\(^h\) | 5 924 819 985 | **6 188 903 420** | N/A |

| **Pillar 10:** Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 4 October)\(^d\) | 0\(^h\) | 43.3% (n=3.37 billion) | 45.3% (n=3.52 billion) | N/A |

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\(^a\) Quarterly reported indicator  
\(^b\) The term “countries” should be understood as referring to “countries and territories”  
\(^c\) 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  
\(^d\) Weekly reported indicator  
\(^e\) Baseline for epidemiological week for southern hemisphere season  
\(^f\) Quarterly reported indicator  
\(^g\) Baseline as of 31 December 2020  
\(^h\) 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
WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 7 September 2021, The Solidarity Response Fund has raised or committed more than US$ 254 million from more than 674,859 donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO’s work, including with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It’s never been more urgent to support the global response, led by WHO.

The following amounts have already been dispersed to WHO and partners:

- **$169 million**
  to the World Health Organization to procure and distribute essential commodities and coordinate response.

- **$10 million**
  to CEPI to catalyze and coordinate global vaccine R&D.

- **$10 million**
  to UNHCR to protect at-risk internally Displaced People and refugees.

- **$10 million**
  to UNICEF to support vulnerable communities in low-resource settings.

- **$20 million**
  to WFP to support the shipment of vital commodities where they are most needed.

- **$5 million**
  to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

- **$2.6 million**
  to the World Organization of the Scout Movement to alleviate the pandemic’s negative impact on youth development.
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](#).

**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 28 September **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- Approaches to determining waning COVID-19 vaccine effectiveness
- SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta which includes updates on the geographic distribution of VOCs

**News**

- For the new Science in 5: Air Pollution & COVID-19 on YouTube, click [here](#).
- The Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings has developed a new book titled ‘My Hero is You 2021: How kids can hope with COVID-19’, a sequel to the successful ‘My Hero is You: How kids can fight COVID-19!’. Both books have been a collaboration of 60 organizations including WHO; read more about the new book [here](#) or download it [here](#).