

# Weekly Operational Update on COVID-19

30 November 2021

Issue No. 82



As of 28 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

**260 493 573**

Confirmed deaths

**5 195 354**

## Ethiopia launches a COVID-19 vaccination campaign

On 16 November 2021, the Federal Ministry of Health (MoH) launched a nationwide COVID-19 vaccination campaign.

The Ministry has deployed over 28,000 vaccinators and more than 6.2 million doses of COVID-19 vaccines for the campaign including from Sinopharm, AstraZeneca, Janssen, and Pfizer-BioNTech. These vaccines will be used for the campaign together with vaccines that had been deployed earlier.

Aiming to improve vaccine uptake, the MoH has launched a communication campaign with support from WHO Ethiopia. Through this campaign, the Ministry is transmitting information and calls to get vaccinated through short messaging system (SMS), different radio stations, and national television.

WHO has also been supporting the planning, coordination, and implementation of this COVID-19 vaccination campaign by deploying 46 experts for direct technical support, supervision, and monitoring. The organization has also made technical and financial contributions to the communication and demand generation activities and has provided operations and logistical support to the campaign.

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



A nurse administers vaccine during the COVID-19 vaccination campaign in November 2021 ©WHO

## Key Figures



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



More than **6 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



**21 474 136** PCR tests shipped globally



**215 179 426** medical masks shipped globally



**99 120 700** gloves shipped globally



**9 610 311** face shields shipped globally



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



**7 772 799 316** COVID-19 vaccine doses administered globally as of 29 November

<sup>a</sup> COVAX has shipped over **537 million** vaccines to **144 participants** as of 24 November

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

## From the field:

### Indigenous youth leaders trained to promote COVID-19 messaging in Colombia



From 8-12 November 2021, 80 youth and social leaders of the Awá indigenous people from 32 reservations were trained to disseminate messages on COVID-19 prevention, public health measures and mental health. The training was implemented by the Departmental Health Institute of Nariño (IDSN), the Universidad de los Andes, the Unipa Indigenous Organization (including traditional healers and health workers) and PAHO/WHO.

In March 2021, when Colombia initiated COVID-19 vaccination, 127 indigenous authorities and peoples living in the Sierra Nevada de Santa Marta publicly announced they would not get vaccinated, and requested education and information on COVID-19 so as to allow communities to decide freely about their own immunization. To respond to this call, the Ministry of Health and Social Protection issued a circular aimed at entities ranging from mayors to Indigenous Health Service Providers Institutions with instructions for the implementation of the National Plan for Vaccination



against COVID-19 in indigenous peoples and communities. As part of their responsibilities under the National Plan, these entities implement communication and information activities in indigenous communities, using approaches that are appropriate to each territory and community, including the use of their own languages. PAHO/WHO is providing strong support to the implementation of this directive.

In Nariño, knowledge dialogues were held with Awá, UNIPA and Camawari organizations, and other indigenous peoples of the department to agree on communication and education actions including: two-way communication channels using messaging applications; risk communication workshops for officials, authorities and indigenous leaders; radio campaigns in Spanish and Awapit through community radio stations; the co-creation of audiovisual and visual communication products; and training of youth to disseminate evidence-based messages about COVID-19 and vaccination to support community members in making informed decisions. The training also included strengthening communications messaging such as through the elaboration of stories, radio soap operas, videos for social networks and more.

For the next two months, the 80 Awá youth leaders will develop a series of activities in their communities that include meetings, house-to-house visits, surveys and the distribution of educational materials on COVID-19 and vaccination.

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





## WHO SUPPORT MISSION ADDRESSES THE URGENT COVID-19 AND BROADER HEALTH NEEDS OF VULNERABLE POPULATIONS IN BELARUS: 19 - 23 NOVEMBER 2021

*WHO team of experts carrying out field visits in Belarus ©WHO Belarus Country Office*

Increased migratory pressure at the border between Belarus and bordering European Union countries has been observed since this summer. A growing number of migrants of diverse origins have gathered close to the Belarus border with Poland, Lithuania, and Latvia. As only a small number have crossed the border into neighboring countries, it is estimated that up to 8000 individuals remain in Belarus, among them close to 2000 in a warehouse as a temporary shelter close to the border, and some are still reported to be living outdoors in the surrounding forests.

In increasingly difficult winter conditions, and with a recent surge in COVID-19 transmission reported across Belarus throughout October, an urgent assessment of the health situation was conducted by WHO and partners to increase support to those in need.

From 19-23 November 2021, WHO/Europe deployed a high-level mission to Belarus to work alongside national and regional authorities and partners to identify and address the health needs of migrants. The mission also sought

to mobilize medical supplies for the population located in the temporary shelter near Hrodna, close to the Polish and Lithuanian borders.



*Health assessment at a reception center in Lithuania.  
© WHO Belarus Country Office*

The WHO team met the Ministry of Health, regional health authorities, national and local partners including the Belarus Red Cross, and the UN Country Team. Over the course of the mission, WHO conducted two field visits to gather firsthand information from affected populations, as well as from local and national health authorities and partners. WHO's Regional Director for Europe, Dr Hans Kluge, joined the mission on 22-23 November for high level meetings with the Chairperson of the Council of Belarus Republic, Vice Prime Minister, the Minister of Health, and the Governor of Hrodna region to agree on concrete actions to improve the sanitary and medical conditions, whilst underlining the need for continuous humanitarian access.

**CONTINUED: WHO SUPPORT MISSION ADDRESSES THE URGENT COVID-19 AND BROADER HEALTH NEEDS OF VULNERABLE POPULATIONS IN BELARUS: 19 - 23 NOVEMBER 2021**

A rapid health assessment that included COVID-19 was conducted at the largest temporary shelter housing nearly 2000 people. The team also met and visited local health facilities involved in the care pathway for emergency cases. During these field visits, the WHO team established contact with migrants to collect critical information on access to healthcare and to evaluate overall health needs.

Preliminary findings were that basic services are available for migrants located in the temporary shelter at Hrodna, and that these need to be further strengthened through the Belarus Red Cross and partners while a longer-term solution is found.

The team identified specific actions for controlling SARS-CoV-2 transmission and will support Belarus with additional health kits, essential equipment and testing supplies if requested.

To support the most urgent needs, WHO has already shipped one interagency emergency health kit and one non-communicable diseases kit to Belarus, both containing medicines, medical supplies, and consumables sufficient for 10 000 people for three months.

WHO/Europe also sent a team of experts to Lithuania from 8-12 November to support the country in providing health care to migrants arriving from Belarus.

Preliminary results from an ongoing survey of migrants in the reception facilities and border posts revealed that many migrants need treatment, medication, psychosocial support, as well as information in their native languages. Over a third of respondents required medical treatment during their journey and 3 in 5 of those who spoke to WHO/Europe require treatment and medicines for an ongoing health condition.

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



*WHO/Europe team gathering information from affected populations at the Belarus borders ©WHO Belarus Country Office*

***“I am very concerned about the thousands of vulnerable people who are stranded in no-man’s land on Belarus’s borders with Poland, Latvia and Lithuania, at the mercy of the weather as winter fast approaches,”***

*WHO/Europe Regional Director, Dr Hans Henri P. Kluge.*

## From the field:

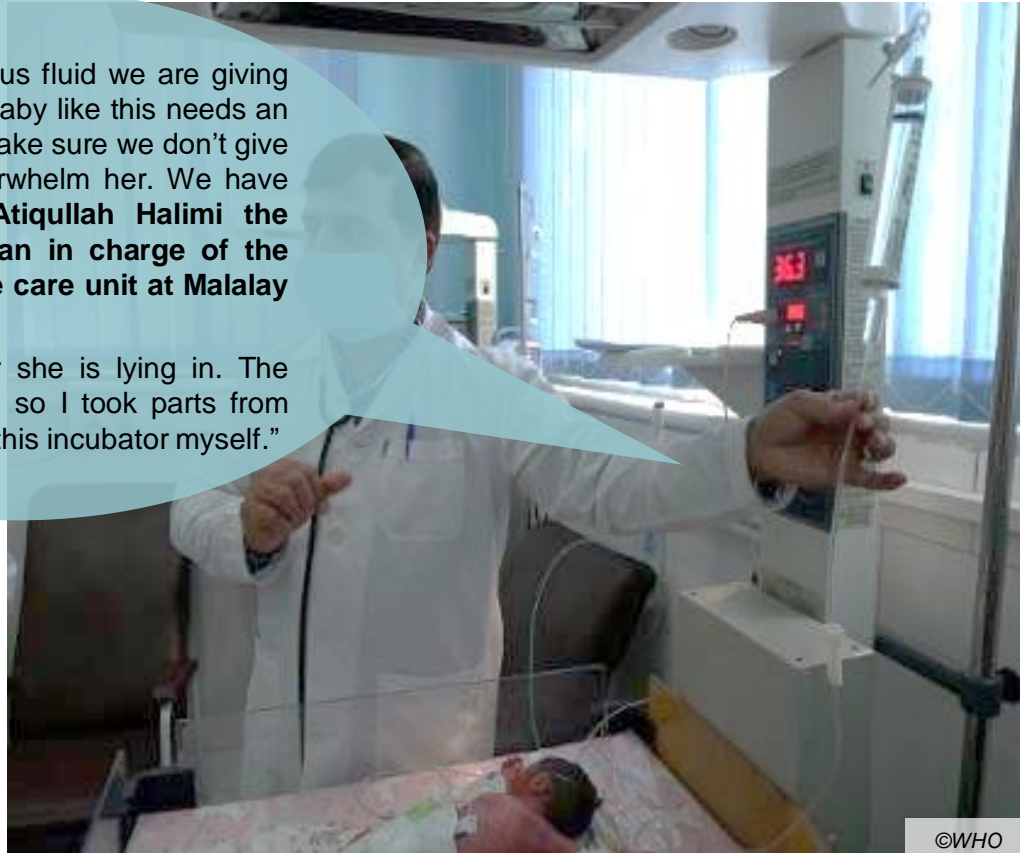
### Maintaining essential health services during COVID-19 in Afghanistan

There have been strong gains in maternal and newborn lives saved over recent decades. Now there is a challenge in not only holding on to those gains, but to keep on improving, as a part of maintaining essential health services (pillar 9 of the 2021 COVID-19 Strategic Preparedness and Response Plan). [WHO recommends](#) that all essential elements of antenatal care (ANC) and postnatal care (PNC) are maintained during the pandemic and that women and newborns have access to skilled care at all times, including referral for the management of complications.

“See this intravenous fluid we are giving this baby – a tiny baby like this needs an infusion pump to make sure we don’t give too much and overwhelm her. We have none,” says **Dr Atiqullah Halimi** the senior paediatrician in charge of the neonatal intensive care unit at Malalay hospital in Kabul.

“See the incubator she is lying in. The heater was broken so I took parts from another and made this incubator myself.”

A baby born too early, born too small, in the neonatal intensive care (NICU) ward at Malalay Maternity Hospital, one of 4 maternity hospitals and a national referral hospital in Kabul, is still clinging on, struggling for every breath.



The hospital has no food and no-one from senior staff to the most junior workers have been paid salaries for 3 months - many of whom are now the sole breadwinners in their households. Obtaining supplies, parts and maintenance of the specialized hospital equipment is also difficult without a biomedical engineer or a maintenance team. Until recently, a nongovernment organization had been providing maintenance services to the hospital, but in August the support ceased.

WHO is working to support the hospital with supplies and equipment, including cardiocograms to monitor unborn babies’ heart rates and patterns, oxygen pressure regulators, newborn baby radiant warmers, obstetric equipment and intubation sets. Since August 30, WHO has flown 266 metric tonnes of medical cargo to Afghanistan via 15 flights, enough to cover the urgent health needs of around 2.8 million people attending hospitals and health centres throughout the country.

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





### Pandemic learning response

#### OpenWHO serving Surinamese health workers in Dutch

Leah-Mari Richards, Advisor for Health Systems and Services in the WHO Suriname Country Office, shared the “struggles to get healthcare workers on the front line to keep up with the new and emerging technical knowledge distributed at regional and global level.” So, Leah-Mari and her colleagues were delighted when they saw COVID-19 courses frequently being launched on OpenWHO.

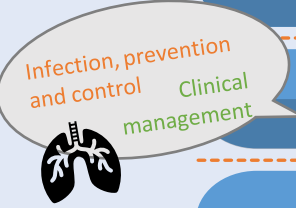
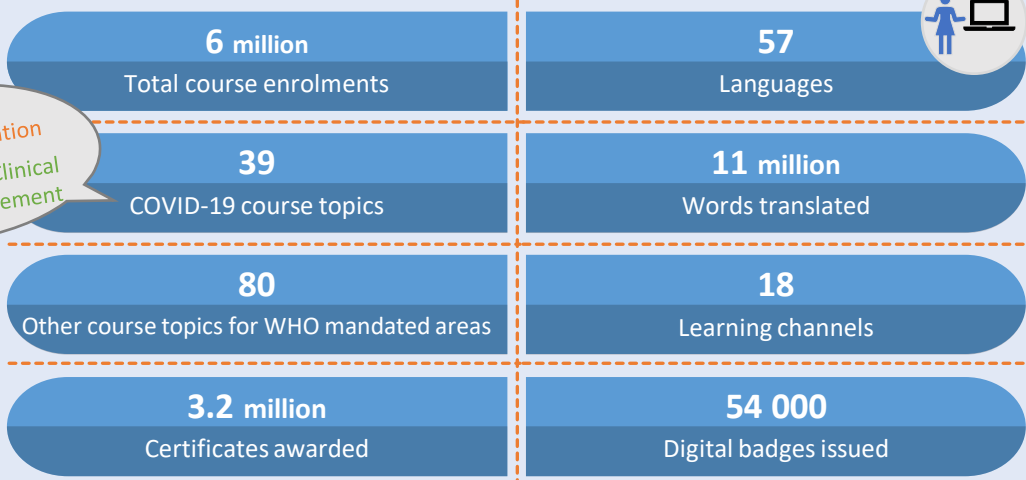


Under normal, non-pandemic, circumstances Suriname healthcare workers would have the time to take such courses online in English, despite the official language being Dutch.

However, Leah-Mari said that “during the COVID-19 pandemic we had to be practical; it is much faster and easier for anyone to understand technical knowledge, when it is in one’s mother tongue, especially in a pandemic.”

PAHO Suriname has since translated [7 courses](#) from the OpenWHO platform into Dutch, with a positive uptake of more than 2100 enrolments. The Suriname Nursing School has also included one of these OpenWHO courses (on Infection Prevention and Control) as a mandatory course for all students prior to being deployed to assist with the COVID-19 response.

#### OpenWHO.org learning platform figures



## 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 19 November 2021.

Shipped items as of 19 November 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 239 625	1 563 000	2 549 010	1 553 010	36 178 300	503 616	2 473 079	56 010 400	3 654 630
Americas (AMR)	1 446 132	18 492 200	11 197 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 578 620	2 345 875	2 602 200	1 619 945	17 185 000	375 120	3 154 222	33 877 550	2 603 695
Europe (EUR)	987 800	1 334 200	714 120	1 933 380	28 255 900	634 900	3 421 548	48 164 500	7 808 950
South East Asia (SEAR)	3 838 800	4 547 750	3 145 690	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 265 424	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>14 750 427</b>	<b>28 463 675</b>	<b>21 474 136</b>	<b>9 610 311</b>	<b>99 120 700</b>	<b>2 239 973</b>	<b>11 816 579</b>	<b>215 179 426</b>	<b>27 831 965</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 15 November 2021*

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

## Appeals

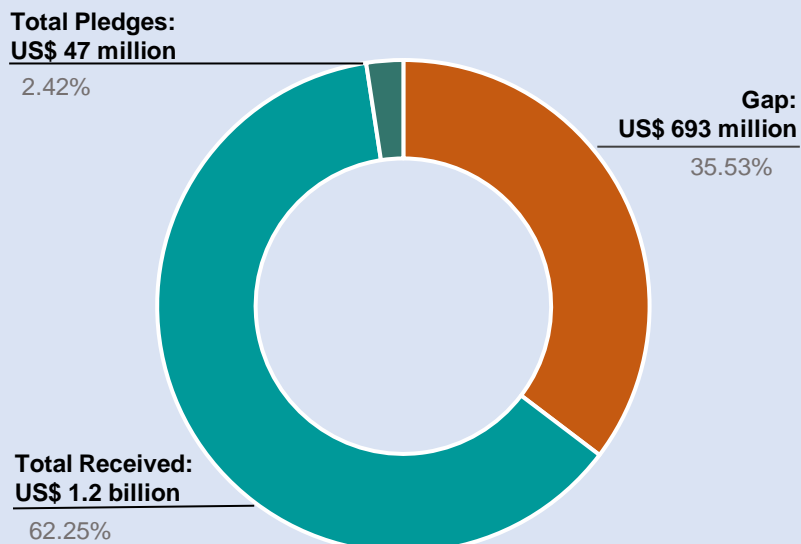
WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 23 November 2021, WHO has received US\$ 1.2 billion out of the 1.9 billion total requirement. **A funding shortfall of 38% remains during the final 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 23 November 2021



A [mid-year report on SPRP 2021](#) is now available, 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 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.

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 45 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	44% (n=51)	<b>57% (n=66)</b>	50%
This week (epidemiological week 45), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 66 (57%) have timely reported COVID-19 data. An additional 6 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 29 November) <sup>c</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 29 November) <sup>c</sup>	0 <sup>f</sup>	7 408 870 760	<b>7 772 799 316</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 29 November) <sup>c</sup>	0 <sup>f</sup>	52.4% (n=4.1 billion)	<b>53.6% (n=4.2 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



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 10 November 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 256 million from more than **676 626** 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 activities 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.

More than **US\$ 256 Million**



**676 626 donors**

[individuals – companies – philanthropies]

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 disbursed to WHO and partners:



## 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 23 November 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Two special focus updates are provided on:

- Points of entry, international travel and transport in the context of the COVID-19 pandemic
- SARS-CoV-2 Variants of Concern (VOCs) and Variants of Interest (VOIs)

## News

- To read WHO's interim statement on COVID-19 vaccination for children and adolescents, click [here](#).
- For more information on WHO issuing guidelines on the treatment of multisystem inflammatory syndrome associated with COVID-19, click [here](#).
- For more information on how only 1 in 4 African health workers are vaccinated against COVID-19, click [here](#).
- To read an update on Omicron, click [here](#). To read the Technical Brief and Priority Actions for Member States on Omicron (B.1.1.529), click [here](#).