# Weekly Operational Update on COVID-19

30 November 2020

**Confirmed cases[a]**
**62 195 274**

**Confirmed deaths**
**1 453 355**

## Fiji reaches a milestone, but remains vigilant

On November 4th, 2020 Fiji marked 200 days without any transmission of the coronavirus disease 2019 (COVID-19) in the community.

Early investment in testing capacity was crucial in helping the Pacific nation keep numbers low and prevent the virus' transmission.

Crucially, in mid-March, the Fiji Centre

*Credit: WHO/Fiji*

for Disease Control validated testing for SARS-CoV-2, enabling local testing and thus faster tracing and isolation of cases and contacts.

Fijian Prime Minister Frank Bainimarama credited the containment of COVID-19 for over 200 days to these rigorous measures but cautioned against complacency. Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, urged Pacific countries that have contained COVID-19 or with no COVID-19 case to prepare for further introductions of COVID-19, as several Pacific countries are currently experiencing outbreaks.

A Pacific Joint Incident Management Team based in the WHO Fiji office brings together the resources of many WHO partners to improve readiness and mitigate the negative health and socioeconomic impacts of COVID-19.

For more information on the story click here

## Key Figures

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

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

**18 502 965** respirators shipped globally

**189 621 480** medical masks shipped globally

**7 529 031** face shields shipped globally

**4 738 079** gowns shipped globally

**28 688 809** gloves shipped globally

More than **4.6 million** people registered on OpenWHO and able to access **141** COVID-19 online training courses across **19** topics in **42** languages

a For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

**World Health Organization**

HEALTH **EMERGENCIES** programme

**World Health Organization**

## From the field:

**Leveraging national and international expertise for webinar series on clinical management of COVID-19 in Jordan**

From 5 to 26 October 2020, WHO Country Office, WHO Eastern Mediterranean Regional Office and WHO Headquarters supported Jordan Ministry of Health in delivering online training to 215 frontline health workers in the clinical management of patients with COVID-19.

Jordanian country leaders recognized early the need for preparation for a surge of cases and requested WHO technical support.

When WHO characterized the outbreak as a pandemic and transmission in the country increased, the need to enhance the capacity of multi-disciplinary frontline health workers became more and more apparent. WHO, alongside Ministry leaders, developed a training agenda for a webinar series based on WHO guidelines and evidence-based international standards.



"To maximize our efforts in support to Jordan, WHO has worked across its country, regional and headquarters levels as one team to provide technical support to the Ministry of Health and deliver this first pilot online course in the Region. We do hope that other countries will also benefit from this experience," stated WHO Representative Dr. Maria Cristina Profili.

The agenda covered all phases of clinical management of patients in the COVID-19 care pathway: from screening and triaging cases, caring for mild, moderate, severe and critical patients, to dealing with complications. The last session focused on long-term effects of COVID-19 and rehabilitation.

Worldwide experts presented their experiences and national experts contextualized the evidence to Jordan. During the webinar series, the country's COVID-19 transmission classification went into community phase and the knowledge and skills on case management became more relevant than ever.

"We are grateful to the WHO team for this excellent opportunity [...]. The knowledge and skills to treat and care for COVID-19 patients that were acquired during the training are indispensable for combatting the current upsurge of cases. Together, we will win this war!" H.E. the Minister of Health and Professor Nathir Obeidat.

A post-training evaluation survey is underway while follow-up training and feedback sessions are planned for the first quarter of 2021.

## Partnerships

### The Emergency Medical Teams - EMT

**WHO's Emergency Medical Teams – Demonstrating global solidarity during the COVID-19 pandemic**

Emergency Medical Teams (EMTs) are WHO-classified teams of health care professionals who are deployed to provide immediate assistance anywhere during outbreaks and emergencies. During the COVID-19 pandemic, demand for EMTs and particularly homegrown EMTs surged across regions.

During the pandemic, EMTs have adapted to provide COVID-19 training and support to strengthen triage and hospital referral procedures and improve infection prevention and control measures, including proper patient flow and treatment protocols.
Trauma, intensive care and surgical professionals with great



*Credit: WHO/EURO - Lesvos*

field expertise have had to employ a different range of skills with the training and capacity-building component becoming more important. For certification, an independent WHO team along with peers from other EMTs assess that the required standards have been reached.

A new twinning programme encourages experienced EMTs to partner with interested Member States and non-governmental organizations to help them strengthen national emergency response capacities.  For example, the German EMT provided training to Georgia's national team, which then became heavily involved in the country's COVID-19 response.

Alongside twinning, a mentorship scheme spurs established EMTs to offer advice and support to newer, yet-to-be-classified teams, thus enabling a greater number of teams to reach the required standards more quickly.

There are currently 65 teams under mentorship globally, with a further 28 teams expressing interest. Teams must demonstrate competence outside their specialist areas and mentorship is therefore a major part of the global classification process.
In addition to being cost-effective, the



*An Emergency Medical Team supports the COVID-19 response in a hospital./ WHO*

swapping expertise gives EMTs an immense opportunity to improve humanitarian assistance and global solidarity. For more information on the story click here

**WHO EURO is providing continued support to Armenia though the deployment of an Emergency Medical Team**

The WHO Regional Office for Europe has been providing continued support to Armenia throughout the COVID-19 pandemic with a focus on strengthening both the public health response and health system capacities in the country. As part of this on-going support, WHO experts have facilitated the provision of critical response supplies and conducted capacity building workshops on infection prevention and control, clinical management, laboratory testing for COVID-19, and epidemiological surveillance and contact tracing with national counterparts. WHO has also supported the deployment of three WHO-classified Emergency Medical Teams (EMTs) to Armenia to help healthcare workers treat patients and save lives.

As part of the ongoing support, following an official request received from the Ministry of Health for support with the surge of COVID-19 cases, the WHO Regional Office for Europe, in coordination with the WHO Country Office in Armenia and the Armenian Ministry of Health, worked with the WHO Emergency Medical Team Secretariat to deploy an EMT to support the health system response to COVID-19 and relieve additional burden on overstretched healthcare facilities and health workers.

On 23 November, an EMT from the United Kingdom, UK-MED, arrived in Yerevan, Armenia to support Armenian healthcare workers until 23 December 2020. The team, consisting of seven members, includes intensive care unit doctors, a critical care nurse and infection prevention and control specialists. The UK-MED team will work in Yerevan, providing direct clinical support to Armenian teams in the treatment of severe and critical COVID-19 patients. For more information on the EMT deployment in Armenia click here.

## Health Learning

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

**4 637 731** Course enrollments

**42 languages**

**Over 2.4 million certificates**

**141 COVID-19 courses**

## Partnerships

**The Global Health Cluster**

The Global Health Cluster (GHC) COVID-19 Task Team conducted two simultaneous studies, the key informant interviews report from inputs from six health clusters and the survey report in all country heath clusters.

Both studies reflected the significant challenges health cluster partners are facing to provide services to the most vulnerable populations who are already facing risks such as displacement, conflict and malnutrition.

Shared findings from both the survey and country-based interviews included highlighting the increased operational challenges (movement restrictions, costs) to the response, significant resource scarcity (lack of oxygen availability, essential medicines, PPE, human resources and funding) and the technical gaps health cluster partners are facing to safely provide essential health services and COVID-19 response.

Furthermore, technical gaps were reported both with regards to the availability of skilled workforce as well as context appropriate guidance or tools relevant to the humanitarian setting and constraints being faced.

The survey highlighted a decrease in service availability and utilization of essential health services. Both studies reported the operational challenges to provide services safely, but also that community fear, mistrust of health care provided and stigma of potentially having COVID-19 contributed to decreased utilization.

Findings from the studies articulated that health cluster partners are strongly requesting further support to strengthen country capacities. Highly prioritized was the need for shared learning from other humanitarian settings where similar challenges are being faced (i.e. significant resource scarcity). Respondents also re-iterated the need for further guidance and support, specifically tool, and job aids relevant to the context.

For more information on the report findings, click here

## COVID-19 Partners Platform

Since its launch in March 2020, 119 countries have uploaded national response plans to the Platform and 106 have used the action checklist to either develop a COVID-19 preparedness and response plan or reflect what is in an existing country plan. Some countries have generously provided feedback on how the Platform has added value to their ability to prepare for and respond to the pandemic.

In Pakistan, for example, the Platform has been used to coordinate and provide timely strategic guidance through the standardized actions across the eight Pillars of public health and a ninth Pillar on maintaining essential health services and systems in the development of the Pakistan COVID-19 Preparedness and Response Plan.

The Pillars and actions were used strategically to support alignment of COVID-19 response planning across Government Ministries at national and provincial levels. As a result, Government of Pakistan was ready to virtually launch their response plan in-country and to the international community via the Platform.
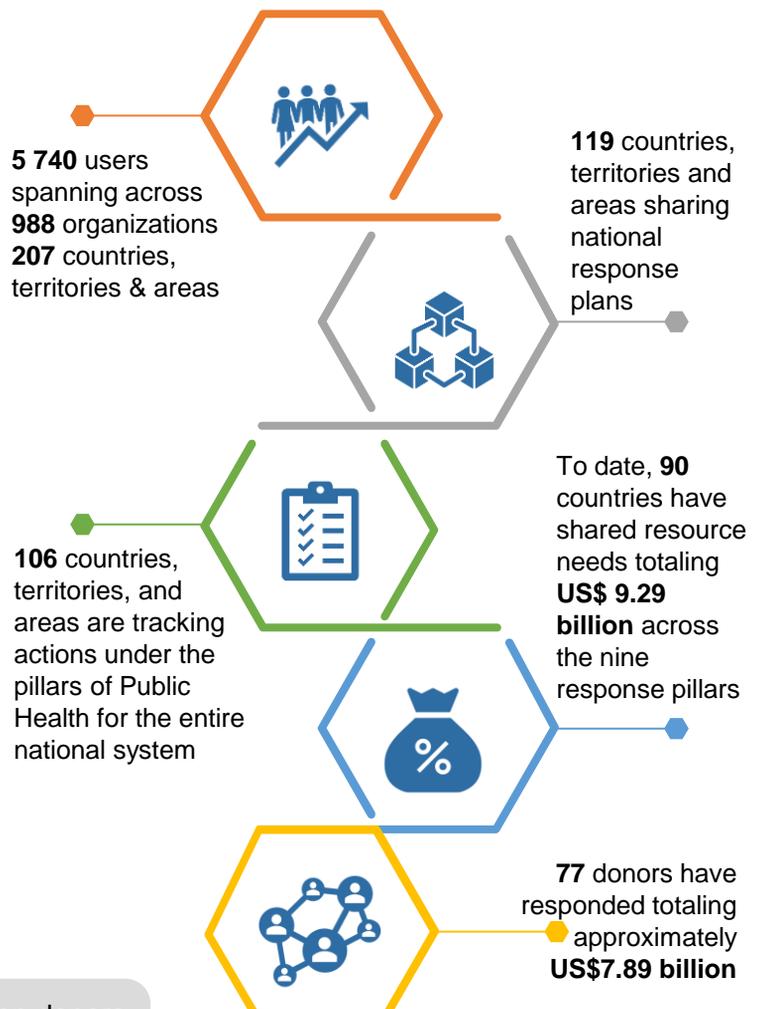
On the day of the Platform's launch in Pakistan, funding and commitments were recorded on the Platform for the world to see. Due to the proactive outreach and support of the UN Resident Coordinator's Office, local donor organizations now have the rights to submit and edit entries on the Platform, enabling transparent sharing of information as it becomes available to them.

The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.
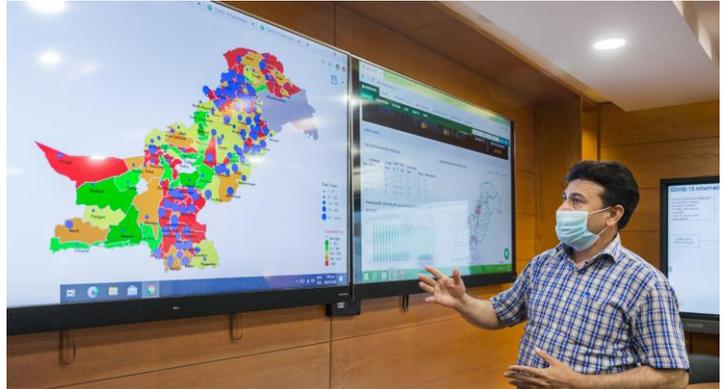


*Syed Razzaq, technical officer for MIS/IT information management shows data on Pakistan's COVID-19 response at the operations room in the National Emergency Operation Centre (NEOC) for Polio Eradication, located inside the National Institute of Health.*

© WHO/Blink Media - Saiyna Bashir

**5 740** users spanning across **988** organizations **207** countries, territories & areas

**119** countries, territories and areas sharing national response plans

**106** countries, territories, and areas are tracking actions under the pillars of Public Health for the entire national system

To date, **90** countries have shared resource needs totaling **US$ 9.29 billion** across the nine response pillars

**77** donors have responded totaling approximately **US$7.89 billion**

# 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 30 November. 2020

| Shipped items as of 30 Nov 2020 | Laboratory supplies | | | Personal protective equipment | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Region | Antigen RDTs* | Sample collection kits | PCR tests | Face shields | Gloves | Goggles | Gowns | Medical Masks | Respirators |
| Africa (AFR) | | 2 669 015 | 1 315 634 | 1 417 410 | 7 595 209 | 165 170 | 1 242 079 | 51 777 950 | 2 201 030 |
| Americas (AMR) | 2 688 000 | 1 019 862 | 10 502 838 | 2 448 200 | 3 296 000 | 278 300 | 1 090 020 | 53 881 830 | 7 279 760 |
| Eastern Mediterranean (EMR) | 250 000 | 653 760 | 1 116 420 | 848 985 | 6 832 000 | 148 560 | 474 022 | 25 105 550 | 1 278 695 |
| Europe (EUR) | 20 000 | 209 150 | 466 710 | 1 705 300 | 7 213 100 | 375 020 | 985 048 | 38 637 500 | 5 127 950 |
| South East Asia (SEAR) | | 2 263 750 | 1 934 700 | 369 236 | 2 030 500 | 84 070 | 553 500 | 6 838 000 | 591 295 |
| Western Pacific (WPR) | | 105 300 | 250 984 | 739 900 | 1 722 000 | 3030 607 | 393 410 | 13 380 650 | 2 024 235 |
| TOTAL | 275 000 | 6 950 237 | 4 949 868 | 7 529 031 | 28 688 809 | 1 354 727 | 4 738 079 | 189 621 480 | 18 502 965 |

*Note: Additional antigen RDTs are in process of being procured and shipped

For further information on the **COVID-19 supply chain system**, see here.

## Appeals

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. 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.*

***As of 30 November 2020***

### Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US$1.74 BILLION**

WHO's current funding gap against funds received stands under the updated SPRP

**US$146.3 MILLION**

The status of funding raised for WHO against the SPRP can be found here.

### Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US$550 MILLION**

WHO current funding gap

**US$55 MILLION**

Global WHO GHRP allocation

**US$495 MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19: Link

# WHO Funding Mechanisms

## COVID-19 Solidarity Response Fund

This week **the Solidarity Response Fund** released funding support to mobilize communities and drive uptake of COVID-19 vaccines. Specifically money from the fund will finance risk communication and community engagement (RCCE) strategies which will be implemented in support of countries by immunization focal points as well as RCCE

> **More than US$ 238 Million**
> 👤👤👤👤 **651 000** donors
> [individuals – companies – philanthropies]

focal points from the Collective Service – a new partnership between WHO, UNICEF and IFRC to strengthen RCCE coordination and quality of practice during public health and other complex emergencies.

The objectives and activities described in the proposal draw on evidence from adult and child vaccination programmes, with a focus on strategies known to lead to high coverage and resilient vaccination programs. Underpinning the approach is the need to ensure equitable vaccination uptake and to place appropriate focus on underserved and marginalized groups. Many of these communities face complex challenges including issues accessing vaccine services, health literacy and hampered interactions with health services. This proposal is therefore aligned with the draft Global Risk Communications and Community Engagement (RCCE) Strategy that is currently being finalized by the core partners (IFRC, UNICEF, and WHO) of the RCCE Collective Service.

For more information on COVID-19 Vaccine Country Readiness and Delivery click here and the work of the RCCE Collective Service, click here

## The WHO Contingency Fund for Emergency (CFE)

WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

> **US$ 8.9 Million released**

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.
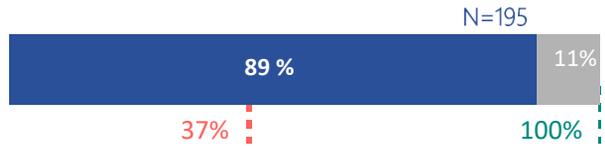
World Health Organization

# COVID-19 Global Preparedness and Response Summary Indicators [a]

**Countries have a COVID-19 preparedness and response plan**

N=195

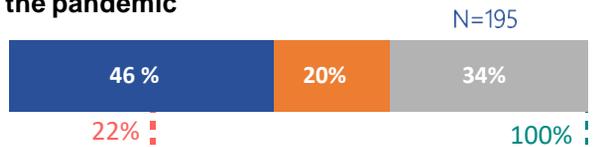| 91 % | 7% |

47%  100%
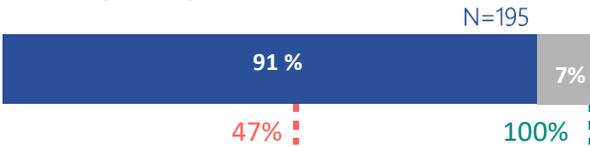
**Countries have a clinical referral system in place to care for COVID-19 cases**

N=195

| 89 % | 11% |

37%  100%

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

N=195

| 97% | |

19%  100%

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

N=195

| 46 % | 20% | 34% |

22%  100%

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

N=195

| 44 % | 7% | 50% |

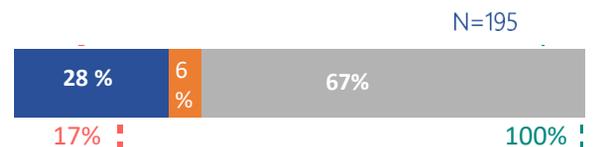22%  100%
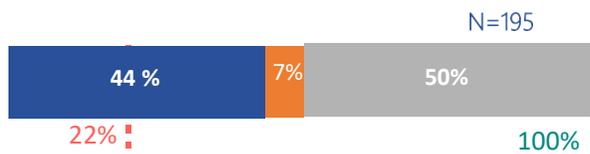
**Countries in which all designated Points of Entry (PoE) have emergency contingency plans**

N=195

| 35 % | 63% | |

29%  100%
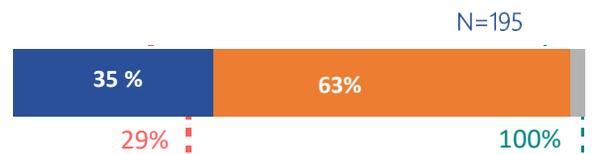
**Countries with a national IPC programme & WASH standards within all health care facilities**

N=195

| 39 % | 14% | 45% |

27%  100%
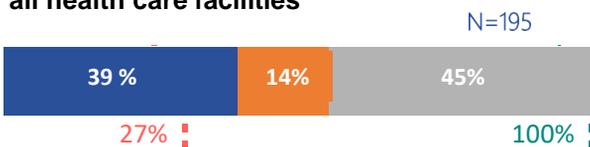
**Countries have a health occupational safety plan for health care workers**

N=195

| 28 % | 6 % | 67% |

17%  100%

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

N=195

| 97 % | |

45%  100%
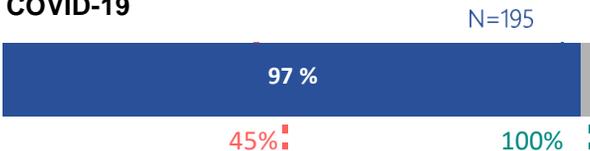
**Countries have COVID-19 laboratory testing capacity**

N=195

| 100 % | |

85%  100%

## 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.

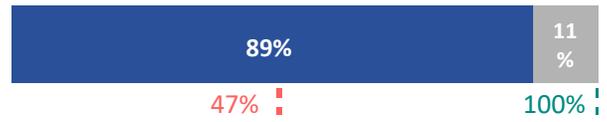**Priority countries with multisectoral mental health & psychosocial support working group**

N=64

80%   6%   14%

47%   100%

**Priority countries with an active & implemented RCCE coordination mechanism**

N=64

89%   11%

47%   100%

**Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 c**
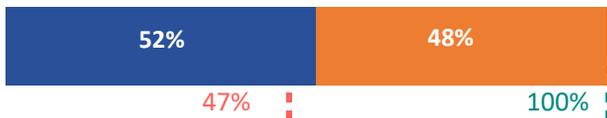
N=64

56%   44%

0%   27%

**Priority countries with a contact tracing focal point**

N=64

72%   23%

0%   100%

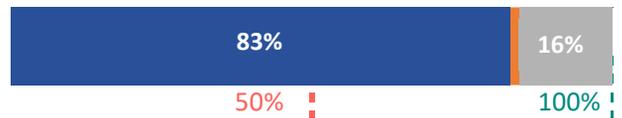**Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting**

N=64

52%   48%

47%   100%

**Priority countries with an IPC focal point for training**

N=64

83%   16%

50%   100%

**Legend**

■ Yes   ■ No   ■ No information   ┊ Baseline value   ┊ Target value

**Notes:**

c Source: WHO Immunization Repository

11

## The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.

EUR 36, SEAR 7, WPR 13
EUR 19, SEAR 3, WPR 12
EMR 16, EMR 8, AMR 4, AFR 19
AFR 30, AMR 10

COVID-19 "UNITY" STUDIES early sero-epi investigations

**112** countries intend to implement at least one Unity Study protocol

**65** countries have started implementation

## 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.

EUR 25, SEAR 4, WPR7
EUR 13, SEAR 2, WPR 3
EMR 10, EMR 2, AMR 9, AFR7
AFR 20, AMR 14

**80** countries intend to contribute data to the clinical platform

**36** countries have started sharing data

## 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 COVID-19

EUR 10, SEAR 1, WPR 4
EMR 2, AFR 1, AMR 10

GISRS GLOBAL INFLUENZA SURVEILLANCE & RESPONSE SYSTEM

In week **45**, **28** countries have reported COVID-19 data from sentinel surveillance systems

**64 115** sentinel surveillance specimens were tested in week **45**

**15.7%** specimens tested were COVID-19 positive

## 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**
- **Regional Office of the Americas**

- **European Regional Office**
- **Eastern Mediterranean Regional Office**

- **Southeast Asia Regional Office**
- **Western Pacific Regional Office**

❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click **here**

❑ For updated WHO Publications and Technical Guidance on COVID-19, click **here**

❑ For updated GOARN network activities, click here