

Weekly Operational Update on COVID-19

6 November 2020



Confirmed cases^a

48 534 508

Confirmed deaths

1 231 017

As COVID-19 spread accelerates, IHR Emergency Committee urges focus on measure that work

Following its meeting on 29 October, the International Health Regulations (IHR) Emergency Committee on COVID-19 advised that the pandemic still constituted a public health emergency of international concern, and urged a focus on response efforts based on lessons learned and strong science.

WHO Director-General Dr Tedros Adhanom Ghebreyesus accepted the advice of the committee, stating that “WHO will continue to work in partnership across the world to drive science, solutions and solidarity.”

The committee expressed appreciation for WHO’s leadership and its critical role in developing evidence-based guidance, providing countries with technical assistance and critical supplies and equipment, communicating clear information and addressing misinformation, and convening the Solidarity Trials and the Access to COVID-19 Tools (ACT) Accelerator.

The committee provided concrete and targeted advice on which WHO and countries should focus during the coming months. It emphasized the importance of evidence-informed, risk-based and coherent measures in relation to international traffic, surveillance and contact tracing efforts, maintaining essential health services including mental health services, and preparing plans for future COVID-19 vaccines.

For more information click [here](#)

Key Figures



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



123 of GOARN deployments conducted to support COVID-19 pandemic response



17 537 625 respirators shipped globally



186 269 499 medical masks shipped globally



8 027 336 face shields shipped globally



4 035 648 gowns shipped globally



17 881 900 gloves shipped globally



More than **4.5 million** people registered on [OpenWHO](#) and able to access **139** 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](#)

From the field:

Polio eradication team, backbone of COVID-19 response

Decades of hard work by teams of dedicated field health workers led to the WHO South East Asia Region being certified polio-free by the Regional Certification Commission in 2014.

This hard work included the 1999 establishment by WHO of district level Surveillance Medical Officers to support the eradication of polio.

Now known as Surveillance and Immunization Medical Officers (SIMOs), they not only decisively contributed to polio eradication,

but became WHO's essential workforce in the field, strengthening routine immunization, vaccine-preventable disease surveillance, introduction of new vaccines, measles elimination, and maternal and neonatal tetanus elimination. Their functions broadened to include data analysis, capacity building, micro-planning and even disaster and emergency management.

Within a week of the first COVID-19 detection in Bangladesh all 64 SIMOs were re-purposed to support the response, and have been at its forefront in their districts, coordinating field activities, building capacity in Infection Prevention and Control, contact tracing, ensuring timely transportation of laboratory samples, conducting surveillance, and transporting supplies all over the country.

At the beginning of the emergency, the SIMOs were transporting 85% of the country's samples from testing points to designated laboratories, and by October 2020 they had handled over 400,000 samples. Nearly 100 vehicles operated by WHO, including 13 heavy-duty vehicles played a vital role in mobilizing crucial logistics for COVID-19 response, from reagents, biohazard bags, gloves, swab sticks, tubes, down to zip-lock bags.

The SIMOs now are working on resuming high-quality routine immunization, as by April 2020 lockdowns and other factors led to routine immunization coverage falling by almost 50% compared to the same period in 2019. Additionally, the roll-out of any COVID-19 vaccine that becomes available in Bangladesh will no doubt rely on the SIMO network to support its implementation, demonstrating again their value in providing effective public health emergency field response.

For more information click [here](#)



Sample transportation. Credit: WHO Bangladesh/ Tatiana Almeida

Public health response and coordination highlights

- At the Crisis Management Team meeting of 4 November, WHO reported that COVID-19 cases continue to rise, with 3.3 million new cases reported over the past week. Cumulatively, over 46 million cases and 1.2 million deaths have been reported globally. It was noted that the recent upward trajectory is largely driven by increased incidence in Europe and with some increases also experienced in the Americas and the Eastern Mediterranean.
- WHO is in the process of releasing updated guidance for adjusting public health and social measures while managing the risk of a resurgence of cases.
- WHO briefed on the interagency communications strategy to create conditions for high acceptance and uptake of COVID-19 vaccines, an effort to reinforce WHO as a trusted and accurate reference on vaccines and vaccinations for all audiences.
- WHO advised that it has observed consistent and widespread use of WHO risk assessment tools for mass gatherings, allowing tailored responses including different solutions being applied by different entities in different parts of the same country.
- WHO further informed that the Supply Chain Task Force continues the supply chain review and the interim review report can be expected by November.

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://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 

4 578 282
Course enrollments

42 languages

Over 2.3 million certificates

139 COVID-19 courses



Partnerships

The Global Outbreak Alert and Response Network - GOARN

American Public Health Association (APHA)

GOARN and the University of Nebraska hosted a panel discussion at the APHA annual conference on 26 October 2020. Dr Tedros was also engaged to open the conference with remarks addressing the importance of preventing violence, the theme of this year's conference.

The panel brought together four leaders in public health including Dr Roderico Ofrin, WHO Representative in India, Dr Walter Kazadi, WHO Representative in Nigeria, Ombretta Baggio Coordinator Collective Service, and Dr Myriam Hekens International Medical Coordinator Médecins Sans Frontières to deliberate on the lessons learnt from COVID-19 and the implications for the future of outbreak response to the pandemic and other diseases. The panel offered experiences from the global, regional and country level of responding to the COVID-19 pandemic and the value of working together while delivering on individual institutional mandates to ensure this virus can be defeated. For more information click [here](#)

World Health Summit, Berlin, Germany

WHO, GOARN, and the Robert Koch Institute (RKI) hosted a panel discussion at the World Health Summit on 27 October 2020 bringing together representatives of GOARN partners and networks to reflect on the highly interconnected multidisciplinary and operational nature of outbreak response. Speakers included Emanuele Capobianco (IFRC), Xiaoping Dong (China CDC), Rebecca Martin (USCDC), Amadou Sall (Institut Pasteur Senegal) and Micaela Serafini (MSF) and was moderated by Joanna Hanefeld (RKI) and the chair of GOARN Chair Dale Fisher (National University of Singapore). Each speaker addressed the important issues, opportunities and threats to improving the global public health emergency preparedness and response system and stressed the importance of collaboration and partnership if we are to be successful in controlling and preventing infectious diseases in the future. For more information click [here](#)

Infection Prevention and Control (IPC) Tier 1.5 training:

Together with the WHO Regional Office for the Western Pacific and WHO IPC team, GOARN launched the inaugural *Orientation to International Outbreak Response with GOARN and WHO* workshop targeted specifically to *Infection Prevention and Control (IPC) Specialists*. This two-day virtual workshop trained 31 IPC specialists from Japan on the processes, realities and challenges of working as an IPC specialist in the field. This course was supported by Japanese GOARN Partners including the Ministry of Health, Labour and Welfare and the National Center for Global Health and Medicine, Tokyo, Japan.

GOARN Outbreak Response Leadership Training Programme:

As part of the GOARN Outbreak Response Leadership Programme efforts to support partners in their ongoing COVID-19 responses, experts in leadership in WHO and GOARN partners are working together and delivering a series of virtual "sense-making" retreats on crisis leadership. ten virtual workshops have taken place in English and French between August and October, engaging over 140 participants, representing 72 institutions across 53 countries. This initiative is being co-led with GOARN by the Public Health Agency of Canada and the WHO collaborating Centre for GOARN at the RKI.

Infodemic Management

WHO EPI-WIN Launches #WHODesignLab

WHO EPI-WIN is excited to launch the first WHO Design Lab, a creative challenge to strengthen WHO's engagement and the involvement of youth in the COVID-19 pandemic response.

More than 130 participants have registered to be involved, including doctors, nurses, graphic designers, students, communication specialists, animators, singers and many other young professionals from around the world.



#WHODesignLab Kick Off Session with participants - 30th October 2020
Credit: WHO

The first design lab topic is a design challenge with the theme of 'Reducing Transmission.' Held over one week from the 30th October to the 6th November, participants were asked to transform WHO's technical guidance reducing on transmission into innovative, creative and engaging communication content, to reach audiences of different affiliations, geographies and languages.

Last week, EPI-WIN hosted a kick-off session to meet the participants and go through the creative brief, including the latest technical guidance on transmission. A mentoring session was held this week to talk about how WHO works to simplify complex health messaging and the critical role design has in health communication.

Creative solutions must be submitted by Friday 6 November and judging will be finalized by the 13 November. The best ideas consistent with WHO's technical guidance on reducing transmission will be posted on [EPI-WIN](#) website and be considered for promotion by WHO, with recognition of the creative content given to the participating team or individual. We are looking forward to seeing the innovative, engaging and creative ideas on how to communicate transmission guidance from young professionals around the world!

We anticipate this will be the first in a series of WHO COVID-19 Design Lab. Sign up to the WHO Youth Engagement mailing list [here](#) to be notified of future DesignLab topics, challenges and opportunities for collaboration.



COVID-19 Partners Platform

The [COVID-19 Partners Platform](#), developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event.

Launched on 16 March 2020, the Partners Platform has facilitated the scaling-up and coordination of preparedness and response efforts across the globe, strengthening health security at national, regional, and global levels.

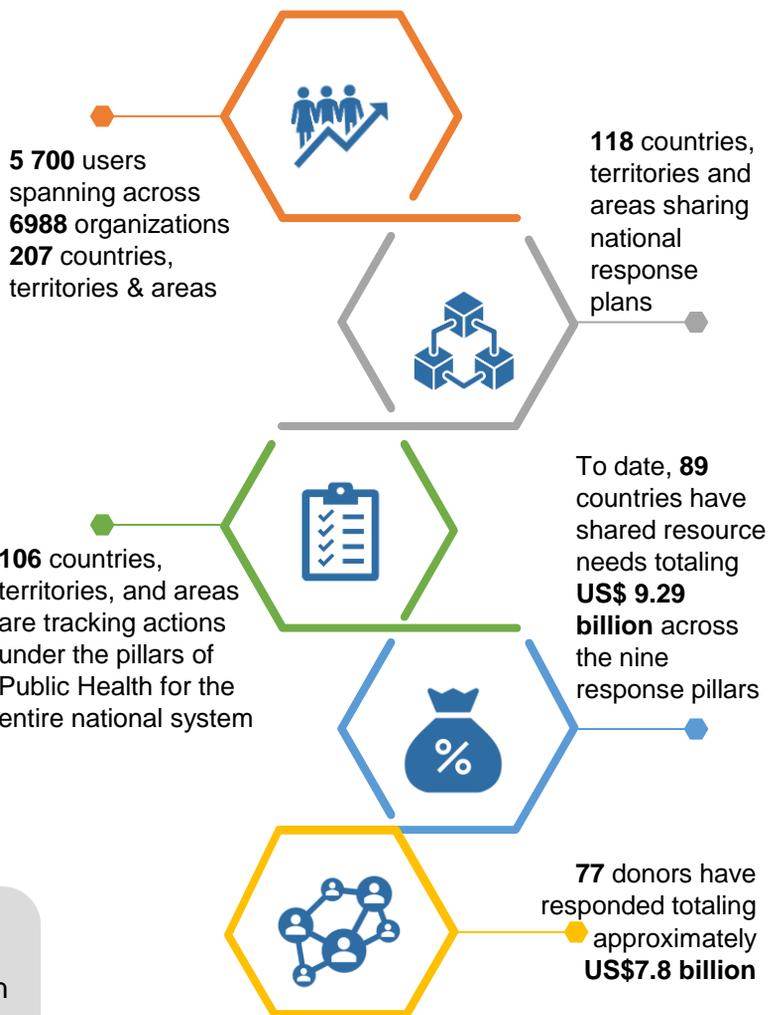
New sub-folders on Country Info page

Coming soon country users will have increased planning opportunities with new folders joining as available destination plans. Going beyond the nine Pillars to incorporate a broader range of national and global response needs, users will also be able to upload Intra-Action Reviews (IAR).

IAR allows countries to reflect and improve national responses to the COVID-19 pandemic in the middle of pandemic response.

In accordance with the IHR (2005), WHO will also be recommending countries conduct an After Action Review (AAR) at the end of the COVID-19 pandemic in the respective nations.

A country may wish to conduct its own operational reviews of the COVID-19 preparedness and response actions at subnational and national levels internally, or with involvement of external partners. The Partners Platform can serve to share the reports of those reviews or summary of best practices and key recommendations from the reviews with other countries and partners.



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

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 5 November 2020.

Shipped items as of 5 November 2020	Laboratory supplies		Personal protective equipment					
Region	Sample collection kits	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	2 483 665	1 132 676	1 305 364	2 115 300	158 359	1 200 948	50 773 789	2 090 314
Americas (AMR)	648 760	1 108 420	3 820 501	88 000	301 180	1 134 570	56 396 710	7 788 056
Eastern Mediterranean (EMR)	192 800	423 460	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)	1 012 212	10 452 294	1 704 850	7 190 100	374 720	985 048	38 621 500	5 126 950
South East Asia (SEAR)	1 172 400	1 825 800	87 336	1 895 500	81 550	218 050	5 406 300	353 075
Western Pacific (WPR)	90 800	246 864	319 200	1 682 000	105 167	98 150	10 369 650	971 235

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 6 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\$155
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**

WHO's financial requirement under the GHRP

**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

As of 6 November 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 236 million.

From the fund's launch on 13 March 2020 launch through today leading companies and organizations and more than 633,000 individuals together contributed more than US\$236 million in fully flexible funding to support the WHO-led global response effort

More than US\$ 236 Million



633 000 donors

[individuals – companies – philanthropies]

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.

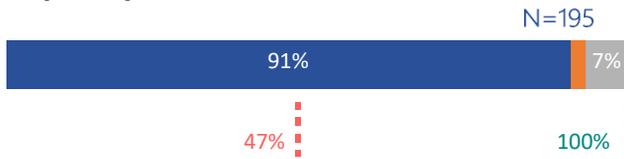
US\$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August 2020. 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](#).

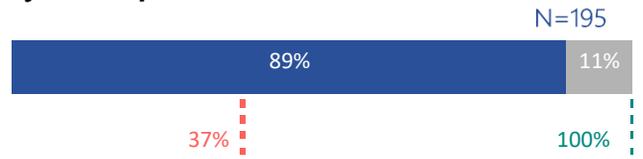


COVID-19 Global Preparedness and Response Summary Indicators ^a

Countries have a COVID-19 preparedness and response plan



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



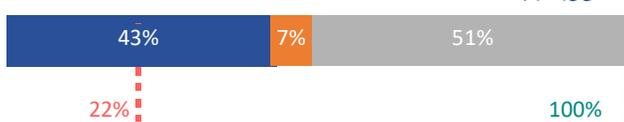
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



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



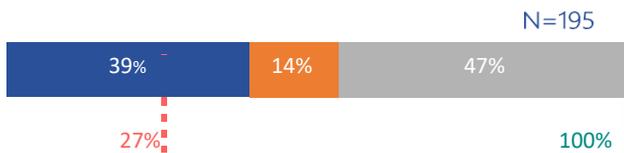
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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



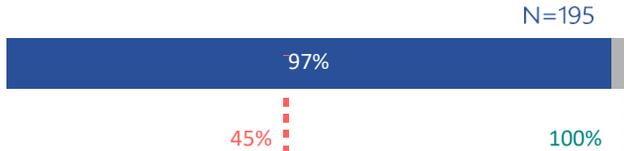
Countries with a national IPC programme & WASH standards within all health care facilities



Countries have a health occupational safety plan for health care workers



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



Countries have COVID-19 laboratory testing capacity



Legend



Yes



No



No information



Baseline value



Target value

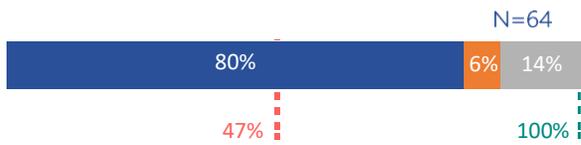
Notes: a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO



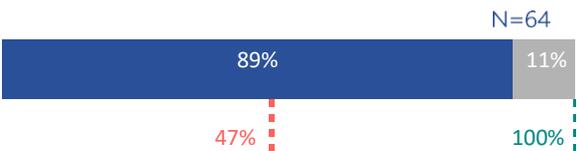
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

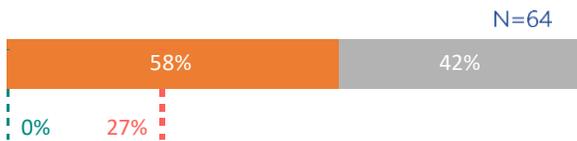
Priority countries with multisectoral mental health & psychosocial support working group



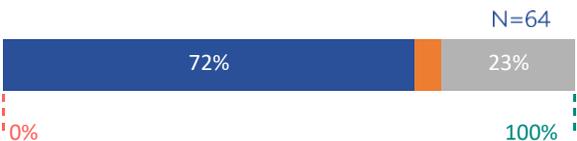
Priority countries with an active & implemented RCCE coordination mechanism



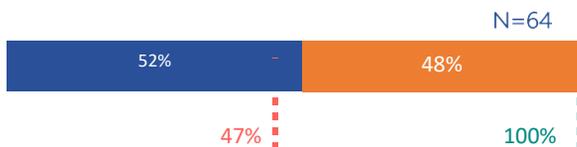
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



Priority countries with a contact tracing focal point



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



Priority countries with an IPC focal point for training



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository



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](#)