

# Weekly Operational Update on COVID-19

7 December 2020



Confirmed cases<sup>a</sup>

**66 243 918**

Confirmed deaths

**1 528 984**

## WHO calls for global solidarity to maintain HIV services during the pandemic

On World AIDS Day, 1 December, WHO urged the international community to maintain essential HIV services during COVID-19 pandemic for populations most at risk.

As preliminary evidence suggests people with HIV have an increased risk of poor outcomes from COVID-19, ensuring people with HIV can maintain antiretrovirals (ARV) treatment and also treatments for co-morbidities.

The number of countries reporting disruptions in HIV services has declined steeply by almost 75% since June, mainly due to the implementation of pre-existing recommendations, such as multi-month dispensing of ARVs where health care access is limited, better coordinating the drug supply, and sustaining community delivery mechanisms.

Furthermore, to enhance service delivery, countries have also adapted HIV and TB testing laboratories to enable COVID-19 testing, introduced telehealth, and piloted HIV self-testing. WHO hopes that some of these innovative approaches adopted during COVID-19 can help the world accelerate progress towards the goal of ending AIDS as a public health threat by 2030. For further information, click [here](#)



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## 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



**28 399 809** 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

<sup>a</sup> For the latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

## From the field:

### **Hamam Aleel Field Hospital established to support the treatment of COVID-19 of internally displaced COVID-19 patients**

WHO and the Iraqi Governorate of Ninewa have established an isolation unit at Hamam Aleel Field Hospital to treat suspected and confirmed cases of COVID-19 in internally displaced persons (IDPs) in the surrounding area, and thereby limit COVID-19 transmission in IDP camps in the governorate.

“The COVID-19 outbreak in Iraq has increased the concern of WHO and local health authorities over the health situation in camps for IDPs and refugees in Iraq,” said Dr Adham Ismail, WHO Representative in Iraq. “The project we are inaugurating today will support local health authorities to ensure access to quality COVID-19 health services for the displaced population living in camps and underserved surrounding areas in Ninewa governorate,” he added.

The unit is composed of two wards, each of which has five rooms with a total capacity of 20 beds. The referral services have accordingly been strengthened to facilitate the transfer of patients from camps to the isolation unit, and from the unit to other secondary health facilities if more advanced medical intervention is required.

The current COVID-19 pandemic has overwhelmed the fragile health system in Ninewa where almost all the secondary health facilities have been damaged and over 75% of hospital bed capacity was lost during the 5-year internal conflict which erupted in the governorate in 2014.

There are over 52 000 internally displaced people and over 225 000 returnees living in severe and difficult conditions in Ninewa. The establishment of this unit was supported by the Government of Kuwait and the U.S. Agency for International Development (USAID) who contributed funding to the project.

For more information, click [here](#)

## Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 02 December 2020, **WHO** briefed on the epidemiological situation noting the continued intense or increasing transmission in parts of Europe and the Americas.

WHO briefed on the positive developments on vaccines, and the continued global efforts to operationalize COVAX arrangements. **WHO** announced the recent launch of the [Strategic Preparedness and Response Plan \(SPRP\) Monitoring and Evaluation Dashboard](#) on the WHO COVID-19 website.

The Dashboard showcases the significant preparedness and operational response gains made globally but also highlights areas where gaps remain including in priority countries.

**FAO** briefed on activities at the human/animal interface including risk management actions in response to circulation of SARS-CoV-2 viruses in minks.

**IMO** briefed on latest work of the Travel and Trade workstream, and called for harmonization of cross-border COVID-19 testing policies, prioritization of seafarers and air crew as essential workers to maintain global mobility once countermeasures such as vaccine become available, and to help address the humanitarian crisis faced by seafarers unable to return home or to access onshore medical care.

For communications, **WHO** briefed on the upcoming launch of the [Infodemic Management Call for Action](#) on 11 December.

## 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**



**42 languages**

**Over 2.4 million certificates**

**141 COVID-19 courses**

## Infodemic management

### UNGA side-event on Responding to the “Infodemic” – Sharing Best Practice

On the margins of the Special session of the United Nations General Assembly side event in response to the COVID-19 pandemic (3-4 December 2020), the Permanent Missions of Australia, France, India, Indonesia and Latvia co-hosted a side-event on the response to the infodemic that accompanies this health crisis.

The event provided an opportunity for Member States to share best practices and recommendations, as well as discuss the progression of global initiatives for the promotion of an information eco-system conducive to the dissemination of reliable information online and offline. It also acted as a platform to share the work of WHO in managing the infodemic.



This discussion highlighted the broad consensus on the urgent need to tackle the tsunami of information that spreads alongside COVID-19, which is seen as a threat to both health security, societal cohesiveness and democracy at large.

Countries emphasized the importance to develop and strengthen digital and health literacy of their populations (social inoculation), coordinate partnerships to debunk myths and to engage affected communities in the response. Event participants also stressed that the respect of freedom of expression and press pluralism should stand as fundamental common pillars when addressing the infodemic in order to ensure public trust.

During the meeting, WHO also shared how it has worked to manage the infodemic including developing the infodemiology research agenda, strengthening a global infodemic management workforce, and creating and using the social listening tools to monitor COVID-19 online conversations.

Member States reaffirmed the importance of multilateral cooperation in the fight against infodemic and called for further international collaboration and support from the WHO and the UN.

For more information on the event, click [here](#).



## COVID-19 Partners platform

### Partners Platform facilitates subnational planning for COVID-19 in the Philippines

The Philippines has highlighted how the Partners Platform has facilitated planning at the sub-national level. In the Philippines, there are 36 nongovernmental (NGO) partners.

These include the Red Cross, 14 UN agencies, 12 donor agencies, including World Bank and Asian Development Bank, and an actively engaged private sector.

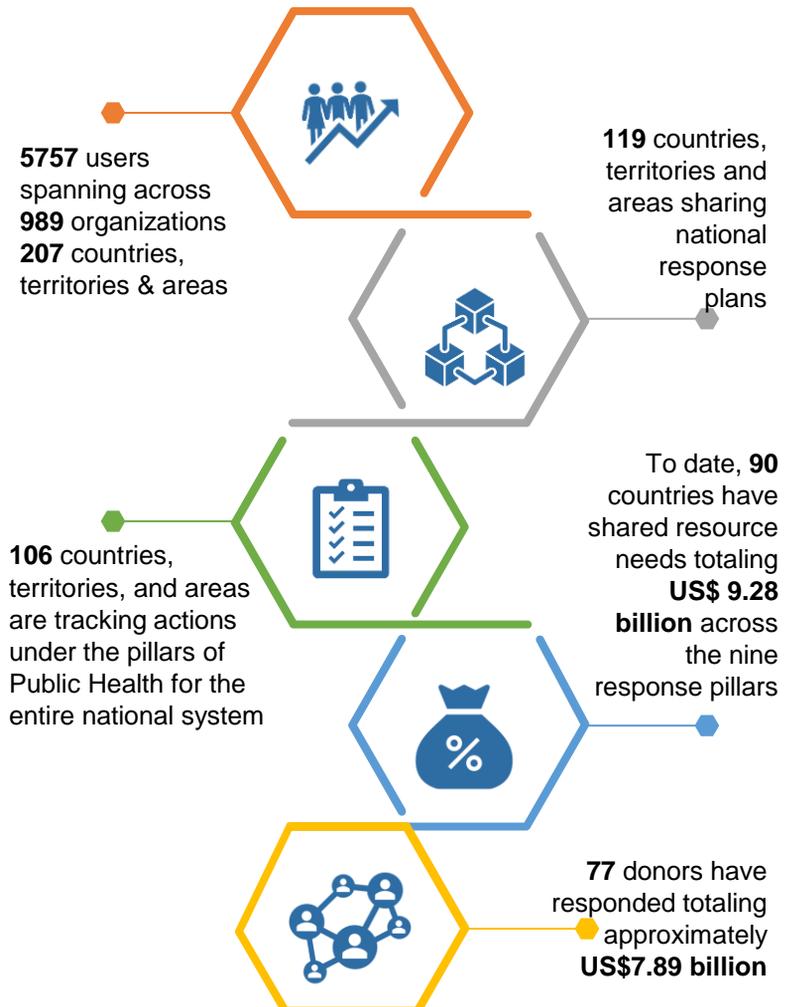
Regular coordination meetings and briefings between WHO Philippines Office and partners presented an opportunity to analyze and concur on sub-national preparedness levels.

The “affected areas” section of the Info page within the Partners Platform allows users to track differentiated transmission classifications, capacity levels and responses to the outbreak. By using this section, the Philippines was able to specify preparedness levels for different subnational areas.

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



Contingency planning for COVID-19. DOH Epidemiology Bureau Director Ferchito Avelino presents the interagency country response plan for COVID-19. This plan has been uploaded to the Partners Platform. Photo credit: WHO Philippines.



## 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 4 December, 2020

Shipped items as of 4 December 2020	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs*	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)		2,698,365	1,334,834	1 417 410	7 595 209	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2,788,000	1,019,862	10,504,038	2 448 200	4 244 000	278 300	1 090 020	53 881 830	7 279 760
Eastern Mediterranean (EMR)	250,000	653,760	1,116,420	848 985	5 595 000	148 560	474 022	25 105 550	1 278 695
Europe (EUR)	20,000	210,650	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)		114,300	250,984	739 900	1 722 000	303 607	393 410	13 380 650	2 024 235
<b>TOTAL</b>	<b>3,058,000</b>	<b>6,960,687</b>	<b>15,614,886</b>	<b>7 529 031</b>	<b>28 3999 809</b>	<b>1 354 727</b>	<b>4 738 079</b>	<b>189 621 480</b>	<b>18 502 965</b>

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 7 December 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\$143.7  
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

As of 4 December 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 238 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 651,000 individuals together contributed more than US\$238 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 238 Million**



**651 000** 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.

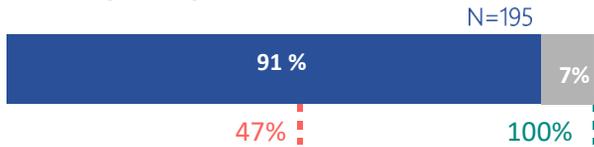
**US\$ 8.9 Million released**

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

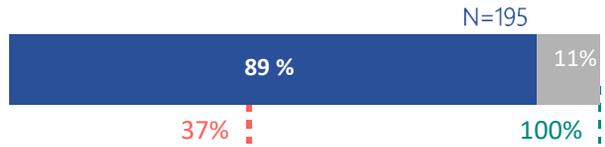


COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

Countries have a COVID-19 preparedness and response plan



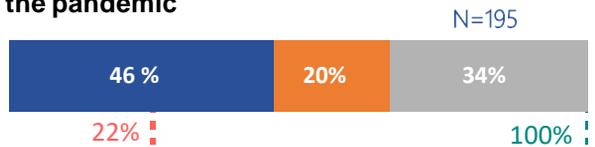
Countries have a clinical referral system in place to care for COVID-19 cases



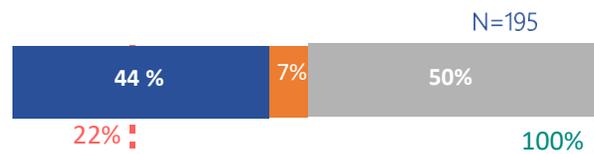
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



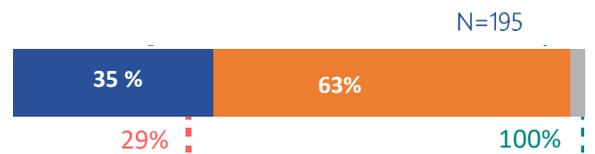
Countries that have defined essential health services to be maintained during the pandemic



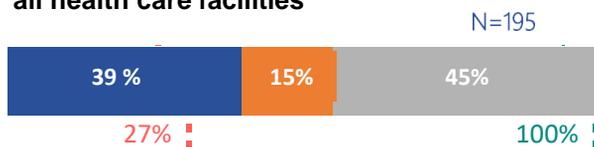
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



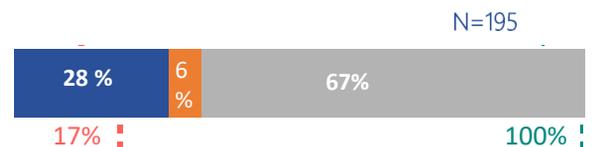
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



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



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](#).

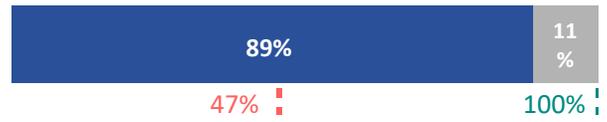
#### Priority countries with multisectoral mental health & psychosocial support working group

N=64



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

N=64



#### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>

N=64



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

N=64



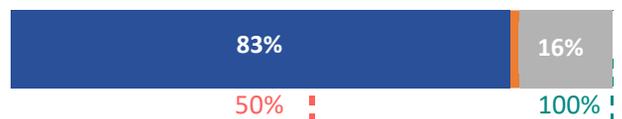
#### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



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

N=64



**Legend**

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

Notes: <sup>c</sup> Source: WHO Immunization Repository



### 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.



114 countries intend to implement at least one Unity Study protocol

66 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.



80 countries intend to contribute data to the clinical platform

37 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



In week 47, 39 countries have reported COVID-19 data from sentinel surveillance systems

219 484 sentinel surveillance specimens were tested in week 47

14.3% 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](#)
  - [European Regional Office](#)
  - [Southeast Asia Regional Office](#)
  - [Regional Office of the Americas](#)
  - [Eastern Mediterranean 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](#)