Weekly Operational Update on COVID-19

14 December 2020

Confirmed cases[a]
70 461 926

Confirmed deaths
1 599 704

Landmark alliance launches in Africa to fight COVID-19 misinformation

WHO has launched the Africa Infodemic Response Alliance, involving 13 international and regional organizations with expertise to detect and counter damaging misinformation on COVID-19 and other public health issues in Africa.

COVID-19 related information has inundated digital platforms with, for example, almost 40 million mentions on Twitter and web-based news sites in the 47 countries of the WHO African Region according to UN Global Pulse, a UN initiative on big data.

WHO/Otto.B

A large proportion of this information is inaccurate and misleading and continues to be shared both intentionally and unknowingly. African fact-checking organizations say they have debunked more than 1,000 misleading reports during the pandemic, including unproven treatments, false cures and anti-vaccine messages.

“In health emergencies, misinformation can kill and ensure diseases continue to spread. This crucial new alliance brings unique reach, knowledge and skills to help stop the impact of dangerous misinformation,” said Dr Matshidiso Moeti, WHO Regional Director for Africa.

For further information on this landmark alliance and managing misinformation, click here.

Key Figures

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

134 GOARN deployments conducted to support COVID-19 pandemic response

18 842 965 respirators shipped globally

191 941 480 medical masks shipped globally

8 352 431 face shields shipped globally

5 157 679 gowns shipped globally

28 494 121 gloves shipped globally

More than **2.5 million** people registered on OpenWHO and able to access **142** 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:

WHO Country Office in Kiribati helps repatriate stranded seafarers in time of crisis

Travel restrictions implemented across the globe to prevent or slow the spread of COVID-19 are impacting the lives of seafarers. Many have not been able to join or leave ships, forcing those already at sea when the pandemic started to remain at sea for as long as 20 months and, even in a few cases, to die at sea. Being at sea for such an extended period has a profound effect on the mental and physical health of seafarers.

It is contrary to their rights under the Maritime Labour Convention (2006, as amended) and has severe consequences for maritime safety and trade. 11 months are the maximum length of seafarers' contracts agreed by the International Labour Organization (ILO).

The WHO Country Office in Kiribati has shown how diplomacy, multisectoral collaboration, science-driven advice and political willingness are important for responding to this crisis. Following discussions with ILO and the International Maritime Organization (IMO), the Country Office supported representatives of the Ministry of Health and Medical Services (MHMS) to work with the transport, employment and maritime sectors and ensure that Kiribati seafarers could be repatriated in a safe manner.

Kiribati is a lower middle-income country of low-lying atolls in the Pacific Ocean, severely affected by rising sea levels, and whose population relies largely on the sea for a living. Kiribati seafarers, like seafarers from many other Pacific island countries and areas, work globally on foreign-flagged vessels, contributing to the continuation of the global economy during the COVID-19 pandemic.

"As of early December, 80 nationals including seafarers have been brought back home, and more repatriations are planned in the coming weeks" says Uhjin Kim, WHO's Acting Country Liaison Officer in Kiribati. "As Kiribati does not have capacity to conduct COVID-19 laboratory rt-PCR testing, WHO has provided medical supplies, including GeneXpert cartridges, personal protective equipment (PPE), and technical support to prepare quarantine and isolation facilities to support the successful repatriation efforts, as well as preparedness for the identification and treatment of cases and contacts.

The seriousness of the situation affecting the protection of the rights and well-being of seafarers was the subject of a recently adopted United Nations General Assembly resolution. Through its country offices, WHO worldwide can play an important role in ensuring that seafarers have access to medical care and raise awareness of the protocols for crew changes, designed to ensure that these can take place safely during the COVID-19 pandemic.

From the field:

Nepal enhances laboratory capacity for COVID-19 and influenza

A rapid expansion of molecular diagnostic testing capacities has enabled SARS-CoV-2 surveillance in Nepal and is now being harnessed to strengthen surveillance of influenza and other respiratory pathogens.

Credit: WHO/South-East Asia Region Office

As soon as WHO declared the COVID-19 pandemic a public health emergency of international concern, Nepal began expanding its capacity for laboratory testing of the disease. In less than ten months, the country has built a network of 74 laboratories capable of confirming COVID-19 through molecular testing, with more laboratories in the process of approval. Training, proficiency testing and on-site reviews have ensured continuous quality improvement throughout the network, which is now also being leveraged to significantly expand national influenza surveillance.

The new laboratory network was facilitated by the federal Ministry of Health and Population (MoHP) with active participation and contribution of provincial and local governments and the private sector. Its strong performance has been secured through a combination of in-person and online training by the National Public Health Laboratory (NPHL) and WHO, as well as a comprehensive five-point quality assurance programme that comprises of:

1. **Initial validation.** Every laboratory in the network was validated before approval by having ten samples each of its negative and positive results tested at the NPHL.
2. **Online assessment.** All laboratories were assessed remotely using an online laboratory quality assessment tool jointly developed by WHO and NPHL.
3. **Re-testing.** Five samples, each of negative and positive results, from all approved laboratories are re-tested at NPHL every month.
4. **In-house proficiency panels.** All approved laboratories periodically participated in an in-house SARS-COV-2 rRT-PCR proficiency testing system developed at NPHL with WHO support.
5. **On-site review.** All network laboratories are subject to regular on-site inspections by a joint team of reviewers from NPHL, MoHP and WHO.

With WHO support, a select number of laboratories from the new network are also planning to participate in an international external quality assessment programme by the end of 2020.

Nepal has already incorporated SARS-CoV-2 surveillance into its influenza surveillance system and is also piloting the integration of Respiratory Syncytial Virus (RSV) surveillance. At the same time, the government is identifying those COVID-19 laboratories with optimal assets and performance to significantly expand the national laboratory network for surveillance of influenza and other respiratory pathogens.

With representative laboratories in all provinces including in secondary and tertiary care hospitals both in the public and private sector, Nepal's enhanced laboratory capacity for molecular testing is expected to be a critical asset in strengthening the country's preparedness and response for influenza and other high-threat infectious hazards. For more information, click here.

From the field:

Kyrgyzstan: Joint Intra-Action Review undertaken by the Ministry of Health and WHO

WHE officer Akbar Esengulov and Central Asian Hub Coordinator Tasnim Atatrah, closely supporting the facilitation of the IAR with the MoH. Credit: WHO Kyrgyzstan Country Office

The WHO Country Office in Kyrgyzstan worked in collaboration with the Ministry of Health to conduct a joint Intra-Action Review (IAR) to identify the key strengths and challenges of Kyrgyzstan's COVID-19 response. The review was carried out using COVID-19 tools developed by the WHO European Regional Office and will help to identify practical areas for immediate course correction and sustained improvement of the ongoing response.

Preparation for the IAR included the establishment of a core management team, the identification of facilitators for the key pillars of the response, the organization of preparatory meetings to familiarize participants with the IAR methodology and a facilitator briefing to ensure smooth implementation.

The IAR was conducted by 26 reviewers including experts from the Ministry of Health and the WHO Kyrgyzstan Country Office. The review examined the key pillars of the country's COVID-19 response including: command and coordination; surveillance, rapid response teams and case investigation; points of entry, international travel, and transport; laboratory; infection control; case management; and maintaining essential health services and systems.

The final report is currently being developed and initial results will be presented to the Ministry of Health.

Public health response and coordination highlights

The General Assembly Special Session on COVID19-19 took place on December 3-4, 2020. The first day consisted of an opening segment with statements by the Secretary-General and President of the General Assembly, followed by a general debate, will focus on the experiences of Member States.

On the second day, the WHO Director General opened with a key note address. He outlined four key areas in which the leadership of nations and the UN is needed to end the pandemic:

1. Invest in vaccines;
2. Invest in preparedness to prevent the next pandemic;
3. Invest in health as the foundation for peace and prosperity;
4. Invest in multilateralism to safeguard our common future.

The interactive dialogue consisted of three moderated panels covering key aspects of the impact of, and response to, the COVID-19 pandemic, including the UN system's health and humanitarian response to date; the road to a COVID-19 vaccine; and the socio-economic impact and recovering better.

WHO participated in all three panels, along with representatives from UN agencies, civil society and private sector. The three discussions looked at the complex multi-sectoral response to the pandemic, and the criticality or multilateralism. While the discussions also looked at the future, with the advent of a vaccine in the future, it was stressed that the world is still at a critical stage of the pandemic and needs to continue with current measures to suppress, control and potentially stop transmission.

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.

4 669 750
Course enrollments

42 languages

Over 2.5 million certificates

142 COVID-19 courses

COVID-19 Partners platform

Facilitating Partner Communication in Belize

This week the Partners Platform continues its spotlight series on Member state engagement with the Platform by highlighting Belize.

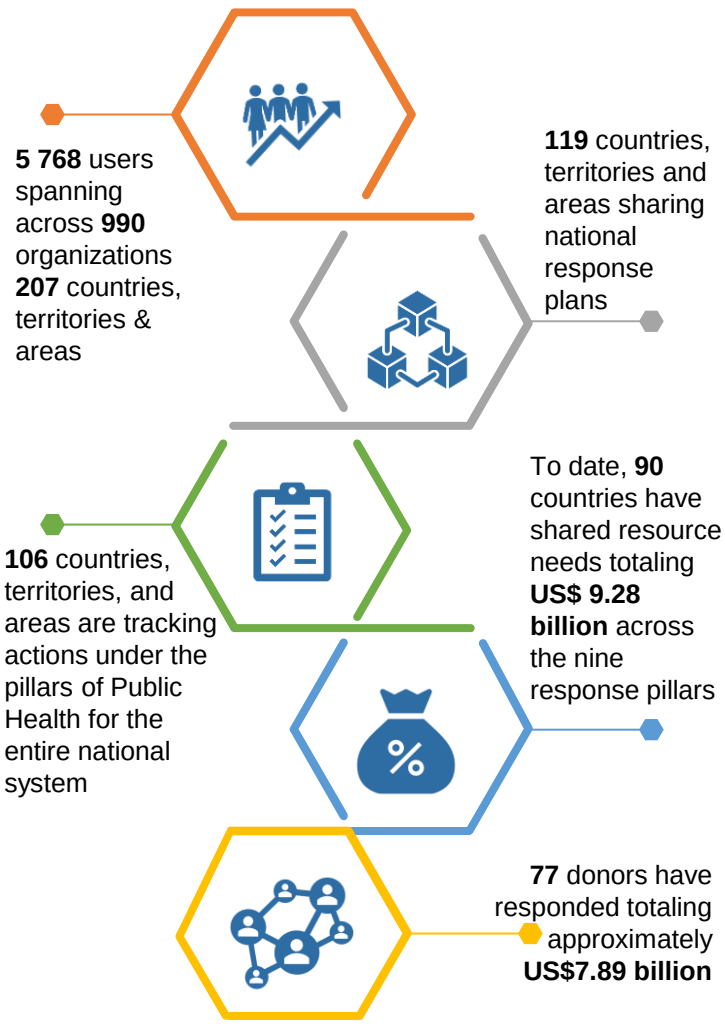
The Partners Platform has enabled Belize to enhance communication and facilitate coordination amongst all stakeholders including the Ministry of Health, the Ministry of Human Development, the UN Country Team, the European Union and the Inter-American Development Bank.

The WHO Country Office and the UN Country Team used the COVID-19 Partners Platform to begin discussions with the Ministries of Health and Human Development in order to better understand the overall needs and resource requirements of the Government for the COVID-19 response.
The Platform provided a convening mechanism to support national coordination to develop the country response plan.

With stretched human resource capacity due to the pandemic, Ministry of Health officials appreciated the usefulness of the Platform, as well as its user-friendly and collaborative functionalities.

Since users from the Ministry of Health joined the Platform, a COVID-19 national plan was developed, costed and uploaded to the Platform. Country users also continue to advocate for the use of the Platform and revise action plans as well as update country plan implementation information via the COVID-19 action checklist.

EU-PAHO handover of essential supplies in Belize. Photo credit: WHO Belize



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 11 December 2020

Shipped items as of 11 Dec 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	7 611 521	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2 788 000	1 019 862	10 504 038	3 248 200	4 244 000	318 300	1 490 020	54 881 830	7 579 760
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	7 243 100	375 020	985 048	38 637 500	5 127 950
South East Asia (SEAR)		2 263 750	1 934 700	370 836	2 030 500	85 510	554 300	6 840 500	594 495
Western Pacific (WPR)		114 300	250 984	761 700	1 770 000	310 807	412 210	13 798 150	2 061 035
TOTAL	**3 058 000**	**6 960 687**	**15 614 886**	**8 352 431**	**28 494 121**	**1 403 367**	**5 157 679**	**191 941 480**	**18 842 965**

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 11 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$141.7 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)

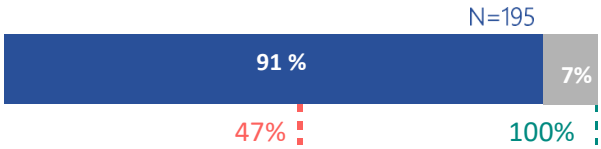
WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

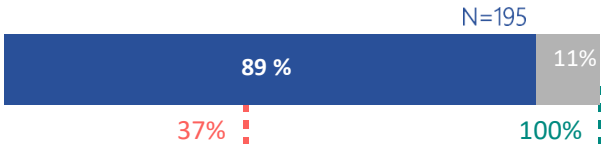
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

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

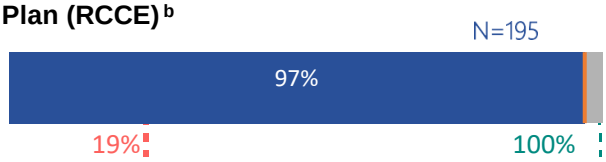
Countries have a COVID-19 preparedness and response plan



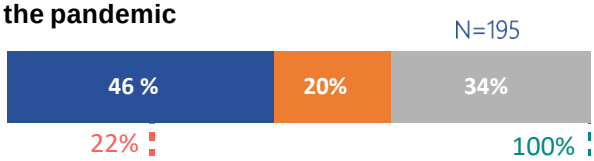
Countries have a clinical referral system in place to care for COVID-19 cases



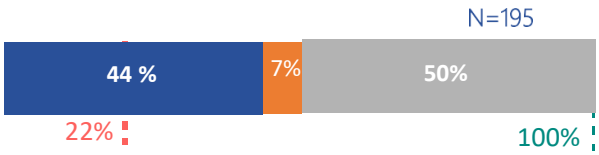
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]



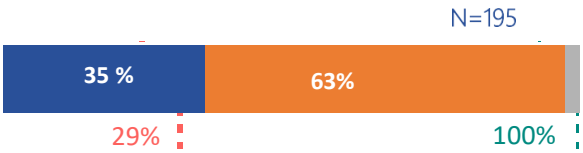
Countries that have defined essential health services to be maintained during the pandemic



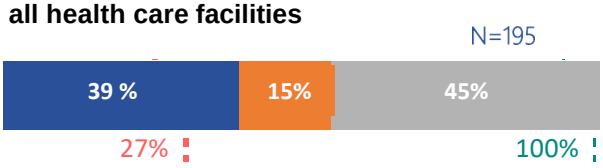
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



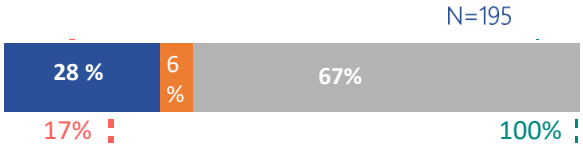
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



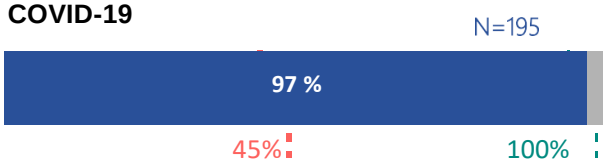
Countries with a national IPC programme & WASH standards within all health care facilities



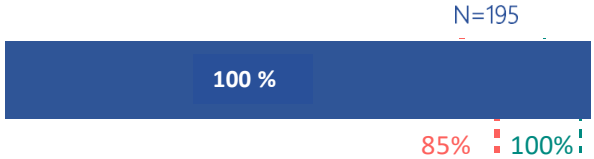
Countries have a health occupational safety plan for health care workers



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

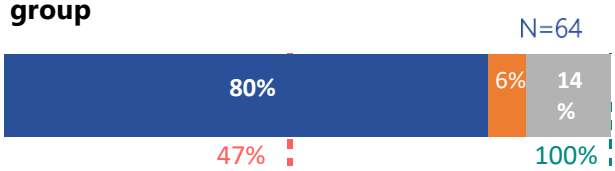
Notes:

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

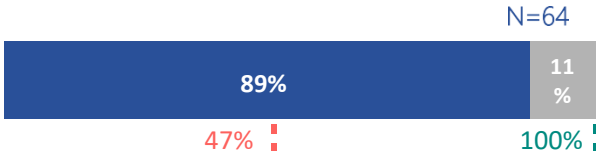
COVID-19 Global Preparedness and Response Summary Indicators

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



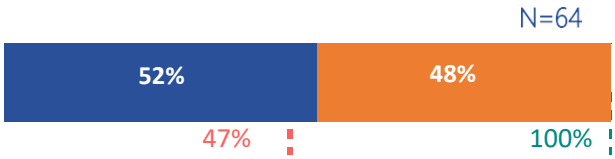
Priority countries with an active & implemented RCCE coordination mechanism



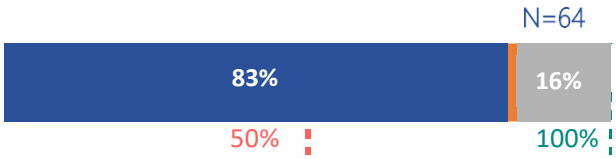
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19[c]

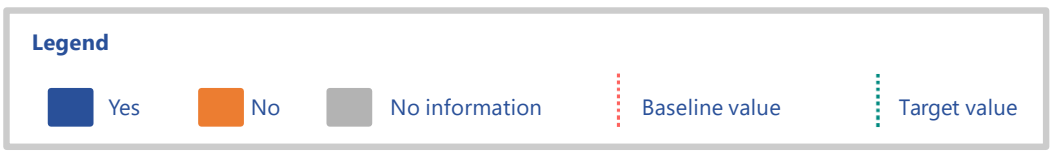
Priority countries with a contact tracing focal point

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





Notes:

c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

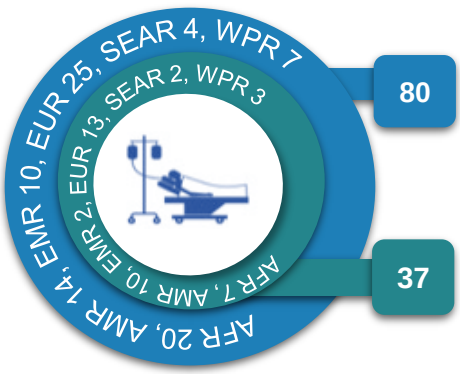
The Unity Study is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.
It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays

Global COVID-19 Clinical Data Platform

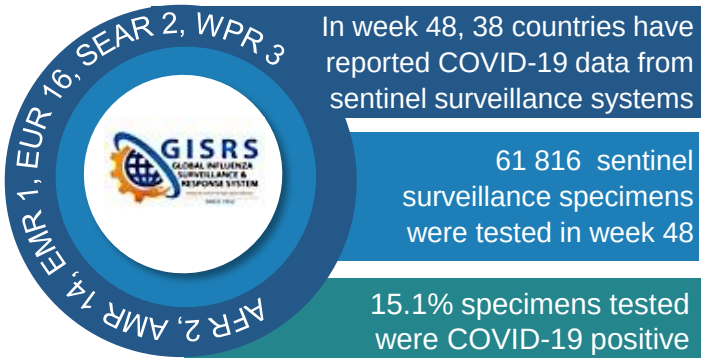
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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.



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



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