

# Weekly Operational Update on COVID-19

23 November 2021

Issue No. 81



As of 22 November 2021

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases

**256 480 022**

Confirmed deaths

**5 145 002**

## Building capacity to create vaccine demand among health care and frontline community workers in Syria

The week of 14 November, health care workers, who play a critical role in supporting effective risk communication and community engagement for vaccination, built their capacities and strengthened skills in managing vaccine hesitancy as part of the COVID-19 response. The interactive training organized by the Ministry of Health and WHO, in partnership with UNICEF, International Federation of Red



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## Key Figures



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



More than **5.9 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **57** languages



**21 474 136** PCR tests shipped globally



**215 179 426** medical masks shipped globally



**99 120 700** gloves shipped globally



**9 610 311** face shields shipped globally



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



**7 408 870 760** COVID-19 vaccine doses administered globally as of 22 November

<sup>a</sup>COVAX has shipped over **507 million** vaccines to **144** participants as of 17 November

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

Cross and Red Crescent Societies (IFRC) and Syrian Arab Red Crescent (SARC) aimed to identify and address issues that may affect vaccine uptake in the community, including health workers' personal concerns and beliefs about vaccination.

"Availability and accessibility of COVID-19 vaccines do not automatically guarantee an effective rollout and uptake among the Syrian population. As more COVID-19 vaccines are delivered to Syria, all concerned sectors are joining hands to facilitate vaccine roll out and acceptance to reach the national target of 20% by the end of the year," said Dr Akjema Magtymova, Head of Mission and WHO Representative in Syria.

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

## From the field:

### WHO/Europe supports Serbia's public health laboratory financing system: 9 – 10 November 2021



*Training of laboratory experts and financial experts on the Laboratory test costing and expenditure tools @WHO/Europe, Maria Amante*

[Better Labs for Better Health](#) advocates for clear organization of laboratory systems at all laboratory levels within a country. This includes the development of terms of references for each lab, an inventory of tests and methods to be performed at each level and their justification and the accompanying costs for offered tests.

The laboratory test costing tool (LTCT) was developed to help laboratories evaluate the cost of a test, justify this cost, and assist in producing pricelists for laboratory tests. The Laboratory Expenditure Tool (LET) assists in producing proposals for laboratory budgets and calculating the total cost of running a given laboratory.

In Serbia, from 9 – 10 November 2021, a training was held on the LTCT and LET with financial experts and laboratory experts from laboratories to empower both parties and encourage discussions and transparency within the laboratory setting. This combined counterpart training was the first of its kind in Serbia.

Costing is particularly important during the COVID-19 pandemic when surge laboratory capacity can be needed, but sometimes unpredictable. The training aimed to support regional laboratory staff in using the LTCT to provide proof of incurred costs for COVID-19 testing and to ensure that the costs of testing are fully covered by existing funding sources. By using the tool, laboratories can avoid needing to cut costs in other areas including training, equipment maintenance, biosafety, and biosecurity.

Following the training, WHO/Europe laboratory experts will provide support in evaluating the costs of tests in the regional laboratories in Serbia through field visits over the coming week. This work will help sustain the laboratory systems put in place during and after the COVID-19 pandemic. This same activity has also been performed in the Republic of Moldova and North Macedonia by the World Health Emergencies Balkan Hub. These activities are implemented by the WHO/Europe COVID-19 IMST and supported by Canada under the ACT-Accelerator Health System Connector.

**From the field:****The Ministry of Health collaborates with district authorities to reduce COVID-19 transmission and mortality in Vientiane Capital, Lao People's Democratic Republic**

*WHO provides training to prepare workers to deploy.  
©WHO/Shogo Kubota*



*Health Minister, Dr Bounfeng Phoummalaysith gives his speech at the  
Sikhottabong District's Governor Office. ©CCEH*

On 13 November 2021, the Minister to the Ministry of Health, Dr Bounfeng Phoummalaysith chaired a meeting to discuss about the deployment plan of more than 300 people to 7 districts in Vientiane Capital to work directly with local authorities to reach the villagers in their communities.

The soon to be deployed workers, trained by WHO, will mobilize the local authorities to reduce local COVID-19 transmission and prevent deaths through building capacities of district and village authorities, to effectively engage their communities and accelerate uptake of vaccines, establish home care and care pathways for early detection of medical needs and access to hospital care when needed; and assist families in their communities that faces emergency due to COVID-19 and may need their support.

With the increase in positive COVID-19 cases reported, the Ministry of Health is committed to implement home care while minimizing the COVID-19 transmission and deaths in Vientiane Capital. The deployments will last 14 days to work with village authorities to provide information to the communities on home care, vaccination, and preventive measures. By working with local authorities, the ministry hopes to reduce the strain on the health care system while ensuring that everyone can access medical care when needed.

“This initiative by the Ministry of Health comes at an opportune time when we see local transmission cases increasing and with the introduction of home care, it is important that we keep transmission and mortality rates low. At the same time, this will help us better understand the challenges faced by local authorities when dealing with positive COVID-19 cases on home care. A feedback loop is included so we can learn of challenges faced by local authorities in their communities, and work with the ministry and district authorities to identify solutions and learn from the process.” said WHO Officer-in-Charge, Dr Jun Gao.

## From the field:

### Building capacity of frontline health care workforce on latest COVID-19 clinical management practices priority for WHO

WHO's Regional Office for the Eastern Mediterranean conducted a webinar series to enhance the knowledge and skills among frontline health care workers on up-to-date recommendations for clinical management of people with COVID-19 over 3 sessions on 18 October, 27 October, and 3 November 2021.

The webinar sessions were designed for frontline health care workers from multiple disciplines directly managing COVID-19 patients.



“Previously, when we received COVID-19 patients, we used to start antibiotics as empirical therapy. After this webinar, we now know that antibiotics should not be the first-line treatment for COVID-19 patients. We learned that oxygen therapy and other supportive medications should be considered first. In addition, we learned that oxygen-given procedures are also a key in the prognosis of the patient,” said Dr Barkhad Mohamed, a general physician in the COVID-19 isolation and emergency centre, Hargeisa, Somaliland.

Over the 3 sessions, WHO provided updates on WHO guidelines on the management of COVID-19 patients and also, invited regional and international clinical experts to share their protocols and their own experience in managing patients with critical, severe, and non-severe COVID-19. The care of special populations with COVID-19, such as pregnant women, children, and older people, was highlighted along with the latest information on the post-COVID condition. WHO stressed the importance of promoting experience-sharing among clinicians in both public and private hospitals, as well as other health care settings.

“The strategic preparedness and response plan (SPRP) in the area of the COVID-19 clinical management plays a crucial role in outlining the overall Organization’s objectives to end the COVID-19 pandemic, as well as assisting national stakeholders with developing a structured approach to their response. We aim to conduct regular sessions to update and strengthen health care providers’ capacity, especially those on the frontlines of the COVID-19 response and provide them with updated information in this area,” said Dr Chiori Kodama, Medical Officer, Infectious Hazard Prevention and Preparedness programme at the WHO’s Regional Office for the Eastern Mediterranean.

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

## Pandemic learning response

### Leadership in Emergencies: Building competencies for effective leadership in all-hazards emergency response

Effective leadership is key to health emergency response management. Since 2019, WHO has delivered the Leadership in Emergencies programme to 150 individuals from both WHO and Ministries of Health in Member States.

The programme helps participants develop key leadership skills to fulfil team lead, Health Cluster Coordinator and Incident Manager roles. In 2021, the programme moved online to increase access for learners. It has three elements:

- **Ready4Response:** Online self-paced learning on OpenWHO.org ([Tier 1](#); [Tier 2](#)).
- **Leadership Phase I:** Eight weeks of online classes focused on developing leadership skills.
- **Leadership Phase II:** Four weeks of online classes followed by a simulation exercise.

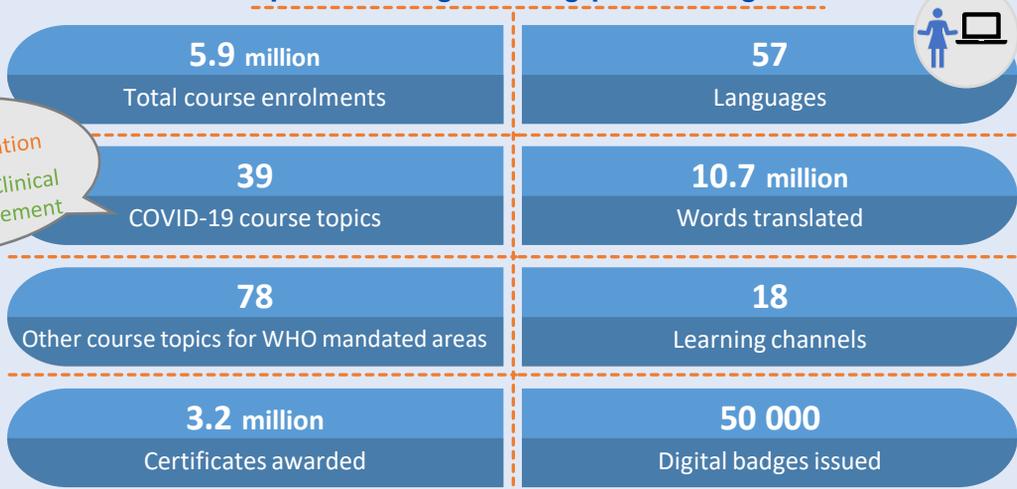


Participants have said that the leadership training course has helped them lead in emergency contexts, including the COVID-19 response.

“The main takeaways that I have applied during my daily work have been how to strengthen my team and take care of them, providing feedback and better interaction among each other. And the most important: Supporting them to achieve our mission – WHO and PAHO’s mission – because success is not about compete but collaborate,” said Luis de la Fuente, PAHO regional advisor for the Emergency Medical Teams (EMT) initiative that provides technical support and coordination in medical surge capacity and EMT response within the Incident Management System.

In 2022, the programme will open to another 160 nominated participants, and WHO will work with colleagues and partners to further develop the programme to enhance its reach and quality for learners.

### OpenWHO.org learning platform figures



Infection, prevention and control  
Clinical management



## COVID-19 Preparedness

### COVID-19 Intra-Action Review (IAR) Training: *Muscat, Oman*



COVID-19 Intra-Action Review Training in Oman /© WHO Oman

The Sultanate of Oman requested support for a two-day training session on conducting a COVID-19 Intra-Action Review (IAR) from the WHO Eastern Mediterranean Regional Office and the WHO Oman Country Office, in collaboration with Ministry of Health (MoH) of Oman, from 10 - 11 November 2021, with His Excellency Dr Ahmed Al Saidi, Minister of Health Oman in attendance for the opening ceremony.

A [COVID-19 IAR](#) is a country-led, facilitated process, that allows stakeholders of the ongoing COVID-19 response to review the functional capacities of public health and emergency response systems at the national or subnational levels to identify best practices, gaps and lessons learned, and propose corrective measures and actions, both short- and long-term, of the COVID-19 response. WHO has also developed an online [course](#) comprised of four modules, quizzes and a final assessment to remotely support countries in conducting an IAR. Oman is the first country in the region to participate in an IAR training session.



The training's main objectives were:

- To provide an opportunity to share experiences and guide the MoH team on using the IAR tool that will be used for a WHO supported review mission (dates to be confirmed).
- To discuss how to facilitate consensus building among various stakeholders and compile lessons learned on both successes and to prevent errors from recurring.
- To train the participants applying lessons learned from the response efforts to date to enable health systems strengthening.

In this context, the 2-day training of 34 MoH personnel from a range of governates had the aim of building the capacity at national and provincial levels on conducting a successful IAR and aided in participants familiarizing themselves with the IAR tool, as IARs rely primarily on personal experience and perceptions of individuals involved in the COVID-19 response to assess what worked, what did not, why and how to improve the response.

## Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO and PAHO-procured items that have been shipped as of 19 November 2021.

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

*Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Laboratory supplies data are as of 19 November 2021*

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

## Appeals

WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 16 November 2021, WHO has received US\$ 1.19 billion out of the 1.9 billion total requirement. **A funding shortfall of 39.45% remains during the final quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

**Of note, only 5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP.** The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

### Contributions to WHO for COVID-19 appeal

Data as of 16 November 2021

**Total Pledges:**  
**US\$ 76 million**

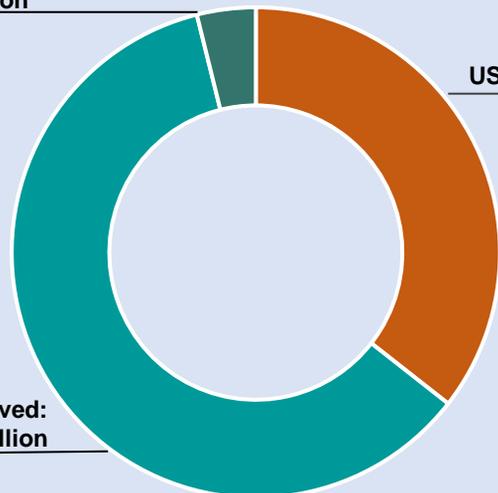
3.89%

**Gap:**  
**US\$ 698 million**

35.56%

**Total Received:**  
**US\$ 1.19 billion**

60.55%



A [mid-year report on SPRP 2021](#) is now available, in addition to an [updated appeal](#) with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

The status of funding raised for WHO against the SPRP can be found [here](#).

## COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below, followed by a spotlight on an indicator in Pillar 4, points of entry, international travel and transport, and mass gatherings.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
<b>Pillar 3:</b> Proportion of countries <sup>a</sup> testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 <sup>b</sup> , as of epidemiological week 44 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	44% (n=51)	<b>44% (n=51)</b>	50%
<p>This week (epidemiological week 44), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 51 (44%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.</p>				
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 22 November) <sup>c</sup>	0 <sup>f</sup>	99% (n=192)	<b>99% (n=192)</b>	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 22 November) <sup>c</sup>	0 <sup>f</sup>	7 307 892 664	<b>7 408 870 760</b>	N/A
<b>Pillar 10:</b> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 22 November) <sup>c</sup>	0 <sup>f</sup>	52.0% (n=4.0 billion)	<b>52.4% (n=4.1 billion)</b>	N/A

<sup>a</sup> The term “countries” should be understood as referring to “countries and territories”

<sup>b</sup> 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

<sup>c</sup> Weekly reported indicator

<sup>d</sup> Baseline for epidemiological week for southern hemisphere season

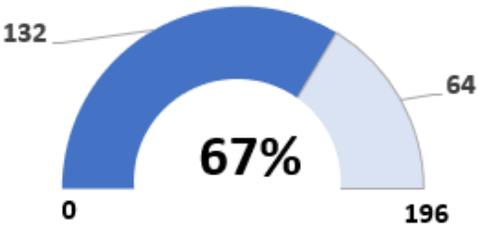
<sup>e</sup> Quarterly reported indicator

<sup>f</sup> Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

**Pillar 4: Points of entry, international travel and transport, and mass gatherings**

*Member States continue to implement a risk-based approach for managing the risks of COVID-19 spread while gradually resuming and adjusting international travel, trade and mass gathering events.*

Current Indicator Status(September)	Overview
<p><b>States Parties made timely information about international travel measures available to WHO</b></p> 	<p>During this quarter, <b>132 of the 196 State Parties to the IHR updated and shared information</b> about international travel related measures, an increase of 16 countries reporting as compared to the previous quarter (April-June).</p> <p>From July - September 2021, WHO IHR regional focal points <b>collected and validated more than 800 health measures</b> related to international travel, including border status, vaccination, testing and quarantine requirements.</p>

The number of States Parties updating and sharing up to date information to WHO through the regional offices about international travel measures **increased for this quarter**. This facilitates collection, analysis and publication of those measures in the Event Information Site accessible by National Focal Points and other designated organizations.

**Key Highlights**

- **30 countries** currently report travel bans against travelers coming from specific countries, mostly Brazil, India, South Africa and/or United Kingdom, but the list extends up to 159 countries in 6 regions.
- **24 countries** implement strict border closure, but with exceptions for example for repatriation of nationals or certain group of travelers (diplomats, sports, students).
- **53 countries** allow for reduced quarantine or test measures when traveler is fully vaccinated.
- To date, **138 countries** request a negative SARS-CoV-2 test prior to travel, in most instances even for vaccinated travelers.
- **16 countries** (13 more than Q2) require proof of vaccination against COVID-19 as a condition for entry

*Following the [9<sup>th</sup> meeting of the IHR Emergency Committee on COVID-19 pandemic](#) on 22<sup>nd</sup> October, the following travel-related temporary recommendations have been extended by WHO:*

1. **EXTENDED:** Continue a risk-based approach to facilitate international travel and share information with WHO on use of travel measures and their public health rationale. In accordance with the IHR, measures (e.g. masking, testing, isolation/quarantine, and vaccination) should be based on risk assessments, consider local circumstances, and avoid placing the financial burden on international travellers in accordance with Article 40 of the IHR. [Link to WHO guidance](#)
2. **EXTENDED:** Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines. State Parties should consider a risk-based approach to the facilitation of international travel by lifting or modifying measures, such as testing and/or quarantine requirements, when appropriate, in accordance with the WHO guidance. [Link to WHO interim position paper](#) and [Link to WHO guidance](#)



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

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

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO’s work, including activities with partners to suppress transmission, reduce

exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It’s never been more urgent to support the global response, led by WHO.

**More than US\$ 256 Million**



**676 626 donors**

[individuals – companies – philanthropies]

### The following amounts have already been disbursed to WHO and partners:





## Key links and useful resources



### GOARN

For updated GOARN network activities, click [here](#).

### Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

### WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

### WHO clinical case definition

For the WHO clinical case definitions of the post COVID-19 condition, click [here](#).

### EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

### WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on  
COVID-19 regional  
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 16 November 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on the geographic distribution of SARS-CoV-2 Variants of Concern (VOCs), and summarise phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of VOCs based on available studies.

## News

- To watch the Science in 5: COVID-19 & Antibiotics on YouTube, click [here](#).
- To read more about Qatar and WHO convening their first strategic dialogue, click [here](#).
- To read the Director-General's remarks at the first session of the World Emerging Security Forum, click [here](#).
- To read the WHO Director-General's opening remarks at Global WHO Evidence-to-Policy (E2P) Summit; Official Welcome Note: Mobilizing evidence for impact in a global health emergency, click [here](#).