

# Weekly Operational Update on COVID-19

20 November 2020



Confirmed cases<sup>a</sup>

**57 274 018**

Confirmed deaths

**1 368 000**

## South Sudan is ramping up its laboratory capacity to tackle COVID-19

The National Public Health Laboratory (NPHL) of South Sudan has performed a total of 44 077 tests of which 2 943 (6.7%) samples tested positive for COVID-19 since the outbreak began on 5 April 2020.

To increase diagnostic capacity, the NPHL recently obtained sufficient material and reagents used for PCR testing to allow 500 samples per day for the next two months. PCR testing is the gold standard for testing for COVID-19.



*Credit: WHO South Sudan*

“Rapid and accurate detection of COVID-19 is vital to identify and control infection and transmission”, said Dr Richard Laku, COVID-19 Incident Manager, Ministry of Health.

In addition, EU funding supported WHO to provide ongoing mentoring and support of laboratory staff for accurate and timely disease diagnosis, and the establishment of a Laboratory Quality Management System for the molecular diagnostic laboratory to improve quality services based on international standards of practice.

“Thanks to a generous contribution from the EU, the introduction of diagnostic techniques and increased hours of testing enhanced the country’s response capacity and effectiveness”, said Dr Olushayo Olu, WHO Representative to South Sudan. For more information on laboratory capacity building activities in South Sudan, click [here](#).

## Key Figures



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



**124** of GOARN deployments conducted to support COVID-19 pandemic response



**17 680 125** respirators shipped globally



**186 593 499** medical masks shipped globally



**8 132 036** face shields shipped globally



**4 099 848** gowns shipped globally



**22 070 280** 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:

### Influenza preparedness underpins COVID-19 lab capacities in South-East Asia

Every country in the WHO South-East Asia region (SEAR) has successfully established diagnostic capacity for COVID-19 with success enabled in large part by a decade of preparedness activities to build laboratory capacities for pandemic influenza.

The long-standing laboratory capacity building for influenza in SEAR has been made possible through a combination of national contributions coupled with funds from the [Pandemic Influenza Preparedness Framework Partnership Contribution \(PIP-PC\)](#) and a range of other donors.



*Credit: WHO/Shobhan*

Three laboratory response areas have been particularly impacted:

- 1. PCR diagnostic capacity building.** By 2019, all 11 SEAR countries had built the capacity to accurately and reliably detect influenza viruses through real-time PCR, as recognized by the 2019 [WHO External Quality Assessment Project \(EQAP\)](#), which provided the basis for COVID-19 PCR testing in the region. All SEAR countries are able to detect COVID-19 through real-time PCR. Six of these have already completed the 2020 COVID-19 EQAP test and achieved 100%; the rest are still waiting to receive or report on the EQAP panels.
- 2. Online knowledge exchange.** Since September 2019, WHO has hosted a series of regional webinars to share laboratory expertise and support online training within National Influenza Centres and public health laboratories. Since the start of the pandemic, these webinars have been rapidly adapted to focus on COVID-19-specific topics, such as biosafety, specimen collection and transport, and data management.
- 3. Laboratory assessment.** During 2019, at least five South-East Asian countries assessed their national laboratory systems using [WHO's Laboratory Assessment Tool](#) to identify strengths and gaps in their laboratory capacities for influenza and to work towards addressing these. There is little doubt that this capacity building groundwork was critical in enabling laboratories to handle the surge in demand for laboratory services prompted by the COVID-19 response.

For further information on influenza preparedness activities in SEAR click [here](#).

## Strengthening health systems in the eastern conflict area of Ukraine

The WHO Country Office in Ukraine continued to lead joint efforts through the Health Cluster to respond to COVID-19, particularly in the eastern conflict area (ECA).

This includes facilitation of national and sub-national coordination meetings, responding to emerging health needs and requests from the affected population, compilation and analysis of data on the COVID-19 and non COVID-19 health response, as well as preparations for the new 2021 Humanitarian Program Cycle (HPC).



*Supplies arriving at the WHO Ukraine Country Office. Credit: WHO/Ukraine*

Over the past months, WHO has led the following work streams to prepare for the 2021 HPC:

- Partners briefed on the 2021 Ukraine Humanitarian Needs Overview (HNO) and the 2021 Ukraine Humanitarian Response Plan (HRP). Support provided to cluster partners for submitting 17 projects to HRP for further review and approval by the Cluster
- Cluster objectives, activities, indicators revised, and prioritization criteria established
- Hospital readiness and capacity assessments launched last week in five COVID-19 designated hospitals in Luhansk – in collaboration with WHO, UNICEF and Médecins du Monde.

WHO and the Health Cluster have also established a Strategic Advisory group with a focus on the national health reform and longer term transition of the health cluster's work into broader health programming. The Strategic Advisory Group will provide technical and strategic oversight to the Health Cluster response to streamline priority actions in the eastern Ukraine.

Under the coordination of the Health Cluster Coordinator, the group includes representatives from UN agencies, International NGOs, Ukraine Government and authorities.




## Building the capacities of National Rapid Response Teams to address COVID-19

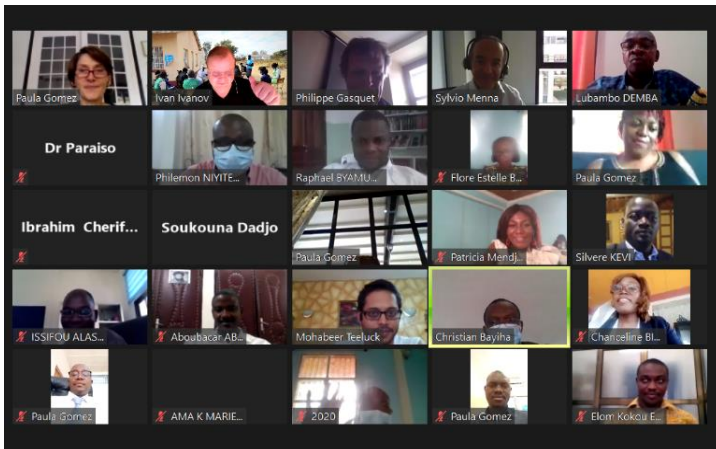
In response to requests from members of the RRT knowledge network and to strengthen operational readiness capacity in member states, WHO developed a series of modules to assist national Rapid Response Teams in responding to COVID-19. The modules aim to reinforce the capacity and skills of multidisciplinary RRT in operationalizing WHO latest COVID-19 guidance and recommendations at field level.

The modules were presented as a webinar series that attracted participants from 40 countries in all 6 WHO regions. On average, 250 participants joined each session. The modules are available in [English, French, Russian and Spanish](#).



### COVID-19 NATIONAL RAPID RESPONSE TEAMS ONLINE LEARNING PACKAGE

-  Self-paced learning
-  English, French & Spanish
-  Certificate of completion



Two additional webinars will be organized in November on “RRT management in the context of COVID-19 and cross-border collaboration”. For those interested to take part in these webinars, please send an email to [ihrhrt@who.int](mailto:ihrhrt@who.int).

All information about the national Rapid Response Teams training packages can be accessed through the [Health Security Learning Platform](#).

## Public health response and coordination highlights

At the Crisis-Management Team (CMT) meeting of 20 November, **WHO** briefed on the epidemiology situation and reported that there have been almost 4 million cases reported this week, with global deaths having grown by 11% with 60 000 deaths reported in the reporting week. It was noted that this is the first week in which the number of weekly deaths globally exceeded the peak in March and April.

**WHO, UNICEF and OCHA** briefed the latest updates on the development and delivery of COVID-19 vaccines, which is occurring with unprecedented speed and scale. Challenges include training health care workers on distribution, deployment of the vaccines at country-level, meeting demand, and acceptance by populations.

**WHO** noted that regions have established task teams with other stakeholders and partners to connect with country teams that are on the verge of ramping up country level planning.

**WHO** briefed on the process of the United Nations General Assembly Special Session on COVID-19, which will take place on 3-4 December.

## 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**

**4 618 921**  
Course enrollments

**42 languages**

**Over 2.3 million certificates**

**141 COVID-19 courses**

## Health Learning

### Breaking down language barriers to COVID-19 learning

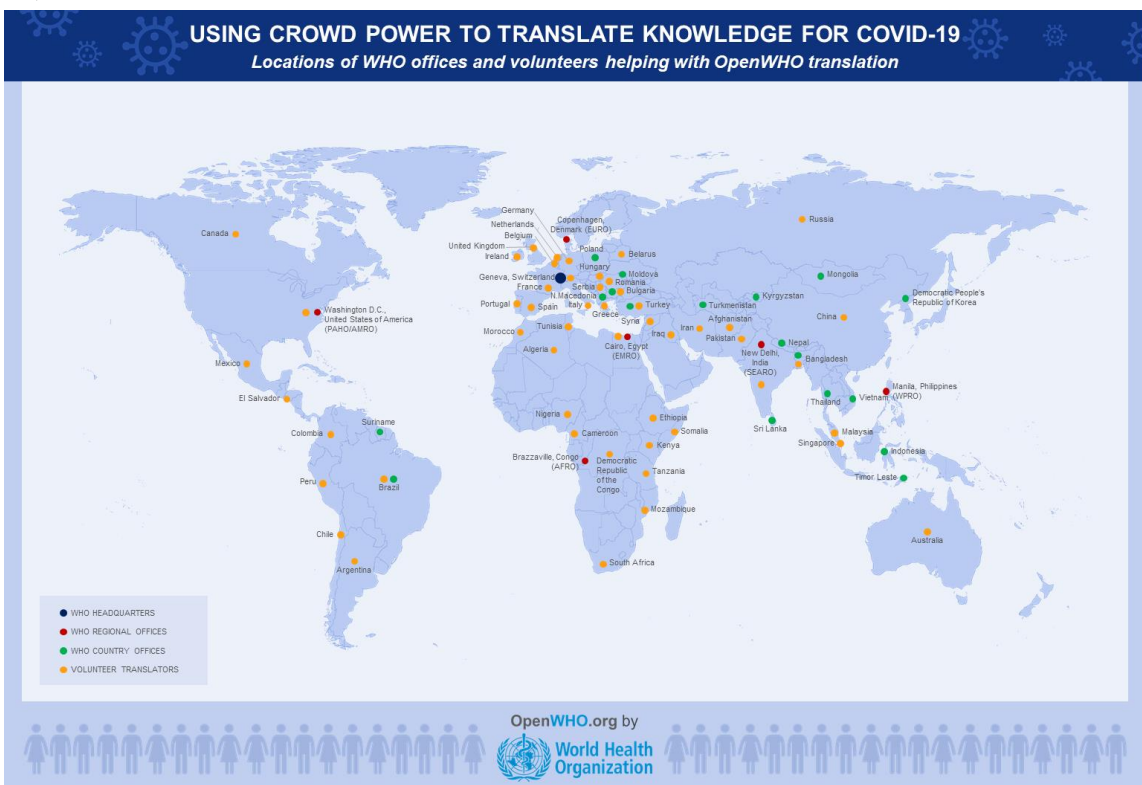
By harnessing the crowd power of translators from all corners of the globe, the OpenWHO learning platform has made COVID-19 courses available for free online in 42 languages and counting.

In total, more than 6.3 million words have been translated for pandemic learning through partnerships with WHO regional and country offices, organizations such as Translators Without Borders, and other volunteer translators worldwide (see map). The OpenWHO team knows from experience and research that people prefer information in their own language, which is why translation has been prioritized to help localize the response.

Resources extend beyond the six official UN languages to include national and local languages in an effort to reach populations who may lack access to trusted information about the pandemic. OpenWHO's popular Indian Sign Language course, for example, has more than 53 000 enrolments and has drawn praise from advocates for the deaf community.

WHO country offices have translated the majority of the national language courses. However, in instances where volunteer translators supported course translations, the resulting course documents have been marked with an informative disclaimer for OpenWHO platform users.

Languages available on the platform that are spoken in the Global South include the following: Amharic, Arabic, Bengali, Chinese, Dari, Farsi, Hausa, Hindi, Igbo, Indian Sign Language, Indonesian, Kurdish, Marathi, Mongolian, Odia, Oromo, Pashto, Portuguese, Punjabi, Sinhala, Somali, Swahili and Tetum.





## Partnerships

### The Emergency Medical Teams - EMT

#### **Emergency Medical Teams begin lessons learned reflection exercise to inform future EMT deployments**

As of 13 November 2020, over 60 international Emergency Medical Teams (EMT) missions have been conducted.

Given the volume of deployments this year, the WHO EMT Secretariat has developed a survey to capture the profiles of national and international teams responding to the COVID-19 pandemic as well as lessons learned. This survey also aims to identify challenges and opportunities to inform future EMT deployments, the EMT deployment mechanisms as well as the [EMT Global Classification](#) process.

Preliminary analysis of the EMT network survey findings shows:

- EMTs have been most frequently deployed as staff to provide training or technical guidance to support the health workforce;
- The reinforcement of developing a reliable process to augmenting, task shifting and embedding deployed EMT staff into existing facilities to support emergency response is critical to success; and
- EMTs that have undergone the Global Classification demonstrated flexibility during the response were able to provide a wide range of support encompassing a broad spectrum of care, from screening to critical care and support.

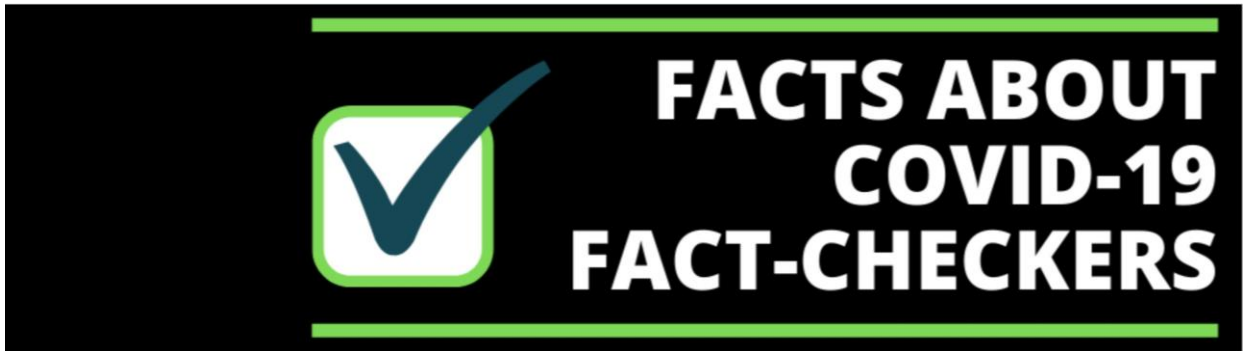
A more in-depth analysis of the survey results combined with the analysis of a host facility survey is forthcoming. This analysis will bring a more comprehensive level of understanding of EMT field work and lessons learned. The final survey results are expected to be available by the end of this year.

For more information on EMTs and current deployments, click [here](#).



## Infodemic Management

### WHO Partners with Academia to Build an Open-Source COVID-19 Fact-Checking Hub



As COVID-19 outbreaks spike around the globe, [misinformation](#) about it perpetuates across the digital world.

This COVID-19 *infodemic* is triggering confusion, fear, xenophobia, poor observance of proven public health measures and distrust in health experts. It has resulted in physical harm, like in Iran when more than 700 people died after ingesting toxic methanol erroneously thinking it could cure COVID-19.

To help manage the infodemic, WHO is partnering with Ryerson University's [Social Media Lab](#) and the International Federation of Medical Students Associations ([IFMSA](#)) to develop open-source [COVID-19 misinformation fact-checking tools](#).

These tools help policymakers understand the misinformation that poses a threat to health systems at a local level, so they can prepare an infodemic response before the situation spirals out of control.

Our [COVID-19 Fact-checkers Dataset](#) is an international repository of more than 200 active COVID-19 fact-checking groups that verify COVID-19 related claims in over 40 languages. Knowing which languages facts are being checked helps policymakers see gaps so they can identify communities that need fact-checking support.

Our COVIDGlobal Misinformation Dashboard offers a visual pivot table of over 3,000 debunked COVID-19 claims based on the date a claim was made, what language the claim was made, where the claim originated, and other data fields that offer insight on infodemic outbreaks.

Prior to this dashboard, people would have to go to each individual COVID-19 fact-checker's website to see the latest debunked claims. Now claims are streamlined into one interface. They are translated, receive a standardized rating and are made searchable.

The COVID19misinfo.org tools are continuously optimized to serve policymakers around the world, and partnerships like these that ensure stakeholders from every sector and skillset are teaming up to share knowledge and build solutions to combat the crisis caused by COVID-19 misinformation.





### COVID-19 Partners Platform

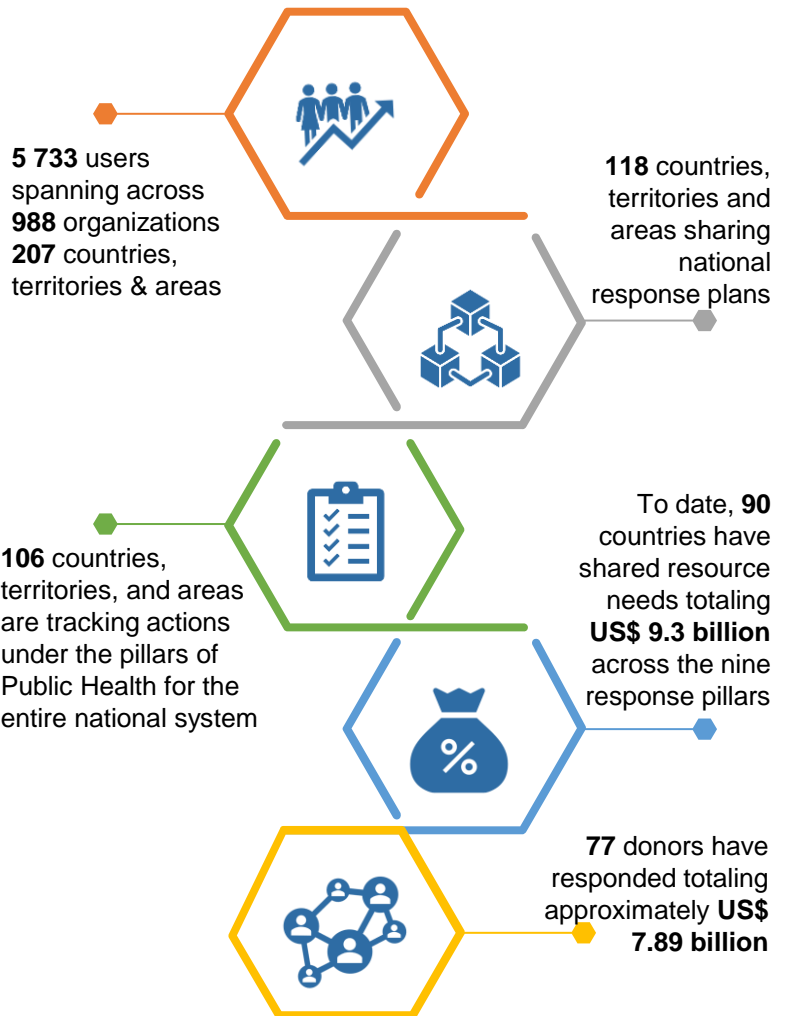
#### Partners Platform briefing to PAHO

On October 27 members of the Partners Platform team met virtually with over 80 participants from 26 countries in the Region of the Americas (AMR), and others from partner institutions and UN organizations, to review how functions of the Partners Platform can help countries identify, cost and report resource needs, as well as upcoming features that will further increase the Platform's value for outbreak preparedness and readiness.

The meeting was led by AMRO and WHO HQ. Among other existing features, there was a demonstration of the dynamic costing tool, which is based on current epidemiological situation in-country to allow for a more accurate estimate for needs requests. The demonstration also included a review of the Action Checklist, which allows countries to

upload a self-assessment or Intra Action Review based on the 9 Pillars of the Strategic Preparedness and Response Plan (SPRP). It was noted that some countries have found the Action Checklist useful beyond identifying resource needs and are also using it as a national tool, rolling it out at subnational levels for real-time updates.

Participants engaged in a productive Q&A session, which identified the value of the Platform to donors in making ongoing allocation decisions based on what they see happening through the Platform in other countries and rising needs. During the discussion, the next steps for the Platform were also highlighted, such as making linkages with long-term preparedness from the Strategic Partnership for IHR and Health Security (SPH) Portal.



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 19 November, 2020

Shipped items as of 19 Nov 2020	Laboratory supplies			Personal protective equipment					
	Region	Antigen RDTs*	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)		2 593 715	1 315 634	1 354 364	5 735 680	158 999	1 203 948	50 773 789	2 148 314
Americas (AMR)	1 658 000	1 015 112	10 497 138	3 826 501	92 000	301 180	1 144 570	56 396 710	7 808 056
Eastern Mediterranean (EMR)		789 960	1 108 420	837 085	5 425 000	147 460	446 122	24 985 550	1 270 995
Europe (EUR)		204 800	461 510	1 704 850	7 190 100	374 720	985 048	38 631 500	5 126 950
South East Asia (SEAR)		2 262 750	1 934 700	88 236	1 905 500	81 750	219 250	5 416 300	353 575
Western Pacific (WPR)		102 900	250 984	321 000	1 722 000	105 167	100 910	10 389 650	972 235
<b>TOTAL</b>	<b>1 658 000</b>	<b>6 969 237</b>	<b>15 568 386</b>	<b>8 132 036</b>	<b>22 070 280</b>	<b>1 169 276</b>	<b>4 099 848</b>	<b>186 593 499</b>	<b>17 680 125</b>

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

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



## Appeals

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

**As of 20 November 2020**

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

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

**US\$1.74  
BILLION**

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

**US\$146.6  
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 20 November 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 237 million.

From the Fund's March 13, 2020 launch through today, leading companies and organizations and more than 618,000 individuals together contributed more than US\$237 million in fully flexible funding to support the WHO-led global response effort.

**More than US\$ 237 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.

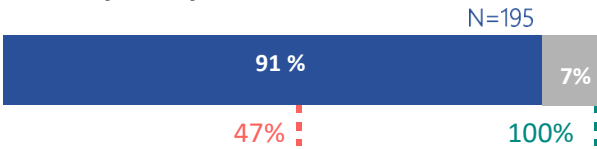
**US\$ 8.9 Million released**

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](#).

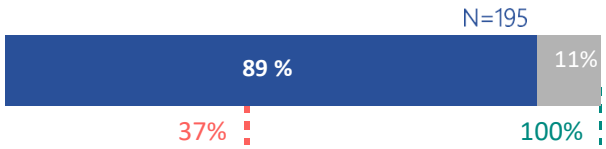


### COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

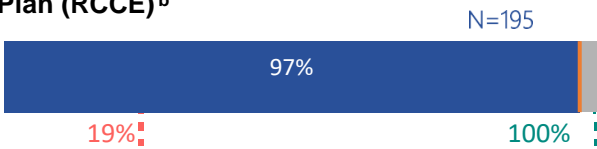
Countries have a COVID-19 preparedness and response plan



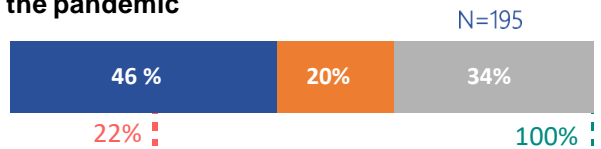
Countries have a clinical referral system in place to care for COVID-19 cases



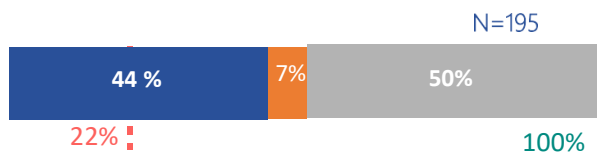
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



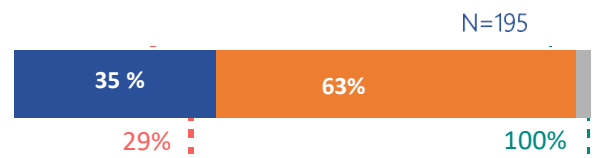
Countries that have defined essential health services to be maintained during the pandemic



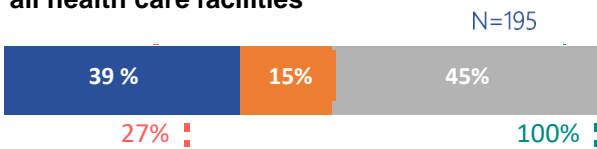
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



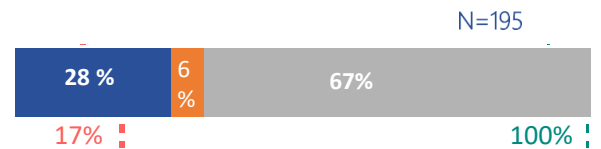
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



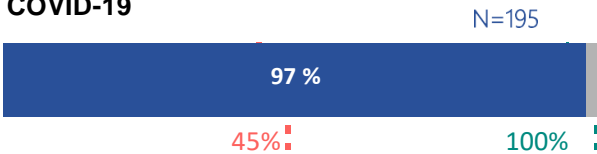
Countries with a national IPC programme & WASH standards within all health care facilities



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:

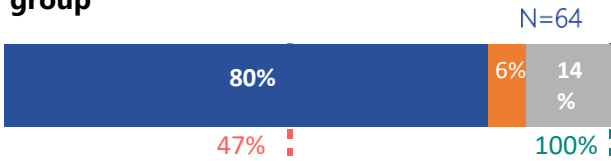
<sup>a</sup> Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." <sup>b</sup> Source: UNICEF and WHO



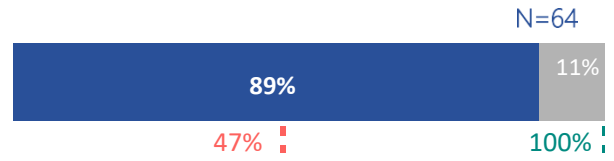
### COVID-19 Global Preparedness and Response Summary Indicators

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



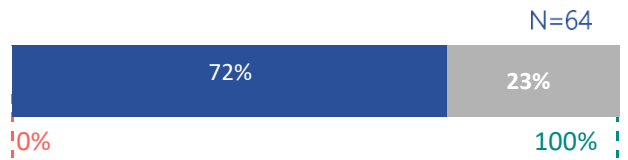
#### Priority countries with an active & implemented RCCE coordination mechanism



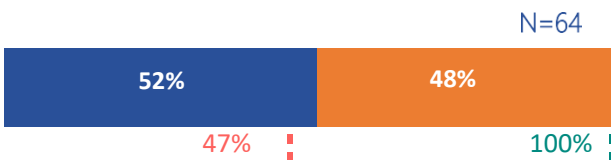
#### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



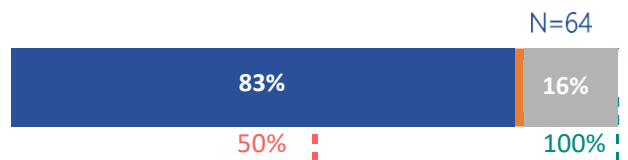
#### Priority countries with a contact tracing focal point



#### 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: <sup>c</sup> 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](#)
- ❑ For updated GOARN network activities, click [here](#)