

Weekly Operational Update on COVID-19

21 December 2020



Confirmed cases^a

75 704 857

Confirmed deaths

1 690 061

PAHO prepares for COVID-19 vaccine deployment

The Director of the Pan American Health Organization (PAHO) Dr Carissa Etienne has warned that with more than 753 000 deaths and over 28.5 million cases reported in the Americas, the region must redouble preventive measures, especially during the holiday period.



© WHO / Blink Media - Nana Kofi Acquah

In Central America COVID-19 infections have increased in areas impacted by recent hurricanes while South America's situation is also concerning.

PAHO's Directing Council recently met to discuss preparations for purchasing and introducing COVID-19 vaccines through the PAHO Revolving Fund and the COVAX facility. Countries in the Americas have secured more than \$1 billion in down payments and financial guarantees to participate in COVAX. The first vaccine deployments will target those most vulnerable to develop severe forms of COVID-19 thereby reducing mortality.

"Each country must identify priority groups and adapt communications campaigns to meet their needs. Health care workers will likely be among the first to be targeted, and they also have a key role in raising awareness about immunization" she said.

For more information on vaccine readiness efforts, click [here](#).

Key Figures



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



136 GOARN deployments conducted to support COVID-19 pandemic response



18 970 965 respirators shipped globally



192 365 980 medical masks shipped globally



8 439 631 face shields shipped globally



5 292 679 gowns shipped globally



30 415 285 gloves shipped globally



More than **4.6 million** people registered on [OpenWHO](#) and able to access **145** COVID-19 online training courses across **20** topics in **42** languages

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

From the field:

Joint Intra-Action Review carried out in the Republic of Moldova in collaboration with the Ministry of Health Labour and Social Protection



WHO supported the Ministry of Health Labour and Social Protection of the Republic of Moldova in conducting an Intra-Action Review (IAR) of the COVID-19 response. The IAR was conducted in Chisinau from 1-4 December 2020. A team of WHO experts facilitated the response review as recommended by the Emergency Committee under the International Health Regulations. Approximately 100 participants, from key national and sub-national institutions, took part in the discussions either onsite or online.

The main objective of the IAR was to provide an opportunity for continuous collective learning by bringing together relevant stakeholders to systematically analyse and document best practices, identify challenges in the COVID-19 response, and accordingly propose short-and long-term corrective actions. The review was structured in three steps according the standardized IAR methodology, including sessions on what went well and what went less well in the response (focusing on root causes), what can be done to improve the response and finally what is the best way forward.

The IAR included nine response pillars, from country-level coordination and risk communication to national laboratory system, infection prevention and control and maintaining essential health services. A number of cross-cutting best practices and challenges in Moldova's COVID-19 response were identified during the review.

The findings of the interactive pillar discussions have led to several country recommendations including: addressing limited public health funding, continuing capacity building and training activities, engaging information management and analytics to enhance coordination, situational awareness, pandemic fatigue, and development of supply stockpiles.

From the field:

Thailand Prepares Health Facilities for Possible Future Outbreaks of COVID-19

Thailand has launched a comprehensive plan to ensure the health sector is well prepared to respond to possible future outbreaks of the COVID-19 pandemic and to future infectious disease emergencies.

A business continuity plan (BCP) and a training manual have been developed by the Department of Medical Services Foundation, together with Department of Medical Services, to guide healthcare facilities in developing and test their own BCP.

A pilot project under the plan has been implemented in three hospitals and will soon be

expanded to thirty-one hospitals under supervision of the Department of Medical Services and other regional and provincial hospitals across country.



At a recent workshop, a table-top simulation exercise was conducted to determine how well the Business Continuity Plan would perform in the event of future outbreaks of COVID-19 in Thailand. Doctors, nurses, pharmacists, and administrators from the Department of Medical Services and Lerdsin, Nopparat Rajathanee, and Rajavithi Hospitals were invited to participate in the table-top exercise.

The main objectives of the exercise were to develop a cooperative referral network between medical institutions under the Department of Medical Services and to give the health workers practice in resource management, including personnel, facilities, protective equipment and medical supplies in a crisis situation. This simulation has enhanced the management capacity of health institutions to maintain essential medical services during an outbreak by ensuring that all levels are properly trained and equipped.

Dr Somsak Akksilp, Director-General of the Department of Medical Services said, “If there will be a 2nd wave of COVID-19 in Thailand, we hope that none of the healthcare services will be interrupted or delayed. We must consider initiatives such as telemedicine for safety as well as efficiency. With the BCP, we have an opportunity to improve our medical services under the new normal setting. This is the best time to prepare as I always mentioned that we should be a few steps ahead.”

All participants demonstrated how they would manage patients, hospital beds, operations, logistics, finance, referral systems, and medical supplies during a crisis.

For more information, click [here](#)

Public health response and coordination highlights

At the Crisis-Management Team meeting of 16 December, **WHO** briefed on the epidemiological situation and warned of the continued increase of cases in some countries in central and southern Europe, the Americas, Africa and the Western Pacific.

WHO noted that vaccine arrival gives a sense of hope, while simultaneous cautioning of the risk that vaccines could distract governments and populations from implementing and respecting public health and social measures.

WHO briefed on its plan to support access to vaccines and highlighted the importance of continued coordinated communication and messaging on vaccines as one of the tools that will make people safe, and end the pandemic. In that regard, **WHO** highlighted that it has been working on risk communication and community engagement (RCCE) for years, and that there is a strong global framework responding to the information needs arising from the pandemic. In wrapping up the session the Chair decided on the establishment of a dedicated vaccine work stream.

Following an update by **ICAO** on behalf of the CMT Travel and Trade Work stream, **WHO**, as the chair of CMT, reiterated the call for seafarers and air-crew to be prioritized within national vaccine allocation and distribution frameworks, noting that seafarers and air-crew have been critical to the COVID-19 response.

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](https://openwho.org)

4 687 302
Course enrollments

42 languages

Over 2.5 million certificates

145 COVID-19 courses

National COVAX Vaccine Simulation Exercises

To support countries' preparedness effort on the COVID-19 outbreak, WHO has developed multiple [COVID-19 tabletop exercise \(TTX\) packages](#).

Since some COVID-19 vaccines have already been approved and others will be following soon, countries need to be ready to have the plans, procedures and logistics in place to carry out unprecedented mass vaccination.

To ensure countries are prepared for this huge undertaking, WHO, together with the [COVAX](#) global working group, developed **two national COVID-19 vaccine simulation exercises** to support countries to plan, develop and update their national deployment and vaccination plan ([NDVP](#)) for COVID-19 vaccines.



Credit: WHO

The two TTX will focus on:

1. The national strategy (including target population), supply chain, community engagement and communication issues
2. Regulatory and safety issues

These packages include an explanatory slide deck, exercise handbooks (facilitator & participant guide), and facilitation notes. The entire package will soon be available on [WHO website](#) in all six UN languages, and Portuguese. These COVID-19 vaccine simulation exercises are timely and critical to increase the probability of success of one of the largest and most complex vaccination campaigns in human history.

To support the simulation exercise roll-out, two regional webinars have been organized to familiarize COVAX staff with the package, including WHO, UNICEF and national ministry colleagues. The webinar aimed to clarify how this package can be used and should be adapted to the country needs and context to support national vaccination strategies and planning before the official launch and roll-out of COVID-19 vaccines.

The first regional webinar took place on 17 December 2020, with around 115 colleagues participating, from five WHO regions. The majority of webinar participants were from the WHO country office level.

The next regional vaccine TTX webinar is scheduled on 12 January 2021.

Partnerships -

The Emergency Medical Teams - EMT

WHO and IFRC sign a memorandum of understanding based on the EMT Initiative



Credit: WHO/Chris Black

On 11 December 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus and International Federation of the Red Cross/Red Crescent Secretary-General Mr Jagan Chapagain signed a [memorandum of understanding](#) to cooperate on implementing the Emergency Medical Team Initiative. The new agreement will bring more synergies to health emergency response between the two international organizations, particularly in technical standards, accountability, and coordination.

“We thank the IFRC for their support from the onset of the EMT initiative and we look forward to this continued partnership in improving the quality of care in emergencies,” said Dr Tedros. “With the COVID-19 pandemic and the significant increase in emergencies around the world, this agreement could not come at a better time.”

EMTs continue to support deployments to respond to COVID-19 pandemic



Credit: WHO/Jorge Durand

The Emergency Medical Team Secretariat works with EMTs from Governments, NGOs and militaries to improve response, manage the coordination of EMTs, strengthen existing capacities, and develop best practice guidance in areas such as clinical care, logistics and field support, training, emergency management and coordination within Emergency Operations Centres.

As of 17 December 2020, there have been over 70 international EMT deployments across 44 countries in response to the COVID-19 pandemic.

Following the establishment of the EMT regional training center for the African Region, the EMT Secretariat implemented the first training and simulation exercise for the Ethiopian National Emergency Medical Team on 14-17 December 2020. At the request of the Ethiopian Ministry of Health, this 4-day training took an all-hazards approach to support emergency risk management. The objective of the course was to consolidate and strengthen the pool of EMT personnel available for emergency deployments and was tailored from good practice within the EMT global community—following the latest standards and guidance.

The course content followed a holistic approach covering effective team functioning, adaption of health emergency practices and SOPs to field settings, operational support, team welfare, safety and security. A simulation exercise was then held to synthesize all the topics from the course, with a strong focus on mass casualty management. The course also covered specific clinical topics related to COVID-19.

Partnerships

The Global Health Cluster - GHC

The Global Health Cluster released three new GHC COVID-19 Task Team tools and guidance to support COVID-19 response operations in humanitarian settings:

- [Ethics: key questions to ask when facing dilemmas during COVID-19 in humanitarian settings](#)
- [Essential Health Services: A guidance note](#) How to prioritize and plan essential health services during COVID-19 response in humanitarian settings
- [Health workforce estimator tool](#) to estimate workforce as relevant in humanitarian settings

The tool helps link the role of frontline health care workers, health cluster partners and the health cluster as a whole to collaboratively face challenges. It also provides a case study from Cox's Bazar, Bangladesh and links to other key resources.

The Global Health Cluster also issued the [Health Cluster COVID-19 Updates](#) this week which featured the Task Team products and a story on the role of Health Cluster partner International Rescue Committee (IRC) as the Whole of Syria Health Cluster Co-Coordinator and their work responding to the further strain that COVID-19 has placed on health systems in Syria.

For more details on IRC's ongoing work in Syria under the health cluster, click [here](#).



Credit: IRC

The latest update also compiled recent COVID-19 guidance relevant to humanitarian and low-resource settings, including a recent policy brief on [COVID-19 and fragile settings](#) as compiled by the UHC2030 Fragile Settings Technical Working Group.



Credit: IRC



COVID-19 Partners platform

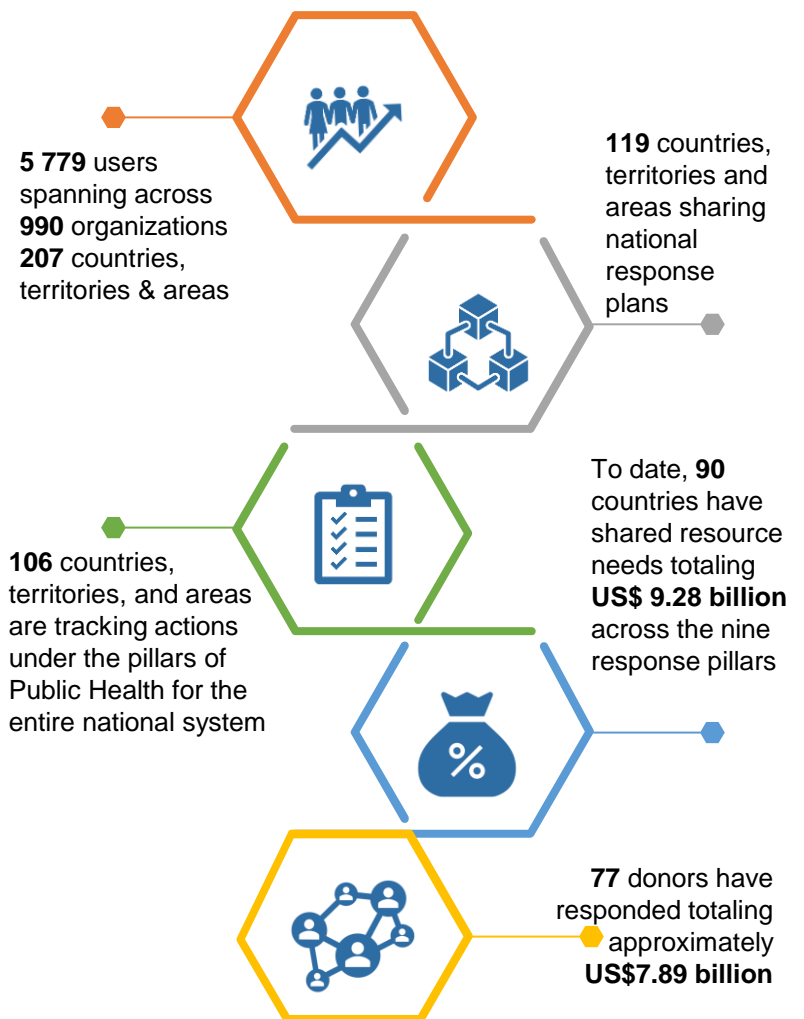
Sri Lanka: Coordinating a whole of society approach

Sri Lanka has highlighted that the Platform supported stronger coordination for a successful response. There, the WHO country office was repurposed to support the response for the COVID-19 situation and Country Admin Focal Points for the Partners Platform were nominated. The Incident Management Team of WHO Country Office Sri Lanka were oriented on the Partners Platform and delegated responsibilities for collecting and reporting information and coordinating with government and NGO partners.

As the co-chair of the UN Health Cluster, WHO was able to provide UN agencies, development partners, missions, civil society organizations and NGOs with the Platform as a coordination and resource mobilization tool for:

- facilitating good internal coordination within the MOH;
- supporting a whole of society approach with effective coordination across multiple stakeholders;
- strengthening the national and subnational communication flow and streamlined implementation process to achieve optimal results;
- harmonizing and aligning implementation of development partner support to the national response.

WHO continues to share global technical guidelines and monitor the country situation with the Ministry of Health, revisit and revise the requirements, map the donor contributions and update the Partners Platform for a coordinated COVID-19 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/PAHO-procured items that have been shipped as of 18 December 2020

Shipped items as of 18 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	9 399 685	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2 788 000	1 019 862	10 504 038	3 333 200	4 339 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	250 000	653 760	1 116 420	851 185	5 613 000	160 560	486 022	26 175 550	1 316 695
Europe (EUR)	20 000	210 650	466 710	1 705 300	7 263 100	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	15 607 880	8 439 631	30 415 285	1 420 007	5 292 679	192 365 980	18 970 965

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 18 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\$122.4
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 18 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 618,000 individuals together contributed more than US\$651 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.

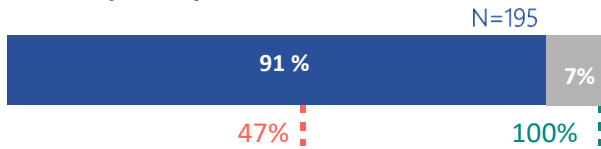
US\$ 8.9 Million released

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](#).

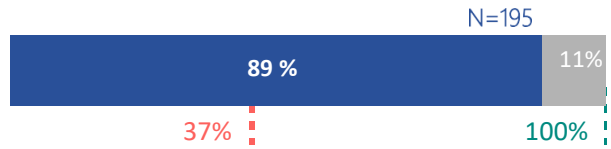


COVID-19 Global Preparedness and Response Summary Indicators ^a

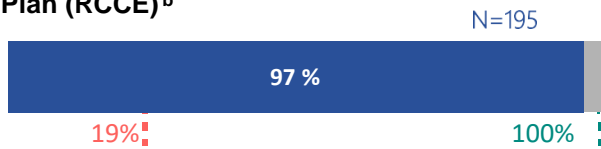
Countries have a COVID-19 preparedness and response plan



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



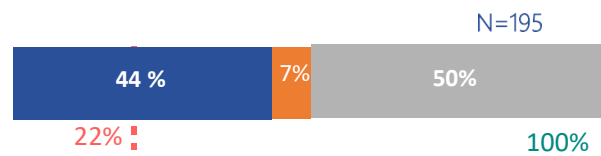
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



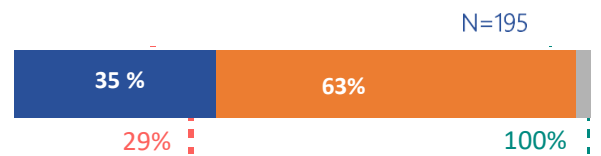
Countries that have defined essential health services to be maintained during the pandemic



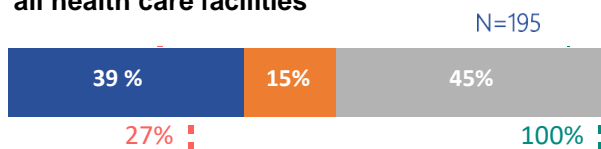
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



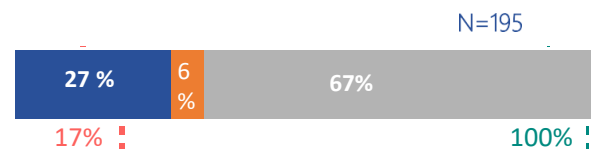
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



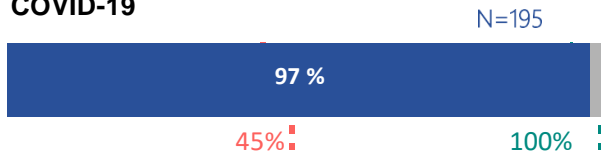
Countries with a national IPC programme & WASH standards within all health care facilities



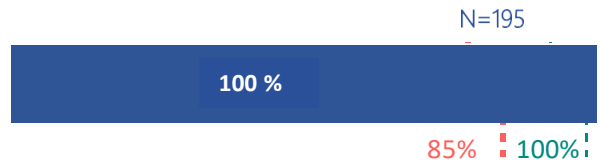
Countries have a health occupational safety plan for health care workers



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



Countries have COVID-19 laboratory testing capacity



Legend



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

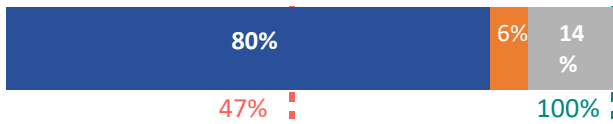


COVID-19 Global Preparedness and Response Summary Indicators

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](#).

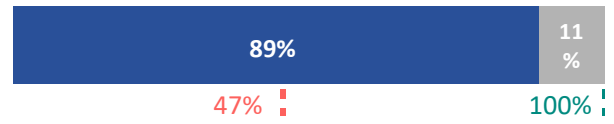
Priority countries with multisectoral mental health & psychosocial support working group

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^c

N=64



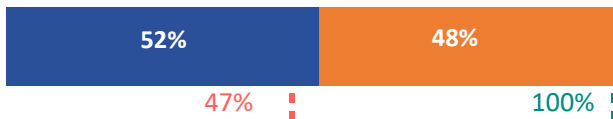
Priority countries with a contact tracing focal point

N=64



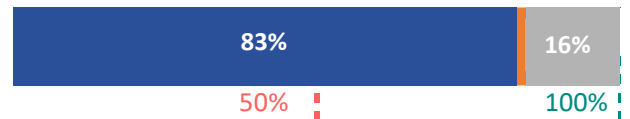
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

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: ^c Source: WHO Immunization Repository



The Unity Studies: WHO Early Investigations Protocols

Unity studies 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.

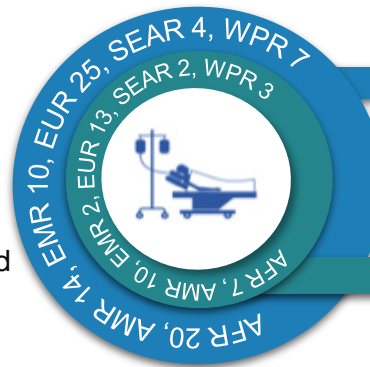
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



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](#)