

# Weekly Operational Update on COVID-19

16 November 2021

Issue No. 80



As of 14 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

**252 826 597**

Confirmed deaths

**5 092 761**

## Potrerrillos, El Paraíso commits to preventing infections and deaths from COVID-19 with support from PAHO/WHO

A project titled "Prevention of new infections and deaths by COVID-19" is now being carried out in Honduras by PAHO/WHO with funds from the Government of Canada, in seven departments of the country. This project will support strengthening the COVID-19 response in the country.



© PAHO

The Intersectoral Health Board of Potrerillos, Honduras received a team from the Satellite Office of PAHO/WHO on 8 November to present the project. Dr Lavinia Almendares, coordinator of the PAHO/WHO satellite office in El Paraíso, presented the key indicators to be developed during the duration of the project and the methodologies that will be implemented.

Almendares, stated that "this is a direct support to the different selected communities, with the aim of implementing a communication strategy to reduce the rates of contagion by COVID-19 and increase the number of citizens vaccinated with their full doses."

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

## 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



**21 182 330** PCR tests shipped globally



**213 395 426** medical masks shipped globally



**99 332 700** gloves shipped globally



**9 598 151** face shields shipped globally



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



**7 307 892 664** COVID-19 vaccine doses administered globally as of 15 November

<sup>a</sup> COVAX has shipped over **435 million** vaccines to **144 participants** as of 2 November

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

## From the field:

### COVID-19 Intra-Action Review (IAR) in North Macedonia: 01 – 05 November 2021



From 1 to 5 November 2021, WHO Europe, at the invitation of the Minister of Health of North Macedonia, conducted an Intra-Action Review (IAR) on the country's response to COVID-19. The activity was financially supported by the WHO/EU DG NEAR Western Balkan Project whose aim is to strengthen and maintain all-hazard preparedness and response capacities in the Western Balkan region. Technical support throughout the IAR was provided by both WHO/Europe and Germany's Robert Koch institute (RKI).

The purpose of the IAR was to identify and document lessons learned from the national response efforts and to identify immediate, mid- and long-term actions which can be taken to improve the current COVID-19 response and to strengthen North Macedonia's preparedness and response functions. A team of WHO and RKI experts worked jointly with national and regional health professionals to discuss the achievements and understand the challenges which have been experienced since the emergence of SARS-CoV-2.

Based on the country's request, the IAR reviewed several areas of the COVID-19 response including country-level coordination, surveillance, case investigation and contact tracing, case management, vaccination, essential health services and the implementation of public health and social measures. A total of 50 participants joined the group discussions, of which five were in-person and one was virtual.

The IAR resulted in the identification of several short-term and long-term actions to improve North Macedonia's current COVID-19 response and to strengthen preparedness and response to epidemics in general. Cross-cutting recommendations from the participants included investing in the sustainability of human resources and the technical capacities developed during the pandemic, continuous capacity building and training (with regular simulation exercises), updating legislation related to emergencies and communicable diseases, improved communication between healthcare providers at all levels, and enhancing the ongoing digitalization of health information systems. The list of detailed actions will be further prioritized by the country and implementation activities initiated with follow-up mechanisms.

## From the field:

### Iraq launches nationwide vaccination campaign to scale up immunity against COVID-19

In partnership with the Iraqi Ministry of Health, WHO launched a national COVID-19 mass vaccination campaign covering all of Iraq, including the Kurdistan region and targeting over 12 million people.

The campaign commenced on 8 November and will run until 31 December to provide momentum to reach a 40% COVID-19 vaccination coverage rate among the general population, WHO's goal in all countries. The COVID-19 vaccine rollout in Iraq started in March 2021 and as of 6 November, only 15.1% and 9.0% of the total population have received first and second doses respectively.



Launch of a massive national campaign covering Iraq's 18 governorates ©WHO Iraq

“WHO and the Ministry of Health in Iraq rose to the challenge of vaccinating the maximum number of people possible to control the COVID-19 pandemic as soon as possible, under the theme of “COVID-19 vaccine is a gateway to a normal life”. Vaccination will be delivered in easy-to-access sites, open for longer working hours extending to the evening.” said Dr Ahmed Zouiten, WHO Representative and Head of Mission in Iraq.

This will see the opening of more than 100 external mass vaccination sites distributed across the 18 Iraqi governorates based on the demographic situation, health indicators, and capacity of each governorate. The sites will be supported by more than 225 vaccination and direct registration teams deployed with the required daily supply of vaccine doses.

Dr Riyadh Al Hilfy, Director General of the Public Health Directorate in the Iraqi Ministry of Health noted **“The campaign will target a vast majority of the vaccine eligible population in Iraq through external vaccination outlets with on-the-spot registration.”**, adding **“Vaccines are now available, and we urge our citizens to go get their jabs. Let’s stand by each other to overcome the difficulties resulting from this disease and bring life back to normal with determination and the support of our partners”**.

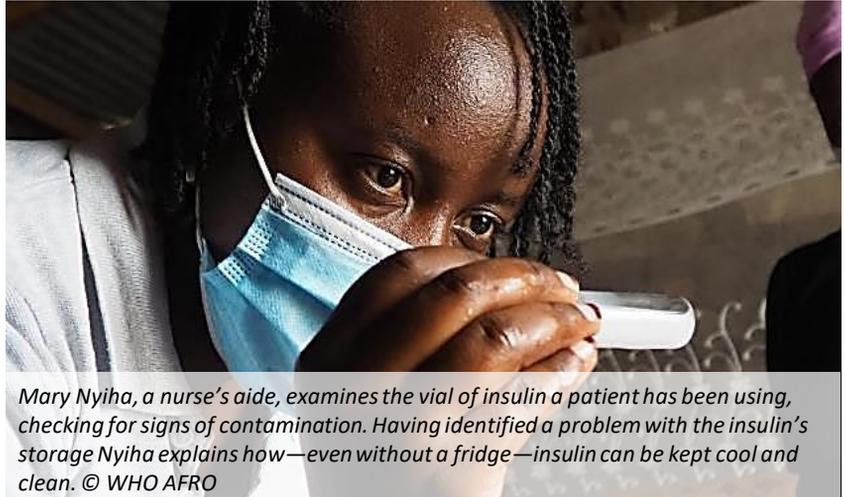
WHO Iraq would like to express its gratitude to the German Government for their financial contribution which has enabled the planning and the implementation of this.

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

## From the field:

### Essential health services for diabetes saving young lives in Kenya

The Diabetes Management and Information Centre, a private Kenyan organization, has helped more than 3000 children since launching its no-cost services 10 years ago through its Changing Diabetes in Children programme, which provides free care, medication, and follow-ups. The care, part of essential health services of pillar 9 of the WHO Strategic Preparedness and Response Plan, has continued and expanded during the COVID-19 pandemic.



*Mary Nyiha, a nurse's aide, examines the vial of insulin a patient has been using, checking for signs of contamination. Having identified a problem with the insulin's storage Nyiha explains how—even without a fridge—insulin can be kept cool and clean. © WHO AFRO*

Registered patients continue to receive medicine and clinical care at no cost. The programme also expanded to care for beneficiaries until they reach 25 years, raising the cut-off age by seven years.

“Many children with type 1 diabetes, requiring daily insulin administration to survive, die before they are diagnosed”, says Zacharia Ndegwa Muriuki, the head of Kenya’s National Diabetes Prevention Control Programme.

Diabetes has been on the rise in Kenya according to a 2015 survey, which also found that 88% of people do not know their diabetes status. “This is of great concern because it has costly public health implications for any country,” says Dr Juliet Nabyonga, acting WHO Representative in Kenya. “We are supporting the country to improve diabetes prevention and care.”

Dr Nancy Ngugi, a Diabetes Management and Information Centre board member, noted “Most of the children we diagnose are from poor families. They can’t afford insulin, glucometers, strips, or hospital consultation fees.” When one of its patients isn’t doing well, the NGO will travel to the home to find out which aspect of care needs improvement and offer solutions.

Wilson Maina recalls when his 10-year-old daughter, Margaret, was first diagnosed. The US\$ 340 hospital bill and monthly US\$ 40 medicine expenditures were so high that he could no longer afford her school fees, Maina says. With help from the Diabetes Management and Information Centre, Maina was able to enrol his daughter in school again.

**“We’ve found that for the children enrolled in this programme, their sugar control improved, they were able to reach puberty, continue with education and had improved performance in school,” Dr Ngugi says.**

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

## Pandemic learning response

### Using social and behavioural data to fight COVID-19

The pandemic continues to highlight a pressing need to use social and behavioural data alongside epidemiological, biomedical and other data to mount an effective response to COVID-19.

Given the challenges in capturing up-to-date social and behavioural data, WHO has developed the 'Social and Behavioural Insights COVID-19 Data Collection Tool for Africa' (SBI Tool). Adaptable to the context in which it is applied, this tool can be used by WHO Country Offices, nongovernmental Organizations (NGOs), universities, or other groups interested in capturing quantitative and qualitative social and behavioural data.



**Social and behavioural data are critical to effective COVID-19 response.**

Learn how to collect social and behavioural data in Africa and beyond in our **free online course**

OpenWHO.org

SocialNet World Health Organization

A new [OpenWHO course](#) explains how to use the tool and provides tips and tricks to ensure implementation is successful and impactful.

The course takes approximately 3 hours to complete and offers a Confirmation of Participation certificate to participants who complete at least 85% of the course material. More than 1400 learners are currently enrolled.

This is the first course in a new SocialNet series supporting social science, risk communication and community engagement in response to health emergencies, with additional courses expected to be launched in the coming months. Overall, OpenWHO hosts 117 courses on key health topics, including 39 courses to support the response to the COVID-19 pandemic.

### OpenWHO.org learning platform figures



Infection, prevention and control  
Clinical management



## COVID-19 Partners Platform



### Gavi supports delivery of Covid-19 vaccines via the Partners Platform

Gavi is offering a new COVID-19 Vaccine Delivery Support (CDS) needs-based window, over several rounds, to cover funding gaps in country plans to scale-up COVAX-funded COVID-19 vaccine delivery through 2022 and is inviting country administrators to apply through WHO's Partners Platform. While the first round has already closed, the deadline to apply for the second round will be early January, date forthcoming. The final round's window to apply will close on 3 February 2022.

With approximately US\$ 400 million in funding available to the 61 Advance Market Commitment (AMC) participants, the window seeks to support key priorities in existing National Deployment and Vaccination Plans (NDVPs) and to leverage partners to fund remaining gaps. To respond to urgent situations putting delivery of COVAX doses at-risk of expiry, a short-term pathway exists to provide rapid access to funds to mitigate delivery issues.

Countries are encouraged to express their full needs but will be asked to prioritize activities in their budget. There are no predefined ceilings or requirements for share of investment in specific areas.

Requests will be reviewed by the Independent Review Committee and funds will be deployed as acute needs are identified - on a first-come-first-served basis - with no guarantee of access to funding.

Gavi's funds will be made available to countries within a few weeks of the submission. Additional very small amounts will be made available within 2-3 days through UNICEF country offices. Any outstanding funding gaps not covered by Gavi will be shared with other donors via the Funders Forum.

#### **If you are a country administrator and wish to apply (or have questions):**

Application materials and supporting documents can be found and submitted through WHO's Partners Platform. For more information, your primary contact person is the Gavi Senior Country Manager of your country.

Country administrators are invited to drop into a **recurring CDS info meeting** held every Tuesday between 14:00 and 14:30 Geneva (CET) on Microsoft Teams, [click here to join the next meeting](#). Troubleshooting online sessions can also be organized on request.

## 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 4 November 2021.

Shipped items as of 4 November 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 197 925	1 522 000	2 413 274	1 553 010	36 178 300	503 616	2 473 079	55 810 400	3 654 630
Americas (AMR)	1 446 132	18 177 275	11 187 492	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 374 620	2 345 883	2 504 580	1 607 785	17 950 000	348 720	3 122 222	33 047 550	2 583 695
Europe (EUR)	976 100	1 204 200	703 780	1 933 380	28 195 900	634 900	3 421 548	47 410 500	7 765 750
South East Asia (SEAR)	3 838 800	4 505 040	3 148 762	385 036	8 710 500	91 470	642 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 224 442	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>14 493 027</b>	<b>27 935 048</b>	<b>21 182 330</b>	<b>9 598 151</b>	<b>99 332 700</b>	<b>2 213 573</b>	<b>11 787 579</b>	<b>213 395 426</b>	<b>27 768 765</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 4 November 2021*

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

## Appeals

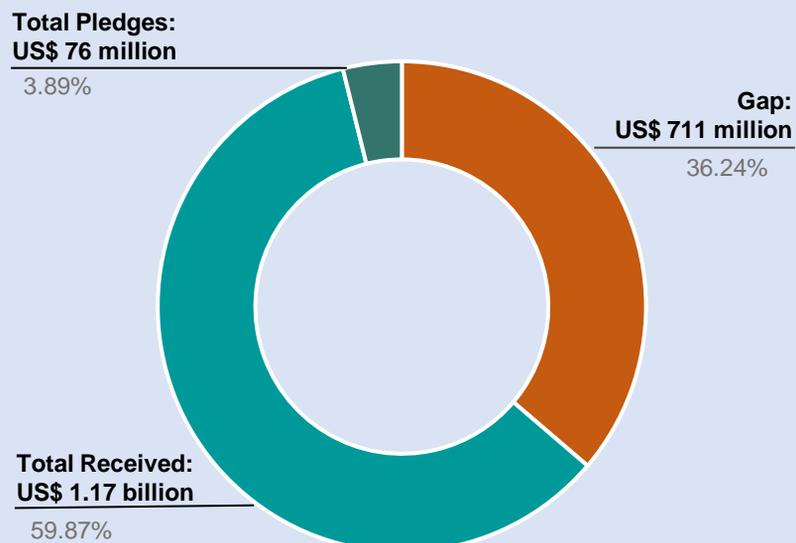
WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). 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 9 November 2021, WHO has received US\$ 1.17 billion out of the 1.9 billion total requirement. **A funding shortfall of 40% 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 9 November 2021



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 indicators under Pillar 9, maintaining essential health services and systems.

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 43 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	47% (n=55)	<b>44% (n=51)</b>	50%
This week (epidemiological week 43), 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 5 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.				
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 15 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 15 November) <sup>c</sup>	0 <sup>f</sup>	7 084 921 786	<b>7 307 892 664</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 15 November) <sup>c</sup>	0 <sup>f</sup>	<b>50.4% (n=3.9 billion)</b>	<b>52.0% (n=4.0 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



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

An update on SARS-CoV-2 variants, including the current geographic distribution of Variants Concern (VOCs).

## News

- For more information on the Director-General's Global Health Leaders Award for Annette Kennedy, President of the International Council of Nurses, click [here](#).
- For the joint statement of the Multilateral Leaders Task Force on Scaling COVID-19 Tools, click [here](#). At the meeting, all participants agreed on the **urgency of delivering more vaccines to low-income countries, where less than 2.5% of the population has been fully vaccinated.**