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.

“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.
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.

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).

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.

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.

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.

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

4618921 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.
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 COVID19misinifo.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.

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

*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.

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.

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.

More than US$ 237 Million

651 000 donors

[individuals – companies – philanthropies]
COVID-19 Global Preparedness and Response Summary Indicators

**Countries have a COVID-19 preparedness and response plan**

- **Yes**: 91%
- **No**: 7%
- **No information**: 47%

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

- **Yes**: 89%
- **No**: 11%
- **No information**: 37%

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

- **Yes**: 97%
- **No information**: 19%

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

- **Yes**: 46%
- **No**: 20%
- **No information**: 22%

**Countries have a COVID-19 laboratory testing capacity**

- **Yes**: 100%

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

- **Yes**: 35%
- **No**: 63%
- **No information**: 29%

**Countries have a health occupational safety plan for health care workers**

- **Yes**: 28%
- **No**: 6%
- **No information**: 17%

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

- **Yes**: 39%
- **No**: 15%
- **No information**: 27%

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

- **Yes**: 97%
- **No information**: 45%

**Legend**

- **Yes**
- **No**
- **No information**
- **Baseline value**
- **Target value**

**Notes:**

- a Data collected from Member States and territories. The term “countries” should be understood as referring to “countries and territories.”
- b Source: UNICEF and WHO
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

### Priority countries with multisectoral mental health & psychosocial support working group

- **Yes**: 80%
- **No**: 14%
- **No information**: 6%

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

- **Yes**: 89%
- **No**: 11%
- **No information**: 47%

### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19

- **Yes**: 56%
- **No**: 44%
- **No information**: 0%

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

- **Yes**: 52%
- **No**: 48%
- **No information**: 47%

### Priority countries with a contact tracing focal point

- **Yes**: 72%
- **No**: 23%
- **No information**: 0%

### Priority countries with an IPC focal point for training

- **Yes**: 83%
- **No**: 16%
- **No information**: 50%

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**Legend**

- Blue: Yes
- Orange: No
- Gray: No information

**Notes:**

- Source: WHO Immunization Repository

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14
The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.

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.

In week 45, 28 countries have reported COVID-19 data from sentinel surveillance systems 64 115 sentinel surveillance specimens were tested in week 45 15.7% specimens tested were COVID-19 positive
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
  - European Regional Office
  - Southeast Asia Regional Office
  - Regional Office of the Americas
  - Eastern Mediterranean 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