Weekly Operational Update on COVID-19

30 November 2020



Confirmed cases^a 62 195 274

Confirmed deaths 1 453 355

Fiji reaches a milestone, but remains vigilant

On November 4th, 2020 Fiji marked 200 days without any transmission of the coronavirus disease 2019 (COVID-19) in the community.

Early investment in testing capacity was crucial in helping the Pacific nation keep numbers low and virus' prevent the transmission.



Crucially, in mid-March, the Fiji Centre



Fijian Prime Minister Frank Bainimarama credited the containment of COVID-19 for over 200 days to these rigorous measures but cautioned against complacency. Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, urged Pacific countries that have contained COVID-19 or with no COVID-19 case to prepare for further introductions of COVID-19, as several Pacific countries are currently experiencing outbreaks.

A Pacific Joint Incident Management Team based in the WHO Fiji office brings together the resources of many WHO partners to improve readiness and mitigate the negative health and socioeconomic impacts of COVID-19.

For more information on the story click here



Key Figures



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



131 GOARN deployments conducted to support COVID-19 pandemic response



18 502 965 respirators shipped globally



189 621 480 medical masks shipped globally

7 529 031 face shields shipped globally



4 738 079 gowns shipped globally



28 688 809 gloves shipped globally



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More than 4.6 million people registered on <u>OpenWHO</u> and able to access 141 COVID-19 online training courses across 19 topics in 42 languages

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^a For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

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From the field:

Leveraging national and international expertise for webinar series on clinical management of COVID-19 in Jordan

From 5 to 26 October 2020, WHO Country Office, WHO Eastern Mediterranean Regional Office and WHO Headquarters supported Jordan Ministry of Health in delivering online training to 215 frontline health workers in the clinical management of patients with COVID-19.

Jordanian country leaders recognized early the need for preparation for a surge of cases and requested WHO technical support.

When WHO characterized the outbreak as a pandemic and transmission in the country increased, the need to enhance the capacity of multi-disciplinary frontline health workers became more and more apparent. WHO, alongside Ministry leaders, developed a training agenda for a webinar series based on WHO guidelines and evidence-based international standards.



"To maximize our efforts in support to Jordan, WHO has worked across its country, regional and headquarters levels as one team to provide technical support to the Ministry of Health and deliver this first pilot online course in the Region. We do hope that other countries will also benefit from this experience," stated WHO Representative Dr. Maria Cristina Profili.

The agenda covered all phases of clinical management of patients in the COVID-19 care pathway: from screening and triaging cases, caring for mild, moderate, severe and critical patients, to dealing with complications. The last session focused on long-term effects of COVID-19 and rehabilitation.

Worldwide experts presented their experiences and national experts contextualized the evidence to Jordan. During the webinar series, the country's COVID-19 transmission classification went into community phase and the knowledge and skills on case management became more relevant than ever.

"We are grateful to the WHO team for this excellent opportunity [...]. The knowledge and skills to treat and care for COVID-19 patients that were acquired during the training are indispensable for combatting the current upsurge of cases. Together, we will win this war!" H.E. the Minister of Health and Professor Nathir Obeidat.

A post-training evaluation survey is underway while follow-up training and feedback sessions are planned for the first quarter of 2021.



Partnerships The Emergency Medical Teams - EMT

WHO's Emergency Medical Teams – Demonstrating global solidarity during the COVID-19 pandemic

Emergency Medical Teams (EMTs) are WHO-classified teams of health care professionals who are deployed to provide immediate assistance anywhere during outbreaks and emergencies. During the COVID-19 pandemic, demand for EMTs and particularly homegrown EMTs surged across regions.

During the pandemic, EMTs have adapted to provide COVID-19 training and support to strengthen triage and hospital referral procedures and improve infection prevention and control measures. including proper patient flow and treatment protocols.

Trauma, intensive care and surgical professionals with great



Credit: WHO/EURO - Lesvos

field expertise have had to employ a different range of skills with the training and capacitybuilding component becoming more important. For certification, an independent WHO team along with peers from other EMTs assess that the required standards have been reached.

A new twinning programme encourages experienced EMTs to partner with interested Member States and non-governmental organizations to help them strengthen national emergency response capacities. For example, the German EMT provided training to Georgia's national team, which then became heavily involved in the country's COVID-19 response.

Alongside twinning, a mentorship scheme spurs established EMTs to offer advice and support to newer, yet-to-be-classified teams, thus enabling a greater number of teams to reach the required standards more quickly.

There are currently 65 teams under mentorship globally, with a further 28 teams expressing interest. Teams must demonstrate competence outside their specialist areas and mentorship is therefore a major part of the global classification process. In addition to being cost-effective, the



An Emergency Medical Team supports the COVID-19 response in a hospital./ WHO

swapping expertise gives EMTs an immense opportunity to improve humanitarian assistance and global solidarity. For more information on the story click <u>here</u>



WHO EURO is providing continued support to Armenia though the deployment of an Emergency Medical Team

The WHO Regional Office for Europe has been providing continued support to Armenia throughout the COVID-19 pandemic with a focus on strengthening both the public health response and health system capacities in the country. As part of this on-going support, WHO experts have facilitated the provision of critical response supplies and conducted capacity building workshops on infection prevention and control, clinical management, laboratory testing for COVID-19, and epidemiological surveillance and contact tracing with national counterparts. WHO has also supported the deployment of three WHO-classified Emergency Medical Teams (EMTs) to Armenia to help healthcare workers treat patients and save lives.

As part of the ongoing support, following an official request received from the Ministry of Health for support with the surge of COVID-19 cases, the WHO Regional Office for Europe, in coordination with the WHO Country Office in Armenia and the Armenian Ministry of Health, worked with the WHO Emergency Medical Team Secretariat to deploy an EMT to support the health system response to COVID-19 and relieve additional burden on overstretched healthcare facilities and health workers.

On 23 November, an EMT from the United Kingdom, UK-MED, arrived in Yerevan, Armenia to support Armenian healthcare workers until 23 December 2020. The team, consisting of seven members, includes intensive care unit doctors, a critical care nurse and infection prevention and control specialists. The UK-MED team will work in Yerevan, providing direct clinical support to Armenian teams in the treatment of severe and critical COVID-19 patients. For more information on the EMT deployment in Armenia click <u>here.</u>

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, <u>OpenWHO.org</u>.

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





42 languages

Over 2.4 million certificates

141 COVID-19 courses



Partnerships The Global Health Cluster

The Global Health Cluster (GHC) COVID-19 Task Team conducted two simultaneous studies, <u>the key informant interviews report</u> from inputs from six health clusters and <u>the survey report</u> in all country heath clusters.

Both studies reflected the significant challenges health cluster partners are facing to provide services to the most vulnerable populations who are already facing risks such as displacement, conflict and malnutrition.

Shared findings from both the survey and country-based interviews included highlighting the increased operational challenges (movement restrictions, costs) to the response, significant resource scarcity (lack of oxygen availability, essential medicines, PPE, human resources and funding) and the technical gaps health cluster partners are facing to safely provide essential health services and COVID-19 response.

Furthermore, technical gaps were reported both with regards to the availability of skilled workforce as well as context appropriate guidance or tools relevant to the humanitarian setting and constraints being faced.

The survey highlighted a decrease in service availability and utilization of essential health services. Both studies reported the operational challenges to provide services safely, but also that community fear, mistrust of health care provided and stigma of potentially having COVID-19 contributed to decreased utilization.

Findings from the studies articulated that health cluster partners are strongly requesting further support to strengthen country capacities. Highly prioritized was the need for shared learning from other humanitarian settings where similar challenges are being faced (i.e. significant resource scarcity). Respondents also re-iterated the need for further guidance and support, specifically tool, and job aids relevant to the context.

For more information on the report findings, click here



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COVID-19 Partners Platform

Since its launch in March 2020, 119 countries have uploaded national response plans to the Platform and 106 have used the action checklist to either develop a COVID-19 preparedness and response plan or reflect what is in an existing country plan. Some countries have generously provided feedback on how the Platform has added value to their ability to prepare for and respond to the pandemic.

In Pakistan, for example, the Platform has been used to coordinate and provide timely strategic guidance through the standardized actions across the eight Pillars of public health and a ninth Pillar on maintaining essential health services and systems in the development of the Pakistan COVID-19 Preparedness and Response Plan.

The Pillars and actions were used strategically to support alignment of COVID-19 response planning across Government Ministries at national and provincial levels. As a result, Government of Pakistan was ready to virtually launch their response plan in-country and to the international community via the Platform.

On the day of the Platform's launch in Pakistan, funding and commitments were recorded on the Platform for the world to see. Due to the proactive outreach and support of the UN Resident Coordinator's Office, local donor organizations now have the rights to submit and edit entries on the Platform, enabling transparent sharing of information as it becomes available to them.

The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.



Syed Razzaq, technical officer for MIS/IT information management shows data on Pakistan's COVID-19 response at the operations room in the National Emergency Operation Centre (NEOC) for Polio Eradication, located inside the National Institute of Health.

© WHO/Blink Media - Saiyna Bashir





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 30 November. 2020

Shipped items as of 30 Nov 2020	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs*	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)		2 669 015	1 315 634	1 417 410	7 595 209	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2 688 000	1 019 862	10 502 838	2 448 200	3 296 000	278 300	1 090 020	53 881 830	7 279 760
Eastern Mediterrane an (EMR)	250 000	653 760	1 116 420	848 985	6 832 000	148 560	474 022	25 105 550	1 278 695
Europe (EUR)	20 000	209 150	466 710	1 705 300	7 213 100	375 020	985 048	38 637 500	5 127 950
South East Asia (SEAR)		2 263 750	1 934 700	369 236	2 030 500	84 070	553 500	6 838 000	591 295
Western Pacific (WPR)		105 300	250 984	739 900	1 722 000	3030 607	393 410	13 380 650	2 024 235
TOTAL	275 000	6 950 237	4 949 868	7 529 031	28 688 809	1 354 727	4 738 079	189 621 480	18 502 965

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





The status of funding raised for WHO against the SPRP can be found here.

Global Humanitarian Response Plan (GHRP)



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

This week <u>the Solidarity Response Fund</u> released funding support to mobilize communities and drive uptake of COVID-19 vaccines. Specifically money from the fund will finance risk communication and community engagement (RCCE) strategies which will be implemented in support of countries by immunization focal points as well as RCCE

More than US\$ 238 Million 651 000 donors [individuals - companies - philanthropies]

focal points from the Collective Service – a new partnership between WHO, UNICEF and IFRC to strengthen RCCE coordination and quality of practice during public health and other complex emergencies.

The objectives and activities described in the proposal draw on evidence from adult and child vaccination programmes, with a focus on strategies known to lead to high coverage and resilient vaccination programs. Underpinning the approach is the need to ensure equitable vaccination uptake and to place appropriate focus on underserved and marginalized groups. Many of these communities face complex challenges including issues accessing vaccine services, health literacy and hampered interactions with health services. This proposal is therefore aligned with the draft Global Risk Communications and Community Engagement (RCCE) Strategy that is currently being finalized by the core partners (IFRC, UNICEF, and WHO) of the RCCE Collective Service.

For more information on COVID-19 Vaccine Country Readiness and Delivery click <u>here</u> and the work of the RCCE Collective Service, click <u>here</u>

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 <u>here</u>.



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COVID-19 Global Preparedness and Response Summary Indicators^a

Countries have a COVID-19 preparedness and response plan N-195

	IN-193	
7%		91 %
0%	100	47%

Countries have a COVID-19 Risk

Communication and Community Engagement Plan (RCCE)^b N=195

	97%	
19%		100%

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

		N=195		
44 %	7%	50%		
22%		100%		

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

N=195



Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 N=195



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

		N=195	
	89 %		11%
37%		1	00%

Countries that have defined essential health services to be maintained during the pandemic N=195

46 %	20%	34%
22%		100%

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

_		N=195	
35 %	63%		
29%		100%	1

Countries have a health occupational safety plan for health care workers

_			N=195
28 %	6 %	67%	
17%			100%

Countries have COVID-19 laboratory testing capacity



Target value

Baseline value

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 <u>Global Humanitarian and Response Plan</u>. A full list of priority countries can be found <u>here</u>.

<u>Priority countries</u> with multisectoral mental health & psychosocial support working group



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

	56%	44%
0%	27%	

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



<u>Priority countries</u> with an active & implemented RCCE coordination mechanism



<u>Priority countries</u> with a contact tracing focal point



<u>Priority countries</u> with an IPC focal point for training



Target value

Notes:

c Source: WHO Immunization Repository



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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.



36 countries have started sharing data

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

Given 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
- <u>Eastern Mediterranean Regional Office</u>
- 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 <u>7 August 2020</u>, click <u>here</u>

□ For updated WHO Publications and Technical Guidance on COVID-19, click here

□ For updated GOARN network activities, click <u>here</u>



COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 22 November 2020, 10 am CET

For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

This past week, the global acceleration in case incidence has slowed down, with around 4 million new cases reported; however, death rates continue to increase with over 67 000 new deaths reported (Figure 1). The European and South East Asia Regions continued downward trends in weekly cases; however, the European Region remains the largest contributor to new cases and new deaths in the past 7 days. The Region of the Americas reported increases in both new cases and new deaths and the Region continues to account for the greatest proportion of cumulative cases and deaths. While cases numbers remain relatively low, the African Region reported the highest increase in new cases (15%) and deaths (30%) this week. The Eastern Mediterranean and Western Pacific regions also reported an increase in new cases and deaths this week.

As of 22 November there have been over 57.8 million cases and 1.3 million deaths reported globally since the start of the pandemic.



Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 22 November 2020**

**See data table and figure notes.

In the past week, the five countries reporting the highest number of cases were the United States of America (reporting over 1.1 million cases, a 14% increase from the previous week), India (over 280 000 cases,

an 8% decrease), Italy (over 230 000 new cases, a 3% decrease), Brazil (over 200 000 new cases, a 17% increase) and France (over 170 000 new cases, a 16% decrease).

Additional Region-specific information can be found below: <u>African Region</u>, <u>Region of the Americas</u>, <u>Eastern</u> <u>Mediterranean Region</u>, <u>European Region</u>, <u>South-East Asia Region</u>, and <u>Western Pacific Region</u>.

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	1 771 673 (44%)	-6%	16 873 383 (29%)	32 684 (49%)	10%	375 368 (27%)
Americas	1 603 498 (39%)	11%	24 563 600 (42%)	22 005 (33%)	15%	697 740 (51%)
South-East Asia	351 822 (9%)	-6%	10 367 553 (18%)	4706 (7%)	4%	158 566 (12%)
Eastern Mediterranean	250 746 (6%)	5%	3 796 649 (7%)	6299 (9%)	10%	96 354 (7%)
Africa	47 106 (1%)	15%	1 446 041 (2%)	1088 (2%)	30%	32 538 (2%)
Western Pacific	36 046 (1%)	9%	834 216 (1%)	439 (1%)	1%	16 816 (1%)
Global	4 060 891 (100%)	1%	57 882 183 (100%)	67 221 (100%)	11%	1 377 395 (100%)

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 22 November 2020^{**}

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.



Figure 2. COVID-19 cases per 1 million population reported in the last seven days by countries, territories and areas, 16 November through 22 November 2020**

Situation by WHO Region

African Region

In the Region of the Americas, the weekly incidence of new cases reached over 47 000 this week with around 1000 new deaths reported, accounting for 15% and 30% relative increases when compared to the previous week, respectively (Figure 3). The highest new case and death counts were reported in South Africa, Algeria and Kenya.

In Rwanda this week, cases have increased by 25%, with 226 new cases (17.4 cases per 1 million population) reported. Local authorities are enhancing preventative measures in prisons and detention centres following three outbreaks reported in Kigali, Southern and Eastern provinces.

In Zimbabwe, 334 new cases (22.5 cases per 1 million population) were reported this week, with a gradual increase being observed in recent weeks after an initial wave of cases earlier this year. In Matabeleland Northern Province in the North West of the country, there have been reports of a cluster of confirmed cases affecting approximately 100 students at a boarding school, resulting in the closure of the school. Overall, the country has reported over 9 000 confirmed cases and nearly 300 deaths. The characteristics of the cases show most cases (57%) occur in those aged 20-40 years with a greater proportion of females in older age groups. Deaths are largely occurring in those aged 40-80 years and males account for a greater percentage of deaths in these age groups.





Region of the Americas

In the Region of the Americas, the weekly incidence of new cases reached over 1.6 million this week with over 22 000 new deaths reported, accounting for 11% and 15% relative increases when compared to the previous week (Figure 4). The majority of these were reported from the United States of America, with over 1.1 million new cases (9918 cases per 1 million population), followed by Brazil and Mexico.

Cases in the United States of America continue to rise, showing a 14% increase in the past 7 days, while deaths increased by 23%. The three states reporting the highest number of cases were Illinois, Texas and California. With the Thanksgiving holiday on 26 November, many states are implementing additional public health and social measures, and the United States Centres for Disease Control and Prevention have discouraged domestic travel. Nonetheless, the Transportation Security Administration (TSA) screened more than 2 million air passengers on 20 and 21 November, in the two days after the federal government issued a travel warning and it is estimated that some 50 million Americans may be travelling this Thanksgiving.

On the island of Puerto Rico, relatively low levels of transmission have been sustained over several months with 4600 new cases (91 cases per 1 million population) reported last week. However, weekly deaths have trended upwards in recent weeks, from a low of 26 new deaths/week observed in last October, to 90 new deaths reported last week. The highest numbers of cases in the country have been reported in the Metro, Bayamón and Caguas health regions. Women account for a slightly higher proportion of cases (54%), with an overall median age of 41.5 years.

While Argentina currently accounts for the third-highest number of weekly cases (over 62 000 new cases, 1745 cases per 1 million population) and deaths (around 3 200), both new cases and new deaths have been trending downwards since mid-October. There has however, been a slight increase in cases in eight neighborhoods of the Buenos Aires metropolitan area (Balverna, Boca, Colegiales, Contitucion, Nunez, Palermo, Parque Chacabuco and Vila Urquiza) and cases have stopped decreasing in Cordoba and Rosario; raising concerns that this may signal a broader shift in trend in the coming weeks.



Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 22 November 2020^{**}

Eastern Mediterranean Region

The number of new weekly cases (250 746) and deaths (6299) continues to rise in the Eastern Mediterranean Region, 5% and 10% higher respectively than the previous week (Figure 5). Since August, the number of new weekly cases and deaths has risen in the Region, when fewer than 80 000 new cases and 2500 new deaths were reported per week. Iran, Jordan, Morocco, Pakistan, Iraq and Lebanon reported the highest numbers new cases.

The number of new cases in Iraq has declined by 20% over the past week to 16 640 cases (1092 cases per 1 million population). The number of weekly new cases has declined since the week of 19 October when there were 25 629 new cases. The number of new deaths has also declined steadily and Iraq reported an 11% decline from last week to only 302 deaths. WHO concluded a <u>COVID-19 prevention and awareness campaign</u> that targeted approximately 4 million people, including refugees and internally displaced people in the Kurdistan region.

Jordan is reporting 36 800 new cases this week, a 1% rise from last week and the second -highest number of incident cases in the Region (after the Islamic Republic of Iran). The number of new weekly cases has continued to increase since August, when there were fewer than 50 cases reported. Jordan has the highest number of new cases per 1 million population in the Region with 3 612 new cases per 1 million. Last week nearly half of cases were reported from the capital, Amman, followed by Irbid, Aqaba, and Zarqa. Although most cases have been in the 25-34 age group, around 80% of deaths last week were in those aged 55 and over. Jordan also has the highest number of new deaths per 1 million population in the region with 45.9 deaths per 1 million population. The number of weekly deaths has increased since August, but in the past week declined by 11% to 468 new deaths.

The number of new cases in the occupied Palestinian territory, including east Jerusalem, increased by 78% last week to 8 430 new cases (1652 cases per 1 million population). This represents the highest number of new cases since the pandemic began, and is higher than the previous peak of over 6200 cases reported in the third week of September. Gaza remains a pressing concern as it is ill-equipped to face a major spike in cases due to poor living conditions and a fragile healthcare system.



Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 22 November 2020^{**}

European Region

In the past week, the number of new cases reported in the European Region declined by 6% to 1.77 million, after a decline of 10% in the previous week (Figure 6); in a sign that the re-introduction of stricter public health and social measures in a number of countries over the last few weeks is beginning to slow down transmission. Despite this reduction in new cases, the Region still accounts for 44% of global new cases and 49% of global new deaths. New deaths in the Region have continued to rise with 32 684 new deaths reported in the past week.

This week, Italy reported the highest number of new cases in the Region and third-highest globally, with 235 979 new cases (3902 cases per 1 million population); however, cases may have peaked given the slight (3%) decline reported. The number of new deaths increased by 26% to 4578 new deaths (75 deaths per 1 million population). The northern Italy provinces of Valle d'Aosta, Bolzano and Piemonte report the highest number of cases. Media reports have highlighted concerns of the large number of COVID-19 patients in intensive care, and the growing number of health worker infections, straining local healthcare capacities.

The number of new cases in the United Kingdom fell by 13% from last week to 149 027 new cases (2195 cases per 1 million population), while the number of new deaths remained similar. This decline in new cases represents the first weekly decline since late August. Since 24 August, the number of COVID-19 tests conducted daily has increased from 179 000 to 330 000 on 13 November (7 -day daily average). The number of patients admitted to hospital has also grown from fewer than 100 per day at the end of August, to 1 600 on 14 November; however, this is considerably lower than hospitalizations in early April, when there were over 3000 patients admitted daily. The United Kingdom currently has the fifth- highest number of new cases in the European Region, and the eighth highest number worldwide, however, per capita case incidence remains lower than many other countries in the Region.

Poland reported 152 357 new cases (4026 cases per 1 million population), a 10% fall from last week. The number of new deaths has risen by 35% to 3243 new deaths (or 85 new deaths per 1 million population). Cumulative cases have been highest in the south of Poland, in the provinces of Silesia and Lesser Poland, and in central Poland, in the provinces of Mazowieckie and Greater Poland.





South-East Asia Region

The South-East Asia Region has observed a continued decline in the number of weekly new cases since mid-September with over 351 000 cases reported, while the number of weekly new deaths has remained at similar levels over the past four weeks with 4 706 deaths (Figure 7). The regional trend is largely driven by the decline in cases in India, which comprises 80% of the Region's new weekly cases. Countries with the highest number of weekly new cases were India, Indonesia, Bangladesh, Nepal and Myanmar.

In Myanmar, a 74% increase in cases was observed in the past week, with over 11 000 new cases (204 cases per 1 million population) reported. The number of total new deaths was 188, a 36% increase compared to the previous week. This trend is a change from the decrease in cases observed since the week commencing 12 October. The government has extended the existing COVID-19 prevention measures until the end of November, including the temporary suspension of international and domestic flights. Health authorities are concerned about a potential increase in cases following gatherings which occurred during the recent election and are closely monitoring the situation.

In Sri Lanka, 3580 new cases (167 cases per 1 million population) were reported in the past week, a 29% increase compared to the previous week and the highest number of cases reported in a week since the beginning of the pandemic. The number of new deaths reported was 30, continuing the upward trend in the number of deaths observed in the past five weeks. Due to increasing cases, public health and social measures have been introduced. In the Colombo and Gampaha Districts in Western Province, there are movement restrictions in 18 divisions which will be continued in the coming weeks, as well as in eight districts where restrictions will be lifted this week.

In Bangladesh, a gradual increase in the weekly number of cases observed since October continued, with over 14 000 new cases (90 cases per 1 million population) in the past week (a 26% increase compared to the previous week). Although there had been a downward trend in deaths since the beginning of September, a 43% increase was reported in the past week with 177 new deaths compared to the previous week. National authorities have closed schools and educational institutions since 17 March. Most school children in Bangladesh do not have access to the internet, so the government is broadcasting lessons on television, and universities are providing classes online. Despite relatively stable testing, the proportion of positive tests has slightly increased over the past month, suggesting an increase in cases and spread of the disease.



Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 22 November 2020^{**}

Western Pacific Region

Over the past week, the Western Pacific Region recorded over 36 000 cases and 439 deaths. The Region observed a continued increase of cases, with a 9% increase compared to the previous week, while deaths remained stable compared to the previous week. Varying patterns of trends were observed in the Region, where countries including Japan, Republic of Korea, Mongolia and Australia reported an increase in cases compared to the previous week, whereas countries including the Philippines, French Polynesia, Guam, China and Singapore observed a decreasing trend. Japan, Philippines, Malaysia, Republic of Korea and French Polynesia reported the largest number of new weekly reported cases.

Japan reported the largest number of daily cases since the beginning of the outbreak with over 2000 cases reported per day for five consecutive days, and 13 502 new cases (107 cases per 1 million population) reported in the past week, a 41% increase from the previous week. There has been a resurgence in cases over the past three weeks following a relatively stable number of cases in September and October. The largest number of daily cases to date were observed in prefectures including Tokyo and surrounding prefectures, Osaka and Hokkaido. The COVID-19 alert level in Tokyo Prefecture has been raised to the red level, which is the highest of the four categories. The number of newly reported deaths in the past week was 91, which was an increase by 28%.

Mongolia observed a sharp upward trend with 166 new weekly cases (51 cases per 1 million population), following a period of low levels ranging from 0 to 17 weekly cases from July to October. The number reported this week was more than twice the number reported in the previous week. On 11 November, Mongolia reported its first case of COVID-19 transmission in the community. Although there have been many imported cases reported, this case in the capital city of Ulaanbaatar was the first instance of transmission within the country. Two separate clusters were detected soon after in Selenge province which borders the Russian Federation. One of the clusters in Selenge was traced back to an event in early November, which has led to local clusters with linked cases in the provinces of Darkhan-Uul, Govisumber, Orkhon and Dornogovi. Mongolia declared a state of emergency on 12 November. No deaths have been reported in Mongolia since the beginning of the pandemic.



Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 22 November 2020^{**}

Reported week commencing

Key weekly updates

- WHO and other UN agencies issued a <u>Joint Statement on Data Protection and Privacy in the COVID-19</u> <u>Response</u>, calling for the use of data and technology in the COVID-19 response in a way that respects the right to privacy under international law, data protection and privacy principles, as well as the right to health, and economic and social development.
- In his <u>opening remarks at the Member States briefing on COVID-19</u>, WHO Director-General Dr Tedros thanked Member States for their continued solidarity in the response to COVID-19 and for the successful 73rd session of the World Health Assembly which was conducted under challenging circumstances.
- In his <u>opening remarks at the 20 November 2020 media briefing on COVID-19</u>, Dr Tedros highlighted the positive news from vaccine trials in the past week and reminded that "we must continue to use the tools we have to interrupt the chains of transmission and save lives now". He also emphasized that the pandemic is a "stark reminder of the intimate relationship between humans, animals and the planet we share. We cannot protect and promote human health without paying attention to the health of animals and the health of our environment".
- Diagnostic testing is an essential part of the comprehensive strategy to control COVID-19. The <u>COVID-19</u> <u>Reference Laboratory Network</u>, established in six WHO regions in early 2020, has supported strengthening diagnostic capacity across the world. This feature story offers <u>a look inside laboratories</u> <u>responding to COVID-19</u>.
- WHO launched the Global Strategy to Accelerate the Elimination of Cervical Cancer, in which 194 countries <u>committed to eliminat cervical cancer</u>. Although COVID-19 has posed challenges to providing health services related to cancer, the strategy aims to reduce new cervical cancer cases by more than 40%; and reduce deaths by 5 million by 2050 through vaccination, screening and treatment.

WHO has published the following documents:

- <u>Guidance on developing a national deployment and vaccination Planning for COVID-19 vaccines</u>, which is
 intended to guide national governments in developing and updating their national deployment and
 vaccination plan for COVID-19 vaccines.
- <u>Maintaining surveillance of influenza and monitoring SARS-CoV-2 adapting Global Influenza surveillance</u> and Response System (GISRS) and sentinel systems during the COVID-19 pandemic, which is interim guidance for countries to monitor the circulation of influenza and SARS-CoV-2 viruses. It includes updated considerations for addressing disruptions in influenza sentinel surveillance, extending influenza surveillance to include COVID-19 wherever possible, as well as provides updated algorithms for testing influenza and SARS-CoV-2.
- <u>Priority medical devices list for the COVID-19 response and associated technical specifications</u>, which describes the medical devices required for the clinical management of COVID-19, selected and prioritized according to the latest evidence and guidelines.
- <u>Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19</u>, which was developed to assess present and surge capacities for the treatment of COVID-19 in health facilities.
- <u>Continuity of essential health services: Facility assessment tool</u>, which can be used by countries to rapidly assess the capacity of health facilities to maintain essential health services during the pandemic.
- <u>Therapeutics and COVID-19: living guideline</u>, which contains new information for clinicians including a new conditional recommendation against the use of remdesivir in hospitalized patients with COVID-19, regardless of disease severity.

Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 22 November 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	47 106	1 446 041	1 289	1 088	32 538	29	
South Africa	16 227	765 409	12 906	639	20 845	351	Community transmission
Algeria	7 799	73 774	1 682	133	2 258	51	Community transmission
Kenya	7 131	76 404	1 421	117	1 366	25	Community transmission
Ethiopia	3 031	105 352	916	71	1 636	14	Community transmission
Uganda	1 878	17 667	386	24	168	4	Community transmission
Botswana	1 369	9 594	4 080	4	31	13	Community transmission
Nigeria	1 232	66 228	321	3	1 166	6	Community transmission
Angola	1 039	14 413	439	14	336	10	Community transmission
Ghana	856	50 874	1 637	3	323	10	Community transmission
Cameroon	836	23 528	886	2	435	16	Community transmission
Mozambique	641	14 981	479	13	123	4	Community transmission
Cabo Verde	454	10 234	18 407	2	104	187	Community transmission
Democratic Republic of The Congo	420	12 179	136	9	327	4	Community transmission
Namibia	362	13 811	5 435	5	143	56	Community transmission
Mali	338	4 206	208	4	143	7	Community transmission
Zimbabwe	334	9 120	614	8	265	18	Community transmission
Zambia	297	17 394	946	6	356	19	Community transmission
Rwanda	226	5 620	434	4	46	4	Clusters of cases
Guinea	213	12 798	975	1	75	6	Community transmission
Mauritania	190	8 075	1 737	4	169	36	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Côte D'Ivoire	181	21 126	801	1	129	5	Community transmission
Тодо	166	2 771	335	3	63	8	Community transmission
Congo	117	5 632	1 021	1	93	17	Community transmission
Eswatini	112	6 205	5 348	0	119	103	Community transmission
Lesotho	91	2 058	961	0	44	21	Community transmission
Senegal	86	15 865	948	3	330	20	Community transmission
Madagascar	77	17 310	625	1	250	9	Community transmission
Benin	72	2 916	241	0	43	4	Community transmission
Gabon	69	9 131	4 102	1	59	27	Community transmission
Burkina Faso	68	2 703	129	0	68	3	Community transmission
Eritrea	58	551	155	0	0	<1	Sporadic cases
Liberia	56	1 554	307	0	82	16	Community transmission
Niger	50	1 351	56	0	70	3	Community transmission
South Sudan	44	3 047	272	1	60	5	Community transmission
Chad	42	1 633	99	1	101	6	Community transmission
Malawi	39	6 003	314	0	185	10	Community transmission
Burundi	34	662	56	0	1	<1	Community transmission
Equatorial Guinea	26	5 130	3 656	0	85	61	Community transmission
Gambia	24	3 726	1 542	1	123	51	Community transmission
Mauritius	21	491	386	0	10	8	Sporadic cases
Comoros	18	592	681	0	7	8	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Sierra Leone	16	2 405	301	0	74	9	Community transmission
Sao Tome and Principe	15	979	4 467	1	17	78	Community transmission
Central African Republic	11	4 911	1 017	0	63	13	Community transmission
Seychelles	3	161	1 637	0	0	<1	Sporadic cases
Guinea-Bissau	2	2 421	1 230	0	43	22	Community transmission
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories"							
Réunion	620	7 501	8 378	6	35	39	Clusters of cases
Mayotte	115	5 036	18 459	2	48	176	Clusters of cases
Americas	1 603 498	24 563 600	24 017	22 005	697 740	682	
United States of America	1 147 581	11 789 012	35 616	9 918	252 460	763	Community transmission
Brazil	209 512	6 020 164	28 322	3 876	168 613	793	Community transmission
Argentina	62 664	1 359 042	30 070	1 745	36 790	814	Community transmission
Colombia	50 747	1 233 444	24 241	1 260	34 929	686	Community transmission
Canada	33 401	320 719	8 498	506	11 334	300	Community transmission
Mexico	28 576	1 025 969	7 957	3 199	100 823	782	Community transmission
Peru	13 437	946 087	28 694	378	35 484	1 076	Community transmission
Chile	9 467	539 143	28 203	253	15 030	786	Community transmission
Panama	7 812	152 289	35 295	76	2 932	680	Community transmission
Costa Rica	7 295	129 418	25 405	71	1 608	316	Community transmission
Ecuador	5 249	184 876	10 479	142	13 139	745	Community transmission
Paraguay	4 666	75 058	10 523	91	1 647	231	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Dominican Republic	4 545	137 770	12 700	26	2 308	213	Community transmission
Guatemala	3 698	118 417	6 610	154	4 074	227	Community transmission
Venezuela (Bolivarian Republic of)	2 576	99 017	3 482	22	866	30	Community transmission
Honduras	2 100	104 179	10 518	35	2 855	288	Community transmission
El Salvador	892	37 250	5 743	31	1 070	165	Community transmission
Bolivia (Plurinational State of)	785	143 854	12 324	65	8 900	762	Community transmission
Uruguay	594	4 477	1 289	5	69	20	Clusters of cases
Jamaica	460	10 240	3 458	8	237	80	Community transmission
Belize	341	5 056	12 715	22	107	269	Community transmission
Guyana	281	5 005	6 363	5	143	182	Clusters of cases
Trinidad and Tobago	281	6 261	4 474	2	113	81	Community transmission
Cuba	230	7 798	688	1	132	12	Clusters of cases
Bahamas	204	7 367	18 734	8	163	415	Clusters of cases
Nicaragua	50	4 583	692	1	159	24	Community transmission
Haiti	46	9 214	808	0	232	20	Community transmission
Saint Lucia	43	203	1 106	0	2	11	Sporadic cases
Suriname	21	5 289	9 016	2	116	198	Sporadic cases
Grenada	9	41	364	0	0	<1	Sporadic cases
Antigua and Barbuda	6	139	1 419	0	4	41	Sporadic cases
Barbados	6	255	887	0	7	24	Clusters of cases
Saint Vincent and the Grenadines	6	84	757	0	0	<1	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Dominica	4	72	1 000	0	0	<1	Clusters of cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Territories"							
Puerto Rico	4 662	46 434	16 231	91	1 012	354	Community transmission
Martinique	359	5 091	13 566	2	39	104	Community transmission
Curaçao	346	1 561	9 513	1	3	18	Community transmission
French Guiana	170	11 014	36 875	0	70	234	Community transmission
Guadeloupe	127	8 225	20 556	5	144	360	Community transmission
Sint Maarten	59	973	22 690	1	24	560	Community transmission
United States Virgin Islands	57	1 491	14 278	0	23	220	Community transmission
Aruba	54	4 693	43 956	2	45	421	Community transmission
Saint Martin	35	690	17 848	0	12	310	Community transmission
Saint Barthélemy	18	127	12 848	0	0	<1	Sporadic cases
Turks and Caicos Islands	10	726	18 751	0	6	155	Clusters of cases
Cayman Islands	7	261	3 971	1	2	30	Sporadic cases
Bermuda	5	227	3 645	0	9	145	Sporadic cases
Bonaire	3	139	7 957	0	3	172	Sporadic cases
Falkland Islands (Malvinas)	1	16	4 594	0	0	<1	No cases
Anguilla	0	3	200	0	0	<1	No cases
British Virgin Islands	0	72	2 381	0	1	33	Clusters of cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Saint Pierre and Miquelon	0	14	2 416	0	0	<1	Sporadic cases
Sint Eustatius	0	14	5 636	0	0	<1	No cases
Eastern Mediterranean	250 746	3 796 649	5 195	6 299	96 354	132	
Iran (Islamic Republic of)	91 783	841 308	10 016	3 293	44 327	528	Community transmission
Jordan	36 856	178 161	17 461	468	2 172	213	Community transmission
Morocco	32 751	320 962	8 696	559	5 256	142	Clusters of cases
Pakistan	17 047	371 508	1 682	494	7 603	34	Clusters of cases
Iraq	16 640	533 555	13 265	302	11 925	296	Community transmission
Lebanon	10 975	115 242	16 884	88	894	131	Community transmission
United Arab Emirates	8 650	157 785	15 953	20	548	55	Community transmission
Tunisia	8 132	87 471	7 401	473	2 752	233	Community transmission
Libya	4 180	76 808	11 178	73	1 068	155	Community transmission
Kuwait	3 393	139 734	32 720	28	863	202	Community transmission
Egypt	2 129	112 676	1 101	93	6 535	64	Clusters of cases
Saudi Arabia	2 084	355 034	10 198	120	5 761	165	Sporadic cases
Oman	1 918	121 360	23 765	39	1 365	267	Community transmission
Qatar	1 492	137 062	47 574	1	235	82	Community transmission
Afghanistan	1 468	44 503	1 143	70	1 675	43	Clusters of cases
Sudan	1 111	15 839	361	74	1 193	27	Community transmission
Bahrain	1 068	85 591	50 301	5	338	199	Clusters of cases
Syrian Arab Republic	541	7 154	409	31	372	21	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Somalia	81	4 382	276	1	108	7	Sporadic cases
Djibouti	16	5 661	5 730	0	61	62	Clusters of cases
Yemen	1	2 073	70	2	605	20	Sporadic cases
Territories"							
Occupied Palestinian territory	8 430	82 780	16 227	65	698	137	Community transmission
Europe	1 771 673	16 873 383	18 077	32 684	375 368	402	
Italy	235 979	1 380 531	22 833	4 578	49 261	815	Clusters of cases
France	171 008	2 089 353	32 009	4 257	48 170	738	Community transmission
Russian Federation	163 504	2 089 329	14 317	2 993	36 179	248	Clusters of cases
Poland	152 357	843 475	22 287	3 243	13 288	351	Community transmission
The United Kingdom	149 027	1 493 387	21 998	2 860	54 626	805	Community transmission
Germany	127 766	918 269	10 960	1 537	14 022	167	Clusters of cases
Ukraine	88 887	624 744	14 285	1 348	10 951	250	Community transmission
Spain	64 540	1 556 730	33 296	1 191	42 619	912	Community transmission
Romania	59 623	412 808	21 458	1 103	9 916	515	Community transmission
Portugal	44 704	255 970	25 103	519	3 824	375	Clusters of cases
Austria	42 693	240 909	26 749	526	2 155	239	Community transmission
Netherlands	36 751	478 678	27 936	426	8 858	517	Community transmission
Serbia	35 039	116 125	16 676	179	1 168	168	Community transmission
Hungary	33 657	174 618	18 076	703	3 800	393	Community transmission
Czechia	32 521	490 750	45 826	1 037	7 095	663	Community transmission
Turkey	29 750	440 805	5 227	801	12 219	145	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Switzerland	29 038	289 483	33 448	546	3 567	412	Community transmission
Georgia	25 054	104 732	26 254	273	976	245	Community transmission
Sweden	23 307	208 295	20 625	99	6 406	634	Community transmission
Bulgaria	23 262	120 697	17 370	729	2 820	406	Clusters of cases
Belgium	19 148	556 808	48 044	970	15 522	1 339	Community transmission
Croatia	18 566	100 410	24 459	298	1 304	318	Community transmission
Greece	17 611	90 121	8 646	492	1 527	147	Community transmission
Azerbaijan	16 469	89 898	8 866	161	1 107	109	Clusters of cases
Lithuania	11 353	44 740	16 435	108	374	137	Community transmission
Belarus	11 129	123 999	13 123	57	1 096	116	Community transmission
Slovenia	10 162	64 284	30 922	157	657	316	Clusters of cases
Slovakia	9 690	95 257	17 447	134	644	118	Clusters of cases
Armenia	8 887	126 224	42 597	189	1 952	659	Community transmission
Denmark	8 557	69 635	12 022	24	781	135	Community transmission
Bosnia and Herzegovina	8 409	79 309	24 174	389	2 246	685	Community transmission
Republic of Moldova	7 917	96 689	23 969	124	2 130	528	Community transmission
North Macedonia	7 569	53 631	25 742	206	1 487	714	Community transmission
Kazakhstan	5 377	166 625	8 874	0	2 365	126	Clusters of cases
Albania	4 963	32 196	11 188	73	685	238	Clusters of cases
Norway	4 212	31 438	5 799	12	306	56	Community transmission
Israel	3 871	327 327	37 817	13	2 744	317	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Luxembourg	3 831	29 762	47 545	41	260	415	Community transmission
Montenegro	3 121	30 780	49 008	43	434	691	Clusters of cases
Kyrgyzstan	3 077	69 581	10 665	32	1 231	189	Clusters of cases
Ireland	2 617	70 143	14 205	44	2 022	409	Community transmission
Latvia	2 513	12 744	6 756	32	153	81	Clusters of cases
Estonia	2 227	9 375	7 067	7	87	66	Clusters of cases
Finland	2 114	21 216	3 829	6	375	68	Community transmission
Uzbekistan	1 450	71 552	2 138	5	603	18	Clusters of cases
Cyprus	1 405	8 456	7 004	4	43	36	Clusters of cases
Malta	643	8 560	19 387	9	104	236	Clusters of cases
Andorra	482	6 207	80 334	1	76	984	Community transmission
Tajikistan	281	11 854	1 243	1	86	9	Pending
San Marino	174	1 427	42 047	1	43	1 267	Community transmission
Liechtenstein	139	1 109	29 079	4	8	210	Sporadic cases
Iceland	83	5 269	15 441	1	26	76	Community transmission
Monaco	33	581	14 805	1	3	76	Sporadic cases
Holy See	0	26	32 138	0	0	<1	Sporadic cases
Territories"							
Kosovo[1]	4 972	33 545	18 031	95	894	481	Community transmission
Gibraltar	67	943	27 990	2	3	89	Clusters of cases
Jersey	78	806	7 408	0	32	294	Community transmission
Isle of Man	5	368	4 328	0	25	294	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guernsey	1	283	4 478	0	13	206	Community transmission
Faroe Islands	2	499	10 212	0	0	<1	Sporadic cases
Greenland	1	18	317	0	0	<1	No cases
South-East Asia	351 822	10 367 553	5 129	4 706	158 566	78	
India	281 227	9 095 806	6 591	3 592	133 227	97	Clusters of cases
Indonesia	30 301	493 308	1 804	626	15 774	58	Community transmission
Bangladesh	14 785	445 281	2 704	177	6 350	39	Community transmission
Myanmar	11 114	77 848	1 431	188	1 722	32	Clusters of cases
Nepal	10 340	218 639	7 504	90	1 305	45	Clusters of cases
Sri Lanka	3 580	19 771	923	30	83	4	Clusters of cases
Maldives	424	12 578	23 269	3	45	83	Clusters of cases
Thailand	47	3 913	56	0	60	1	Clusters of cases
Bhutan	4	379	491	0	0	<1	Sporadic cases
Timor-Leste	0	30	23	0	0	<1	Sporadic cases
Western Pacific	36 046	834 216	425	439	16 816	9	
Japan	13 502	130 179	1 029	91	1 974	16	Clusters of cases
Philippines	10 515	416 852	3 804	289	8 080	74	Community transmission
Malaysia	7 470	53 679	1 658	26	332	10	Clusters of cases
Republic of Korea	2 187	30 733	599	12	505	10	Clusters of cases
China	220	92 648	63	0	4 749	3	Clusters of cases
Mongolia	166	582	178	0	0	<1	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Australia	96	27 807	1 090	0	907	36	Clusters of cases
Viet Nam	41	1 306	13	0	35	<1	Clusters of cases
Singapore	32	58 148	9 939	0	28	5	Clusters of cases
New Zealand	27	1 672	347	0	25	5	Clusters of cases
Cambodia	4	306	18	0	0	<1	Sporadic cases
Papua New Guinea	4	604	68	0	7	1	Community transmission
Lao People'S Democratic Republic	1	25	3	0	0	<1	Sporadic cases
Brunei Darussalam	0	148	338	0	3	7	No cases
Fiji	0	35	39	0	2	2	Sporadic cases
Solomon Islands	0	16	23	0	0	<1	Sporadic cases
Territories"							
French Polynesia	1 272	12 978	46 200	10	63	224	Sporadic cases
Guam	501	6 355	37 654	11	104	616	Clusters of cases
Marshall Islands	3	4	68	0	0	<1	Sporadic cases
New Caledonia	2	32	112	0	0	<1	Sporadic cases
Northern Mariana Islands (Commonwealth of The)	2	104	1 807	0	2	35	Pending
Wallis and Futuna	1	2	178	0	0	<1	Sporadic cases
Vanuatu	0	1	3	0	0	<1	Sporadic cases
Grand total	4 060 891	57 882 183	7 426	67 221	1 377 395	177	

Technical guidance and other resources

- <u>Technical guidance</u>
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- <u>COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update</u>
- <u>Research and Development</u>
- Online courses on COVID-19 in official UN languages and in additional national languages
- <u>The Strategic Preparedness and Response Plan</u> (SPRP) outlining the support the international community can
 provide to all countries to prepare and respond to the virus
- Updates from WHO regions
- African Region

- Region of the Americas
- Eastern Mediterranean Region South-East Asia Region
- European Region
- Western Pacific Region

Recommendations and advice for the public

- Protect yourself
- <u>Questions and answers</u>
- Travel advice
- <u>EPI-WIN</u>: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO <u>case definitions</u> and <u>surveillance guidance</u>. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

Global totals include 741 cases and 13 deaths reported from international conveyances.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps

represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

" "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the <u>log of major changes and errata</u> for details. Prior situation reports will not be edited; see <u>covid19.who.int</u> for the most up-to-date data.
Weekly Operational Update on COVID-19

20 November 2020



Confirmed cases^a 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.

То increase diagnostic NPHL capacity, the 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



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



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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

1

 $^{\rm a}$ For the latest data and information, see the $\underline{\sf WHO}$ COVID-19 Dashboard and Situation Reports

programme





HEALTH EMERGENCIES programme

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 <u>Pandemic Influenza</u> <u>Preparedness Framework Partnership</u> <u>Contribution (PIP PC)</u> and a range of other donors.



Three laboratory response areas have been particularly impacted:

- 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 <u>WHO External Quality Assessment Project (EQAP)</u>, 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 <u>WHO's Laboratory Assessment Tool</u> 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.



HEALTH EMERGENCIES programme

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



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

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.



HEALTH EMERGENCIES programme

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 <u>ihrhrt@who.int</u>.

All information about the national Rapid Response Teams training packages can be accessed through the <u>Health Security Learning Platform</u>.



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, <u>OpenWHO.org</u>.

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





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 <u>EMT Global Classification</u> 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, <u>misinformation</u> 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 <u>Social Media Lab</u> and the International Federation of Medical Students Associations (<u>IFMSA</u>) to develop opensource <u>COVID-19 misinformation fact-checking tools</u>.

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 <u>COVID-19 Fact-checkers Dataset</u> 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.



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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	Labo	oratory suppl	ies	Personal protective equipment					
Region	Antigen RDTs*	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
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 Mediterrane an (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
TOTAL	1 658 000	6 969 237	15 568 386	8 132 036	22 070 280	1 169 276	4 099 848	186 593 499	17 680 125

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





The status of funding raised for WHO against the SPRP can be found here.

Global Humanitarian Response Plan (GHRP)



The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19: Link



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WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 20 November 2020, <u>The Solidarity</u> <u>Response Fund</u> 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 <u>here</u>.



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COVID-19 Global Preparedness and Response Summary Indicators^a

Countries have a COVID-19 preparedness and response plan

11-193	
	7%
100%	%

Countries have a COVID-19 Risk

Communication and Community Engagement Plan (RCCE)^b N=195

	97%	
19%		100%

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

		N=195
44 %	7%	50%
22%		100%

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

N=195



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



Baseline value

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

Countries have a clinical referral

system in place to care for COVID-19 cases

		 100	
	89 %		11%
37%		1	00%

Countries that have defined essential health services to be maintained during the pandemic N=195

46 %	20%	34%
22%		100%

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

_		N=195
35 %	63%	
29%		100%

Countries have a health occupational safety plan for health care workers

_		N=195	
28 %	6 %	67%	
17%		1009	%

Countries have COVID-19 laboratory testing capacity



Target value



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 <u>Global Humanitarian and Response Plan</u>. A full list of priority countries can be found <u>here</u>.

Priority countries with multisectoral mental health & psychosocial support working group N=64



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

				· ·
	56	%	44%	
0%	27%			

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



<u>Priority countries</u> with an active & implemented RCCE coordination mechanism



<u>Priority countries</u> with a contact tracing focal point



<u>Priority countries</u> with an IPC focal point for training



Target value

Notes:

c Source: WHO Immunization Repository



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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







Key links and useful resources

Given 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
- <u>Eastern Mediterranean Regional Office</u>
- 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 <u>7 August 2020</u>, click <u>here</u>

□ For updated WHO Publications and Technical Guidance on COVID-19, click here

□ For updated GOARN network activities, click here



COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 15 November 2020, 10 am CEST

For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- <u>WHO COVID-19 Weekly Operational Update</u>

Global epidemiological situation

The number of new cases being reported globally continues to rise (Figure 1), with almost 4 million new cases in the past week (9–15 November) alone. The number of new deaths globally has also grown by 11%, with almost 60 000 new deaths reported, of which 81% were in Europe and the Americas (Table 1).

Although the European Region continues to report the highest number of new cases globally (46%), it has seen a 10% fall in the past week following the strengthening of public health and social measures across the region. However, the number of new deaths in Europe has increased substantially with over 29 000 new deaths reported in the past week. The Region of the Americas reported a sharp upward trend, with a 41% increase in new cases in the past week. The Eastern Mediterranean, African and Western Pacific Regions also reported increases in the number of new cases. The South-East Asia Region, on the other hand, reported a decline in the number of new cases and new deaths.

As of 15 November, over 53.7 million cases and 1.3 million deaths have been reported globally.



Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 15 November 2020**

Countries reporting the highest number of cases in the past week included: the United States of America (reporting over 1 million new cases, a 47% increase compared to the previous week), India (306 000 cases, 5% decrease), Italy (242 000 cases, 9% increase), France (203 000 cases, 47% decrease), and Brazil (179 000 cases, 57% increase).

Additional Region-specific information can be found below: <u>African Region</u>, <u>Region of the Americas</u>, <u>Eastern</u> <u>Mediterranean Region</u>, <u>European Region</u>, <u>South-East Asia Region</u>, and <u>Western Pacific Region</u>.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 1	15
November 2020 ^{**}	

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	1 840 086 (46%)	-10%	15 047 248 (28%)	29 043 (49%)	18%	341 488 (26%)
Americas	1 450 998 (36%)	41%	22 960 102 (43%)	19 106 (32%)	11%	675 735 (52%)
South-East Asia	373 786 (9%)	-4%	10 015 731 (19%)	4 534 (8%)	-12%	153 860 (12%)
Eastern Mediterranean	238 390 (6%)	11%	3 545 801 (7%)	5 747 (10%)	1%	90 052 (7%)
Africa	40 990 (1%)	22%	1 398 935 (3%)	834 (1%)	<1%	31 450 (2%)
Western Pacific	32 973 (1%)	5%	798 170 (1%)	435 (1%)	15%	16 377 (1%)
Global	3 977 223 (100%)	6%	53 766 728 (100%)	59 699 (100%)	11%	1 308 975 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.



resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

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Situation by WHO Region

African Region

In the African Region, the gradual increase in the number of new weekly cases since last September continued, with 40 990 new cases reported, a 22% increase compared to the previous week (Figure 3). Death rates across the region remained similar to the previous week. South Africa, Kenya, Algeria and Ethiopia reported the largest number of new weekly cases in the region.

Algeria reported a sharp (131%) increase in the past week, with 5806 new cases detected (132 cases per 1 million population) and 114 new deaths reported. Local authorities also reported a substantial rise in hospitalisations in October, most notably in the north-eastern and north-central provinces. On 8 November, the Algerian Government implemented 12 additional new public health and social measures to mitigate this surge, including the reinstatement of a night-time curfew, closure of vehicle markets for 15 days, banning public and family gatherings, and postponing the start of university classes and vocational training until 15 December.

In Angola, the incidence of new cases continued to decline, with 1039 new cases (32 cases per 1 million population) reported in the past week, a 32% decrease compared to the previous week. Nineteen new deaths were reported in the past week. As of 14 November, 66% of confirmed cases reported in Angola were male and 86% were individuals aged 20 to 69 years. The capital city of Luanda has been considered the epicentre of the outbreak in the country, with 78% of cumulative cases and 84% of deaths to date.

On 11 November, the South African government further eased public health and social measures as the national incidence of new cases remains relative steady, with about 13 000 new cases (224 cases per 1 million population) reported in the past week, while rates of COVID-19 associated hospitalizations and deaths continue to fall. However, the government warned of potential resurgence, highlighting recent spikes in cases observed in Nelson Mandela Bay Metropolitan area, Eastern Cape Province, potentially triggered by outbreaks in educational institutions and among people attending large gatherings.



Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 15 November 2020^{**}

Region of the Americas

Cases and deaths in the Region of the Americas continue to rise (Figure 4), with cases increasing over 40% and deaths over 10% in the past 7 days.

The United States of America reported the largest number of cases in the Region, with over 1 million cases (3036 cases per 1 million population) in the past week, amounting to nearly 11 million cumulative cases since the start of the pandemic.

In Canada, upward trends in both cases and deaths have continued, with over 30 000 new cases (835 new cases per 1 million population) and just under 400 new deaths (10 new deaths per 1 million population) in the past week. Increased activity has also been reported among vulnerable populations and settings (such as elderly adults and Indigenous communities, and in a range of settings including long-term care and assisted living facilities, schools, congregate living settings, industrial work settings and social gatherings). Overall, nearly 300 000 confirmed cases and 11 000 deaths have been reported from Canada since the start of the pandemic.

Mexico reported 42 465 new cases this past week (328 new cases per 1 million population), a 16% increase compared to the previous week. There have been reports of increased hospitalizations in the northern state of, this region has been placed under the highest Coronavirus alert level, joining the neighbouring region of Chihuahua, which borders the United States of America. Death rates in the country increased by 9% in the past week, with 3301 new deaths reported.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 15 November 2020^{**}



Eastern Mediterranean Region

The incidence of new cases continued to increase in the Eastern Mediterranean Region (Figure 5), with over 238 000 new cases this past week, an 11% increase on the previous week, while the number of reported deaths was similar. Countries which reported the greatest number of new cases included Iran, Jordan and Morocco.

In Pakistan, a resurgence is being observed with over 12 000 (58 cases per 1 million population) new cases reported in the past week – a 45% increase on the previous week. The weekly number of deaths also rose by 21%, with 166 reported. Country officials have strengthened public health and social measures in light of these increases. Considering the large population of Pakistan (over 220 million people), concerted efforts to reduce transmission have thus far been relatively successful.

In Afghanistan, a 65% increase was observed this past week, with 1002 new cases (26 cases per 1 million population) reported. As of 12 November, test positivity rates in the country were estimated at over 33%, highlighting the limitations in the testing capacity, testing criteria and willingness of people to come forward for testing, with stigma considered as a major factor in the decision not to get tested. Men accounted for more than 69% of the total confirmed cases, and most recorded deaths were among men aged 50-79 years, which may in part be due to men being over-represented in testing.



Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region,



European Region

Over the past week, the European Region recorded 46% of all cases and 49% of all deaths reported globally, with nearly 2 million new cases and almost 30 000 new deaths. However, in the past week, for the first time in over three months, the region observed a decline of 10% in weekly cases (Figure 6). At the same time, deaths continued to increase, with an 18% increase the past week in comparison to the previous week.

Varying patterns were seen in Europe with decreases in cases being observed in 24 countries in the past 7 days, ranging from a 2% to over 40% decrease in new cases in these 24 countries compared to the previous week. Whereas in other countries, weekly increases in new cases ranging from 1% to over 40% were reported. The countries reporting the highest number of cases in the past week were Italy, France, the United Kingdom, Poland, the Russian Federation, Germany, Spain, Ukraine, Romania, and Austria. Among these ten countries, Austria reported the sharpest increase, with new cases this week 30% higher compared to the previous week. The countries with the highest weekly mortality rates, exceeding 60 deaths per 1 million population, were Czechia, Bosnia and Herzegovina, Belgium, North Macedonia, Armenia, Hungary, Bulgaria, Poland, France, Croatia and Montenegro. The United Kingdom was the first country in the region to record over 50 000 cumulative deaths.

The Russian Federation recorded its highest case and death counts, with over 150 000 cases (1038 cases per 1 million population) and over 2600 deaths reported in the past week. Public health interventions were strengthened across many regions. Moscow expanded public health and social measures, including switching universities to online learning and limiting the time during which restaurants and bars can serve customers.

Lithuania was also among the countries which reached a peak in cases and deaths over the past week, with more than 10 500 new cases (3919 cases per 1 million population). Similar to other countries in the region, Lithuania expanded public health and social measures in the first weeks of November. Additionally, Lithuania is adapting its hospital network to meet growing demands through expanding bed capacity and will set up a temporary hospital in a large exhibition center in Vilnius.



Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 15 November 2020^{**}

South-East Asia Region

The South-East Asia Region observed six weeks of continued decline in cases and deaths from the second half of September until the end of October (Figure 7). New weekly cases fell from over 690 000 to around 380 000, and new weekly deaths decreased from over 9300 in the week commencing on 14 September to under 4600 in the past week. Since the start of November, weekly cases have stabilized under 400 000 for the past three weeks, with 373 786 cases reported in the past week. Weekly deaths have also remained relatively stable, with 4534 deaths reported in the past week. Countries with highest number of weekly new cases per million population in the past week included Nepal, Maldives and India.

The regional trend continues to be strongly influenced by India, which consistently reports the highest numbers of cases and deaths in the Region. After a period of sharp decline, cases and deaths in India have stabilized since the end of October. In the past week, further decreases of 5% in cases and 12% in deaths were observed, with 306 825 cases (222 cases per 1 million population) and 3 514 deaths reported. At the end of the week, the states of Maharashtra, Kerala and Delhi reported the highest numbers of new cases, with over 80 000 in Maharashtra and almost 40 000 in Delhi.

Indonesia reported the second highest number of cases in the Region in the past week. Until 8 November, Indonesia had observed a weekly decline in cases for six consecutive weeks, with weekly cases falling from over 30 000 in the week commencing on 21 September to under 23 800 in the week commencing 2 November. However, in the past week, the country registered over 29 000 new cases (107 cases per 1 million population), a 23% increase from last week. Towards the end of the week, Indonesia registered over 5200 daily cases for two consecutive days. On both days, Jakarta and Jawa Tengah Provinces reported the highest case numbers in the country, surpassing 1000 each day.



Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 15 November 2020^{**}

Western Pacific Region

The number of cases continues to gradually rise in the Western Pacific Region (Figure 8), which reported nearly 33 000 new cases and over 400 deaths in the past week. New cases increased by 5% and new deaths increased by 15% compared to the previous week. This reporting period is the second consecutive week that the Western Pacific Region reported more than 30 000 new cases per week since mid-September. The Philippines, Japan, Malaysia and French Polynesia reported the highest number of cases in the region.

Guam reported 820 new cases (4859 cases per 1 million population) in the past week, more than double the number of cases reported the previous week, and the highest weekly count since the beginning of the pandemic. Four new deaths were reported, bringing the total to 93 cumulative deaths. In a correctional facility, 60 inmates and one officer tested positive for COVID-19 in the past week and are currently in isolation.

Malaysia reported 6852 new cases in the past week (212 case per 1 million population). Although the number of cases decreased by 12% compared to the previous week, there has been a general upward trend since the beginning of September. Twenty-four new deaths were reported in the past week, bringing the cumulative total to 306 deaths. Selangor State, which is the most populous state in the country with approximately 19% of the population, reported 28% of cases, followed by Kuala Lumpur which reported 16% of cases. Many cases reported in the past week were linked to previously reported clusters in Sabah State, which reported the highest number of local transmissions, including cases identified by close-contact screenings and existing clusters.

In Vanuatu, the first confirmed case was reported on 10 November. The case was a young adult who returned on 4 November from the United States of America. The case, who was asymptomatic, tested positive during routine testing on the fifth day of quarantine. In accordance with the preparedness and response plan, the case will remain in isolation until health clearance is given. Health authorities initiated contact tracing with close contacts, and intensified risk communication and community engagement activities.



Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 15 November 2020^{**}

Key weekly updates

- In his opening remarks at the resumed <u>73rd session of the World Health Assembly (WHA 73), WHO Director-General Dr Tedros highlighted</u> how the "world has come together as never before to ensure that the life-saving tools being developed to combat COVID-19 are developed, produced and allocated fairly as global public goods, and not private commodities that become one more reason some people are left behind".
- In his closing remarks at WHA 73, he welcomed the preliminary results of vaccine clinical trials released in the week: "<u>Never in history has vaccine research progressed so quickly</u>". On 16 November, at an Executive Board meeting, he also emphasized that a vaccine will complement the other tools we have, not replace them: "<u>A vaccine on its own will not end the pandemic</u>".
- A <u>report</u> by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme concluded that "over the last four years, the WHE Programme has demonstrated its capacity to manage multiple emergencies and has helped affirm WHO's position as a global health leader."
- Donor commitments to the <u>Access to COVID-19 Tools (ACT) Accelerator</u> have <u>reached US\$ 5.1 billion</u> <u>following new contributions at the Paris Peace Forum</u>. This concerted global effort among heads of state, global health leaders, scientists and the private sector is helping secure a way to end the acute phase of the pandemic by deploying the tests, treatments and vaccines the world needs to fight the pandemic. However, an additional US\$ 4.2 billion is needed urgently this year, with a further US\$ 23.9 billion required in 2021, if tools are to be deployed across the world as they become available.
- At the Paris Peace Forum, the Director-General outlined <u>three fundamental shifts that WHO believes all countries must make</u>: (1) Invest in basic public health systems, which are the bedrock for preventing, preparing for, detecting and responding to outbreaks; (2) Take a One Health approach. The <u>COVID-19</u> pandemic is a stark reminder of the close links between the health of humans, animals and the planet we share; (3) Go beyond the health sector: the pandemic has affected every sector.
- WHO has announced the establishment of the <u>Council on the Economics of Health for All</u>, composed of leading economists and health experts, to put "Health for All" at the center of how we think about value creation and economic growth. "The COVID-19 pandemic has demonstrated the consequences of chronic under-investment in public health. But we don't just need more investment; we must also rethink how we value health" said the WHO Director-General.
- 2021 has been designated as the <u>International Year of Health and Care Workers</u>, in recognition of the dedication and sacrifice of the millions of health and care workers at the forefront of the pandemic.
- The special edition of the timeless hit *We Are Family*, is now available for download worldwide from digital music stores such as iTunes, Spotify and Amazon Music. The song is being released as an inspiring <u>call for global solidarity</u> to respond to the COVID-19 pandemic and to generate proceeds in benefit of the <u>WHO Foundation</u> to address the most pressing global health challenges of our time.
- WHO has published the following documents:
 - Immunization as an essential health service: guiding principles for immunization activities during the COVID-19 pandemic and other times of severe disruption, which provides support to countries in their decision-making regarding provision or resumption of immunization services during events such as COVID-19, natural disasters or humanitarian emergencies.
 - The <u>Emergency Global Supply Chain System (COVID-19) catalogue</u> which lists all medical devices, including personal protective equipment, medical equipment, medical consumables, single use devices, and laboratory and test-related devices that may be requested through the <u>COVID-19 Supply Portal</u>.
 - <u>Technical specifications of personal protective equipment for COVID-19</u>, which provides guidance on the quality, performance characteristics and related standards of personal protective equipment to be used in the context of COVID-19.

Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 15 November 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	40 990	1 398 935	1 247	834	31 450	28	
South Africa	13 276	749 182	12 632	417	20 206	341	Community transmission
Kenya	7 504	69 273	1 288	146	1 249	23	Community transmission
Algeria	5 806	65 975	1 505	114	2 125	48	Community transmission
Ethiopia	3 117	102 321	890	47	1 565	14	Community transmission
Uganda	1 723	15 789	345	13	144	3	Community transmission
Ghana	1 230	50 018	1 610	0	320	10	Community transmission
Nigeria	1 206	64 996	315	7	1 163	6	Community transmission
Angola	1 039	13 374	407	19	322	10	Community transmission
Mozambique	763	14 340	459	11	110	4	Community transmission
Cabo Verde	489	9 780	17 590	2	102	183	Community transmission
Botswana	390	8 225	3 498	0	27	11	Community transmission
Cameroon	350	22 692	855	4	433	16	Community transmission
Zimbabwe	315	8 786	591	7	257	17	Community transmission
Namibia	279	13 449	5 293	4	138	54	Community transmission
Democratic Republic of The Congo	243	11 759	131	3	318	4	Community transmission
Mali	192	3 868	191	2	139	7	Community transmission
Zambia	189	17 097	930	1	350	19	Community transmission
Guinea	185	12 585	958	1	74	6	Community transmission
Rwanda	181	5 394	416	6	42	3	Clusters of cases
Тодо	163	2 605	315	3	60	7	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Mauritania	160	7 885	1 696	2	165	35	Community transmission
Côte D'Ivoire	144	20 945	794	2	128	5	Community transmission
Congo	136	5 515	999	0	92	17	Community transmission
Madagascar	122	17 233	622	5	249	9	Community transmission
Senegal	111	15 779	942	1	327	20	Community transmission
Eswatini	104	6 093	5 252	2	119	103	Community transmission
Benin	99	2 844	235	0	43	4	Community transmission
Burkina Faso	70	2 635	126	1	68	3	Community transmission
South Sudan	60	3 003	268	0	59	5	Community transmission
Niger	59	1 301	54	1	70	3	Community transmission
Liberia	56	1 498	296	0	82	16	Community transmission
Chad	48	1 591	97	1	100	6	Community transmission
Gabon	40	9 062	4 071	3	58	26	Community transmission
Central African Republic	21	4 900	1 015	1	63	13	Community transmission
Gambia	21	3 702	1 532	2	122	50	Community transmission
Mauritius	18	470	370	0	10	8	Sporadic cases
Comoros	17	574	660	0	7	8	Community transmission
Malawi	16	5 964	312	1	185	10	Community transmission
Sierra Leone	16	2 389	299	0	74	9	Community transmission
Burundi	14	628	53	0	1	<1	Community transmission
Equatorial Guinea	12	5 104	3 638	0	85	61	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guinea-Bissau	6	2 419	1 229	2	43	22	Community transmission
Lesotho	4	1 967	918	0	44	21	Community transmission
Seychelles	4	158	1 607	0	0	<1	Sporadic cases
Eritrea	2	493	139	0	0	<1	Sporadic cases
Sao Tome and Principe	2	964	4 399	0	16	73	Community transmission
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories"							
Réunion	617	6 881	7 686	2	29	32	Clusters of cases
Mayotte	371	4 921	18 038	1	46	169	Clusters of cases
Americas	1 450 998	22 960 102	22 449	19 106	675 735	661	
United States of America	1 004 852	10 641 431	32 149	8 042	242 542	733	Community transmission
Brazil	179 471	5 810 652	27 337	2 722	164 737	775	Community transmission
Argentina	67 564	1 296 378	28 684	1 909	35 045	775	Community transmission
Colombia	54 964	1 182 697	23 244	1 264	33 669	662	Community transmission
Mexico	42 265	997 393	7 736	3 301	97 624	757	Community transmission
Canada	31 509	287 318	7 613	392	10 828	287	Community transmission
Peru	15 147	932 650	28 286	323	35 106	1 065	Community transmission
Chile	9 699	529 676	27 708	278	14 777	773	Community transmission
Panama	6 717	144 477	33 484	86	2 856	662	Community transmission
Costa Rica	6 706	122 123	23 973	84	1 537	302	Community transmission
Ecuador	6 141	179 627	10 181	182	12 997	737	Community transmission
Paraguay	3 911	70 392	9 869	84	1 556	218	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guatemala	3 669	114 719	6 403	109	3 920	219	Community transmission
Dominican Republic	3 580	133 225	12 281	19	2 282	210	Community transmission
Honduras	2 503	102 079	10 306	79	2 820	285	Community transmission
Venezuela (Bolivarian Republic of)	2 136	96 441	3 392	23	844	30	Community transmission
El Salvador	1 213	36 358	5 605	33	1 039	160	Community transmission
Bolivia (Plurinational State of)	726	143 069	12 256	54	8 835	757	Community transmission
Belize	699	4 715	11 858	18	85	214	Community transmission
Uruguay	513	3 883	1 118	3	64	18	Clusters of cases
Jamaica	308	9 780	3 303	11	229	77	Community transmission
Cuba	301	7 568	668	1	131	12	Clusters of cases
Guyana	267	4 724	6 006	5	138	175	Clusters of cases
Bahamas	247	7 163	18 215	4	155	394	Clusters of cases
Trinidad and Tobago	182	5 980	4 273	0	111	79	Community transmission
Nicaragua	53	4 533	684	1	158	24	Community transmission
Saint Lucia	50	160	871	2	2	11	Sporadic cases
Haiti	41	9 168	804	0	232	20	Community transmission
Suriname	41	5 268	8 980	2	114	194	Sporadic cases
Barbados	7	249	866	0	7	24	Clusters of cases
Dominica	5	68	945	0	0	<1	Clusters of cases
Antigua and Barbuda	3	133	1 358	1	4	41	Sporadic cases
Grenada	2	32	284	0	0	<1	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Saint Vincent and the Grenadines	2	78	703	0	0	<1	Sporadic cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Territories"							
Puerto Rico	4 205	41 772	14 601	59	921	322	Community transmission
Martinique	517	4 732	12 610	4	37	99	Community transmission
Guadeloupe	195	8 098	20 239	6	139	347	Community transmission
Curaçao	185	1 215	7 404	0	2	12	Community transmission
French Guiana	140	10 844	36 306	0	70	234	Community transmission
Aruba	75	4 639	43 450	4	43	403	Community transmission
Saint Martin	51	655	16 943	0	12	310	Community transmission
Sint Maarten	44	914	21 314	1	23	536	Community transmission
United States Virgin Islands	44	1 434	13 732	0	23	220	Community transmission
Saint Barthélemy	19	109	11 027	0	0	<1	Sporadic cases
Bermuda	13	222	3 565	0	9	145	Sporadic cases
Turks and Caicos Islands	9	716	18 493	0	6	155	Clusters of cases
Cayman Islands	4	254	3 865	0	1	15	Sporadic cases
Falkland Islands (Malvinas)	2	15	4 307	0	0	<1	No cases
Bonaire	1	136	7 786	0	3	172	Sporadic cases
Anguilla	0	3	200	0	0	<1	No cases
British Virgin Islands	0	72	2 381	0	1	33	Clusters of cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Saint Pierre and Miquelon	0	14	2 416	0	0	<1	Sporadic cases
Sint Eustatius	0	14	5 636	0	0	<1	Sporadic cases
Eastern Mediterranean	238 390	3 545 801	4 852	5 747	90 052	123	
Iran (Islamic Republic of)	76 275	749 525	8 924	3 202	41 034	489	Community transmission
Jordan	36 503	141 305	13 849	523	1 704	167	Community transmission
Morocco	36 026	288 211	7 808	500	4 697	127	Clusters of cases
Iraq	20 896	516 915	12 851	340	11 623	289	Community transmission
Pakistan	12 708	354 461	1 605	166	7 109	32	Clusters of cases
Lebanon	11 170	104 267	15 276	93	806	118	Community transmission
Tunisia	9 796	79 339	6 713	431	2 279	193	Community transmission
United Arab Emirates	8 103	149 135	15 079	14	528	53	Community transmission
Libya	5 589	72 628	10 570	75	995	145	Community transmission
Kuwait	5 136	136 341	31 926	27	835	196	Community transmission
Saudi Arabia	2 721	352 950	10 138	116	5 641	162	Sporadic cases
Oman	2 275	119 442	23 390	40	1 326	260	Community transmission
Egypt	1 585	110 547	1 080	87	6 442	63	Clusters of cases
Qatar	1 557	135 570	47 056	2	234	81	Community transmission
Bahrain	1 259	84 523	49 673	4	333	196	Clusters of cases
Afghanistan	1 002	43 035	1 105	49	1 605	41	Clusters of cases
Sudan	471	14 626	334	0	1 116	25	Community transmission
Syrian Arab Republic	466	6 613	378	28	341	19	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Somalia	72	4 301	271	0	107	7	Sporadic cases
Djibouti	40	5 645	5 714	0	61	62	Clusters of cases
Yemen	2	2 072	69	1	603	20	Sporadic cases
Territories"							
Occupied Palestinian territory	4 738	74 350	14 574	49	633	124	Community transmission
Europe	1 840 086	15 047 248	16 121	29 043	341 488	366	
Italy	242 062	1 144 552	18 930	3 620	44 683	739	Clusters of cases
France	203 984	1 918 345	29 389	4 064	43 913	673	Community transmission
The United Kingdom	172 915	1 344 360	19 803	2 878	51 766	763	Community transmission
Poland	169 478	691 118	18 261	2 409	10 045	265	Community transmission
Russian Federation	151 491	1 925 825	13 197	2 649	33 186	227	Clusters of cases
Germany	131 998	790 503	9 435	1 196	12 485	149	Clusters of cases
Spain	87 401	1 458 591	31 197	1 380	40 769	872	Community transmission
Ukraine	75 526	535 857	12 253	1 153	9 603	220	Community transmission
Romania	56 186	353 185	18 359	1 020	8 813	458	Community transmission
Austria	51 714	198 216	22 008	311	1 629	181	Community transmission
Czechia	47 009	458 229	42 789	1 377	6 058	566	Community transmission
Switzerland	39 278	256 186	29 601	496	2 956	342	Community transmission
Netherlands	38 013	441 927	25 791	482	8 432	492	Community transmission
Portugal	37 726	211 266	20 719	457	3 305	324	Clusters of cases
Hungary	31 345	140 961	14 592	659	3 097	321	Community transmission
Belgium	27 430	531 184	45 833	1 100	14 303	1 234	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Bulgaria	22 950	97 435	14 023	459	2 091	301	Clusters of cases
Georgia	21 925	79 678	19 974	228	703	176	Community transmission
Sweden	20 701	177 355	17 561	52	6 164	610	Community transmission
Serbia	20 451	81 086	11 644	109	989	142	Community transmission
Turkey	19 316	411 055	4 874	615	11 418	135	Community transmission
Greece	17 701	72 510	6 957	286	1 035	99	Community transmission
Croatia	17 140	81 844	19 936	254	1 006	245	Community transmission
Slovakia	11 900	85 567	15 673	159	510	93	Clusters of cases
Armenia	10 913	117 337	39 597	204	1 763	595	Community transmission
Lithuania	10 668	33 387	12 264	63	266	98	Community transmission
Slovenia	9 851	54 122	26 033	122	500	241	Clusters of cases
Bosnia and Herzegovina	9 688	70 900	21 610	367	1 857	566	Community transmission
Azerbaijan	9 681	73 429	7 242	122	946	93	Clusters of cases
Belarus	7 587	112 870	11 945	35	1 039	110	Community transmission
North Macedonia	7 280	46 062	22 109	171	1 281	615	Community transmission
Republic of Moldova	7 097	88 772	22 006	115	2 006	497	Community transmission
Denmark	6 848	61 078	10 545	17	757	131	Community transmission
Kazakhstan	4 736	160 612	8 554	0	2 306	123	Clusters of cases
Norway	4 001	27 226	5 022	9	294	54	Community transmission
Montenegro	3 795	26 888	42 811	48	385	613	Clusters of cases
Kyrgyzstan	3 685	66 504	10 193	22	1 199	184	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Albania	3 528	27 233	9 463	55	612	213	Clusters of cases
Israel	3 496	322 371	37 244	45	2 716	314	Community transmission
Luxembourg	3 450	25 931	41 425	34	219	350	Community transmission
Ireland	2 671	67 526	13 675	33	1 978	401	Community transmission
Latvia	2 351	10 231	5 424	25	121	64	Clusters of cases
Finland	1 717	19 102	3 448	7	369	67	Community transmission
Uzbekistan	1 509	70 102	2 095	17	598	18	Clusters of cases
Estonia	1 215	7 148	5 388	7	80	60	Clusters of cases
Cyprus	1 180	7 051	5 840	12	39	32	Clusters of cases
Malta	878	7 917	17 930	23	95	215	Clusters of cases
Andorra	406	5 725	74 096	0	75	971	Community transmission
Tajikistan	279	11 573	1 213	2	85	9	Pending
Liechtenstein	205	970	25 435	1	4	105	Sporadic cases
San Marino	152	1 253	36 920	0	42	1 238	Community transmission
Iceland	123	5 186	15 197	7	25	73	Community transmission
Monaco	62	545	13 887	0	2	51	Sporadic cases
Holy See	0	26	32 138	0	0	<1	Sporadic cases
Territories"							
Kosovo[1]	5 191	28 573	15 359	65	799	429	Community transmission
Gibraltar	106	876	26 001	1	1	30	Clusters of cases
Jersey	85	728	6 691	0	32	294	Community transmission
Isle of Man	6	363	4 269	1	25	294	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guernsey	4	282	4 462	0	13	206	Community transmission
Faroe Islands	2	497	10 171	0	0	<1	Sporadic cases
Greenland	0	17	299	0	0	<1	No cases
South-East Asia	373 786	10 015 731	4 955	4 534	153 860	76	
India	306 825	8 814 579	6 387	3 514	129 635	94	Clusters of cases
Indonesia	29 171	463 007	1 693	608	15 148	55	Community transmission
Nepal	16 663	208 299	7 149	128	1 215	42	Clusters of cases
Bangladesh	11 732	430 496	2 614	124	6 173	37	Community transmission
Myanmar	6 386	66 734	1 227	138	1 534	28	Clusters of cases
Sri Lanka	2 772	16 191	756	19	53	2	Clusters of cases
Maldives	192	12 154	22 485	3	42	78	Clusters of cases
Thailand	29	3 866	55	0	60	1	Clusters of cases
Bhutan	16	375	486	0	0	<1	Sporadic cases
Timor-Leste	0	30	23	0	0	<1	Sporadic cases
Western Pacific	32 973	798 170	406	435	16 377	8	
Philippines	12 376	406 337	3 708	306	7 791	71	Community transmission
Japan	9 591	116 677	923	71	1 883	15	Clusters of cases
Malaysia	6 852	46 209	1 428	24	306	9	Clusters of cases
Republic of Korea	1 119	28 546	557	15	493	10	Clusters of cases
China	233	92 428	63	1	4 749	3	Clusters of cases
Singapore	62	58 116	9 934	0	28	5	Clusters of cases
Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
---	--------------------------------	---------------------	--	---------------------------------	----------------------	---	-----------------------------
Australia	59	27 711	1 087	0	907	36	Clusters of cases
Mongolia	59	416	127	0	0	<1	Sporadic cases
Viet Nam	52	1 265	13	0	35	<1	Clusters of cases
New Zealand	19	1 645	341	0	25	5	Clusters of cases
Cambodia	7	302	18	0	0	<1	Sporadic cases
Papua New Guinea	3	600	67	0	7	1	Community transmission
Solomon Islands	3	16	23	0	0	<1	Sporadic cases
Fiji	1	35	39	0	2	2	Sporadic cases
Brunei Darussalam	0	148	338	0	3	7	No cases
Lao People's Democratic Republic	0	24	3	0	0	<1	Sporadic cases
Territories"							
French Polynesia	1 711	11 706	41 672	14	53	189	Sporadic cases
Guam	820	5 854	34 685	4	93	551	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	4	102	1 772	0	2	35	Pending
New Caledonia	1	30	105	0	0	<1	Sporadic cases
Vanuatu	1	1	3	0	0	<1	Sporadic cases
Marshall Islands	0	1	17	0	0	<1	Sporadic cases
Wallis and Futuna	0	1	89	0	0	<1	Sporadic cases
Grand total	3 977 223	53 766 728	6 898	59 699	1 308 975	168	

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- <u>Research and Development</u>
- Online courses on COVID-19 in official UN languages and in additional national languages
- <u>The Strategic Preparedness and Response Plan</u> (SPRP) outlining the support the international community can
 provide to all countries to prepare and respond to the virus
- Updates from WHO regions
- African Region

- Region of the Americas
- Eastern Mediterranean Region South-East Asia Region
- European Region
- Western Pacific Region

Recommendations and advice for the public

- Protect yourself
- <u>Questions and answers</u>
- Travel advice
- <u>EPI-WIN</u>: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO <u>case definitions</u> and <u>surveillance guidance</u>. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

Global totals include 741 cases and 13 deaths reported from international conveyances.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps

represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

" "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the <u>log of major changes and errata</u> for details. Prior situation reports will not be edited; see <u>covid19.who.int</u> for the most up-to-date data.

Weekly Operational Update on COVID-19

13 November 2020



Confirmed cases^a 53 164 803

Confirmed deaths 1 300 576

WHO and GOARN partners provide technical support to Papua New Guinea's COVID-19 pandemic response

WHO is providing technical and capacity building support to the National Department of Health (NDOH), Papua New Guinea (PNG), the leading national agency for COVID-19 preparedness and response coordination.

The NDOH with support from WHO is implementing the national emergency preparedness and response plan and the national communications plan, providing technical



Credit: Renagi Katiola Ugava Taukarai/WHO

support and training on surveillance, laboratory, quarantine monitoring, infection prevention and control (IPC), clinical management, logistics and supplies management, logistics and supplies management, and coordinating health sector partners engaged in the response.

To enhance the field response the Global Outbreak Alert and Response Network (GOARN) has deployed several surveillance and laboratory technical experts to Papua New Guinea. Working in collaboration with NDOH staff and WHO teams, GOARN experts have assisted in strengthening the national COVID-19 response operations and local capacity building initiatives.

This support to PNG is among a wider response from GOARN to multiple countries recognizing that no single institution has all the capacity to respond and control the COVID-19 pandemic.

For more information on GOARN's on going support of the COVID-19 response, click here



Key Figures



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



124 GOARN deployments conducted to support COVID-19 pandemic response



17 615 625 respirators shipped globally



186 269 499 medical masks shipped globally

8 082 336 face shields shipped globally

> 4 045 648 gowns shipped globally



19 148 900 gloves shipped globally



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More than **4.6 million** people registered on OpenWHO and able to access 140 COVID-19

online training courses across

1

19 topics in 42 languages

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^a For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports



73rd World Health Assembly set to strengthen preparedness for health emergencies

The <u>World Health Assembly</u> (WHA) is the decision-making body of WHO, attended by delegations from all WHO Member States. The WHA usually takes place in May. This year, given the COVID-19 pandemic, a reduced WHA took place on 18-19 May and the resumed WHA73 took place virtually on 9-14 November 2020.

WHA73 began with the Director-General's opening remarks noting the heavy toll of the COVID-19 pandemic, the global preparedness and response efforts, and the importance of science, solutions and solidarity

In a year that has seen more than 1.2 million lives lost to a deadly coronavirus pandemic, WHO's 194 Member States adopted a resolution to strengthen preparedness for health emergencies.

The resolution renews the commitment to better prepare for health emergencies such as COVID-19, through full compliance with the International Health Regulations (2005).



President of the Assembly, Ms Keva Bain from the Bahamas/WHO

It urges Member States to "dedicate domestic investment and recurrent spending and public funding to health emergency preparedness," and to "improve government and decision-making processes and enhance institutional capacity and infrastructure for public health."

It also calls on the global health community to ensure that all countries are better equipped to detect and respond to cases of COVID-19 and other infectious diseases.

During the course of WHA73, Member States also heard interventions from the Chair of the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme and the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response (IPPR), which was established by the WHO Director-General pursuant to Health Assembly resolution WHA73.1 (2020).

For more on WHA73, see this website.



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From the field:

Rapid antigen tests arriving in four countries in the Americas

The Regional Office of the Americas has deployed 190 000 new COVID-19 antigen diagnostic tests to Ecuador, El Salvador, Honduras and Suriname and is conducting training to implement pilot testing of their operation. In addition, consultations and training on implementation of the COVID-19 antigen-based rapid diagnostic test are being undertaken in Jamaica, Bolivarian Republic of Venezuela, Honduras, Costa Rica, and Trinidad and Tobago.

These tests, recently approved by WHO, could transform COVID-19 response by allowing health workers to undertake accurate, rapid testing of symptomatic patients, even in remote communities.

"By providing results quickly, the new test will empower frontline health workers to better manage cases by isolating patients to prevent further spread and to begin treatment immediately," the WHO Regional Director for the Americas, Carissa Etienne said recently. "If distributed widely, this new test will transform our COVID response."



She added that these diagnostic tests will be particularly useful in hard to reach areas, which have been disproportionally impacted by the pandemic and which are without easy access to a laboratory.

PCR diagnostic tests, which are highly accurate and must be conducted in laboratory settings remain the gold standard for testing, but take more time for results to become available. Antigen detection tests do not replace PCR but can be useful for mild or ambulatory suspected cases, and eventually for contacts of confirmed patients in close settings.

PAHO's Strategic Fund, a regional mechanism for pooled procurement of essential medicines and health supplies, is facilitating access to these diagnostic tests, which are a part of the WHO Access to COVID-19 Tools (ACT) Accelerator to develop, procure and distribute critical new tools to fight the pandemic.

For more information click here





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Health Learning

Online learning



Simulation exercise

WHO recently updated several COVID-19 table top simulation exercise packages based on updated WHO global guidance. These exercise packages are now available online and include:

- Generic table top exercise
- Health Facility & Infection Prevention and Control (IPC) table top exercise
- Points of Entry (POE) table top exercise

All updated COVID-19 simulation exercises can be found here



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COVID-19 Preparedness

Countries share their experience conducting a COVID-19 Intra-Action Review (IAR)

During the fifth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic in late October 2020, temporary recommendations were issued to States Parties to "continue to share with WHO best practices, including from <u>intra-action</u> <u>reviews</u>."

To highlight the current country experience of IAR implementation, the Director General of the World Health Organization (WHO) brought together Minsters of Health of Indonesia, Thailand, and South Africa this week to discuss using the IAR tool to improve response actions. "By reviewing and adapting the current preparedness and response strategies and identifying what is working well and what needs to be strengthened", said Dr Tedros, "the review gives countries the opportunity to change the trajectory of the pandemic".

Following the country's IAR conducted in August 2020, Indonesia revised its COVID-19 response plan and uploaded its updated plan to the COVID-19 Partners Platform. Since its initial national IAR in August, Indonesia plans to rollout reviews at the subnational levels. As the Platform Partners provides avenues for countries to share their IAR results or summaries of best practices and recommendations at both the national and

COVID-19 Partners Platform

The <u>COVID-19 Partners Platform</u>, developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event.



subnational levels, WHO expects more countries to join Indonesia in sharing the results of the IARs through the Partners Platform.

Following the Emergency Committee's recommendations, WHO continues to support countries to scale-up planning, implementing, and follow-up of IARs. To date, 27 IARs have been completed and 17 more are being planned.

All available IAR reports will be included on The Strategic Partnership for IHR (2005) and Health Security (SPH) Portal which provides up to date information on the progress and status of national IHR (2005) assessments. It also supports multisector partnership coordination for health security including technical support and investments for national capacity building plans.

For more information on country implementation of IARs, click here



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 13 November. 2020

Shipped items as of 13 November 2020	Labo	oratory suppl	ies		Per	sonal prote	ctive equip	ment	
Region	Antigen RDTs*	Sample collection kits	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)		2 514 015	1 308 212	1 354 364	3 382 300	158 999	1 200 948	50 773 789	2 148 314
Americas (AMR)	1 658 000	1 015 112	10 496 128	3 826 501	88 000	301 180	1 144 570	56 396 710	7 808 056
Eastern Mediterrane an (EMR)		648 760	1 108 420	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)		192 800	423 460	1 704 850	7 190 100	374 720	985 048	38 631 500	5 126 950
South East Asia (SEAR)		1 172 400	1 825 800	87 336	1 895 500	81 550	218 050	5 406 300	353 075
Western Pacific (WPR)		90 800	246 864	319 200	1 682 000	105 167	98 510	10 369 650	971 235
TOTAL	1 658 000	5 633 887	15 411 004	8 082 336	19 148 900	1 137 876	4 045 648	186 269 499	17 615 625

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



US\$150.5 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)



The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link



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WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 13 November 2020, <u>The Solidarity</u> <u>Response Fund</u> 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 651,000 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 <u>here</u>.



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COVID-19 Global Preparedness and Response Summary Indicators^a

Countries have a COVID-19 preparedness and response plan NI-105

	11-155	
7%		91 %
0%	10	47%

Countries have a COVID-19 Risk

Communication and Community Engagement Plan (RCCE)^b N=195

	97 %	
19%		100%

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

		N=195
44 %	7%	50%
22%		100%

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

N=195

39 %	15%	45%	
27%			100%

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 N=195



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

	N	=195
	89 %	11%
37%		100%

Countries that have defined essential health services to be maintained during the pandemic N=195

46 %	20%	34%
22%		100%

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

_		N=195	
35 %	63%		
29%		100%	1

Countries have a health occupational safety plan for health care workers

_			N=195
27 %	6 %	67%	
17%			100%

Countries have COVID-19 laboratory testing capacity



Target value

Baseline 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 N=64



Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c N = 64

ļ	58%	42%
0%	27%	

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



<u>Priority countries</u> with an active & implemented RCCE coordination mechanism



Priority countries with a contact tracing focal point



Priority countries with an IPC focal point for training



Target value

Notes:

c Source: WHO Immunization Repository



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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





Key links and useful resources

Given For EPI-WIN: WHO Information Network for Epidemics, click here

□ For more information on COVID-19 regional response:

- <u>African Regional Office</u>
 <u>Regional Office of the Americas</u>
- 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 <u>7 August 2020</u>, click here
- □ For updated WHO Publications and Technical Guidance on COVID-19, click here

□ For updated GOARN network activities, click <u>here</u>



COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 8 November 2020, 10 am CEST

For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

In the past week, the global number of cases of COVID-19 has increased by 8% compared to the previous week, totalling more than 3.6 million new cases, while new deaths have increased by 21% to over 54 000. This brings the cumulative numbers to over 49.7 million reported cases and over 1.2 million deaths globally since the start of the pandemic. The European Region continues to account for the greatest proportion of new cases and deaths in the past 7 days, the Region reported over half (54%) of all new cases and nearly half (47%) of new deaths. Although it still accounts for only 2% of the global total number of cases and deaths, this week the Western Pacific Region showed the largest relative proportional increase in new cases (19%) compared to the previous week followed by the Eastern Mediterranean Region (18%) and the European region (11%). The three regions reporting the highest proportional increases in newly reported deaths in the past 7 days compared to the previous week are Europe (44%), Africa (30%) and the Eastern Mediterranean (23%). The Western Pacific Region was the only region to report a decrease in deaths (5%) this week compared to the previous week.



Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, as of 8 November 2020^{**}

Reported week commencing

The five countries reporting the highest number of cases in the past week were The United States of America, France, India, Italy and the United Kingdom.

Additional Region-specific information can be found below: <u>African Region</u>, <u>Region of the Americas</u>, <u>Eastern</u> <u>Mediterranean Region</u>, <u>European Region</u>, <u>South-East Asia Region</u>, and <u>Western Pacific Region</u>.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 8 November 2020^{**}

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	1 989 636 (54%)	11%	13 144 973 (26%)	25 531 (47%)	44%	311 542 (25%)
Americas	1 031 573 (28%)	3%	21 509 104 (43%)	17 289 (32%)	<1%	656 629 (53%)
South-East Asia	390 157 (11%)	2%	9 641 945 (19%)	5 132 (9%)	10%	149 326 (12%)
Eastern Mediterranean	214 072 (6%)	18%	3 307 411 (7%)	5 675 (10%)	23%	84 305 (7%)
Africa	33 687 (1%)	2%	1 357 945 (3%)	831 (2%)	30%	30 616 (2%)
Western Pacific	31 370 (1%)	19%	765 197 (2%)	377 (1%)	-5%	15 942 (1%)
Global	3 690 495 (100%)	8%	49 727 316 (100%)	54 835 (100%)	21%	1 248 373 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.



Figure 2. COVID-19 cases per million population reported in the last seven days by countries, territories and areas, 2 October through 8 November 2020**

Situation by WHO Region

African Region

The number of new cases continues to increase very gradually in the African Region, which reported nearly 34 000 new cases and 831 new deaths in the past week. The number of new deaths reported in the last 7 days was 30% higher than it was in the previous week, driven largely by increases seen in South Africa, Kenya, and Uganda.

South Africa continues to report the highest number of new cases and deaths in the Region, accounting for nearly a third of new cases and over half of new deaths. The number of new cases reported by South Africa peaked mid-July, the height of winter, when there were more than 86 000 cases reported weekly. By September, South Africa was reporting fewer than 15 000 cases per week, and in the past week there were nearly 10 500 cases reported (176 new cases per million population). The number of deaths has also fallen from over 1 500 deaths per week at the end of July and beginning of August, to 513 deaths reported in the past week (although this is 55% higher than it was in the previous week). As of 31 October, five provinces reported over 80% of cases: Gauteng, KwaZulu-Natal, Western Cape, Eastern Cape, and Free State. The median age of COVID-19 cases in South Africa is 39 years, and 58% of cases are female. The reason for this higher prevalence among females could be due to females being more represented in certain occupations in education and health sectors where they may be at greater risk of infection, as well as differences in health seeking behavior.

Kenya is reporting the second- highest number of weekly new cases in the African Region. The number of new cases rose at the end of July, with 4 700 cases in the week beginning 27 July. The number of cases then has risen considerably in October, rising from 1 000 new cases in the first week of October (28 September-4 October) to 6 577 cases (122 new cases per million) in the past week.



Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 8 November 2020^{**}

Region of the Americas

The Region of the Americas reported over 1 million new cases in the last week, a 3% increase as compared to the previous past week. The Region accounted for 32% of all deaths reported globally in the past week (n=17 289). The United States of America, Brazil, Argentina, Colombia and Mexico reported the highest number of new cases in the last 7 days.

Brazil has reported over 5.6 million cumulative cases and over 162 000 cumulative deaths since the beginning of the pandemic. The number of cases reported per week peaked in the week of July 27 at 319 119 cases and has gradually decreased since then, although the absolute number remains high. In the last week Brazil reported 114 523 new cases and 2 538 deaths which represent 30% and 16% decreases respectively compared to the previous week. The Southeast region of the country reported the highest cumulative numbers of cases and deaths with over 1.9 million cases and 73 261 deaths, followed by the Northeast region with over 1.4 million cases and 42 480 deaths, as of 4 November 2020. In Rio de Janeiro, businesses, beaches, private schools and nurseries have reopened with restrictions.

Martinique reported the highest surge in cases since the beginning of the pandemic in the week beginning 26 October, with 1 024 cases reported. In the past week, 397 new cases (1 058 new cases per 1 million population) were reported, which is a 61% decrease compared to the previous week. This decrease was the first downward trend in weekly cases since the week beginning 21 September. On 30 October, movement and travel restrictions were instated to limit contact and travel in Martinique. Schools, excluding higher education institutions, remain open with reinforced public health measures.

In Belize, the number of new cases reported surpassed 500 for the first time since the beginning of the outbreak, with 554 new cases and nine new deaths reported in the past week bringing the total deaths in the country to 67. As of 8 November, approximately 45% of confirmed cases were female, and the highest number of cases were reported from Orange Walk district followed by Belize district.



Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 8 November 2020^{**}

Eastern Mediterranean Region

In the Eastern Mediterranean Region, the weekly number of new cases increased by 18% compared to the previous week, bringing the cumulative number of cases to over 3.3 million. In the past week, the number of new deaths in the region increased by 23%, bringing the cumulative number of deaths to over 84 000. The Islamic Republic of Iran, Morocco, Jordan, Iraq and Lebanon reported the highest number of new cases in the last seven days.

Iraq reported 23 389 new cases in the past week (581 new cases per 1 million population). The weekly number of new cases has remained over 23 000 since the week beginning 10 August. The number of deaths per week peaked in the week of 29 June and has gradually decreased to 373 per week (9.3 deaths per 1 million population) in the current reporting period.

Lebanon has recorded 11 869 new cases (1 739 new cases per 1 million population) and 76 new deaths (11.1 new deaths per 1 million population) in the past week. There has been an upward trend of cases and deaths in the past eight weeks in Lebanon.

In Tunisia, 8 428 new cases were reported in the past week, which was just over a 10% decrease compared to the previous week. There were 500 new deaths reported in the past week, which was an 8% increase compared to the previous week. On 29 October, Tunisian authorities stated that classes in elementary and middle schools will be suspended and premises disinfected.



Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 8 November 2020^{**}

European Region

The number of new cases and deaths reported in the European Region continues to increase exponentially with 11% and 44% more cases and deaths respectively in the past week compared to the previous week, a record of weekly number of cases since the beginning of the epidemic. Moreover, test positivity rates have been steadily increasing since August and have shown a marked escalation in recent weeks.

This week, the region recorded 54% of all new cases and 47% of all new deaths reported globally bringing cumulative counts in the region to over 13 million cases and 311 000 deaths. Deaths have increased markedly in the past 7 days with France, Spain and Italy reporting the highest counts of new deaths while Czechia, Belgium and Slovenia reported the highest mortality rates per capita. Most of the Member States in the European Region self-characterise their current transmission pattern as either community transmission (55%, n=34) or clusters of cases (32%, n=20).

Over the past three weeks, Denmark has registered an increase in weekly incidence of COVID-19 cases reaching almost 1 400 new cases per 1 million population (14% increase on the previous week). Since June 2020, 214 human cases of COVID-19 have been identified in Denmark with <u>SARS-CoV-2 variants associated</u> with farmed minks, including 12 cases with a unique variant, reported on 5 November. In the past few days, the Danish Prime Minister announced a planned cull of all mink in the country and imposed stricter public health and social measures in the area where the variants associated with farmed mink have been detected in humans.

This week, Spain became the country with the sixth highest number of COVID-19 cases globally, recording over 2 000 new cases per 1 million population and bringing cumulative counts in the country to an excess of 1.3 million cases and almost 40 000 deaths. In the last weeks, the number of COVID-19 patients admitted to hospital has increased steadily and as of 6 November, 6 of the 17 Autonomous Communities in Spain have reached over 40% Intensive Care Unit (ICU) occupancy. Over the last week, a majority of outbreaks affecting 10 people or more in the country continue to be located in care homes for the elderly.



Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 8 November 2020^{**}

South-East Asia Region

The South-East Asia Region had observed a continued declining trend in new cases and deaths over the past six weeks. However, in the past 7 days, almost 400 000 new cases (a weekly increase of 2%) and over 5 000 deaths (a weekly increase of 10%) were reported in the region. The countries reporting the highest numbers of new cases in the South-East Asia region continue to be India, Indonesia and Nepal, while the highest mortality rates were recorded in Nepal and Myanmar.

The only country in the region this week to report a substantial increase in new deaths has been Nepal. In the past week, Nepal reported its highest weekly increase in the number of new deaths with 5 deaths per 1 million population (58% increase compared to the previous week). Moreover, in the past 7 days, Nepal had the highest incidence of new cases per 1 million population (717 new cases per 1 million population) in the region. On 5 November, Nepal reported over 400 cases in ICUs across the country. In the past week and for the first time in seven months, the country reopened to those intending to climb or trek mountain trails.

While India is still reporting the highest number of new cases and deaths in the region, trends in these numbers for the country have stabilized in the past week. Even though the country has reached a total of over 9.5 million cases and almost 127 000 deaths cumulatively, in the past week, India recorded 230 new cases and 3 deaths per 1 million population. The most affected regions in the country are Maharashtra, Karnataka and Andra Pradesh while the regions with the highest number of active cases as of 8 November are Maharashtra, Kerala and Delhi.

A stablisation in the incidence of cases and deaths has also been observed in Bangladesh in the past few weeks recording less than 70 new cases and less than 1 death per 1 million population in the past week (11 000 cases and 126 new deaths). In Cox's Bazar District, which hosts one of the world's largest refugee settlements, the incidence trends have remained relatively low since early July with a cumulative total of 5 255 COVID-19 cases reported as of 4 November 2020.



Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 8 November 2020^{**}

Western Pacific Region

The number of new cases reported in the last week in the Western Pacific (31 370) rose by the highest percentage globally, with a 19% increase compared to the previous week. Despite this increase, the number of new cases reported represents 1% of new cases reported globally last week. The number of new deaths was 5% lower than the previous week. The Philippines, Malaysia, Japan and French Polynesia continue to report the highest numbers of new cases in the Region: the Philippines reported 13 232 new cases (121 new cases per million); Malaysia reported 7 809 new cases (241 new cases per million); and Japan reported 5 940 new cases (47 new cases per million).

The number of new cases in Japan peaked in the week of 3 August with over 10 000 cases. The number of new cases then dropped until the week of 21 September when just over 3 000 cases were reported. However, it has since been rising, and there were 5 940 new cases reported in the past week (a 29% increase from the previous week). Despite this increase last week, Japan reported 47 new cases per 1 million population, a relatively low number. Similarly, the number of new deaths in Japan remains very low and decreased by 16% compared with the previous week to 46 deaths, with only 0.4 deaths per million population.

COVID-19 cases started rising in French Polynesia from only a few cases at the beginning of August to 2 733 new cases reported last week. The number of new cases rose by 95% from the previous week.

Cases in the Republic of Korea have gradually increased in October, from around 500 new cases per week at the start of the month to 799 new cases reported in the week of 26 October. Last week the Republic of Korea reported 792 new cases which is a 1% decrease in comparison to the previous week.





Key weekly updates

- As health leaders gather virtually for the resumed 73rd session of the World Health Assembly, <u>WHO has</u> three messages to share:
 - 1. We can beat COVID-19 with science, solutions and solidarity: many countries and cities have successfully prevented or controlled transmission with a comprehensive, evidence-based approach
 - 2. We must not backslide on our critical health goals: health is the foundation of social, economic and political stability
 - 3. We must prepare for the next pandemic now: countries with robust health emergency preparedness infrastructure have been able to act quickly to contain and control the spread of the SARS-CoV-2 virus
- WHO has published the following documents:
 - An <u>update to the guidance on critical preparedness, readiness and response actions</u>, including further subclassifications of transmission scenarios within the community transmission category; and updated guidance on contact tracing, laboratory testing, infection prevention and control, public health and social measures and health services.
 - An <u>update to the guidance on considerations for implementing and adjusting public health and social</u> <u>measures (PHSM)</u> in the context of COVID-19. PHSM are being implemented and adjused across the globe to limit transmission and reduce mortality and morbidity from COVID-19.
 - An <u>update to guidance on health facility assessments</u>, to inform the prioritization of actions and decision-making at health facility, subnational and national levels.
 - The <u>Terms of References for a WHO-convened Global Study of the Origins of SARS-CoV-2</u>. This outlines two phases of studies: Short term studies (Phase 1) will be conducted to better understand how the virus might have started circulating in Wuhan, China. Building on the findings of these short-term studies, and the scientific literature, longer term studies will be developed (Phase 2).
 - A policy brief on readiness for influenza during the COVID-19 pandemic, which provides a concise summary of information and considerations for key issues policymakers may face. The document also includes links to relevant guidance and resources for monitoring the situation, preventing seasonal influenza, reducing severe complications and mortality, protecting specific populations, and communicating to and engaging with the public.
- UNICEF and the World Health Organization issued an <u>urgent call to action to avert major measles and polio epidemics</u> as COVID-19 continues to disrupt immunization services worldwide, leaving millions of vulnerable children at heightened risk of preventable childhood diseases. WHO estimates that \$655 million US dollars is needed to address dangerous immunization gaps in children in <u>non-Gavi eligible countries</u>.
- WHO and the International Coalition of Medicines Regulatory Authorities have released a joint statement on the need for improved global regulatory alignment on COVID-19 medicines and vaccines. Therapeutics and vaccines against COVID-19 can only be rapidly approved if applications are supported by robust and sound scientific evidence that allows medicine regulators to conclude on a positive benefit-risk balance for these products.

Table 2. Number of COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, as of 8 November 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	33 687	1 357 945	1 210	831	30 616	27	
South Africa	10 454	735 906	12 408	513	19 789	334	Community transmission
Kenya	6 577	61 769	1 149	107	1 103	21	Community transmission
Ethiopia	3 035	99 204	863	49	1 518	13	Community transmission
Algeria	2 518	60 169	1 372	55	2 011	46	Community transmission
Uganda	1 571	14 066	308	20	131	3	Community transmission
Angola	1 530	12 335	375	19	303	9	Community transmission
Botswana	1 193	7 835	3 332	3	27	11	Community transmission
Nigeria	937	63 790	309	12	1 156	6	Community transmission
Ghana	733	48 788	1 570	0	320	10	Community transmission
Mozambique	708	13 577	434	7	99	3	Community transmission
Cameroon	549	22 342	842	3	429	16	Community transmission
Cabo Verde	498	9 291	16 711	5	100	180	Community transmission
Zambia	476	16 908	920	0	349	19	Community transmission
Guinea	328	12 400	944	1	73	6	Community transmission
Namibia	235	13 170	5 183	1	134	53	Community transmission
Democratic Republic of The Congo	211	11 516	129	8	315	4	Community transmission
Тодо	146	2 442	295	2	57	7	Community transmission
Mali	122	3 676	182	1	137	7	Community transmission
Côte D'Ivoire	109	20 801	789	2	126	5	Community transmission
Zimbabwe	104	8 471	570	7	250	17	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Benin	102	2 745	226	2	43	4	Community transmission
Congo	89	5 379	975	0	92	17	Community transmission
Rwanda	76	5 213	402	1	36	3	Clusters of cases
Eswatini	72	5 989	5 162	0	117	101	Community transmission
Burkina Faso	65	2 565	123	0	67	3	Community transmission
Mauritania	62	7 725	1 661	0	163	35	Community transmission
Chad	60	1 543	94	1	99	6	Community transmission
Gabon	54	9 022	4 053	0	55	25	Community transmission
Senegal	52	15 668	936	2	326	19	Community transmission
Eritrea	28	491	138	0	0	<1	Sporadic cases
Comoros	27	557	641	0	7	8	Community transmission
Burundi	25	614	52	0	1	<1	Community transmission
Niger	22	1 242	51	0	69	3	Community transmission
Malawi	18	5 948	311	0	184	10	Community transmission
Sao Tome and Principe	17	962	4 390	0	16	73	Community transmission
South Sudan	17	2 943	263	0	59	5	Community transmission
Lesotho	16	1 963	916	1	44	21	Community transmission
Liberia	16	1 442	285	0	82	16	Community transmission
Central African Republic	13	4 879	1 010	0	62	13	Community transmission
Gambia	11	3 681	1 523	1	120	50	Community transmission
Mauritius	11	452	355	0	10	8	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Sierra Leone	7	2 373	297	0	74	9	Community transmission
Equatorial Guinea	4	5 092	3 629	2	85	61	Community transmission
Guinea-Bissau	0	2 413	1 226	0	41	21	Community transmission
Madagascar	0	17 111	618	0	244	9	Community transmission
Seychelles	0	154	1 566	0	0	<1	Sporadic cases
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories ⁱⁱ							
Réunion	605	6 264	6 996	5	27	30	Clusters of cases
Mayotte	184	4 550	16 678	1	45	165	Clusters of cases
Americas	1 031 573	21 509 104	21 030	17 289	656 629	642	
United States of America	684 493	9 636 579	29 113	6 315	234 500	708	Community transmission
Brazil	114 523	5 631 181	26 492	2 538	162 015	762	Community transmission
Argentina	71 635	1 228 814	27 189	2 344	33 136	733	Community transmission
Colombia	64 582	1 127 733	22 163	1 270	32 405	637	Community transmission
Mexico	36 317	955 128	7 408	3 034	94 323	732	Community transmission
Canada	23 810	255 809	6 778	326	10 436	277	Community transmission
Peru	17 323	917 503	27 827	372	34 783	1 055	Community transmission
Chile	9 721	519 977	27 201	292	14 499	758	Community transmission
Costa Rica	6 551	115 417	22 657	82	1 453	285	Community transmission
Ecuador	5 294	173 486	9 833	145	12 815	726	Community transmission
Panama	4 893	137 760	31 928	82	2 770	642	Community transmission
Paraguay	3 885	66 481	9 321	85	1 472	206	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guatemala	3 111	111 050	6 199	82	3 811	213	Community transmission
Venezuela (Bolivarian Republic of)	2 716	94 305	3 316	28	821	29	Community transmission
Honduras	2 688	99 576	10 054	72	2 741	277	Community transmission
Dominican Republic	2 627	129 645	11 951	18	2 263	209	Community transmission
El Salvador	1 700	35 145	5 418	31	1 006	155	Community transmission
Bolivia (Plurinational State of)	712	142 343	12 194	66	8 781	752	Community transmission
Belize	554	4 016	10 100	9	67	168	Community transmission
Cuba	380	7 267	642	2	130	11	Clusters of cases
Jamaica	378	9 472	3 199	12	218	74	Community transmission
Guyana	314	4 457	5 667	9	133	169	Clusters of cases
Uruguay	288	3 370	970	3	61	18	Clusters of cases
Bahamas	272	6 916	17 587	9	151	384	Clusters of cases
Trinidad and Tobago	130	5 798	4 143	4	111	79	Community transmission
Haiti	73	9 127	800	0	232	20	Community transmission
Nicaragua	56	4 480	676	1	157	24	Community transmission
Saint Lucia	32	110	599	0	0	<1	Sporadic cases
Suriname	26	5 227	8 910	1	112	191	Community transmission
Dominica	13	63	875	0	0	<1	Clusters of cases
Barbados	6	242	842	0	7	24	Clusters of cases
Antigua and Barbuda	3	130	1 327	0	3	31	Sporadic cases
Grenada	2	30	267	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Saint Vincent and the Grenadines	2	76	685	0	0	<1	Sporadic cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Territories ⁱⁱ							
Martinique	397	4 215	11 232	2	33	88	Community transmission
French Guiana	168	10 704	35 837	0	70	234	Community transmission
Guadeloupe	161	7 903	19 751	7	133	332	Community transmission
Aruba	92	4 564	42 748	2	39	365	Community transmission
Curaçao	86	1 030	6 277	1	2	12	Community transmission
Sint Maarten	65	870	20 288	0	22	513	Community transmission
United States Virgin Islands	14	1 390	13 311	2	23	220	Community transmission
Saint Martin	13	604	15 624	3	12	310	Community transmission
Bermuda	10	209	3 356	0	9	145	Sporadic cases
Cayman Islands	10	250	3 804	0	1	15	Sporadic cases
Turks and Caicos Islands	4	707	18 260	0	6	155	Clusters of cases
Saint Pierre and Miquelon	2	14	2 416	0	0	<1	Sporadic cases
Bonaire	1	135	7 728	0	3	172	Sporadic cases
Saint Barthélemy	1	90	9 105	0	0	<1	Sporadic cases
Anguilla	0	3	200	0	0	<1	No cases
British Virgin Islands	0	72	2 381	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	13	3 732	0	0	<1	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Sint Eustatius	0	14	5 636	0	0	<1	Sporadic cases
Puerto Rico	- 28 561	37 567	13 131	40	862	301	Community transmission
Eastern Mediterranean	214 072	3 307 411	4 526	5 675	84 305	115	
Iran (Islamic Republic of)	60 478	673 250	8 016	2 968	37 832	450	Community transmission
Morocco	33 101	252 185	6 832	502	4 197	114	Clusters of cases
Jordan	32 195	104 802	10 272	352	1 181	116	Community transmission
Iraq	23 389	496 019	12 332	373	11 283	281	Community transmission
Lebanon	11 869	93 097	13 640	76	713	104	Community transmission
Pakistan	8 760	341 753	1 547	137	6 943	31	Clusters of cases
Tunisia	8 428	69 543	5 884	500	1 848	156	Community transmission
United Arab Emirates	8 403	141 032	14 259	19	514	52	Community transmission
Libya	5 944	67 039	9 756	63	920	134	Community transmission
Kuwait	5 279	131 205	30 723	29	808	189	Community transmission
Saudi Arabia	2 947	350 229	10 060	123	5 525	159	Sporadic cases
Oman	2 733	117 167	22 944	78	1 286	252	Community transmission
Bahrain	1 619	83 264	48 933	8	329	193	Clusters of cases
Qatar	1 457	134 013	46 515	0	232	81	Community transmission
Egypt	1 407	108 962	1 065	89	6 355	62	Clusters of cases
Afghanistan	608	42 033	1 080	20	1 556	40	Clusters of cases
Syrian Arab Republic	419	6 147	351	25	313	18	Community transmission
Sudan	351	14 155	323	279	1 116	25	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Somalia	288	4 229	266	3	107	7	Sporadic cases
Djibouti	44	5 605	5 673	0	61	62	Clusters of cases
Yemen	3	2 070	69	2	602	20	Sporadic cases
Territories ⁱⁱ							
Occupied Palestinian territory	4 350	69 612	13 646	29	584	114	Community transmission
Europe	1 989 636	13 144 973	14 083	25 531	311 542	334	
France	382 553	1 714 361	26 264	3 376	39 849	610	Community transmission
Italy	223 060	902 490	14 927	2 445	41 063	679	Clusters of cases
The United Kingdom	159 781	1 171 445	17 256	2 333	48 888	720	Community transmission
Poland	158 909	521 640	13 783	2 005	7 636	202	Community transmission
Russian Federation	137 553	1 774 334	12 158	2 302	30 537	209	Clusters of cases
Germany	125 575	658 505	7 860	808	11 289	135	Clusters of cases
Spain	95 732	1 328 832	28 421	2 584	38 833	831	Community transmission
Czechia	76 118	411 220	38 400	1 430	4 681	437	Community transmission
Ukraine	64 891	460 331	10 526	1 144	8 450	193	Community transmission
Romania	55 660	296 999	15 438	825	7 793	405	Community transmission
Netherlands	53 150	403 914	23 573	565	7 950	464	Community transmission
Belgium	52 215	500 685	43 201	1 194	13 029	1 124	Community transmission
Switzerland	50 152	211 160	24 399	338	2 404	278	Community transmission
Austria	39 918	146 502	16 266	221	1 318	146	Community transmission
Portugal	32 261	173 540	17 019	341	2 848	279	Clusters of cases
Hungary	30 417	109 616	11 347	619	2 438	252	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Bulgaria	21 641	74 485	10 720	353	1 632	235	Clusters of cases
Georgia	17 026	57 753	14 477	140	475	119	Community transmission
Turkey	16 372	391 739	4 645	551	10 803	128	Community transmission
Slovakia	16 003	73 667	13 493	132	351	64	Clusters of cases
Greece	15 558	54 809	5 258	123	749	72	Clusters of cases
Croatia	15 388	64 704	15 761	206	752	183	Community transmission
Sweden	14 429	146 461	14 502	26	6 022	596	Community transmission
Armenia	14 170	106 424	35 915	196	1 559	526	Community transmission
Serbia	13 681	60 635	8 707	60	880	126	Community transmission
Bosnia and Herzegovina	11 122	61 212	18 658	256	1 490	454	Community transmission
Slovenia	9 964	44 271	21 295	147	378	182	Clusters of cases
Azerbaijan	8 479	63 748	6 287	94	824	81	Clusters of cases
Lithuania	7 895	22 719	8 346	38	203	75	Community transmission
Denmark	7 879	54 230	9 363	19	740	128	Community transmission
North Macedonia	7 205	38 782	18 615	116	1 110	533	Community transmission
Belarus	5 824	105 283	11 142	19	1 004	106	Community transmission
Republic of Moldova	5 635	81 675	20 247	106	1 891	469	Community transmission
Kazakhstan	5 013	155 876	8 302	47	2 306	123	Clusters of cases
Luxembourg	4 548	22 481	35 913	28	185	296	Community transmission
Norway	3 662	23 225	4 284	3	285	53	Clusters of cases
Israel	3 607	318 077	36 748	84	2 641	305	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Ireland	3 399	64 855	13 134	32	1 945	394	Community transmission
Montenegro	3 378	23 070	36 732	24	337	537	Clusters of cases
Kyrgyzstan	3 376	62 819	9 629	27	1 177	180	Clusters of cases
Albania	2 830	23 705	8 237	48	557	194	Clusters of cases
Latvia	1 986	7 880	4 178	25	96	51	Clusters of cases
Uzbekistan	1 538	68 593	2 049	13	581	17	Clusters of cases
Cyprus	1 505	5 871	4 863	2	28	23	Clusters of cases
Finland	1 272	17 385	3 138	4	362	65	Community transmission
Estonia	1 028	5 933	4 473	0	73	55	Clusters of cases
Malta	997	7 039	15 942	12	74	168	Clusters of cases
Andorra	563	5 319	68 841	0	75	971	Community transmission
Tajikistan	277	11 294	1 184	1	83	9	Pending
Liechtenstein	232	765	20 059	0	3	79	Sporadic cases
Iceland	198	5 063	14 837	6	18	53	Community transmission
San Marino	143	1 101	32 442	0	42	1 238	Community transmission
Monaco	124	483	12 308	0	2	51	Sporadic cases
Holy See	0	26	32 138	0	0	<1	Sporadic cases
Territories ⁱⁱ							
Kosovo[1]	3 583	23 382	12 568	63	734	395	Community transmission
Gibraltar	77	770	22 855	0	0	<1	Clusters of cases
Jersey	69	643	5 910	0	32	294	Community transmission
Guernsey	11	278	4 399	0	13	206	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Isle of Man	4	357	4 198	0	24	282	No cases
Faroe Islands	0	495	10 130	0	0	<1	Sporadic cases
Greenland	0	17	299	0	0	<1	No cases
South-East Asia	390 157	9 641 945	4 770	5 132	149 326	74	
India	323 672	8 507 754	6 165	4 010	126 121	91	Clusters of cases
Indonesia	23 748	433 836	1 586	671	14 540	53	Community transmission
Nepal	20 893	191 636	6 577	150	1 087	37	Clusters of cases
Bangladesh	11 080	418 764	2 543	126	6 049	37	Community transmission
Myanmar	7 642	60 348	1 109	159	1 396	26	Clusters of cases
Sri Lanka	2 756	13 419	627	14	34	2	Clusters of cases
Maldives	303	11 962	22 130	1	39	72	Clusters of cases
Thailand	53	3 837	55	1	60	1	Clusters of cases
Bhutan	10	359	465	0	0	<1	Sporadic cases
Timor-Leste	0	30	23	0	0	<1	Sporadic cases
Western Pacific	31 370	765 197	390	377	15 942	8	
Philippines	13 232	393 961	3 595	264	7 485	68	Community transmission
Malaysia	7 809	39 357	1 216	33	282	9	Clusters of cases
Japan	5 940	107 086	847	46	1 812	14	Clusters of cases
Republic of Korea	792	27 427	535	12	478	9	Clusters of cases
China	274	92 195	63	2	4 748	3	Clusters of cases
Australia	62	27 652	1 084	0	907	36	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Singapore	39	58 054	9 923	0	28	5	Clusters of cases
Viet Nam	33	1 213	12	0	35	<1	Clusters of cases
New Zealand	23	1 626	337	0	25	5	Clusters of cases
Mongolia	11	357	109	0	0	<1	Sporadic cases
Papua New Guinea	8	597	67	0	7	1	Community transmission
Solomon Islands	5	13	19	0	0	<1	Sporadic cases
Cambodia	4	295	18	0	0	<1	Sporadic cases
Brunei Darussalam	0	148	338	0	3	7	No cases
Fiji	0	34	38	0	2	2	Sporadic cases
Lao People'S Democratic Republic	0	24	3	0	0	<1	Sporadic cases
Territories ⁱⁱ							
French Polynesia	2 733	9 995	35 581	10	39	139	Sporadic cases
Guam	402	5 034	29 827	10	89	527	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	2	98	1 703	0	2	35	Pending
New Caledonia	1	29	102	0	0	<1	Sporadic cases
Marshall Islands	0	1	17	0	0	<1	Sporadic cases
Wallis and Futuna	0	1	89	0	0	<1	Sporadic cases
Global	3 690 495	49 727 316	6 379	54 835	1 248 373	160	
Technical guidance and other resources

- Technical guidance
- <u>WHO Coronavirus Disease (COVID-19) Dashboard</u>
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- <u>COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update</u>
- Updates from WHO regions
- <u>African Region</u> <u>Region of the Americas</u>
- Eastern Mediterranean Region South-East Asia Region
- European Region
- Western Pacific Region
- <u>Research and Development</u>
- Online courses on COVID-19 in official UN languages and in additional national languages
- <u>The Strategic Preparedness and Response Plan (SPRP)</u> outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public

- Protect yourself
- <u>Questions and answers</u>
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO <u>case definitions</u> and <u>surveillance guidance</u>. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

Global totals include 741 cases and 13 deaths reported from international conveyances.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an
 assessment of factors including, but not limited to: large numbers of cases not linkable to transmission
 chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters
 in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

" "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the <u>log of major changes</u> <u>and errata</u> for details. Prior situation reports will not be edited; see <u>covid19.who.int</u> for the most up-to-date data.

Weekly Operational Update on COVID-19

6 November 2020



Confirmed cases^a 48 534 508

Confirmed deaths **1 231 017**

As COVID-19 spread accelerates, IHR Emergency Committee urges focus on measure that work

Following its meeting on 29 October, the International Health Regulations (IHR) Emergency Committee on COVID-19 advised that the pandemic still constituted a public health emergency of international concern, and urged a focus on response efforts based on lessons learned and strong science.

WHO Director-General Dr Tedros Adhanom Ghebreyesus accepted the advice of the committee, stating that "WHO will continue to work in partnership across the world to drive science, solutions and solidarity."

The committee expressed appreciation for WHO's leadership and its critical role in developing evidence-based guidance, providing countries with technical assistance and critical supplies and equipment, communicating clear information and addressing misinformation, and convening the Solidarity Trials and the Access to COVID-19 Tools (ACT) Accelerator.

The committee provided concrete and targeted advice on which WHO and countries should focus during the coming months. It emphasized the importance of evidence-informed, risk-based and coherent measures in relation to international traffic, surveillance and contract tracing efforts, maintaining essential health services including mental health services, and preparing plans for future COVID-19 vaccines.

For more information click here

Key Figures



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



123 of GOARN deployments conducted to support COVID-19 pandemic response



17 537 625 respirators shipped globally



186 269 499 medical masks shipped globally



8 027 336 face shields shipped globally



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4 035 648 gowns shipped globally



HEALTH

17 881 900 gloves shipped globally

More than **4.5 million** people registered on <u>OpenWHO</u> and able to access **139** COVID-19 online training courses across **19** topics in **42** languages

1

^a For the latest data and information, see the <u>WHO</u> <u>COVID-19 Dashboard</u> and <u>Situation Reports</u>

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HEALTH EMERGENCIES programme

From the field:

Polio eradication team, backbone of COVID-19 response

Decades of hard work by teams of dedicated field health workers led to the WHO South East Asia Region being certified polio-free by the Regional Certification Commission in 2014. This hard work included the 1999 establishment by WHO of district level Surveillance Medical Officers to support the eradication of polio.

Now known as Surveillance and Immunization Medical Officers (SIMOs), they not only decisively contributed to polio eradication,



Sample transportation. Credit: WHO Bangladesh/ Tatiana Almeida

but became WHO's essential workforce in the field, strengthening routine immunization, vaccine-preventable disease surveillance, introduction of new vaccines, measles elimination, and maternal and neonatal tetanus elimination. Their functions broadened to include data analysis, capacity building, micro-planning and even disaster and emergency management.

Within a week of the first COVID-19 detection in Bangladesh all 64 SIMOs were re-purposed to support the response, and have been at its forefront in their districts, coordinating field activities, building capacity in Infection Prevention and Control, contact tracing, ensuring timely transportation of laboratory samples, conducting surveillance, and transporting supplies all over the country.

At the beginning of the emergency, the SIMOs were transporting 85% of the country's samples from testing points to designated laboratories, and by October 2020 they had handled over 400,000 samples. Nearly 100 vehicles operated by WHO, including 13 heavy-duty vehicles played a vital role in mobilizing crucial logistics for COVID-19 response, from reagents, biohazard bags, gloves, swab sticks, tubes, down to zip-lock bags.

The SIMOs now are working on resuming high-quality routine immunization, as by April 2020 lockdowns and other factors led to routine immunization coverage falling by almost 50% compared to the same period in 2019. Additionally, the roll-out of any COVID-19 vaccine that becomes available in Bangladesh will no doubt rely on the SIMO network to support its implementation, demonstrating again their value in providing effective public health emergency field response.

For more information click here



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Public health response and coordination highlights

- At the Crisis Management Team meeting of 4 November, WHO reported that COVID-19 cases continue to rise, with 3.3 million new cases reported over the past week. Cumulatively, over 46 million cases and 1.2 million deaths have been reported globally. It was noted that the recent upward trajectory is largely driven by increased incidence in Europe and with some increases also experienced in the Americas and the Eastern Mediterranean.
- WHO is in the process of releasing updated guidance for adjusting public health and social measures while managing the risk of a resurgence of cases.
- WHO briefed on the interagency communications strategy to create conditions for high acceptance and uptake of COVID-19 vaccines, an effort to reinforce WHO as a trusted and accurate reference on vaccines and vaccinations for all audiences.
- WHO advised that it has observed consistent and widespread use of WHO risk assessment tools for mass gatherings, allowing tailored responses including different solutions being applied by different entities in different parts of the same country.
- WHO further informed that the Supply Chain Task Force continues the supply chain review and the interim review report can be expected by November.

Health Learning Real-time training WHO is expanding access to online for COVID-19 learning for COVID-19 through its open learning platform for health Free online courses from WHO Health Intro to Clinical Prevention & COVID-19 control (IPC) & safety care emergencies, OpenWHO.org. 028 The OpenWHO platform was launched in June 2017 and Field data Mass Protective Hand Country Treatment Long-term equipment hygiene capacitation facilities tool gatherings published its first COVID-19 course care on 26 January 2020. OpenWHO.org № 42 languages 4 578 282 **Over 2.3 million certificates** Course enrollments 139 COVID-19 courses



HEALTH EMERGENCIES programme

Partnerships

The Global Outbreak Alert and Response Network - GOARN

American Public Health Association (APHA)

GOARN and the University of Nebraska hosted a panel discussion at the APHA annual conference on 26 October 2020. Dr Tedros was also engaged to open the conference with remarks addressing the importance of preventing violence, the theme of this year's conference.

The panel brought together four leaders in public health including Dr Roderico Ofrin, WHO Representative in India, Dr Walter Kazadi, WHO Representative in Nigeria, Ombretta Baggio Coordinator Collective Service, and Dr Myriam Henkens International Medical Coordinator Médecins Sans Frontières to deliberate on the lessons learnt from COVID-19 and the implications for the future of outbreak response to the pandemic and other diseases. The panel offered experiences from the global, regional and country level of responding to the COVID-19 pandemic and the value of working together while delivering on individual institutional mandates to ensure this virus can be defeated. For more information click <u>here</u>

World Health Summit, Berlin, Germany

WHO, GOARN, and the Robert Koch Institute (RKI) hosted a panel discussion at the World Health Summit on 27 October 2020 bringing together representatives of GOARN partners and networks to reflect on the highly interconnected multidisciplinary and operational nature of outbreak response. Speakers included Emanuele Capobianco (IFRC), Xiaoping Dong (China CDC), Rebecca Martin (USCDC), Amadou Sall (Institut Pasteur Senegal) and Micaela Serafini (MSF) and was moderated by Joanna Hanefeld (RKI) and the chair of GOARN Chair Dale Fisher (National University of Singapore). Each speaker addressed the important issues, opportunities and threats to improving the global public health emergency preparedness and response system and stressed the importance of collaboration and partnership if we are to be successful in controlling and preventing infectious diseases in the future. For more information click here

Infection Prevention and Control (IPC) Tier 1.5 training:

Together with the WHO Regional Office for the Western Pacific and WHO IPC team, GOARN launched the inaugural *Orientation to International Outbreak Response with GOARN and WHO* workshop targeted specifically to *Infection Prevention and Control (IPC) Specialists*. This twoday virtual workshop trained 31 IPC specialists from Japan on the processes, realities and challenges of working as an IPC specialist in the field. This course was supported by Japanese GOARN Partners including the Ministry of Health, Labour and Welfare and the National Center for Global Health and Medicine, Tokyo, Japan.

GOARN Outbreak Response Leadership Training Programme:

As part of the GOARN Outbreak Response Leadership Programme efforts to support partners in their ongoing COVID-19 responses, experts in leadership in WHO and GOARN partners are working together and delivering a series of virtual "sense-making" retreats on crisis leadership. ten virtual workshops have taken place in English and French between August and October, engaging over 140 participants, representing 72 institutions across 53 countries. This initiative is being co-led with GOARN by the Public Health Agency of Canada and the WHO collaborating Centre for GOARN at the RKI.



HEALTH EMERGENCIES programme

Infodemic Management

WHO EPI-WIN Launches #WHODesignLab

WHO EPI-WIN is excited to launch the first WHO Design Lab, a creative challenge to strengthen WHO's engagement and the involvement of youth in the COVID-19 pandemic response.

More than 130 participants have registered to be involved, including doctors, nurses, graphic designers, students, communication specialists, animators, singers and many other young professionals from around the world.



#WHODesignLab Kick Off Session with participants - 30th October 2020 Credit: WHO

The first design lab topic is a design challenge with the theme of 'Reducing Transmission.' Held over one week from the 30th October to the 6th November, participants were asked to transform WHO's technical guidance reducing on transmission into innovative, creative and engaging communication content, to reach audiences of different affiliations, geographies and languages.

Last week, EPI-WIN hosted a kick-off session to meet the participants and go through the creative brief, including the latest technical guidance on transmission. A mentoring session was held this week to talk about how WHO works to simplify complex health messaging and the critical role design has in health communication.

Creative solutions must be submitted by Friday 6 November and judging will be finalized by the 13 November. The best ideas consistent with WHO's technical guidance on reducing transmission will be posted on <u>EPI-WIN</u> website and be considered for promotion by WHO, with recognition of the creative content given to the participating team or individual. We are looking forward to seeing the innovative, engaging and creative ideas on how to communicate transmission guidance from young professionals around the world!

We anticipate this will be the first in a series of WHO COVID-19 Design Lab. Sign up to the WHO Youth Engagement mailing list <u>here</u> to be notified of future DesignLab topics, challenges and opportunities for collaboration.



COVID-19 Partners Platform

The <u>COVID-19 Partners Platform</u>, developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event.

Launched on 16 March 2020, the Partners Platform has facilitated the scaling-up and coordination of preparedness and response efforts across the globe, strengthening health security at national, regional, and global levels.

New sub-folders on Country Info page

Coming soon country users will have increased planning opportunities with new folders joining as available destination plans. Going beyond the nine Pillars to incorporate a broader range of national and global response needs, users will also be able to upload Intra-Action Reviews (IAR).

IAR allows countries to reflect and improve national responses to the COVID-19 pandemic in the middle of pandemic response.

In accordance with the IHR (2005), WHO will also be recommending countries conduct an After Action Review (AAR) at the end of the COVID-19 pandemic in the respective nations.

A country may wish to conduct its own operational reviews of the COVID-19 preparedness and response actions at subnational and national levels internally, or with involvement of external partners. The Partners Platform can serve to share the reports of those reviews or summary of best practices and key recommendations from the reviews with other countries and partners.

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 5 November 2020.

Shipped items as of 5 November 2020	Laboratory	/ supplies	Personal protective equipment					
Region	Sample collection kits	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	2 483 665	1 132 676	1 305 364	2 115 300	158 359	1 200 948	50 773 789	2 090 314
Americas (AMR)	648 760	1 108 420	3 820 501	88 000	301 180	1 134 570	56 396 710	7 788 056
Eastern Mediterranean (EMR)	192 800	423 460	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)	1 012 212	10 452 294	1 704 850	7 190 100	374 720	985 048	38 621 500	5 126 950
South East Asia (SEAR)	1 172 400	1 825 800	87 336	1 895 500	81 550	218 050	5 406 300	353 075
Western Pacific (WPR)	90 800	246 864	319 200	1 682 000	105 167	98 150	10 369 650	971 235

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



US\$155 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)



The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link



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WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 6 November 2020, <u>The Solidarity</u> <u>Response Fund</u> has raised or committed more than US\$ 236 million.

From the fund's launch on 13 March 2020 launch through today leading companies and organizations and more than 633,000 individuals together contributed more than US\$236 million in fully flexible funding to support the WHO-led global response effort More than US\$ 236 Million 633 000 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 2020. 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 <u>here</u>.



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COVID-19 Global Preparedness and Response Summary Indicators^a

Countries have a COVID-19 preparedness and response plan



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



Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for longterm care facilities N=195

43	%	7%	51%	
22%				100%

Countries with a national IPC programme & WASH standards within all health care facilities N=195



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

N=195 97% 45% 100% Eegend Yes No information 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

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



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

		IN=195
4 6%	20%	34%
22%		100%

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

	N=195
35%	63%
29%	100%

Countries have a health occupational safety plan for health care workers

			N=195
27%	6%	67%	-
17%			100%

Countries have COVID-19 laboratory testing capacity



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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 <u>Global Humanitarian and Response Plan</u>. A full list of priority countries can be found <u>here</u>.

<u>Priority countries</u> with multisectoral mental health & psychosocial support working group



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

			N=64
-	5	8%	42%
0%	27%		

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





Notes:

c Source: WHO Immunization Repository

<u>Priority countries</u> with an active & implemented RCCE coordination mechanism



<u>Priority countries</u> with a contact tracing focal point



<u>Priority countries</u> with an IPC focal point for training





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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

EUR ,

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 <u>here</u>

□ For more information on COVID-19 regional response:

- <u>African Regional Office</u>
- European Regional Office
- <u>Regional Office of the Americas</u>
- 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 <u>7 August 2020</u>, click here

□ For updated WHO Publications and Technical Guidance on COVID-19, click here



COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 1 November 2020, 10 am CEST

For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

In the past week, over 3.3 million new cases have been reported globally (Figure 1). As of 1 November, nearly 46 million cases and 1.2 million deaths have been reported globally. The further acceleration in the incidence of new cases was most notable in European Region, which reported half of global new cases (over 1.7 million cases - a 22% increase from the previous week. Moreover, the region also reported a substantial rise in the number of new deaths (a 46% increase compared with the previous week), with Europe and the Americas now each reporting over 17 000 new deaths in the last 7 days.) The Americas and the Eastern-Mediterranean Regions have also seen relatively smaller rises in the number of reported cases. The South-East Asia Region has continued to report a decline in new cases and deaths, while case incidence continues to fluctuate around similar rates compared to recent weeks in the African and Western Pacific Regions (Table 1).



Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, as of 1 November 2020^{**}

Reported week commencing

**See data table and figure notes.

Despite regional variations, the countries reporting the highest number of cases in the past week remain the same as in the previous four weeks: The United States of America, India and France. Since the start of the pandemic, nine countries have reported more than 1 million confirmed cases: the United States, India, Brazil,

Russian Federation, France, Spain, Argentina, Colombia, and the United Kingdom. Five have reported over 40 000 cumulative deaths: the United States, Brazil, India, Mexico, and the United Kingdom.

Additional Region-specific information can be found below: <u>African Region</u>, <u>Region of the Americas</u>, <u>Eastern</u> <u>Mediterranean Region</u>, <u>European Region</u>, <u>South-East Asia Region</u>, and <u>Western-Pacific Region</u>.

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days*	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	1 732 918 (52%)	24%	11 088 612 (24%)	17 396 (39%)	46%	285 402 (24%)
Americas	999 652 (30%)	13%	20 477 535 (45%)	17 267 (38%)	2%	639 353 (54%)
South-East Asia	381 422 (11%)	-14%	9 251 788 (20%)	4 657 (10%)	-19%	144 194 (12%)
Eastern Mediterranean	181 857 (5%)	14%	3 092 037 (7%)	4 693 (10%)	16%	78 599 (7%)
Africa	32 943 (1%)	3%	1 324 258 (3%)	640 (1%)	-23%	29 785 (2%)
Western Pacific	26 473 (1%)	-3%	733 828 (2%)	398 (1%)	-9%	15 565 (1%)
Global	3 355 265 (100%)	14%	45 968 799 (100%)	45 051 (100%)	13%	1 192 911 (100%)

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 1 November 2020^{**}

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.



Figure 2. COVID-19 cases per million population reported in the last seven days by countries, territories and areas, 26 October through 1 November 2020**

Special Focus: An age and gender analysis of COVID-19

Based on WHO's surveillance system, using both case report form data and weekly aggregated data shared by Member States, an analysis has been conducted and is presented here, covering 124 countries from five out of six WHO Regions which have provided sufficient data. The data covers the period 31 December 2019 to 18 October 2020, and includes data on 18 156 074 patients.

Age distribution over time

Since the start of the pandemic, an increase in the proportion of confirmed cases in younger population groups has been observed over time (Figure 3). Most notably, the proportion of cases among adolescents and young adults aged 15-24 years increased from 4% at the beginning of the epidemic (week 9-10) to 14% during week 42, and those aged 25-64 increased from 50% to 65% over the same period. Slight increases were also observed in the proportion of cases among children aged 0-4 years (from 0.5% to 2%), and 5-14 years (from 1% to 5%). Concurrently, we observed a decrease and then stabilization of the proportion of cases aged 65 years and older, from 40% in the early stages of the epidemic, down to 15% in recent weeks.

Figure 3: Distribution of confirmed COVID-19 cases by age by epidemiological week reported, combined data from WHO Case Report Form and Weekly Aggregate Surveillance Systems as of 18 October 2020 (n = 18 156 074).



Changes in age distribution trends are likely linked to several factors, including increased surveillance and access to testing. Early in the pandemic, surveillance and limited testing capacity was often focused on patients with severe disease, who were more likely to be elderly hospitalized patients. Surveilance and testing capacities were expanded and became more accessible to cases with mild or no symptoms. The decrease in proportion of elder cases could also be linked to the implementation of infection prevention and control measures in long term care facilities, and an increase in transmission among younger age groups.

The evolution of reported deaths by age (Figure 4) shows a slow increase in the proportion of reported deaths aged 25-64 years, ranging from roughly 10% in the early stages, peaking at 30% in the summer, and now around 25%. Reported deaths in those aged 65 years and older decreased from close to 90% in the early stages to 75% in the most recent weeks. These data support previous observations that older people, who often have

co-morbidities, remain the most vulnerable to COVID-19 morbidity and mortality. The proportion of reported deaths in the youngest age groups, 0-4 and 5-14 years, remain under 0.2%.

Critically, while most people with COVID-19 recover after 2 to 6 weeks, there is increasing documentation of the long term effects of COVID-19, including among younger and non-vulnerable groups.



Figure 4: Distribution of confirmed COVID-19 deaths by age by epidemiological week reported, combined data from WHO Case Report Form and Weekly Aggregate Surveillance Systems as of 18 October 2020 (n = 459 943).

Gender distribution

Our overall data show that men and women each comprise 50% of cases; however, this proportion varies greatly between countries. A higher proportion of cases tends to be observed among men in countries where men are frequently exposed outside the household as a result of economic factors, or have differential access to testing and healthcare. In countries where women are involved in healthcare and social careers, the proportion of confirmed COVID-19 cases is higher. These gender differentials can also vary among age groups.

There is a notable difference in the death rate between sexes, with males accounting for 59% of deaths recorded. Differences in risks of exposure, behavior and risk perception, such as smoking and healthcare-seeking behaviors, as well as differences in some co-morbid conditions, may impact the outcomes of COVID-19 and contribute to male–female differences in disease severity.

Situation by WHO Region

African Region

The African Region continued a four-week trend with a gradual increase in the number of new cases reported in the past 7 days (Figure 5), reporting almost 33 000 new cases – 1% of new global cases in the past week. Although the number of new cases has increased slightly, the number of new reported deaths has continued to decline since a spike was observed three weeks ago following the retrospective capturing of a large number deaths in South Africa. South Africa, Kenya, and Ethiopia continue to report the highest numbers of new cases, while the highest number of new deaths per million population in the region was reported by South Africa (6 new cases per million population).

In Nigeria, after a peak in cases at the end of June and in July, weekly new cases have decreased gradually since September. In the past week, 923 new confirmed cases (4 cases per million population) were reported, while deaths have remained relatively low. Nigeria has a relatively low testing rate and is currently conducting 1.2 diagnostic tests per 10 000 population per week. The test positivity rate has remained relatively stable for the last 7 weeks and is currently 4%.

This past week Uganda recorded a new highest daily increase in COVID-19 cases, with over 430 cases reported on 30 October and close to 1200 cases (26 cases per million population) reported during the week. With almost half of the new cases reported from the capital, Kampala remains the most affected region. From the beginning of the epidemic, a total of 862 healthcare workers have been infected and 8 have died (7% of overall cases and deaths). Health Authorities in Kampala, in collaboration with WHO, are taking a data and equity-oriented approach to the COVID-19 response and city authorities have been assessing the susceptibility of local communities to the impact of the virus with a new COVID-19 vulnerability framework.



Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 1 November 2020^{**}

Region of the Americas

Although the Region as a whole reported a 13% rise in cases compared with last week (Figure 6), continued declines were observed in many countries, especially in South America. The United States of America, Brazil, and Argentina continue to report the highest number of new cases, with the United States reporting a 26% increase this week to over 500 000 new cases (1650 cases per million population). The overall change in the number of new deaths being reported in the Region, a 2% increase, is much lower than the rapid rise seen in the European Region.

Colombia has now reported over 1 million cumulative cases and 31 000 cumulative deaths. Cases in Colombia peaked in the week of 10 August at 77 915 cases, dropping to 43 000 cases in the week of 28 September, but have risen in October, with 64 200 new cases (1250 cases per million population) and 1300 new deaths reported this week. Approximately 40% of cases are aged 20-39 years. Although 30% of cases are in people aged 60 years and older, this age group accounts for 76% of deaths. A total of 64% of deaths are male. As of 25 October, around 38% of hospital beds are occupied by COVID-19 patients.

In Mexico, the number of new weekly cases rose to just under 47 000 at the end of July. Although cases have fallen since then, they have remained above 30 000 per week (295 new cases per million population reported last week). On 28 October, the Ministry of Health reported that the median age of cases is 43, with Mexico City, State of Mexico, Nuevo León, Guanajuato, and Sonora reporting the highest number of cumulative cases. Mexico City has recorded 17% of cumulative cases and has the highest number of active cases (>3,000 cases), followed by Nuevo León, Guanajuato, State of Mexico, and Coahuila, which all have more than 1 000 active cases. Men account for f 64% of deaths a, with a median age of 63 years. Based on a recent study on excess deaths, the Ministry of Health has said that as many as an additional 50 000 excess deaths can be attributed to COVID-19.

In Peru, case incidence has continued to fall since reaching a peak in the week of 17 August when there were just under 60 000 cases. In the past week, 17 000 new cases (520 cases per million population) and 370 new deaths were reported. Around 45% of cases have been reported from one department – the region of the capital Lima. The Ministry of Health reports that as of 28 October, 4.4 million people have been tested for COVID-19. As of 28 October, there are 5419 patients hospitalized for COVID-19, of which 1052 were in intensive care. The government has approved a decree extending the state of national emergency through November.





Eastern Mediterranean Region

Over the past two months, the Eastern Mediterranean Region has observed a steady increase in the number of new COVID-19 cases recorded (Figure 7), with 182 000 reported in the past week (accounting for 5% of all cases reported globally). In the past 7 days, there has been a 10% increase in the number of deaths reported with a total of 4 700 new deaths. The Region shows a mixed pattern with countries at different epidemic stages and experiencing different outcomes. Countries reporting the highest number of cases over the past week include the Islamic Republic of Iran, Morocco and Iraq, all reporting over 550 new cases per 1 million population in the past 7 days. The countries with the highest number of new deaths per million population in the past week are Tunisia, the Islamic Republic of Iran and Jordan, with over 28 new deaths per million population.

Since early September, the incidence of COVID-19 cases and deaths in the Islamic Republic of Iran has been increasing gradually, reaching over 50 000 new cases (600 cases per million population) and 2500 new deaths in the past week. The country has the highest mortality rate overall in the Eastern Mediterranean Region with a total of 415 deaths per million population since the beginning of the pandemic. In the past week, the Islamic Republic of Iran extended public health and social measures in the capital of Tehran and across the country, as health authorities declared that they were recording a death from the virus every four minutes. Some hospitals have exceeded bed capacity to treat new patients. The closure of schools, mosques, shops, restaurants and other public institutions in Tehran, that was due to end on 26 October, will now be extended until 20 November.

Morocco has been experiencing a gradual increase in cases and deaths since the beginning of August. This past week, the country registered a new record in new cases with over 24 600 new cases and 440 new deaths. Currently, the country's COVID-19 fatality rate is around 1.7%. Casablanca-Settat is the most affected region with the majority of cases coming from the city of Casablanca. According to local authorities, this week the reproductive number has stabilized at 0.8%. The test positivity rate has raised from 11% to 16% in just three weeks. More restrictive measures have been applied in the region of Casablanca-Settat following the rise in the incidence of COVID-19. Other regions have also adopted new measures including earlier closure of shopping centres.



Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 1 November 2020^{**}

European Region

The European Region has seen a 22% increase in new cases and a 43% increase in new deaths in the past 7 days compared with the previous week (Figure 8). France, Italy, and the United Kingdom reported the highest numbers of new cases, although Andorra, Czechia, and Belgium reported the highest per population incidence. France accounted for the third-highest number of new cases globally, with over 275 000 cases reported in the past week (4200 cases per million population): a 27% increase from the previous week. The number of new cases has increased since August, in line with much of Europe; however, in October there has been a considerable escalation . As of 29 October, there were 24 000 hospitalizations, with 3500 in intensive care, with the Ile-de-France and Auvergne-Rhône-Alpes regions having the highest numbers of hospitalizations. The COVID-19 occupancy rate of intensive care beds is rising rapidly. The increases in indicators are most marked among people aged 65 and over. The President of the Republic announced the reinstatement of stricter public health and social measures from 30 October to 1 December.

Belgium and Italy have both seen rapid rises in cases, and reported the 2nd and 9th highest number of new cases in Europe, respectively. New cases in Belgium fell by 21% from last week to 82 500 new cases, while those in Italy rose by 72% from last week to 175 000 new cases. Despite the fall seen in Belgium, it still has one of the world's highest incidences of new cases per million population , with 7 000 new cases per million. Italy's incidence is lower at 2800 cases per million. Belgium has instituted a second phase of national containment measures. Italy and several other European countries have been experienced an increasing number of protests over government restrictions.

In Switzerland, the number of new cases has grown considerably in October, rising from fewer than 2500 new weekly cases reported from mid-April through to the end of September, and fewer than a hundred cases reported in some weeks, to 50 000 new cases in the past week. Switzerland has the fifth- highest incidence of new cases per million population in the Region (5800 cases per million population). The weekly number of hospitalizations has also risen considerably. While weekly testing rates have increased, test positivity rates have also increased from 15% to 22.5% (as of 25 October). Since the beginning of September, the median age of cases has been steadily increasing from 33 to 42 years, as of 25 October. Switzerland has progressively implemented strict public health and social measures in recent weeks, with a new range of national restrictions coming into effect on 29 October, with several cantons implementing additional measures.





South-East Asia Region

New cases and deaths in the South-East Asia Region this week have continued to decline (Figure 9). This is mainly due to a decline in reported cases in India, which contributes over 80% of all cases in the Region. Additionally, large rates of decrease have been reported seen in Nepal, Indonesia, and Bhutan. There have been over 380 000 new cases reported in the past 7 days, bringing the cumulative amount of cases to over 9.2 million.

In contrast to other countries in the region, Sri Lanka reported a 53% increase in the past 7 days from 2046 new cases to 3142 new cases (147 cases per million population). This follows a cluster detected in a garment factory on 3 October. A curfew was imposed in Colombo District and other high-risk areas from 29 October to 2 November. Additionally, active cases have been admitted to dedicated COVID-19 treatment hospitals, where 4764 patients were admitted to 37 hospitals as of 28 October. The government is also upgrading around 60 divisional hospitals as isolation and treatment centers to add more bed capacity.

Indonesia has been showing a decreasing trend of new cases for the last 4 weeks. The country reported around 24 000 new cases (88.1 per 1 million population) in the last past 7 days, and over 410 000 cumulative cases to date. WHO, in collaboration with the Ministry of Health and the National COVID-19 Task Force, has conducted a series of focus group discussions for a detailed review of challenges and possible solutions for enhancing contact tracing.





Western Pacific Region

The Western Pacific Region continues to account for the fewest cases and deaths reported globally, with declines observed in the past 2 weeks (Figure 10). There have been over 26 000 new cases (13.5 new cases per million population) reported in the past 7 days, resulting in almost 734 000 cumulative cases to date.

The Philippines continues to report the highest number of new cases (12 910 cases) and new deaths (287 deaths), representing almost 50% of new cases and 75% of new deaths in the region in the last 7 days; although incidence remains relatively low compared to other countries (117 new cases per million).

The Marshall Islands reported their first two COVID-19 cases this week on 28 October. According to the national authorities, the two cases were identified on a military base on Kwajalein Atoll, although they were not epidemiologically linked.

Over 240 new cases have been reported in China in the past 7 days, an increase of 32% compared with the previous week. A cluster of new cases related to local factories was identified in the autonomous region of Xinjiang between 24 and 28 October. Local authorities confirmed 45 cases and 138 asymptomatic cases, after 4 746 500 residents of Kashgar were tested.





Key weekly updates

- The fifth meeting of the IHR (2005) Emergency Committee on COVID-19 took place on Thursday, 29
 October 2020. They advised that the pandemic still constituted aPpublic Health Emergency of
 International Concern, and urged a focus on response efforts based on lessons learned and g science. The
 Emergency Committee C provided d advice for WHO and countries to focus on in the coming months and
 expressed appreciation for WHO's leadership and response activities. It will reconvene in 3 months' time.
- To a significant number of people, COVID-19 poses a range of serious long-term effects, and post COVID-19 symptoms and complications have been reported in both non-hospitalised and hospitalised patients. In a media briefing on 30 October, WHO Director-General Dr Tedros said "What's really concerning is the vast spectrum of symptoms that fluctuate over time, often overlap and can affect any system in the body. From fatigue, a cough and shortness of breath, to inflammation and injury of major organs including the lungs and heart, and even neurological and psychological effects. Although we're still learning about the virus, what's clear is that this is not just a virus that kills people. While people do recover, it can be slow sometimes weeks or months and it is not always a linear route to recovery."
- Several vaccines are now in final phase three trials. If proved safe and effective they will be rolled out through the ACT Accelerator's vaccine arm – the COVAX Facility, which is now supported by 186 countries. The COVAX Facility is speeding up the search for an effective vaccine for all countries. At the same time, it is supporting the building of manufacturing capabilities, and procuring doses ahead of time so that 2 billion doses can be fairly distributed by the end of 2021.
- Progress on gender equality has been made in all 12 key areas identified in the 1995 Beijing Declaration and Platform for Action on Women – but for millions of girls and women around the world today, this visionary agenda is still far from reality. The *British Medical Journal* has commissioned a special series of papers on "Women's Health and Gender Inequalities" with support from WHO, the Human Reproduction Programme and the United Nations University International Institute for Global Health. The COVID-19 pandemic is limiting or reversing gains made towards gender equality. WHO strongly urges investment in women's health and is marking the 25th anniversary of the Beijing Declaration with a number of activities.

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	32943	1324258	1180	640	29785	27	
South Africa	11 206	725 452	12 232	332	19 276	325	Community transmission
Kenya	6 402	55 192	1 026	100	996	19	Community transmission
Ethiopia	3 311	96 169	837	50	1 469	13	Community transmission
Algeria	2 021	57 651	1 315	59	1 956	45	Community transmission
Angola	1 779	10 805	329	17	284	9	Community transmission
Uganda	1 198	12 495	273	12	111	2	Community transmission
Mozambique	974	12 869	412	7	92	3	Community transmission
Nigeria	923	62 853	305	15	1 144	6	Community transmission
Botswana	719	6 642	2 824	3	24	10	Community transmission
Cabo Verde	471	8 793	15 815	1	95	171	Community transmission
Guinea	403	12 072	919	1	72	5	Community transmission
Ghana	365	48 055	1 547	4	320	10	Community transmission
Namibia	356	12 935	5 091	0	133	52	Community transmission
Zambia	315	16 432	894	1	349	19	Community transmission
Côte D'Ivoire	287	20 692	784	3	124	5	Community transmission
Cameroon	223	21 793	821	1	426	16	Community transmission
Democratic Republic of The Congo	184	11 305	126	3	307	3	Community transmission
Madagascar	143	17 111	618	0	244	9	Community transmission
Тодо	134	2 296	277	3	55	7	Community transmission
Zimbabwe	98	8 367	563	7	243	16	Community transmission
Benin	86	2 643	218	0	41	3	Community transmission
Mali	82	3 554	175	4	136	7	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Rwanda	77	5 137	397	1	35	3	Clusters of cases
Senegal	73	15 616	933	3	324	19	Community transmission
Eswatini	70	5 917	5 100	1	117	101	Community transmission
Burkina Faso	56	2 500	120	2	67	3	Community transmission
Chad	49	1 483	90	2	98	6	Community transmission
Gabon	49	8 968	4 029	1	55	25	Community transmission
Malawi	43	5 930	310	1	184	10	Community transmission
South Sudan	43	2 926	261	3	59	5	Community transmission
Congo	37	5 290	959	0	92	17	Community transmission
Burundi	33	589	50	0	1	<1	Community transmission
Liberia	31	1 426	282	0	82	16	Community transmission
Sierra Leone	21	2 366	297	0	74	9	Community transmission
Comoros	13	530	609	0	7	8	Community transmission
Lesotho	13	1 947	909	0	43	20	Community transmission
Gambia	11	3 670	1 519	0	119	49	Community transmission
Guinea-Bissau	10	2 413	1 226	0	41	21	Community transmission
Equatorial Guinea	9	5 088	3 627	0	83	59	Community transmission
Mauritius	6	441	347	0	10	8	Sporadic cases
Niger	5	1 220	50	0	69	3	Community transmission
Sao Tome and Principe	5	945	4 312	1	16	73	Community transmission
Central African Republic	4	4 866	1 008	0	62	13	Community transmission
Eritrea	2	463	131	0	0	<1	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Seychelles	2	154	1 566	0	0	<1	Sporadic cases
Mauritania	1	7 663	1 648	0	163	35	Community transmission
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories ⁱⁱ							
Réunion	510	5 659	6 321	2	22	25	Clusters of cases
Mayotte	90	4 366	16 004	0	44	161	Clusters of cases
Americas	999652	20477535	20022	17267	639353	625	
United States of America	548 965	8 952 086	27 045	5 678	228 185	689	Community transmission
Brazil	163 002	5 516 658	25 953	3 006	159 477	750	Community transmission
Argentina	87 811	1 157 179	25 604	2 454	30 792	681	Community transmission
Colombia	64 209	1 063 151	20 894	1 333	31 135	612	Community transmission
Mexico	38 036	918 811	7 126	2 977	91 289	708	Community transmission
Canada	20 267	231 999	6 147	222	10 110	268	Community transmission
Peru	17 064	900 180	27 301	378	34 411	1 044	Community transmission
Chile	9 714	510 256	26 692	315	14 207	743	Community transmission
Ecuador	8 578	168 192	9 533	128	12 670	718	Community transmission
Costa Rica	7 040	108 866	21 371	106	1 371	269	Community transmission
Honduras	5 006	96 888	9 782	57	2 669	269	Community transmission
Panama	5 001	132 867	30 794	66	2 688	623	Community transmission
Paraguay	4 337	62 596	8 776	109	1 387	194	Community transmission
Guatemala	3 307	107 939	6 025	120	3 729	208	Community transmission
Venezuela (Bolivarian Republic of)	3 173	91 589	3 221	34	793	28	Community transmission
Dominican Republic	3 000	127 018	11 709	25	2 245	207	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Bolivia (Plurinational State of)	1 019	141 631	12 133	107	8 715	747	Community transmission
El Salvador	860	33 445	5 156	31	975	150	Community transmission
Jamaica	424	9 094	3 071	20	206	70	Community transmission
Belize	412	3 462	8 707	11	58	146	Community transmission
Bahamas	376	6 644	16 895	12	142	361	Clusters of cases
Cuba	353	6 887	608	0	128	11	Clusters of cases
Uruguay	323	3 082	887	5	58	17	Clusters of cases
Guyana	183	4 143	5 267	7	124	158	Clusters of cases
Trinidad and Tobago	181	5 668	4 050	3	107	76	Community transmission
Nicaragua	62	4 424	668	1	156	24	Community transmission
Suriname	46	5 201	8 866	2	111	189	Community transmission
Haiti	39	9 054	794	1	232	20	Community transmission
Saint Lucia	26	78	425	0	0	<1	Sporadic cases
Dominica	12	50	695	0	0	<1	Clusters of cases
Barbados	9	236	821	0	7	24	Clusters of cases
Antigua and Barbuda	5	127	1 297	0	3	31	Sporadic cases
Grenada	1	28	249	0	0	<1	No cases
Saint Vincent and the Grenadines	1	74	667	0	0	<1	Sporadic cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Territories ⁱⁱ							
Puerto Rico	4 848	66 128	23 115	28	822	287	Community transmission
Martinique	1 024	3 818	10 174	4	31	83	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guadeloupe	413	7 742	19 349	24	139	347	Community transmission
French Guiana	160	10 536	35 275	1	70	234	Community transmission
Curaçao	141	944	5 753	0	1	6	Community transmission
Aruba	83	4 472	41 886	1	37	347	Community transmission
Saint Martin	53	591	15 288	1	9	233	Community transmission
United States Virgin Islands	30	1 376	13 177	0	21	201	Community transmission
Sint Maarten	29	805	18 772	0	22	513	Community transmission
Saint Barthélemy	12	89	9 004	0	0	<1	Sporadic cases
Bermuda	9	199	3 196	0	9	145	Sporadic cases
Turks and Caicos Islands	4	703	18 157	0	6	155	Clusters of cases
Bonaire, Sint Eustatius and Saba	3	153	5 835	0	3	114	Sporadic cases
Cayman Islands	1	240	3 652	0	1	15	Sporadic cases
Anguilla	0	3	200	0	0	<1	No cases
British Virgin Islands	0	72	2 381	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	13	3 732	0	0	<1	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saint Pierre and Miquelon	0	16	2 761	0	0	<1	Sporadic cases
Eastern Mediterranean	181857	3092037	4231	4693	78599	108	
Iran (Islamic Republic of)	50 067	612 772	7 296	2 544	34 864	415	Community transmission
Morocco	24 623	219 084	5 936	440	3 695	100	Clusters of cases
Iraq	23 477	472 630	11 750	342	10 910	271	Community transmission
Jordan	21 857	72 607	7 116	289	829	81	Community transmission
Lebanon	11 322	81 228	11 901	75	637	93	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Tunisia	9 408	59 813	5 061	440	1 317	111	Community transmission
United Arab Emirates	8 865	132 629	13 410	20	495	50	Community transmission
Libya	6 721	61 095	8 891	67	857	125	Community transmission
Pakistan	5 937	332 993	1 507	79	6 806	31	Clusters of cases
Kuwait	4 999	125 926	29 487	35	779	182	Community transmission
Saudi Arabia	2 730	347 282	9 975	121	5 402	155	Sporadic cases
Oman	2 597	114 434	22 409	61	1 208	237	Community transmission
Bahrain	1 670	81 645	47 982	9	321	189	Clusters of cases
Qatar	1 591	132 556	46 010	3	232	81	Community transmission
Egypt	1 158	107 555	1 051	79	6 266	61	Clusters of cases
Afghanistan	657	41 425	1 064	25	1 536	39	Clusters of cases
Syrian Arab Republic	369	5 728	327	21	288	16	Community transmission
Sudan	62	13 804	315	0	837	19	Community transmission
Somalia	44	3 941	248	2	104	7	Sporadic cases
Djibouti	31	5 561	5 629	0	61	62	Clusters of cases
Yemen	3	2 067	69	0	600	20	Community transmission
Territories ⁱⁱ							
Occupied Palestinian territory	3 669	65 262	12 793	41	555	109	Community transmission
Europe	1732918	11088612	11880	17396	285402	306	
France	275 866	1 331 808	20 403	2 111	36 473	559	Community transmission
Italy	174 921	679 430	11 237	1 408	38 618	639	Clusters of cases
The United Kingdom	157 650	1 011 664	14 902	1 810	46 555	686	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Russian Federation	122 904	1 636 781	11 216	2 185	28 235	193	Clusters of cases
Poland	120 785	362 731	9 584	1 280	5 631	149	Community transmission
Germany	103 749	532 930	6 361	449	10 481	125	Clusters of cases
Belgium	99 051	445 795	38 465	889	11 734	1 012	Community transmission
Spain	92 281	1 185 678	25 360	854	35 878	767	Community transmission
Czechia	84 305	335 102	31 292	1 174	3 251	304	Community transmission
Netherlands	70 033	350 764	20 471	376	7 385	431	Community transmission
Ukraine	58 030	395 440	9 042	1 017	7 306	167	Community transmission
Switzerland	50 405	153 728	17 763	159	2 035	235	Community transmission
Romania	35 546	241 339	12 545	650	6 968	362	Community transmission
Austria	26 814	106 584	11 834	119	1 097	122	Community transmission
Portugal	25 170	141 279	13 855	210	2 507	246	Clusters of cases
Hungary	19 952	79 199	8 198	394	1 819	188	Community transmission
Slovakia	16 863	57 664	10 562	60	219	40	Clusters of cases
Turkey	15 583	375 367	4 451	525	10 252	122	Community transmission
Croatia	15 357	49 316	12 013	117	546	133	Community transmission
Bulgaria	15 282	52 844	7 605	195	1 279	184	Clusters of cases
Armenia	14 417	92 254	31 133	183	1 363	460	Community transmission
Slovenia	13 030	34 307	16 502	50	231	111	Clusters of cases
Georgia	12 296	40 727	10 209	134	335	84	Community transmission
Bosnia and Herzegovina	10 332	50 090	15 268	159	1 234	376	Community transmission
Sweden	10 015	124 355	12 313	9	5 938	588	Community transmission
Greece	9 259	39 251	3 766	62	626	60	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Belarus	8 292	99 459	10 526	40	985	104	Community transmission
Serbia	8 082	46 954	6 743	31	820	118	Community transmission
Denmark	6 940	46 351	8 002	21	721	124	Community transmission
Azerbaijan	6 256	55 269	5 451	66	730	72	Clusters of cases
Ireland	5 348	61 456	12 446	31	1 913	387	Community transmission
Lithuania	5 246	14 824	5 445	36	165	61	Community transmission
North Macedonia	5 183	31 577	15 157	97	994	477	Community transmission
Republic of Moldova	4 951	76 040	18 850	116	1 785	442	Community transmission
Luxembourg	4 220	17 933	28 648	13	157	251	Community transmission
Israel	4 054	313 533	36 223	146	2 517	291	Community transmission
Kyrgyzstan	3 693	59 443	9 111	16	1 150	176	Clusters of cases
Kazakhstan	3 400	150 863	8 035	32	2 251	120	Clusters of cases
Norway	2 331	19 563	3 609	3	282	52	Clusters of cases
Montenegro	2 090	18 958	30 185	47	313	498	Clusters of cases
Albania	2 017	20 875	7 254	36	509	177	Clusters of cases
Uzbekistan	1 855	67 055	2 003	21	568	17	Clusters of cases
Finland	1 461	16 113	2 908	5	358	65	Community transmission
Latvia	1 427	5 894	3 125	17	71	38	Clusters of cases
Cyprus	922	4 366	3 616	1	26	22	Clusters of cases
Andorra	718	4 756	61 554	6	75	971	Community transmission
Malta	667	6 042	13 684	12	62	140	Clusters of cases
Estonia	554	4 905	3 698	0	73	55	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Iceland	471	4 865	14 257	1	12	35	Community transmission
Tajikistan	281	11 017	1 155	1	82	9	Pending
Liechtenstein	193	533	13 976	2	3	79	Sporadic cases
San Marino	114	958	28 228	0	42	1 238	Community transmission
Monaco	63	359	9 148	0	2	51	Sporadic cases
Holy See	0	26	32 138	0	0	<1	Sporadic cases
Territories ⁱⁱ							
Kosovo[1]	2 085	19 799	10 642	20	671	361	Community transmission
Gibraltar	52	693	20 569	0	0	<1	Clusters of cases
Jersey	44	574	5 276	0	32	294	Community transmission
Faroe Islands	5	495	10 130	0	0	<1	Sporadic cases
Isle of Man	5	353	4 151	0	24	282	No cases
Guernsey	2	267	4 225	0	13	206	Community transmission
Greenland	0	17	299	0	0	<1	No cases
South-East Asia	381422	9251788	4577	4657	144194	71	
India	319 271	8 184 082	5 930	3 577	122 111	88	Clusters of cases
Indonesia	24 108	410 088	1 499	664	13 869	51	Community transmission
Nepal	15 510	170 743	5 860	95	937	32	Clusters of cases
Bangladesh	10 177	407 684	2 475	143	5 923	36	Community transmission
Myanmar	8 918	52 706	969	171	1 237	23	Clusters of cases
Sri Lanka	3 142	10 663	498	6	20	1	Clusters of cases
Maldives	238	11 659	21 569	1	38	70	Clusters of cases
Thailand	48	3 784	54	0	59	1	Clusters of cases
Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
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Bhutan	9	349	452	0	0	<1	Sporadic cases
Timor-Leste	1	30	23	0	0	<1	Sporadic cases
Western Pacific	26 473	733828	374	398	15565	8	
Philippines	12 910	380 729	3 474	287	7 221	66	Community transmission
Malaysia	5 806	31 548	975	28	249	8	Clusters of cases
Japan	4 612	101 146	800	55	1 766	14	Clusters of cases
Republic of Korea	799	26 635	520	9	466	9	Clusters of cases
China	246	91 921	62	0	4 746	3	Clusters of cases
Australia	91	27 590	1 082	2	907	36	Clusters of cases
Singapore	50	58 015	9 917	0	28	5	Clusters of cases
New Zealand	24	1 603	332	0	25	5	Clusters of cases
Viet Nam	20	1 180	12	0	35	<1	Clusters of cases
Mongolia	9	346	106	0	0	<1	Sporadic cases
Papua New Guinea	6	589	66	0	7	1	Community transmission
Cambodia	4	291	17	0	0	<1	Sporadic cases
Solomon Islands	4	8	12	0	0	<1	Sporadic cases
Fiji	1	34	38	0	2	2	Sporadic cases
Brunei Darussalam	0	148	338	0	3	7	Sporadic cases
Lao People'S Democratic Republic	0	24	3	0	0	<1	Sporadic cases
Territories ⁱⁱ							
French Polynesia	1 403	7 262	25 852	9	29	103	Sporadic cases
Guam	477	4 632	27 445	8	79	468	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Northern Mariana Islands (Commonwealth of The)	8	96	1 668	0	2	35	Pending
Marshall Islands	2	2	34	0	0	<1	Sporadic cases
New Caledonia	1	28	98	0	0	<1	Sporadic cases
Wallis and Futuna	0	1	89	0	0	<1	Sporadic cases
Global	3 355 265	45 968 799	5 897	45 051	1 192 911	153	

**See data, table and figure notes

Technical guidance and other resources

- Technical guidance
- <u>WHO Coronavirus Disease (COVID-19) Dashboard</u>
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- <u>COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update</u>
- Updates from WHO regions
- <u>African Region</u> <u>Region of the Americas</u>
- Eastern Mediterranean Region South-East Asia Region
- European Region
- Western Pacific Region
- <u>Research and Development</u>
- Online courses on COVID-19 in official UN languages and in additional national languages
- <u>The Strategic Preparedness and Response Plan (SPRP)</u> outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public

- Protect yourself
- <u>Questions and answers</u>
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO <u>case definitions</u> and <u>surveillance guidance</u>. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

Global totals include 741 cases and 13 deaths reported from international conveyances.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an
 assessment of factors including, but not limited to: large numbers of cases not linkable to transmission
 chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters
 in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

" "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the <u>log of major changes</u> <u>and errata</u> for details. Prior situation reports will not be edited; see <u>covid19.who.int</u> for the most up-to-date data.