



International Medical Corps staff delivers personal protective equipment to the National Disaster Management Authority in Pakistan.

To date, the world has confirmed more than 64 million cases and 1.4 million deaths from COVID-19. After a month of unprecedented growth in new cases, the past two weeks have begun to plateau, at more than 580,000 per day—still double the daily amount in mid-September. On November 24, the seven-day moving average for deaths reached 10,000 for the first time. In the first wave, the seven-day moving average for deaths peaked at 7,089. The previous increase in new cases and the ongoing increases in daily deaths are primarily attributable to a massive increase in new cases in North America and Europe. After an explosion in cases in October, the major European countries—except for Russia—have all seen their numbers decline, after governments across the continent implemented strong measures to halt the spread.

In the United States, after a harrowing two months that saw daily cases go from 41,000 per day to 179,000 per day, the growth in new cases appears to have peaked for the time being. Still, there are concerns that this reprieve may be short-lived, as 1.2 million Americans flew on this past Sunday alone for the Thanksgiving holiday—the most to fly since mid-March.¹ Many experts fear that holiday travel may seed an outbreak on top of the existing outbreak, which will strain already-stressed health systems even more. Hospitals across the country are struggling to keep up with cases, with more than 93,000 Americans hospitalized across the country, compared to the high of 59,000 reached in both the spring and summer outbreaks.²

As the pandemic drags on, scientists around the world continue to learn more about the virus. A recent study was published showing strong evidence that a genetic mutation, which made the virus more contagious, enabled it to spread throughout the globe more efficiently. Scientists studying the mutation—known as the 614G mutation—noted that the mutated virus's outbreaks grew much faster than outbreaks of the unmutated virus. They have also shown that the 614G mutation has become the dominant strand of the virus throughout the world, with 98% of American cases showing the mutation in June, compared with only 5% of American cases having the mutation in January and February. Some experts

FAST FACTS

- According to the Johns Hopkins University tracker, which consolidates data from a range of sources, as of November 18, there have been 64,097,151 confirmed cases of COVID-19 reported in 191 countries and regions.
- In the US, we are supporting 38 hospitals across the country—including in California, Illinois, Massachusetts, Michigan, New York, Puerto Rico and Texas—with a range of services and equipment, including emergency medical field units, supplies and volunteer staff.
- We have screened more than 3.1 million people for COVID-19 at our global missions and have distributed more than 19.3 million pieces of personal protective equipment and infection prevention and control items to supported health facilities.
- We have trained more than 21,900 frontline healthcare professionals on COVID-19 prevention and control measures.

¹ <https://www.cnn.com/2020/11/30/coronavirus-live-updates.html>

² <https://covidtracking.com/data/national>

have questioned whether this mutation and the subsequent increase in contagiousness may be behind why some countries that were initially able to stop the spread of the virus could not do so as effectively during a second wave.³

On the vaccine front, Moderna announced that out of its 30,000-person trial, only 11 patients who received two doses of their vaccine developed symptomatic cases of COVID-19—and none developed severe symptoms. In comparison, 185 people in the placebo group acquired symptomatic cases of COVID-19, with 30 developing severe symptoms. Both Pfizer and Moderna are applying for Emergency Use Authorization from the Federal Drug Administration for their vaccines. Both companies are hoping for approval in the coming weeks. By the end of the year, Moderna plans to have 20 million doses ready for the US, and Pfizer will have 50 million doses prepared, which they will split between several countries that purchased the vaccine in advance.⁴

International Medical Corps Response

International Medical Corps continues to provide essential medical assistance and training in the 27 countries where we operate. Highlights from our global response include the following.

United States Response

In the US, International Medical Corps has partnered with hospitals, clinics and nursing homes in California, Illinois, Massachusetts, Michigan, New York, Puerto Rico and Texas to respond to COVID-19. To date, we have distributed more than 5 million items of PPE, including 1.8 million KN95 masks, 1.8 million surgical masks, 1 million isolation gowns, 300,000 N95 masks, 100,000 face shields and 100,000 cloth face masks. Additionally, International Medical Corps has focused on increasing critical-care capacity by donating medical equipment such as ICU monitors, high-flow nasal oxygen units, portable ultrasounds, defibrillators and several other types of equipment. International Medical Corps has also provided hospitals with emergency medical field units and clinical volunteers to strengthen emergency and critical-care capacity during the pandemic.

United States Response			
 Locations	States/Territories: 8	Hospitals: 38	Nursing homes: 51
 Volunteers	MDs: 16	Nurses: 44	EMTs: 3 Paramedics: 8
 Infrastructure	Field Units: 56	HVACs: 48	Generators: 4 Trailers: 4 Containers: 2
 Equipment	Beds: 150	Ventilators: 7	Portable ultrasounds: 16
	Pulse oximeters: 120	Suctions: 9	Defibrillators: 2
	Medical consumables:	Anesthesia pumps: 1	Patient monitors: 143
 PPE	K95 masks: 1,836,860	Surgical masks: 1,873,000	Surgical gowns: 1,004,500
	N95 masks: 300,000	Face shields: 108,000	Nitrile gloves: 24,100

In Chicago, South Texas and Puerto Rico, International Medical Corps continues to work closely with hospital leadership to provide support through innovative technical platforms, oxygen monitoring and data collection throughout the hospitals. In addition, we continue to support long-term care facilities throughout Los Angeles County by providing PPE and training on infection prevention and control (IPC) measures. In Chicago and Florida, International Medical Corps is in discussions to assist our partners with the rollout of vaccination efforts. Activities will include technical assistance, training, cold-chain management and implementation via fixed and mobile teams.

³ <https://www.nytimes.com/2020/11/24/world/covid-mutation.html>

⁴ <https://www.sciencemag.org/news/2020/11/absolutely-remarkable-no-one-who-got-modernas-vaccine-trial-developed-severe-covid-19>

Global Response

International Medical Corps is focused on ensuring continuity of operations in existing programming in the 27 countries where we currently operate, while taking decisive action to respond to COVID-19 cases. We are continuing to distribute PPE and IPC items to our supported healthcare facilities while providing training and support to frontline healthcare workers on the proper use of such equipment and the epidemiology of COVID-19. Additionally, our facilities are continuing to screen patients for COVID-19 and to raise awareness—through traditional and remote activities—throughout communities. International Medical Corps also is participating with global, regional and local coordination bodies to support their COVID-19 responses. Highlights from our response this week include activities in the following countries.

- In **Iraq**, the International Medical Corps team is providing frontline health workers with PPE, ensuring their safety as they continue delivering primary healthcare services to internally displaced persons (IDPs) and host populations in camp and non-camp settings across the country. Since the beginning of the pandemic, we have distributed 668,262 PPE and IPC items to International Medical Corps-supported centers, safe spaces for women and girls, and camps. In camps in the Ninewah province, our medical teams monitor new arrivals and place suspected COVID-19 patients in designated quarantine areas. The team is also securing additional PPE and delivering training to frontline health workers on COVID-19 prevention and management, to ensure the safety of staff and beneficiaries as program activities continue. So far, 24 facilities that International Medical Corps supports have



International Medical Corps is responding Iraq, Mali and Zimbabwe, shown on the map above.

screened more than 134,400 people for COVID-19 symptoms. Additionally, the team has conducted almost 60 training sessions—both in-person and virtually—for more than 1,300 participants. In addition, the community outreach team is using in-person sessions, social media and radio broadcasting to raise awareness about the risks of COVID-19 and how to prevent it. Through these activities, the team has reached more than 67,300 people with COVID-19 awareness messaging. Though households are no longer in lockdown and movement restrictions have eased, populations continue to experience increased mental and emotional distress. To improve the well-being of affected populations, our mental health and psychosocial support (MHPSS) team is conducting case management and follow-up remotely. This includes raising awareness about stress-coping techniques. To reach as wide an audience as possible, our MHPSS teams are using social media platforms to disseminate key messages. With the increased risk of gender-based violence (GBV) for women and girls who may be confined at home with abusers, the women and girls' safe spaces in the camps that we support in Mosul have remained open, with physical distancing and hand hygiene measures in place to help prevent transmission of COVID-19. GBV case management also is being provided remotely via the phone or WhatsApp to survivors who consent to such follow-ups.

- In **Mali**, International Medical Corps has been responding to the COVID-19 pandemic in places where we have active programming, including Timbuktu and Ségou, by training health staff, disinfecting key public places and health facilities, and distributing medicine and WASH supplies. We so far have reached 85 health facilities with COVID-19 activities and trained 136 frontline staff on COVID-19 treatment and prevention. As part of the national COVID-19 Task Force of the Health Cluster, International Medical Corps' Mali team meets regularly with governmental counterparts in the capital, Bamako, to determine needs and provide technical support, collaborating with such partners as ECHO, OFDA, WHO and UNICEF. The team also has worked with the MoH to fully disinfect 10 mosques, six community health centers, one referral health center and one regional hospital in Timbuktu. Subsequently, we provided WASH kits to these 18 facilities, along with two women's centers that provide GBV support. We have also launched COVID-19 response activities in rural communities outside Timbuktu in Gourma Rharous, where teams have reached 4,403 people with COVID-related information, and distributed WASH kits in 11 health facilities. Additionally, our teams trained 20 laboratory technicians across four health districts in Timbuktu, to improve COVID-19 sampling and specimen management at health facilities. In Ségou, our team has distributed handwashing materials to 19 health clinics and 39 public sites, and launched COVID-19 activities in 19 communities in the San health district, including prevention education and the distribution of hygiene supplies. We also recently began an intervention that will support the evacuation of humanitarian staff affected by COVID-19 to Bamako for treatment. International Medical Corps health volunteers have reached 15,775 people with COVID-19 information since March.

To ensure the safety of volunteers and frontline health staff in Mali, International Medical Corps has provided 16,268 PPE and hygiene items.

- In **Zimbabwe**, authorities are gradually relaxing lockdown regulations and reopening the economy, while remaining cautious about public gatherings and promoting social distancing to curb the spread of COVID-19. In early 2020, the virus was spread by an influx of returning citizens from South Africa and Botswana, fleeing lockdown-induced economic hardships and job losses, but community transmission has been on the rise in recent months. Although the healthcare system was already overstretched before the pandemic, the situation has now worsened dramatically. For more than a month, 15,000 nurses were on strike over their decreasing wages, affecting all healthcare services. International Medical Corps is implementing two COVID-19 projects in Zimbabwe. In the first, we are providing WASH and community hygiene promotion activities for more than 31,000 people in Binga, one of the most impoverished, marginalized districts in Zimbabwe, which faces severe water scarcity due to years of drought. In the second, which we are implementing across three provinces, we are targeting 17 health facilities, aiming to rehabilitate WASH facilities within COVID-19 isolation areas. Through our recently completed Amalima Project, our team and their partners have collaborated with the Ministry of Health and Child Care to develop educational materials for communities about the COVID-19 pandemic. The program developed 100,000 fliers and 12,000 posters for communities in Bulilima, Mangwe, Gwanda and Tsholotsho on COVID-19 prevention. Those materials have been widely distributed, in partnership with more than 300 community health workers who serve in vulnerable communities. We also helped provide 300 bicycles for these community health workers—enabling them to more easily reach remote areas with COVID-19 messaging—as well as 6,000 reusable masks. International Medical Corps has supported three treatment centers and 14 hospitals, which have screened 21,343 patients for COVID-19. Since the start of the pandemic, our Zimbabwe mission has trained 487 frontline staff, provided COVID-19 awareness-raising activities directly for 57,979 community members and indirectly reached 1.2 million people. Since early July, we have distributed almost 20,000 PPE and IPC items, including masks for healthcare workers, soap, sanitizer and gloves.

International Medical Corps' Impact at a Glance				
Number of Supported Facilities Provided with COVID-19 Activities	898 Primary Health Facilities	166 Hospitals	32 COVID-19 Treatment Centers	44 Mobile Medical Clinics
Community Members Reached Through COVID-19 Awareness-Raising Activities	 2.6M Traditional	 1.6M Remote		
PPE and IPC Items Distributed	 18.5M PPE	 820K IPC		