

# Weekly Operational Update on COVID-19

4 September 2020



Confirmed cases<sup>a</sup>

**26,121,999**

Confirmed deaths

**864,618**

## PAHO Strategic Fund minimizes disruption of critical medications and supplies during COVID-19

The COVID-19 pandemic rapidly disrupted freight movement, particularly by air, of essential health supplies, while nationally lockdowns disrupted pharmaceutical production.



These and other unexpected supply chain disruptions all significantly complicated the delivery of vital health products just when health services needed them the most. The Pan American Health Organization (PAHO) through the 'Strategic Fund for Essential Medicines and Public Health Supplies' responded quickly to minimize the impact by working with three key stakeholder groups – regional and national health authorities, technical experts, and suppliers.

Working with procurement specialists and national health authorities to undertake a regional inventory, product surpluses were then shared between countries, facilitating equitable and efficient donations and loans of lifesaving medications and supplies between Member States. This led to better stock distribution from the regional warehouse for malaria, Chagas disease, and leishmaniasis for example.

These rapid, innovative, and proactive measures to mitigate the disruption of health care supply chains has built Regional resilience through leveraging partnerships between national authorities, technical experts, and suppliers. PAHO Director, Dr. Carissa Etienne, has urged countries to “reengineer how essential care is delivered and invest in the first level of care” in order to effectively adapt to the pandemic situation. For more information click [here](#).

## Key Figures



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



16 847 885 respirators shipped to 172 countries across all six WHO regions



106 366 071 medical masks shipped to 172 countries across all six WHO regions



7 835 211 face shields shipped to 172 countries across all six WHO regions



3 599 727 gowns shipped to 172 countries across all six WHO regions



8 405 600 gloves shipped to 172 countries across all six WHO regions



1 046 828 goggles shipped to 172 countries across all six WHO regions

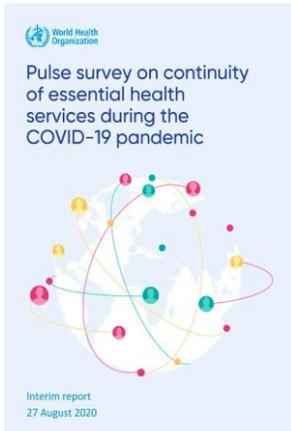


More than 4.2 million people registered on OpenWHO and able to access 119 COVID-19 online training courses in 39 languages

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

## From the field:

### Disruptions to essential health services during COVID-19 pandemic



Nearly all countries (90%) have experienced disruption to health services, with low and middle income countries reporting the greatest difficulties, according to a survey of 105 countries across five WHO Regions conducted in March to June 2020 with results published this week. Many routine and elective services have been suspended, while critical care such as cancer screening and treatment and HIV therapy has seen high-risk interruptions in low-income countries.

Services were hit across the board, but the most frequently disrupted area reported was routine immunization particularly outreach services. While some services, such as dental care and rehabilitation, may have been deliberately suspended by governments, other service disruptions are

expected to have harmful effects on population health in the short- medium- and long-term. Critical services such as emergency room and blood transfusion were disrupted in almost a quarter of responding countries.

*"The survey shines a light on the cracks in our health systems, but it also serves to inform new strategies to improve healthcare provision during the pandemic and beyond," said **Dr Tedros Adhanom Ghebreyesus, WHO Director-General.***

*"COVID-19 should be a lesson to all countries that health is not an 'either-or' equation. We must better prepare for emergencies but also keep investing in health systems that fully respond to people's needs throughout the life course."*

In response, WHO recommends strategies such as triaging to identify priorities, shifting to on-line patient consultations, changing prescribing practices and adapting supply chain and public health information according to the situation, and removal of user fees to offset patients' financial difficulties.

WHO is developing the *COVID19: Health Services Learning Hub*, a web-based platform for sharing of experiences and best practices. WHO is planning additional surveys at the sub-national and health facilities level to gauge the longer-term impact of disruptions and help countries weigh the benefits and risks of pursuing different mitigation strategies. Read the survey findings [here](#)

#### Key Figures (% of countries reporting disruptions):

- 70% outreach for routine immunization (RI)
- 61% facility based RI
- 68% family planning
- 66% elective surgery

#### Diagnosis and treatment (to make it work for antiretrovirals):

- 69% non-communicable disease
- 61% mental health disorder
- 55% cancer
- 46% malaria
- 42% tuberculosis
- 32% HIV antiretrovirals

#### Other disruptions

- Staff redeployment
- Medical equipment supply

## Partnerships

### The Global Health Cluster - GHC

The work of the Global Health Cluster is to operationalize the global level strategies and guide the response to the COVID-19 pandemic from every sector of government and society.

This week, GHC published a photo story on global, national and local level partners of Country Health Clusters responding to the COVID-19 emergency. The photos featured are centered around the nine pillars of the COVID-19 Operational Planning Guidelines to Support Country Preparedness. To see more photos from the field, click [here](#).



- The [GHC COVID-19 Task Team](#) is conducting an online survey to better understand and address the needs of Health Clusters and Partners for the COVID-19 response. Findings will be used to help identify urgent gaps and support needed from the global level. Task Team partners are also in the process of analyzing results from the country case studies.
- The Global Health Cluster disseminated the fifth edition of the [Health Cluster COVID-19 Updates](#) with a [partner profile feature story](#) on health cluster partner, World Vision, and their work in the Democratic Republic of the Congo to mitigate the mental health impacts of COVID-19.

## Partnerships

### The Emergency Medical Teams - EMT

EMT specialized care teams have been identified as the most deployed team types in this pandemic. They are deployed as surge capacity to help guide clinical care and provide technical support to adapt the most recent protocols to the needs of the receiving countries COVID-19 response.

The guidance and support ranges from direct advice to the Ministries of Health to on-the-job training of national surge capacities on response elements such as triage and isolation areas, inpatient wards, high dependency and intensive care units in addition to the overall re-organization of hospitals. IPC-WASH screening and assessment have also been conducted.

As of 4 September 2020, over 40 International EMT missions have been conducted while additional requests of assistance have been received. EMT support has been successfully completed in South Africa, Ethiopia, Burkina Faso, Cameroon, Sao Tome and Principe, Algeria, Sudan, Italy, Kyrgyzstan, Tajikistan, Cambodia and Mongolia.

The EMT Network also continues to be involved in the response of the Beirut explosion and has re-tasked responding teams to support the rise of COVID-19 cases in country. The EMT Coordination Cell remains active and the EMT Coordinator will remain in country until the end of September.

The EMT Network will convene a global call next week to support the sharing of experiences and lessons learned in the field following the explosion, including response partners from the UN Disaster Assessment and Coordination Team and the International Search and Rescue Advisory Group.



*Jordanian EMT in Beirut / WHO*



*WHO classified EMT EMERCOM (Russia) in Beirut with the EMT Coordinator / WHO*



*EMT Coordination Cell Team Leaders Meeting*



## COVID-19 Partners Platform

The [COVID-19 Partners Platform](#), 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.

**3 000** active users

**600** organizations

**150** countries, territories and areas

To further facilitate country-level planning, monitoring and advocacy, a [dashboard](#) for the Partners Platform has been created.

- Visualization highlighting global, regional and country datasets;
- Analysis comparing actions, resources needs and contribution; and
- Meta-data to inform decision-making.

**110** countries, territories and areas are sharing with the world their COVID-19 national response plans

Over **124** countries, territories, and areas are using the Platform to support their COVID-19 preparedness and response planning and monitoring

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

To date, **88** countries have shared resource needs totaling **US\$ 9.1 billions** across the nine response pillars

**77** donors have responded totaling approximately **US\$7.4 billion**

## Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products, leading to severely constrained market conditions for these critical supplies.

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 to 172 countries across all WHO regions.

The table below reflects WHO-procured items that have been shipped to date.

Shipped items as of 4 September 2020	Laboratory supplies		Personal protective equipment					
	Swabs	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5,090,709	1,157,651	628,109	606,300	84,970	799,750	13,195,685	866,800
Americas (AMR)	268,220	45,188	4,330,611	88,000	328,308	1,212,257	60,026,336	8,546,235
Eastern Mediterranean (EMR)	899,060	895,660	789,285	724,000	113,660	386,122	10,579,050	1,207,995
Europe (EUR)	175,440	190,566	1,701,450	6,482,600	343,040	901,448	9,950,100	5,020,950
South East Asia (SEAR)	3,132,890	1,920,340	87,336	354,500	81,150	217,450	3,058,800	327,725
Western Pacific (WPR)	260,200	710,720	298,420	150,200	95,700	82,700	9,556,100	878,180

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

## COVID-19 Preparedness

### Launch of the country COVID-19 intra-action review (IAR) and accompanying tools

To support countries to conduct periodic review(s) of their national and subnational COVID-19 response efforts, WHO published the country [COVID-19 intra-action review \(IAR\) and accompanying tools](#) in late July 2020. The IAR is a country-led and facilitated process that brings together a small group of COVID-19 responders with knowledge of the public health response pillars under review through the WHO COVID-19 Strategic Preparedness and Response Plan. Although IARs can be conducted online or face-to-face, a virtual meeting format is recommended.

During the fourth meeting of the Emergency Committee under the IHR (2005) convened by the WHO Director-General on 31 July 2020, the Committee issued [temporary recommendations](#) to encourage countries to “share best practices, including from intra-action reviews, with WHO; apply lessons learned from countries that are successfully re-opening their societies (including businesses, schools, and other services) and mitigating resurgence of COVID-19”.

Since the launch of the IAR guidance, a total of 5 countries have conducted a national COVID-19 IAR within 3 regions: 2 IARs in AFR (Nigeria, South Africa), 2 IARs in SEAR (Thailand and Indonesia) and 1 in EUR (Uzbekistan – facilitated by Robert Koch Institute).

## Health Learning

*As of 2 September 2020*

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).

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



**Real-time training for COVID-19**  
Free online courses from WHO

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Other IPC topics
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings

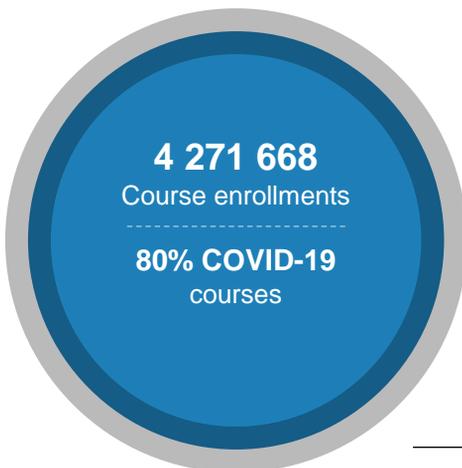
**OpenWHO.org**

**39 languages**

**Over 1 million certificates**

**126 COVID-19 courses**

**17 free trainings**





## 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 4 September 2020

### Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US\$1.7 BILLION**

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

**US\$759 MILLION**

The status of funding raised for WHO against the SPRP can be found [here](#)

### Global Humanitarian Response Plan (GHRP)

Amount required by UN partners and NGOs until end December 2020 due to COVID-19

**US\$10.3 BILLION**

WHO's financial requirement under the GHRP

**US\$550 MILLION**

WHO current funding gap

**US\$228 MILLION**

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

## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 4 September 2020, [The Solidarity Response Fund](#) has raised or committed

**US\$ 233 859 565**



**565,000 donors**

[individuals – companies – philanthropies]

The [COVID-19 Solidarity Response Fund](#), in partnership with the UN Foundation and Swiss Philanthropy Foundation, provides a mechanism for individuals, corporations, foundations, and other organizations around the world to directly support the work of WHO and partners to respond to the COVID-19 pandemic. For more information on this Fund and how to give directly, click [here](#)

### The WHO Contingency Fund for Emergency (CFE)

**US\$10 Million released**

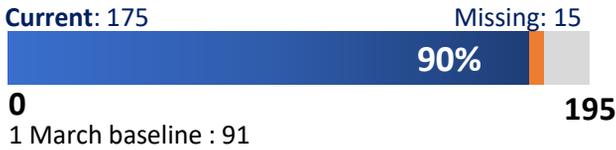
WHO has released US\$10 million for urgent preparedness and response COVID19 activities globally through the CFE and encourages donors to continue to replenish the CFE to allow WHO to respond to health emergencies in real time

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).



COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

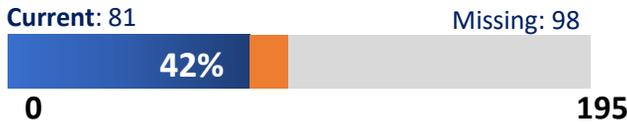
Countries have a COVID-19 preparedness and response plan



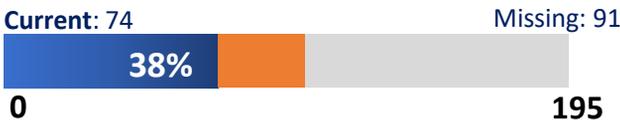
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



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



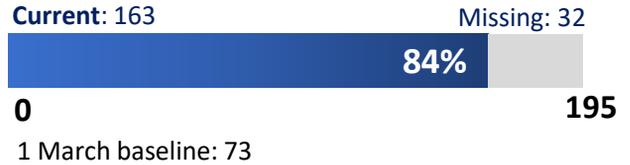
Countries with a national IPC programme & WASH standards within all health care facilities



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



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



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



Countries have a health occupational safety plan for health care workers



Countries have COVID-19 laboratory testing capacity



Yes [blue square] No [orange square] Missing Data [grey square]

Notes:

<sup>a</sup> Data collected from Member States and territories. The term “countries” should be understood as referring to “countries and territories.”

<sup>b</sup> 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](#).

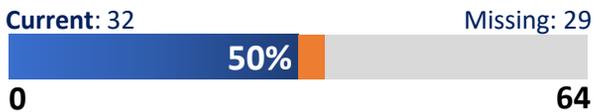
#### Priority countries with multisectoral mental health & psychosocial support working group



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



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



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



#### Priority countries with a contact tracing focal point



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





### 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 / useful resources

**WHO publishes updated guidance on the use of corticosteroids in patients with COVID-19**

On 2 September, WHO published guidance for clinicians and health care decision-makers on the use of corticosteroids in patients with COVID-19.

Watch the Q&A on COVID-19 clinical care with Dr Maria Van Kerkhove and Dr Janet Diaz [here](#).

For the living guidance 'Corticosteroids for COVID-19', click [here](#).

- For more information on COVID-19 regional response:



[African Regional Office](#)



[Regional Office of the Americas](#)



[European Regional Office](#)



[Eastern Mediterranean Regional Office](#)



[Southeast Asia Regional Office](#)



[Western Pacific Regional Office](#)

- For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click [here](#)
- For Country and Technical Guidance on COVID-19, click [here](#)
- For EPI-WIN: WHO Information Network for Epidemics, click [here](#)