Weekly Operational Update on COVID-19

28 August 2020

Confirmed cases[a]	Confirmed deaths
24 257 989	**827 246**

From the field:

Thailand Launches "New Normal" Healthcare System to Build Back Better After COVID-19

Thailand has launched a project to help healthcare facilities and personnel strengthen their response to COVID-19, and to improve the health care system to "build back better" after the pandemic. All healthcare facilities in Bangkok and 12 Regional Health Offices across the country will participate in the project over the next 10 months. The Ministry of Public Health, with support from WHO and the Government of Japan has developed a 'new normal' model for health service delivery to strengthen the healthcare system and support health workers during the COVID-19 pandemic and beyond. The system is being piloted in Pattani province which is located on the border with Malaysia.

The "new normal" medical services model also called the "Pattani model" is an innovation in which patients with different diseases are classified into three 'traffic light' groups – green, red and yellow – based on the need for direct medical care and risk of COVID-19 infection. Patients that do not need to visit the healthcare facility are supported by remote consultation (telemedicine) and drugs are delivered to them, often by village volunteers. Arrangements for patients that need to visit healthcare facilities are modified, taking into account the patient pathway and the need to maintain physical distancing. When more intensive care is required, services have been made safer for patients and health care providers – such as upgraded ventilation within facilities. Read the full story here

Key Figures

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

20 216 036 respirators shipped to 172 countries across all six WHO regions

195 771 595 triple-plie masks shipped to 172 countries across all six WHO regions

9 755 431 face shields shipped to 172 countries across all six WHO regions

5 336 705 gowns shipped to 172 countries across all six WHO regions

48 025 458 gloves shipped to 172 countries across all six WHO regions

1 516 185 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

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

World Health Organization

HEALTH **EMERGENCIES** programme

From the field:

Indonesia conducts Intra-Action Review for COVID-19 response

WHO presented the overview of IAR. Credit: Endang Wulandari/ WHO

Between 11 and 14 August 2020, WHO supported the Ministry of Health to conduct an Intra-Action Review (IAR) for the COVID-19 response in Indonesia. The IAR is a comprehensive multisector qualitative review of actions undertaken thus far in response to an ongoing emergency. It is a valuable mechanism to identify gaps and opportunities for learning and improvement to better respond to the COVID-19 outbreak.

The IAR comprehensively covered the nine key pillars of the COVID-19 response and it also included special considerations for community transmission settings and low-capacity and humanitarian settings. It was held virtually and brought together many stakeholders from different sectors including the Ministry of Health, National Disaster Agency, Secretariat Cabinet, Information and Communication Ministry, armed forces, and representatives from Provincial Health Offices, hospitals, primary healthcare centers and other international partners such as FAO, UNICEF, UN-OCHA, IFRC, WFP and ILO.

Since the outbreak of COVID-19 and the declaration of the health emergency, Indonesia has adapted its operational response plan, conducted risk assessments and put in place numerous activities to combat the spread of disease and secure the welfare of Indonesians.

Recommendations included, *inter alia,* improving the command and coordination among multisectoral stakeholders at the national and subnational levels, periodic monitoring of response plan indicators (including surveillance and laboratory coordination) and better triage at health facilities to avoid exposure of patients and the health workforce to COVID-19.

Going forward, stakeholders will implement the recommendations agreed upon during the IAR. The outcomes of the IAR will also contribute to the Partners Platform and the annual IHR State Party Annual Reporting to the World Health Assembly where Indonesia will share their IAR learning experiences to regional and global committees.

Overall, the IAR brought together multiple stakeholders of the emergency response to agree on tactics to further improve the preparedness and response capability for the current emergency facing Indonesia. Read the full story here

Public health response and coordination highlights

During the United Nations Crisis Management Team (UN CMT) meeting on 26 August 2020, WHO briefed on the epidemiological situation and stressed that COVID-19 continues to pose a very high risk for the global population due to its ability to spread rapidly and with the capacity to manage this outbreak still limited in many places, especially in humanitarian and fragile settings.

WHO emphasized that as countries are loosening response measures, contact tracing, quarantine of contacts and protection of healthcare workers remains crucial. WHO also stressed that key aspects of a successful response include rapid action, clear communication, and flexibility to adjust strategies when needed. WHO briefed on the message delivered by both the UN Secretary-General and WHO Director-General to discourage vaccine nationalism and to advocate for funding to the COVAX Facility and other significantly underfunded components of the comprehensive response.

As the Chair of the CMT, WHO proposed a dedicated session at the CMT to discuss United Nations General Assembly (UNGA) to define common messaging on key issues including financing of the ACT-Accelerator, the COVAX facility, food security and the Global Humanitarian Response Plan. The Working Group on Mass Gatherings and Large Meetings is supporting the risk assessment for the planned UNGA sessions and side meetings.

EPI-WIN: JOINT CALL FOR PAPERS ON INFODEMIOLOGY

WHO EPI-WIN Infodemic Management Team has launched an unprecedented collaboration between several scientific journals for dissemination of high quality, relevant scientific knowledge on infodemic-related issues. Together these journals are furthering a global research effort toward understanding the science of infodemiology.

The scale of the COVID-19 infodemic and the complexity of the required response makes this topic of high importance and concern for public health and government response.

Submission details

Submissions are accepted in English, French, Spanish, Arabic and Portuguese, depending on the journal. Deadlines for expression of interest by authors start on September 8 and vary by journal (see below). Different types of submissions are accepted depending on the journal.

- Big Data & Society (BD&S) [Sep. 8]
- Eastern Mediterranean Health Journal (EMHJ) [Nov. 15]
- Health Security [Oct. 31]
- International Journal of Intelligence, Security, and Public Affairs [Oct. 12]
- Pan American Journal of Public Health (PAJPH) [Oct. 15]

For more information: http://bit.ly/infodemiologycall

Partnerships

The Global Outbreak Alert and Response Network - GOARN

The Global Outbreak Alert and Response Network- also referred to as GOARN - is a global technical partnership, established by WHO as a key mechanism to engage the resources of technical agencies beyond the United Nations for rapid identification, confirmation, and response to public health emergencies of international importance.

GOARN Knowledge Platform is providing a public platform of multidisciplinary information for a variety of audiences from policy makers, researchers, educators, responders as well as the general public.

Curated by GOARN partners, the Risk Communications and Community Engagement (RCCE) collaborative space and COVID 19 RCCE knowledge hub offer a dedicated space to connect partners to existing resources and tools. GOARN also hosts bi-weekly coordination calls with partners to support knowledge and experience sharing.

As part of its ongoing work to support RCCE efforts, GOARN is also coordinating the RCCE contact tracing subgroup to enable partner advice and experience to inform the global contact tracing community brought together by the recent WHO GOARN contact tracing consultation held in June 2020.

GOARN is currently prioritizing the following focus areas:

- Revision of RCCE strategy underway with focus on four priorities to strengthen coordination, improve the quality of community engagement approaches, generate evidence about community perspectives to inform decisions, reinforce local capacity and local solutions.

- Development of a top-line meta-analysis of current risk perceptions and behavioral practices associated with COVID-19, building and synthesizing from existing datasets to inform regional and global strategies

- Development of a common set of indicators as part of a collective monitoring and evaluation framework that can be used to standardize future data collection

- Establishment of additional working groups to support evolving operational priorities including on community engagement package creation and media.

World Health Organization

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.

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

Over **120** 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 billion** across the nine response pillars

Donors have responded with more than **650** contributions 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 28 August 2020	LABORATORY SUPPLIES		PERSONAL PROTECTIVE EQUIPMENT					
Regions	**Swab**	**Test (Manual PCR)**	**Face shield**	**Glove**	**Goggles**	**Gown**	**Mask 3 plies**	**Respirator**
Africa (AFR)	2,499,305	1,271,496	1,428,036	11,863,380	168,420	1,440,627	46,643,720	2,041,621
Americas (AMR)	253,560	33,828	4,336,611	13,326,404	328,308	1,222,257	61,541,336	8,566,235
Eastern Mediterranean (EMR)	783,355	1,169,340	1,004,385	7,365,750	201,360	612,622	26,547,550	1,593,995
Europe (EUR)	174,540	503,986	1,704,850	10,273,500	374,720	1,074,328	38,631,500	5,127,410
South East Asia (SEAR)	2,271,340	1,737,968	532,636	3,025,405	132,050	582,323	6,951,729	837,575
Western Pacific (WPR)	245,800	248,864	748,913	1,901,019	311,327	404,548	15,455,760	2,049,200

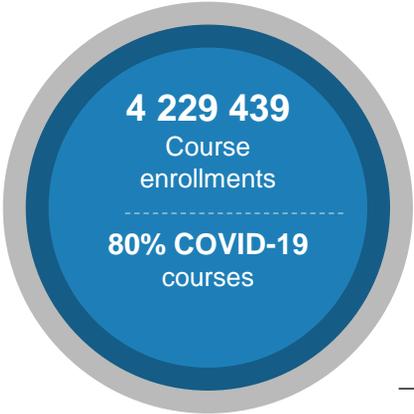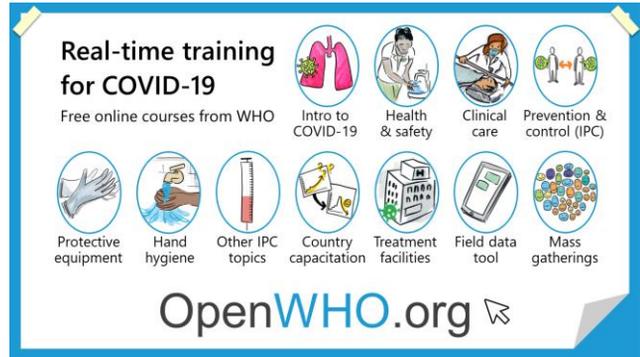For further information on the **COVID-19 supply chain system**, see here.

Health Learning

As of 25 Aug 2020

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

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

4 229 439
Course enrollments

80% COVID-19
courses

39 languages

1 million certificates

119 COVID-19 courses

16 free trainings

Technical Guidance and Latest Publications

COVID-19 management in hotels and other entities of the accommodation sector, Interim guidance, 25 August 2020:

Q&A: Working in hotels and COVID-19, 26 August 2020
Protecting yourself from COVID-19: Working in hotels and other accommodation establishments.

Q&A: Staying at hotels and accommodation establishments and COVID-19, 26 August 2020

COVID-19 Essential Supplies Forecasting Tool, 26 August 2020

COVID-19 Essential Supplies Forecasting Tool - Overview of the structure, methodology, and assumptions used, Interim guidance, 25 August 2020

COVID-19 Essential Supplies Forecasting Tool, Frequently Asked Questions (FAQ), 25 August 2020:

Promoting public health measures in response to COVID-19 on cargo ships and fishing vessels, Interim guidance, 25 August 2020

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 28 August 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$1.7 BILLION	**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	WHO's financial requirement under the GHRP	WHO current funding gap
US$10.3 BILLION	**US$550 MILLION**	**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 28 August 2020, **The Solidarity Response Fund** has raised or committed

US$ 233 859 565   **565,000** donors

individual
_____

companies
_____

philanthropies
_____

The WHO Contingency Fund for Emergency (CFE)

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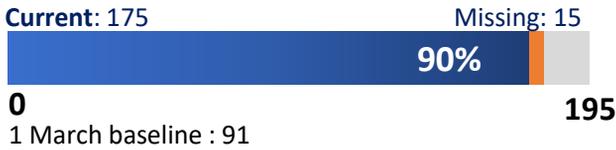
US$ 10 MILLION released

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 here.

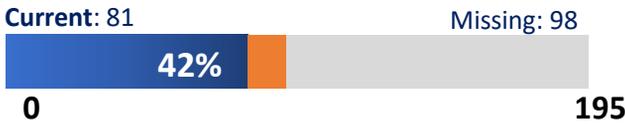# COVID-19 Global Preparedness and Response Summary Indicators [a]

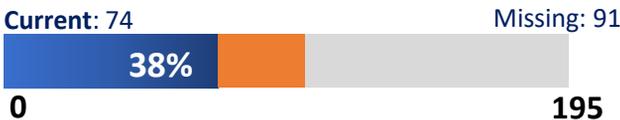**Countries have a COVID-19 preparedness and response plan**

Current: 175   Missing: 15

90%

0   195

1 March baseline : 91

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

Current: 184   Missing: 10

94%

0   195

1 March baseline: 37

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

Current: 81   Missing: 98

42%

0   195

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

Current: 74   Missing: 91

38%

0   195

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

Current: 189   Missing: 6

97%

0   195

1 March baseline: 87

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

Current: 163   Missing: 32

84%

0   195

1 March baseline: 73

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

Current: 69   Missing: 91

35%

0   195

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

Current: 68   Missing: 5

35%

0   195

Countries have a health occupational safety plan for health care workers

Current: 51   Missing: 133

26%

0   195

Countries have COVID-19 laboratory testing capacity

Current: 195   Missing: 0

0   195

1 March baseline: 165

Yes ▮   **No** ▮   **Missing Data** ▢

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.

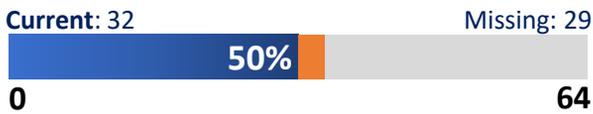**Priority countries with multisectoral mental health & psychosocial support working group**

Current: 43   Missing: 17

67%

0   64

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

Current: 38   Missing: 0

59%

0   64

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

Current: 32   Missing: 29

50%

0   64

Priority countries with an active & implemented RCCE coordination mechanism

Current: 52   Missing: 11

81%

0   64

Priority countries with a contact tracing focal point

Current: 21   Missing: 40

33%

0   64

Priority countries with an IPC focal point for training

Current: 53   Missing: 10

83%

0   64

World Health
Organization

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.

EUR 33, SEAR 8, WPR 13, EMR 3, EUR 17, SEAR 2, WPR 2, AFR 26, AMR 10, WPR 10, AFR 14, AMR 4, EMR 10, EUR 10, EMR 10

COVID-19 "UNITY" STUDIES early serial-epi investigations

100 countries intend to implement at least one Unity Study protocol

50 countries have started implementation

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.

EUR 15, SEAR 3, WPR 5, EUR 7, SEAR 2, WPR 2, EMR 1, AMR 5, EMR 8, AFR 5, AFR 9, AMR 10

50 countries intend to contribute data to the clinical platform

22 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

SEAR 2, WPR 5, EUR 5, AMR 10, EMR 1, AFR 2

GISRS
GLOBAL INFLUENZA SURVEILLANCE & RESPONSE SYSTEM

In week 33, 25 countries have reported COVID-19 data from sentinel surveillance systems

31 399 sentinel surveillance specimens were tested in week 33

15.7% specimens tested were COVID-19 positive

11

Regional Highlights

African Region (AFR)

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, in order to implement several outbreak preparedness and response interventions.

National Laboratories

- In Malawi, laboratories are only using PCR testing with test machines available in 11 areas of the country. Malawi has a decentralized testing lab network with 62 platforms with the potential to test more than 3 000 samples a day.

- Laboratory capacity is reportedly overstretched in Ethiopia. There is also a reported lack of testing capacity in Mauritania, particularly for PCR testing. Mali has limited laboratory testing capacity at the regional level.

Operational Support Logistic

- In Niger, all Ministry of Health logistics applications have been mobilized, with the support of partners; five isolation sites have been requisitioned and a quarantine and treatment centre has been established in Niamey; supplies have been dispatched from central level to the regions.

- The risk of PPE stockout in Uganda was mitigated by logistics prioritizing Ugandan requests for PPE, and the country has confirmed receipt of these supplies.

- Oxygen concentrators have been, or are to be, delivered to Ethiopia, Nigeria, South Sudan, Tanzania, Ghana, Zimbabwe, Lesotho, Sierra Leone and Guinea Bissau.

Americas (AMR)

Country-level Coordination, Planning and Monitoring

PAHO convened the 12th regulatory update with the national regulatory authorities of the Americas to facilitate the sharing of experiences and challenges from the COVID-19 pandemic (60 participants from Argentina, Bahamas, Brazil, British Virgin Islands, Canada, Colombia, Cuba, Chile, Ecuador, Honduras, Guyana, Mexico, and the USA).

National Laboratories

Since the beginning of PAHO's response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for approximately 6.2 million reactions/tests. PAHO also provided approximately 310,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to Dominica, Grenada, Honduras, Paraguay, Peru, and Turks and Caicos.

Regional Highlights

Eastern Mediterranean Region (EMR)

Country-level Coordination, Planning and Monitoring

- Webinars were conducted for Afghanistan, Iran, Iraq, occupied Palestinian Territories and Syria to orient national adolescent health strategies and plans in line with the Global Accelerated Action for the Health of Adolescents.
- The fifth regional meeting on COVID-19 and migration was held.
- The mental health and psychosocial support platform was updated with a new module for frontline workers.
- A webinar was also help for UN partners on the rapid assessment of the impact of COVID-19 on service delivery.
- A five day training of trainers took place to train IPC practitioners in Punjab Province of Pakistan attended by 35 participants. An IPC consultant was deployed to Pakistan for three week to support the improvement of IPC at the national and provincial levels.

National Laboratories

- Sudan and Syria have been supported in scaling up their testing capacities through decentralization at the subnational level and strengthening national laboratory networks to allow timely access to testing in all parts of each country.
- The ninth webinar of the COVID-19 Laboratory Community of Practice was conducted with a focus on the use of the Influenza surveillance system for COVID-19 surveillance.
- in northeast Syria in order to maximize the new PCR machines donated by Sweden.

European Region (EUR)

Suveillance

Regional COVID-19 Sub-national Explorer: Week 35
The Regional Office has updated the COVID-19 situation dashboard to allow visualization of data at the sub-national level for member states in the Region. The sub national explorer can be found here.

Maintaining Essential Health Services and Systems

International Virtual Conference on Pediatrics in the context of COVID-19
A joint WHO/UNICEF international virtual conference was hosted by Turkmenistan on 20 August for participants from 10 countries, during which experts in the field of child and adolescent healthcare discussed global, regional and country experiences in providing adequate health care for children during COVID-19.

Webinar on maintaining HIV services in Ukraine
The WHO Country Office in Ukraine worked in collaboration with the Ukraine Public Health Centre to conduct a webinar on 20 August on maintaining HIV services during which WHO recommendations on HIV diagnosis, treatment and care were provided.

Regional Highlights
South-East Asia Region (SEAR)

Maintaining Health Services

WHO supports hand washing stations at health centres in Bhutan
In the wake of a COVID-19 outbreak in Phuntsholing, the Ministry of Health supported by WHO installed five hand washing stations at key points including the emergency department and an influenza clinic. The main objectives of providing access to hand washing stations at strategic sites is to prevent introduction and transmission of COVID-19 from health facilities to the community. In the long term, such facilities are expected to bring about behavioral changes and reduce infectious and water borne diseases. The Ministry of Health has plans to provide similar facilities to all the hospitals and basic health units in Bhutan.

Western Pacific Region (WPR)

Country –level Coordination, Planning, and Monitoring

Over 240 participants representing the WHO Western Pacific Region's 195 WHO Collaborating Centers (WHO CCs) met on 25 August to discuss the work of WHO CCs during COVID-19 and how to better work together. Representatives from the Australian, Chinese, Japanese and Korean national Collaborating Centres delivered presentations.

Maintaining Health Services

The Regional Office has issued new guidance 'Exploration of COVID-19 health care worker cases: Implications for action' which addresses the issue of health care workers facing a high risk of infection with SARS-COV-2 from exposure in health care facilities while not treating COVID-19 patients, in the household and in the community. The guidance provides national and subnational public health authorities and health care facility managers with a system to detect health care worker cases, investigate avenues of infections and guide appropriate responses at the facility and public health levels based on the findings of the investigation. The document can be found here.

WPRO continues to work in partnership with the WHO Collaborating Center University of Technology Sydney to adapt a package entitled "Basic Psychosocial Skills: A Guide for First Responders for Pacific Island Countries" and to develop an online training package to support implementation of this guidance.

The 18th regional IPC network webinar entitled "Monitoring, evaluating and feedback of IPC programs", with guest speaker Toufiq Ali from Fiji, was held on 19 August 2020