

Weekly Operational Update on COVID-19

16 October 2020



Confirmed cases^a

39 023 292

Confirmed deaths

1 099 586

WHO supports India to train doctors, nurses and paramedics COVID-19 care center

In response to COVID-19, border police in India have set up the world's largest field hospital, the Sardar Patel COVID Care Centre (SPCCC), which houses 10 200 beds, outside of Delhi. The WHO India team is working closely with the Delhi government to support its efforts to train the health workers in continuing their valuable role in patient care. With support from WHO India, more than 230 police doctors, nurses, and paramedics were trained in a training of trainers (ToT) in management of COVID-19.

Training topics included epidemiology of COVID-19, infection prevention and control (IPC) protocols, correct use of personal protective equipment, waste management, triage, medical management of cases, and case investigation and documentation.

In addition, WHO also assisted the SPCCC in operational planning, facility assessment, and improving service delivery according to the standards of the Government of India, and the development of information education and communication materials on handwashing and wearing masks.

WHO will continue to provide technical support will be provided to build capacity and facilitate high quality full-fledged operations at the facility.

For more information, see [here](#)

Key Figures



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



16 495 025 respirators shipped to 173 countries across all six WHO regions



177 019 499 medical masks shipped to 173 countries across all six WHO regions



7 737 536 face shields shipped to 173 countries across all six WHO regions



6 634 348 gowns shipped to 173 countries across all six WHO regions



14 055 900 gloves shipped to 173 countries across all six WHO regions



1 124 116 goggles shipped to 173 countries across all six WHO regions



More than **4.5 million** people registered on [OpenWHO](#) and able to access **134** COVID-19 online training courses across 18 topics in **41** languages

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



From the field:

WHO EURO mission supporting laboratory COVID-19 response in Uzbekistan

A WHO technical mission was deployed to Uzbekistan from 10 September to 15 October during which 16 laboratories were assessed for their capacity and capability to test SARS-CoV-2 and eight laboratories were assessed for their sample referral system.

To further strengthen laboratory capacities in Uzbekistan, four trainings were conducted on:

- assessment using the WHO Laboratory Assessment Tool tailored to COVID-19
- training of trainers for laboratory quality management system based on ISO 15189
- laboratory quality management for regional laboratory staff
- training of national mentors.

During this mission a workshop was also conducted to support laboratory staff from national and regional laboratories to elaborate a training package for new staff and documents allowing the record of these trainings.

Further support to Sanitary Epidemiological Surveillance service (SES) was provided through development of a national testing strategy for COVID-19 and in reviewing its needs regarding equipment for the national public health laboratory system.



Public health response and coordination highlights

Policy Brief:
**COVID-19 and
Universal Health Coverage**

OCTOBER 2020

On 8 October 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus joined the Foreign Ministers of Japan, Thailand and Georgia to host a Ministerial Meeting on Universal Health Coverage (UHC), to commemorate the one-year anniversary of the [High-level Meeting on Universal Health Coverage \(UHC\)](#) and promote the release of the [UN Secretary-General's Policy Brief on COVID-19 and UHC](#).

Ministers of Foreign Affairs and Ministers of Health, as well as global health leaders, reflected on the commitments made in the [Political Declaration on UHC](#), taking stock of national and global efforts to deliver UHC in the context of COVID-19 and the challenges and opportunities for building back better for a more equitable and sustainable world.

The Foreign Minister of Japan, Toshimitsu Motegi, announced a US\$130 million commitment to the COVAX Advanced Market Commitments, of which the United Kingdom matched £32.5 million.



Health Learning

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

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

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
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

OpenWHO.org

41 languages

Over 2.3 million certificates

134 COVID-19 courses





Infodemiology Management

75TH SESSION OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS

LIVE STREAM

SIDE EVENT

Infodemic Management:

Promoting healthy behaviors in the time of COVID-19 and mitigating harm from misinformation and disinformation

Wednesday, 23 September 2020
8am (EST) / 2pm (CET) / 7pm (ICT)

Programme
Opening message from the UN Secretary-General, WHO Director-General and Executive Director WHO Health Emergencies **Dr Mike Ryan**

Speakers
WHO Special Envoy on COVID-19 **Dr David Nabarro**, Tackling vaccine mis- and disinformation, Director First Draft **Dr Claire Wardle**

Country presentations
Indonesia: **DG Samuel A. Pangerapan**, Director-General of Informatics Application
Thailand: **Dr Supakit Sirilak**, Deputy Permanent Secretary for Global Health
Uruguay: **Ing. Pablo Orefice**, Director of the Saluduy Initiative

Followed by a Q&A session

▶ **LIVE STREAM:** www.youtube.com/who

INTERPRETATION RECORDINGS IN ALL UN OFFICIAL LANGUAGES
AVAILABLE AFTER THE EVENT: WWW.EPI-WIN.COM
Arabic, Chinese, French, Russian and Spanish



 World Health Organization | 

This side event is co-sponsored by **INDONESIA | THAILAND | URUGUAY**

During the 75th Session of the UN General Assembly, WHO held a side-event co-hosted by the governments of Indonesia, Thailand and Uruguay entitled “Infodemic Management: promoting healthy behaviours in the time of COVID-19 and mitigating the harm from misinformation and disinformation” with over 15,000 participants worldwide.

The session moderated by Dr Sylvie Briand, Director of Global Infectious Hazards Preparedness (GIH) Department, leading the WHO Infodemic management pillar for the COVID-19 response, focused on how global, national and regional partners can act together to mitigate the threat posed by misinformation and disinformation to efforts to respond to the global COVID-19 pandemic in a new age of social media and overabundance of information.

The highlight of the event was the launch of a Joint Statement by nine organisations, WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC, urging a call to action for member states and other organizations to listen to communities and empower them to develop solutions to counter the spread of misinformation and disinformation while respecting freedom of expression; to develop and implement action plans to manage the infodemic by promoting the timely dissemination of accurate information, based on science and evidence, to all communities—particularly high-risk groups.

For more information on the UNGA side event, including country presentations and video recordings of the session in multiple UN languages, click [here](#)

COVID-19 Preparedness

International Day for Disaster Risk Reduction (IDDR) 2020 – ‘It’s All About Governance’



Credit: WHO/P. Phutpheng

Building on the lessons from the COVID-19 pandemic, the International Day for Disaster Risk Reduction (IDDR) this year recognized the importance of governance in managing national disaster risks. In his video message to mark the day, the WHO Director-General highlighted the importance of governance to build disaster risk reduction capacities and strengthen health security.

“To meet the challenge of future pandemics and other emergencies, we need to work together to accelerate the implementation of the International Health Regulations (IHR) (2005) and the Sendai Framework for Disaster Risk Reduction, among others.”

The UN Secretary General in his IDDR video message mentioned, “COVID-19 has shown us that systemic risk requires international cooperation. Good disaster risk governance means acting on science and evidence”.

To mark the day, WHO participated in many joint activities at country, region and global levels with other UN agencies, partners and citizens to advocate for good governance in managing systemic emergency and disaster risks. In an interview with International Association of National Public Health Institutes (IANPHI), WHO’s Director of Health Security Preparedness Dr Stella Chungong reiterated that “the Sendai Framework is indeed a significant agreement for public health and it recognizes that the IHR (2005) is an important global framework that countries can use to strengthen health security preparedness”.

The 2020 IDDR theme ‘It’s all about governance’, created an opportunity to acknowledge progress towards reducing disaster risks, in line with the Sendai Framework for Disaster Risk Reduction (SFDRR). As highlighted by COVID-19 there are many actions that governments and communities can take to prevent and prepare for these emergencies, to lessen their effects, and to reduce the chance of them happening in the first place.

For more information on IDDR, click here:

- [UNSG and WHO DG video message](#)
- [WHO launched special event page with DG’s Video Message](#)
- IANPHI published [an interview with the Director/Health Security Preparedness and the head of global DRR/Public Health England](#) on the global and local actions to reduce the disaster risks



Medicines and Health Products

1. The WHO Prequalification Unit in the Access to Medicines and Health Products (MHP) Division continues the assessment of products for Emergency Use Listing (EUL) and regular prequalification procedures. Products which are assessed include candidate in vitro diagnostics (IVDS) detecting SARS-CoV-2; as well as therapeutics against COVID-19.
 - Two Antigen Rapid Diagnostic Tests (Ag RDTs) have been listed in the WHO EUL. Both are visually-read antigen detection assays, which do not require a specialized reader for result interpretation. Both products are intended for the qualitative detection of SARS-CoV-2 antigen in human nasopharyngeal swab specimens. Enabling the development and deployment of these two Ag RDTs within a mere eight months is the result of unprecedented global collaboration.
 - Two remdesivir and one dexamethasone finished pharmaceutical products (FPPs) are currently under Prequalification assessment, as well as one remdesivir and two dexamethasone active pharmaceutical ingredient (APIs);
 - The first call for submission of an Expression of Interest for evaluation by the WHO (Prequalification and/or EUL) [is open to candidate vaccines in phase IIb/III clinical trials](#) that are expected to be submitted for evaluation by a National Regulatory Authority within the next 6 months;
 - A [public consultation has been launched](#) on both the process and the criteria that will be used by the WHO to evaluate COVID-19 vaccines that are submitted either for WHO Prequalification or for EUL assessment.
2. The [Access to COVID-19 Tools \(ACT\) Accelerator](#) has announced a set of agreements to make available affordable, high-quality COVID-19 antigen rapid tests. The arrangements will make [120 million antigen rapid diagnostic tests \(Ag RDTs\) available to low- and middle income countries](#) priced at a maximum of 5 USD per unit – over a period of six months. These tests provide results in 15–30 minutes, rather than hours or days, and will enable expansion of testing, particularly in countries that do not have extensive laboratory facilities or trained health workers to implement molecular (polymerase-chain reaction or PCR) tests.
3. The final version of Target Product Profiles (TPP) for priority COVID-19 diagnostics [have been published by WHO](#), and will be reviewed and updated as new information becomes available. These TPPs describe the desirable and minimally acceptable profiles for four tests:
 - a. Point of care test for suspected COVID-19 cases and their close contacts to diagnose acute SARS-CoV-2 infection in areas where reference assay testing is unavailable, or turnaround times obviate clinical utility;
 - b. Test for diagnosis or confirmation of acute or subacute SARS-CoV-2 infection suitable for low or high volume needs;
 - c. Point of care test for prior infection with SARS-CoV-2;
 - d. Test for prior infection with SARS-CoV-2 suitable for moderate to high volume needs.

Mental Health and Psychosocial Support

- In order to provide mental health and psychosocial support (MHPSS) during armed conflict, violence, refugee and migration-based emergencies and natural disasters, the existing Dutch Surge Support mechanism has expanded its [surge capacity](#) to include mental health experts in close collaboration with the Inter-Agency Standing Committee, including WHO.

The programme aims to give expertise in establishing coordination structures to strengthen MHPSS capacities. Seventy-five experts have been made available to deploy and quickly support MHPSS programmes in humanitarian crises.

- In 2020, the interagency surge deployments have been conducted to the following countries to support MHPSS coordination during the COVID-19 pandemic: South Sudan, Ethiopia, Burkina Faso, Uganda, Lebanon, Albania, Yemen. Additional deployments are scheduled before the end of the year to Peru, Guyana, Pakistan, Egypt and Republic of Congo.

The impact of COVID-19 on mental, neurological and substance use services:

results of a rapid assessment



 World Health Organization

- WHO has assessed mental health and psychosocial (MHPSS) operations in countries during the period of [June-August 2020](#). Out of 130 responding countries, 89% of countries reported that MHPSS is part of their national COVID-19 response plans.
 - 65% of countries have a multisectoral MHPSS coordination platform for COVID-19 response;
 - 17% reported full additional funding to implement their COVID-19 MHPSS plans

Of the responding countries with MHPSS coordination platforms:

- 98% are comprised of at least one member from the Ministry of Health
- 65% include representatives from the Ministry of Social/Family Affairs and Education
- 68% include at least one nongovernmental organization (NGO) member



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.

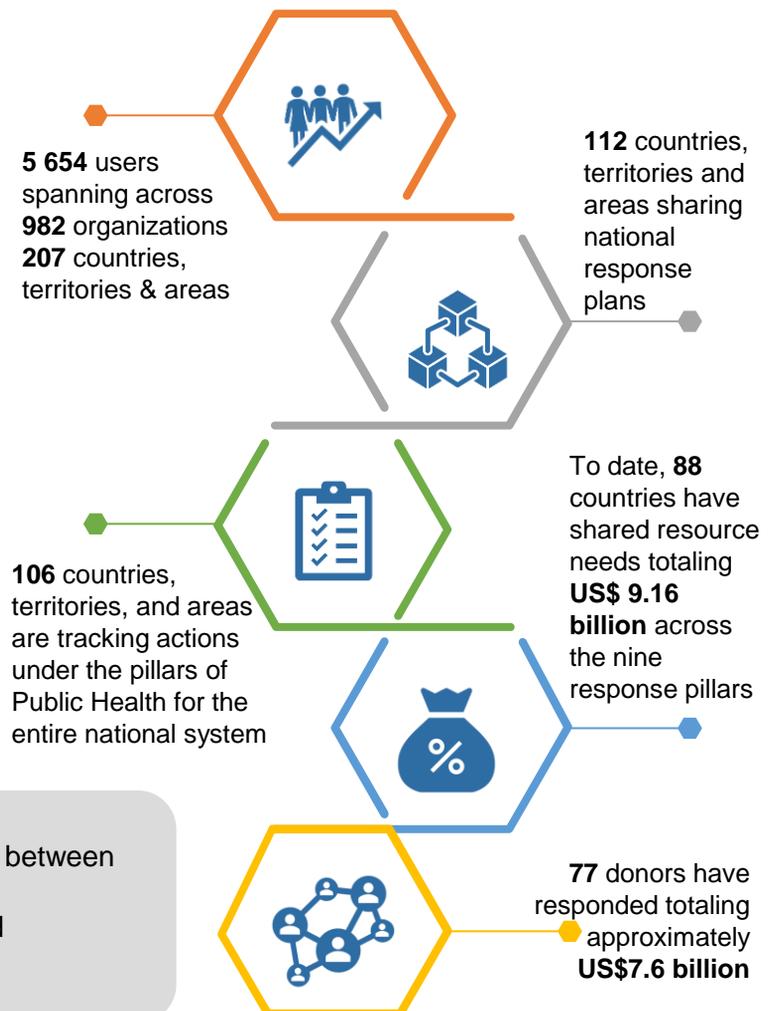
To further facilitate country-level planning, monitoring and advocacy, a [dashboard](#) for the Partners Platform has been created. The new feature provides:

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

What's New: Success Indicators

In order to be able to evaluate the Platform's performance, we are developing a set of critical indicators in three core areas: administration and management, users and data.

In principle, these indicators will be used for internal purposes; however, a selection of the proposed indicators might be included in the Dashboard to further strengthen transparency and accountability.



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 to 173 countries across all WHO regions.

The table below reflects WHO/PAHO-procured items that have been shipped up to 9 October.

Shipped items as of 9 October 2020	Laboratory supplies		Personal protective equipment					
	Sample collection kits	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	2 458 135	1 041 046	1 034 364	754 300	151 639	1 028 048	45 128 789	1 655 314
Americas (AMR)	12 180	10 352 294	3 820 501	88 000	301 180	3 918 770	54 175 110	7 225 456
Eastern Mediterranean (EMR)	643 360	1 275 340	790 085	4 911 000	116 260	398 522	24 677 550	1 207 995
Europe (EUR)	294 560	542 086	1 704 850	7 190 100	374 720	985 048	37 292 100	5 126 950
South East Asia (SEAR)	1 301 800	1 585 800	87 336	442 500	82 150	217 450	5 406 300	353 075
Western Pacific (WPR)	90 800	248 864	300 400	670 000	98 167	86 510	10 339 650	926 235

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 16 October 2020

Global Strategic Preparedness & Response Plan (SPRP)

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

**US\$1.74
BILLION**

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

**US\$163
MILLION**

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

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550
MILLION**

WHO current funding gap

**US\$55
MILLION**

Global WHO GHRP allocation as of Oct 2020

**US\$495
MILLION**

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



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

To date, [The Solidarity Response Fund](#) has raised or committed more than US\$ 236 million from more than 631,000 individual donors, corporation and foundation.

More than US\$ 236 Million



631 000 donors

[individuals – companies – philanthropies]

Last week, Solidarity Response Fund resources have been allocated to support the WHO COVID-19 Mass Gathering Cell. The scope is to better understand the new mass gatherings landscape, its societal context and its implications, with the aim of contributing to the reinforcement of the response to the COVID-19 crisis and to the shaping of a post-COVID-19 “new” normality.

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 [here](#).

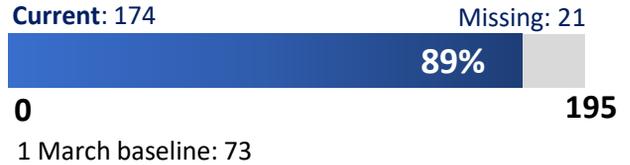


COVID-19 Global Preparedness and Response Summary Indicators ^a

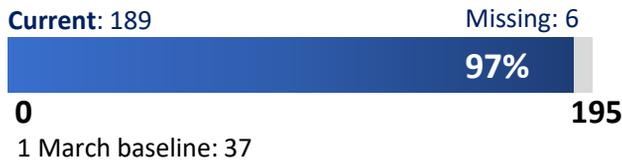
Countries have a COVID-19 preparedness and response plan



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



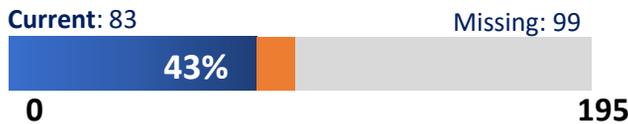
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



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



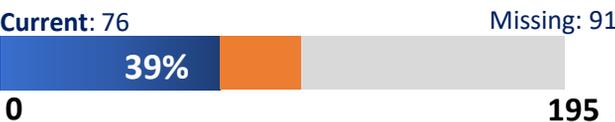
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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



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



Countries have an occupational safety plan for health workers



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



Countries have COVID-19 laboratory testing capacity



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](#).

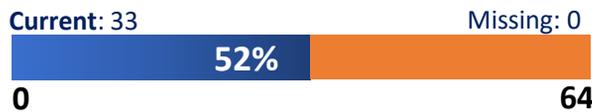
Priority countries with multisectoral mental health & psychosocial support working group



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



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



Notes:

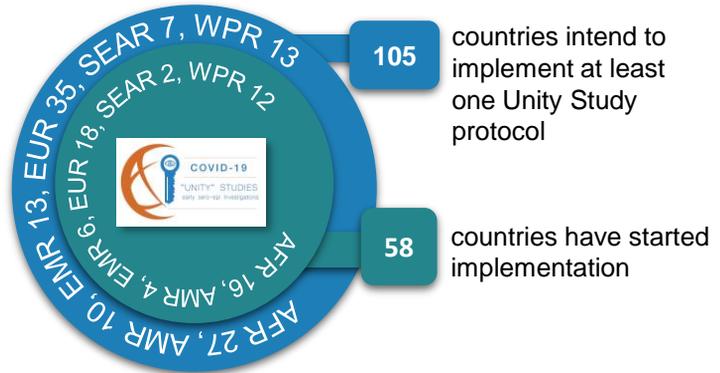
^c Source: WHO Immunization Repository



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.

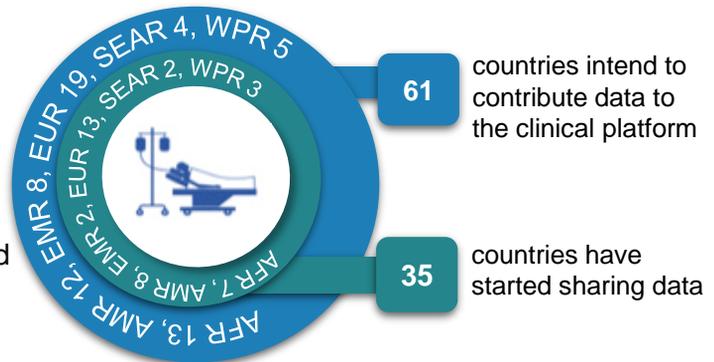
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and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



Global COVID-19 Clinical Data Platform

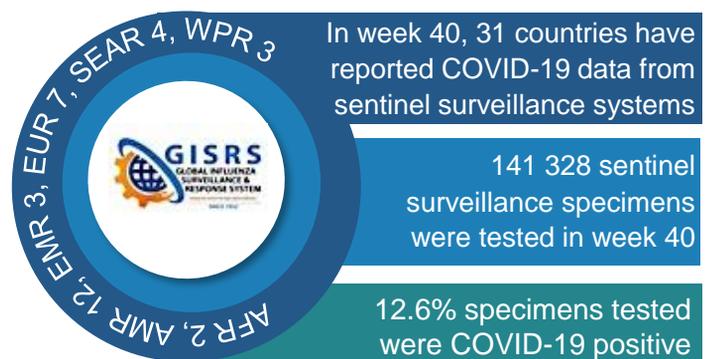
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [European Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Regional Office of the Americas](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)