Weekly operational update on COVID-19

July 4-10, 2020



Snapshot As of 10of July 2020 Confirmed cases

Confirmed deaths

Countries & territories affected

12,064.828

550,384

216

Public health response and coordination highlights

Access to COVID-19 Tools Accelerator (ACT-Accelerator)

The <u>Access to COVID-19 Tools Accelerator (ACT-Accelerator)</u> was launched at the end of April by the Director-General of WHO, the President of France, the President of the European Commission, and The Bill and Melinda Gates Foundation. The ACT-Accelerator is a global collaboration to accelerate the development, production and equitable access to COVID-19 diagnostics, therapeutics and vaccines. There are four pillars: diagnostics, therapeutics, vaccines and strengthening health systems.

The diagnostics pillar focuses on four areas of work which are critical for speeding up an end to the pandemic; R&D, market readiness, supply and country preparedness. The WHO Emergency Use Listing (EUL) assessments and support to in-country authorization or listing of IVDs for COVID-19 are at the core of WHO's support to market readiness and come to complement partners' efforts towards equal and adequate access to diagnostic tools.

Emergency Use Listing (EUL) for candidate in vitro diagnostics (IVDs) detecting SARS-CoV-2

The WHO Prequalification Unit continues the assessment of products for Emergency Use Listing (EUL) for candidate in vitro diagnostics (IVDs) detecting SARS-CoV-2. The EUL procedure is developed to expedite the availability of health products needed in public health emergency situations and is intended to assist interested procurement agencies and Member States on the suitability for use of a specific health product, based on a minimum set of available quality, safety, and performance data. The following IVDs are now eligible for EUL submission:

- Assays for the detection of SARS-CoV-2 nucleic acid
- Immunoassays for the detection of SARS-CoV-2 specific antibodies
- Rapid diagnostic tests for the detection of SARS-CoV-2 antigens

The WHO <u>EUL list</u> includes <u>13 Nucleic Acid Test (NAT) assays</u> as IVDs eligible for WHO procurement. The listing is based on compliance with WHO requirements for <u>nucleic acid and antigen</u> detection, as well as for <u>antibody</u> detection. The <u>pipeline of IVDs under EUL assessment</u> now includes three IVDs for antibody detection and WHO is expecting seven additional submissions.

Global supply of Dexamethasone

In response to the news of the clinical trial results, WHO has secured supply of Dexamethasone for distribution to low- and middle-income countries, mapped existing and potential manufacturers and is carefully monitoring dexamethasone production capacity, for both Active Pharmaceutical Ingredients (APIs) and Finish Pharmaceutical Products (FPPs), and supply chains for possible shortages.



Expansion of the Prequalification scope to therapeutics against COVID-19 — Dexamethasone and Remdesivir

The first Invitation to Manufacturers of therapeutics against COVID-19 to submit an Expression of Interest (EOI) for Product Evaluation to the WHO Prequalification Unit will be published shortly, together by and updated Invitation to Manufacturers of active pharmaceutical ingredient (APIs), including Dexamethasone and Remdesivir. These will be accompanied by guidance documents comprising bioequivalence notes on study design for both products.

WHO Prequalification aims to ensure that in vitro diagnostics, medicines, vaccines and immunization-related equipment and devices, as well as vector control products for high burden diseases meet global standards of quality, safety and efficacy/performance, in order to optimize use of health resources and improve health outcomes. The prequalification process consists of a transparent, scientifically sound assessment, which includes dossier review, consistency testing or performance evaluation and site visits to manufacturers. This information, in conjunction with other procurement criteria, is used by UN and other procurement agencies to make purchasing decisions.

Guidance on maintaining a safe and adequate blood supply during COVID and on the collection of COVID-19 convalescent plasma

Updated interim guidance on the management of blood supply in response to the pandemic outbreak of COVID-19, including recommendations on collection of COVID-19 convalescent plasma, should be made available on WHO's website soon.

The COVID-19 Partners Platform

Country Highlight: Enabling Coordinated Subnational Planning in South-East Asia

For enhanced planning and monitoring down to the sub-national level, the <u>COVID-19 Partners Platform</u> allows all approved users, from district health officers to the Ministry of Health, to transparently share how they are responding to COVID-19. In Indonesia, an archipelago country with over 17,000 islands across three different time zones, there are vast administrative challenges to effective coordination and management of the COVID-19 response. Utilizing the user-friendly Partners Platform interface, the Ministry of Health, National Disaster Agency (BNPB) and WHO Indonesia are able to provide continuously updated preparedness and response guidance to all 34 provinces via the Action Checklist.

Globally, 75% of countries/areas/territories (153) have engaged on the Platform (including regular users & requests for demonstrations). 107 COVID-19 national plans have been uploaded and 72 donors have entered their contributions, totaling USD5.8 billion. The web-based Platform was launched to support interactive planning among national authorities, UN Country Teams and partners to enable real-time tracking of activities, requests for international support and donor contributions. The COVID-19 Supply Portal is also available through the Platform, enabling users to request critical supplies.





EPI-WIN

WHO Infodemic Management pillar (COVID-19) launched its Webinar Series, *Fundamentals of Risk Communication and Community Engagement* (FoRRCE) on 8th July, **to** build capacity among RCCE staff and enhance appreciation for RCCE among all responders.

This series will highlight the latest issues in managing infodemics through RCCE, designed for regional, national and sub-national RCCE response officers from WHO, partner organizations, national Ministries of Health and their local response officers.

The current proposal includes an ongoing series addressing current topics and a Masterclass series to introduce cutting edge perspectives from top experts in the field of RCCE. The first of this webinar series will focus on the current stage of changing restrictions with a series of three webinars:

- Webinar 1: Managing Uncertainty through RCCE and coordination July 8
- Webinar 2: Influencing Risk Perception through RCCE July 22
- Webinar 3: Creating New Norms and Sustaining Behavior Change Aug 5

8 July Webinar	Participants	Panelists	Countries	Organizations
COVID-19 Managing Uncertainty through RCCE & Coordination	277	5	73	184

Health learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, OpenWHO.org. The platform has more than 3.8 million course enrolments, about 80% of which are in COVID-19 courses, and has issued 930 000 certificates. Free trainings are available on 13 different topics translated across 34 languages to support the coronavirus response, for a total of 104 COVID-19 courses.

The COVID-19 courses cover the following subjects: an introduction to COVID-19, clinical care, health and safety, infection prevention and control, country capacitation, treatment facility design, the Go.Data tool, personal protective equipment, hand hygiene, waste management, decontamination of medical devices, environmental cleaning and injection safety.

Global Research Highlights

<u>WHO</u> held a <u>virtual summit</u> this week, to take stock of the evolving science on COVID-19 and examine the progress made so far in developing effective health tools to improve the global response. The meeting reviewed the <u>17 vaccines</u> in stage I, II or III clinical trials. All major research institutes carrying out trials shared their data with a view to speeding up scientific discovery and implementation of solutions. Meanwhile, PAHO has released a report that presents an overview of its <u>response to the COVID-19 pandemic</u>. The report also provides an analysis of the epidemiological situation in the Americas and the impact of the spread of the virus on health systems in Latin America and the Caribbean.





Emergency Medical Teams

EMT activities continues to increase in the Americas and Africa. In Chile more than 1.800 beds have been provided to augment capacity at health facilities level, followed by Bolivia with 1.637 and 1.422 in Peru these beds were provided through the EMT Network. As of 10 July 2020, a total of 8826 augmentation beds have been managed or supported by the EMT network in the Americas Region.

In Africa, activities supported by the EMT network continues in Burkina Faso, Chad, Senegal, Ghana, South Sudan, and Zambia while Malteser International started its operations in Douala, Cameroon in response to a Request for Assistance received from the Country. For the European Region, operations in Armenia are still ongoing with the EMT Regione Piemonte (Italy) Deployed and will be followed by a German EMT. ESCRIM France still have the EMT fully operational to reinforce the Guyane hospital that is fully dedicated to COVID 19 response.

More than 150 existing facilities have been set up for treatment purposes using the EMT technical standards. Finally, coordination structures have been supported in 57 countries with EMT focal points, senior staff and experts mobilized from the roster of members trained in EMT coordination and mentorship methodology.

This week, the New Zealand Medical Assistance Team (NZMAT) together with the EMT Secretariat and partners piloted a remote management system which enables EMTs to conduct remote simulation exercises with their teams. This pilot will help to build and inform the future remote exercise simulations for experts and teams in the network who are currently







Global Health Cluster (GHC)

The Health Cluster Dashboard as of June 2020 includes COVID-19 figures when Country Health Clusters have made these publicly available. The Health Clusters are targeting 52 million people through Humanitarian Response Plans (HRP), 32 million people through country COVID-19 plans and 23 million through updated HRPs including COVID-19 figures. Please visit Global Health Cluster site to learn about the plan, response, partnership and capacity building surrounding COVID-19



responding to COVID-19.

Technical Guidance documents

<u>Infection prevention and control during health care when coronavirus disease (COVID-19) is</u> suspected or confirmed – Interim guidance (29 June 2020) – revised version,

<u>Investing in and building longer-term health emergency preparedness during the COVID-19</u> pandemic, July 6, 2020

Transmission of SARS-CoV-2: implications for infection prevention precautions

Guidance on maintaining a safe and adequate blood supply during COVID and on the collection of COVID-19 convalescent plasma

Read all releases here

Strategic Supply Chain

The roll-out of the Supply Portal continues. Countries continue requesting PPE, Lab Diagnostics, and Biomedical equipment through the Portal; the goal is to meet the full needs for the COVID-19 response, including the maintenance of essential health services. However, overall stocks available for distribution are limited, and shipping remains a challenge therefore, and full requests may not be met even if full funding is secured.

Shipped items per 8 July 2020	LAB		PPE				
Regions	Swab	Test (Manual PCR)	Face shield	Glove	Gown	Mask 3 plies	Respirator
Africa (AFR)	1,013,659	244,986	34,510	386,300	46,779	1,439,750	24,200
Americas (AMR)		6,528	2,085,600	88,000	327,320	14,210,860	3,042,850
Eastern Mediterranean (EM)R	382,417	712,432	789,2825	724,000	386,122	10,579,050	1,207,995
Europe (EUR)	23,287	353,503	118,950	259,100	372,148	3,362,100	1,352,450
South East Asia (SEAR)	17,691	1,205,735	17,336	414,500	26,600	482,000	43,065
Western Pacific (WPR)	51,000	240,288	7,200	119,000	10,010	314,550	15,365



Appeals

Elements of the COVID-19 <u>Strategic Response and Preparedness Plan (SPRP)</u> have been updated and are reviewed on a regular basis by WHO in consultation of all six regional offices. These elements are laid out in the COVID-19 WHO Appeal, updated on May 24

Global Strategic Preparedness & Response Plan (SPRP)

WHO has been engaging donors and the public to mobilize support for the COVID-19 response against the SPRP and many donors have contributed to date. The status of funding raised for WHO against the SPRP can be found here. WHO estimates that a total of US\$ 1.7 billion is needed to respond to COVID-19 across the three levels of the organization through till December 2020. The resources will be used to implement priority public health measures in support of countries to prepare and respond to coronavirus outbreaks, as well as to ensure continuation of essential health services. The US\$ 1.7 billion required under the updated SPRP takes into account the funds that WHO has received to date against SPRP, leaving WHO with a funding gap of US\$ 1 billion for 2020.

Global Humanitarian Response Plan (GHRP)

The 2nd iteration of the <u>GHRP</u> released on 7 May 2020 is a joint effort by members of the Inter-Agency Standing Committee (IASC), to analyze and respond to the direct public health and indirect immediate humanitarian consequences of COVID-19, particularly on people in countries already facing other crises. US\$6.7 billion are required through till end December 2020 for additional humanitarian interventions, above and beyond existing humanitarian needs, due to COVID-19. As part of GHRP, WHO is appealing for US\$550 million of which only some (US\$ 184 million) has been pledged and received, leaving WHO with a funding gap of \$366 million – or some 67% - for operations in countries affected by humanitarian crises. 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.

WHO funding mechanisms
COVID-19 Solidarity Response Fund

To date, the COVID-19 Solidarity Response Fund has more than \$223 million raised or committed from more than 534,000 individual donors, corporations, and foundations.

New allocations from the Solidarity Fund included \$5 million to UNRWA to reduce the risk of infection with COVID-19 and morbidity including i) protecting front line health workers through the provision of PPE and enhanced hygiene and cleaning practice, ii) maintaining access to life-saving primary health care and essential medicines throughout the crisis, iii) maintaining the medical waste management to ensure the proper infection prevention and control.

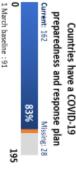
The WHO Contingency Fund for Emergencies (CFE)

CFE enables WHO to respond in real-time, playing a critical role in responding to outbreaks around the world in the most vulnerable countries with weak health systems. 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.

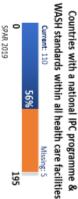


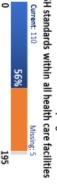
COVID-19 Global Preparedness and Response Summary Indicators

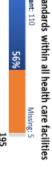
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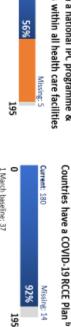


















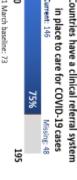


emergency contingency plans routinely updated

Missing: 5

195

Countries in which all designated PoE have





Countries that have defined the essential health

Priority countries with multisectoral mental

5 June baseline: 36

service to be maintained during the pandemic

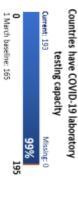




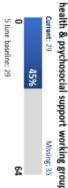




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Priority countries with an IPC focal

point for training

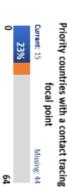
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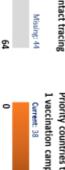
2

5 June baseline: 31

2

5 June baseline: 15







O Previous week: 59%	59%	Current: 38	
64		Missing: 0	

3 162 449 COURSE ENROLMENTS (3% increase d)

5 June baseline: 33





severity & sero-prevalence Transmission dynamics, **UNITY STUDIES**





CLINICAL PLATFORM Clinical characterization

> Implementation started: 14 countries (AFR 3, AMR 2, EMR 1, EUR 5, SEAR 1, WPR 2) Intention confirmed: 28 countries (AFR 4, AMR 6, EMR 4, EUR 9, SEAR 1, WPR 4)



a) Data collected from 194 Member States and 1 territory. The term "countries" should be understood as referring to "countries and territories." The date/number below each indicator represents the baseline.
b) Source: UNICEF and WHO reporting c) Source: WHO immunization Repository d) Compared to previous fortnight.

Surveillance reported: 20 countries (AFR 2, AMR 11, EMR 2, EUR 0, SEAR 1, WPR 4) Sentinel specimens tested in week 24: 69 754 (5% decrease) COVID-19 positive: 13 %





Americas (AMR)

PAHO continues to collaborate with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance, and recommendations, and to advocate for the Americas on the global stage. The team in Mexico works to identify strategies for protecting the health of migrants and refugees during the COVID-19 pandemic. Dissemination of key messages on COVID-19 across multiple platforms, continues as well as to respond to media inquiries. The activities are seen in Turks and Caicos Islands and Cuba.

During the weekly "Ask the Expert" session, PAHO specialists shared <u>critical</u> information on what health care providers and people with noncommunicable diseases (NCDs) need to know about COVID-19.

PAHO has developed a **Geo-Hub** for the region's COVID-19 data, working continuously with countries to boost surveillance systems while it conducts Event-based Surveillance (EBS) to complement countries' Indicator-based Surveillance (IBS). To date, 20 countries have integrated COVID-19 surveillance into their SARI/ILI systems. The public can consult PAHO's <u>interactive dashboard</u> and weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators..

In collaboration with GOARN, PAHO has trained 31 countries and territories in the Go.Data app, and 20 of those are already implementing it. The Go.Data app is a tool that support suspect case investigation and management, display of transmission chains, and contact tracing.

In Costa Rica, PAHO worked with the Ministry of Health and a research arm of the University of Costa Rica to develop projections on how the virus could spread in the country, giving decision makers critical information for planning and estimating needs.

In Mexico, PAHO collaborated with the Embassy of the United Kingdom to convene HO held a webinar session on "The use of mathematical models during the COVID-19 pandemic: What does the future hold for us?"

In Jamaica, PAHO collaborated with the Ministry of Health to design an isolation facility at an international airport. The team is implementing its SARS-CoV-2 sequencing project to generate more sequenced data in a timely manner and also provided theoretical SARS-CoV-2-PCR training to the National Public Health Laboratory in Jamaica.

PAHO has provided primers, probes and/or PCR kits for approximately 5.2 million reactions/tests. The team continues to conduct technical assessments of different personal protective equipment (PPE) products as countries and multilateral agencies consider products for procurement and distribution across the Americas. Further collaboration is established with WHO and other partners to procure essential supplies and equipment for subsequent distribution to its Member States. This effort enables the delivery of life-saving services and supplies to keep patients and health workers from Latin America and the Caribbean safe. The Organization also prepared estimates of PPE needs for Latin America and the Caribbean to help guide future procurement efforts.

PAHO worked with Samaritan's Purse to disseminate experiences from EMT deployments in Italy to 110 participants from the Region.

Additional links:

Jamaica: Training in Gender Based Violence for COVID 19 Helpline responders; 6 July 2020



Eastern Mediterranean Region (EMR)

Facebook live session was held by the regional office on the status of research in the context of COVID-19; 5 July 2020

Facebook live session on the status of research in the context of COVID-19

Africa records over 500 000 COVID-19 cases; 8 July 2020

Facebook live session on the status of research in the context of COVID-19

Afghanistan: WHO delivers essential COVID-19 supplies to Afghanistan; 5 July 2020

http://www.emro.who.int/afg/afghanistan-news/who-delivers-covid-19-medical-supplies-and-equipment-to-afghanistan.html

Jordan: WHO welcomes Kuwait's generous donation to support COVID-19 response measures at points of entry; 6 July 2020

http://www.emro.who.int/jor/jordan-news/who-welcomes-kuwaits-generous-donation-to-support-covid-19-response-measures-at-points-of-entry.html

- A multi-disciplinary regional technical support mission to Syria began on 7 July. The mission's main objective are to assess the capacity of the COVID-19 national laboratory network, provide on-site technical support and training, and identify strengths and gaps to guide response priorities. The team also visited Al-Zabadani hospital -the main isolation facility for COVID-19 in Damascus/Rural to assess its readiness and identify needs to strengthen case management.
- Support is being provided to Pakistan on its participation in the Seroprevelance studies alongside with ongoing discussion on the use of Rapid Diagnostic Testing and ELISA (enzyme-linked immunosorbent assay) testing in the country.
- Effort to revise the national strategic plan on clinical management in Yemen continuous. Afghanistan
 and Jordan are being supported to improve training for non-ICU (Intensive Care Unit) doctors in
 complex settings. Pakistan has completed the first batch of COVID-19 critical care training.
- Work is ongoing with Afghanistan and Pakistan on maintaining family planning services (with a focus on post-partum & quality of care), and with Pakistan, Sudan and Yemen to follow up on modeling to assess the impact of COVID-19 impact on reproductive, maternal, neonatal and child health care (RMNCH) services.
- A pilot exercise was conducted for Sudan, Somalia, Libya, Yemen, Pakistan and north Syria to map and document work done by national Rapid Response Teams as part of the response to COVID-19 and other public health threats.
- Series of webinar supported by The Regional Office, The Arab Public Health Association, WHO Geneva and academic in the region. Among them are Health Systems Today and 'Post'-COVID'; Medical Education in the Context of COVID-19; 'Role of Primary Health Care in COVID-19'; "Ethics of COVID-19 research: Governance, Regulations, Monitoring Mechanisms"
- The Logistics Hub in Dubai continues to support the medical commodity response to COVID-19, dispatching critical Personal Protective Equipment (PPE) and Laboratory Supplies to support infection prevention and control as well as surveillance and detection operations. The team have so far handled 236 COVID-19 shipments to 105 countries in six WHO regions. Charter Flight is being finalised, while shipments to Sudan, Somalia, Pakistan, the occupied Palestinian territory and Djibouti are ready and awaiting transportation.



European Region (EUR)

Expert Mission to Turkmenistan: 4 – 16 July

A WHO expert team comprised of 5 public health experts and epidemiologists has been deployed to Turkmenistan for 10 days. The high-level team will be working closely with health authorities to assess the risks and develop the response mechanisms required to tackle COVID-19. The WHO experts plan to visit health-care facilities, public health centres, laboratories, emergency centres and other facilities to address areas including surveillance, laboratory services, patient management, infection prevention and control, risk communication, and community engagement. Info available Here.

Surveillance: Epidemic status indicator: Week 27

WHO EURO has updated the COVID-19 situation dashboard with an "Epidemic Status Indicator" for the . European Region. The indicators include an epidemic curve categorization (Epidemic Curve Status) based on methodology developed by the Case Surveillance Task Force, CDC COVID-19 Response, and indicators for adjusting public health and social measures established by WHO. The platform also allows users to explore the different epidemic status indicators including the effective reproduction number (Rt) <1 for at least 2 weeks and the decline in the number of deaths among confirmed and probable cases at least for the last 3 weeks.

Laboratory Capacity: Update on scaling up laboratory capacity in Tajikistan: Week 28

As part of WHO EURO's third wave of support, a team of laboratory experts from WHO and the Global Outbreak Alert and Response Network (GOARN) have been deployed to Tajikistan to provide technical assistance on COVID-19 testing. As of Week 28, a National Laboratory Working Group for COVID-19 has been officially set up and a national action plan for COVID-19 laboratory response in Tajikistan, developed and endorsed by the Ministry of Health. To date, the team has visited 5 laboratories in Dushanbe and conducted assessments in 7 of the 9 laboratories involved in COVID-19 testing.

Maintaining Essential Health Services and Systems Webinar on Strengthening Long-term Care in WHO EURO: 8 July

Following the publication of technical guidance on "Preventing and Managing COVID-19 infections in Long Term Care Services," WHO EURO held a webinar in the form of a digital roundtable to share the findings presented in this guidance Spain, Denmark and Slovenia shared their experiences regarding long term care services during COVID-19 and the response from the health system perspective.

Case management: Strengthening of healthcare E-Systems in North Macedonia: Week 27

The WHO Country Office in North Macedonia is supporting the strengthening of Health care E-Systems by building capacities within the area of Telemedicine. A unique registry is being developed for positive COVID-19 cases and data on the capacities of Hospitals and Health Care Institutions (e.g., number of available beds, ICU units, Health Care Workers, etc.) is being reviewed by the E-Health Directorate. There is an on going effort to develop a digital roster of the available health workforce in the country to match geographical health service's needs, which will enable easy planning of surge capacities and ensure needs are met, when and where necessary.

Cross cutting: Policy Brief on COVID-19 and Social Protection in Europe and Central Asia: 10 July

The UN Issue-Based Coalition for Social Protection held a UN multi-agency webinar as part of the launch of the new policy brief on "COVID-19 and Social Protection in Europe and Central Asia." The brief highlights some of the key social protection interventions implemented in response to the COVID-19 emergency. It included health protection, unemployment, family and child support, measures against social exclusion and housing insecurity for Governments, UN organizations and policy makers involved in reducing income and health inequities.



African Region (AFR)

COVID-19-Tackling mental health during isolation is essential to full recovery, 7 July 2020 https://www.afro.who.int/news/covid-19-tackling-mental-health-during-isolation-essential-full-recovery.

Cameroon: WHO hands over \$130,000 183 to the Ministry of Public Health, Contribution is aimed at providing oxygen concentrators to the 10 regions; 6 July 2020,

https://www.afro.who.int/fr/news/loms-remet-au-ministere-de-la-sante-publique-183-concentrateurs-doxygene-destines-aux-10?country=22&name=Cameroon

Zambia: WHO donates equipment and transport facilities to MOH to help curb the spread of COVID-19; 8 July 2020, https://www.afro.who.int/news/who-donates-equipment-and-transport-facilities-moh-its-continued-effort-help-country-curb

Burkina Faso: Influencers, bloggers and activists involved in rumour management, in response to Covid-19. 7 July 2020

https://www.afro.who.int/fr/news/riposte-au-covid-19-des-influenceurs-blogueurs-et-activistes-mis-contribution-la-gestion-des?country=21&name=Burkina%20Faso

Nigeria: WHO supports Anambra State to boost COVID-19 testing capacity, trains cohort of health workers. 7 July 2020, https://www.afro.who.int/news/who-supports-anambra-state-boost-covid-19-testing-capacity-trains-cohort-health-workers

Surveillance

An analysis is being carried out on the impact of the lockdown on the current epi-situation (joint analysis on the lower trend of COVID in Africa). A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support and guidance.

Laboratory

WHO is sending laboratory reagent for an amount of US\$58,000. AFRO will discuss with WCO and deploy a lab expert to enhance laboratory system and decentralization in Cote d'Ivoire.

Case management

The case management team held a joint webinar on dexamethasone and hydroxychloroquine use during patient management. A total of 295 participants from 33 countries attended (DATE) WHO/WFP procuring 200 cylinders of oxygen from Senegal, UNDP and UNICEF have committed to purchase 100 cylinders each and repair of existing plant. WHO currently facilitating oxygen production capacity in the Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan.

Infection Prevention and Control (IPC)

The AFRO IPC team shared an IPC evaluation template with countries; only (55%) 26 of the 47 countries have provided data following a survey campaign that was concluded in June. The IPC team recognizes that one of the most important activity that improve IPC is increased awareness among health workers, therefore a total of 258 296 health workers (20% of target) have been trained in 24 countries. Poor data management for cross border infections has been highlighted as a key challenge. Further challenges faced by the IPC teams in countries include: lack of resources to organize training sessions, poor implementation of learned concepts and inefficient training due to physical distancing.



Western Pacific Region (WPR)

Health Systems

WHO led the rapid development of socio-economic impact assessments (SEIAs) in ten Pacific countries in the Region: Federal States of Micronesia (FSM), Palau, Republic of the Marshal Islands (RMI), Fiji, Nauru, Kiribati, Tonga, Solomon Islands, Tuvalu, and Vanuatu.

SEIAs were carried out in collaboration with UN agencies such as UNFPA, UNICEF, and World Bank with the objective to implement the UN framework for the immediate socio-economic response to COVID-19.

The SEIAs are expected to position the UN in the policy dialogue with the governments, to provide insights on impacts of COVID-19 pandemic on societies, economies and vulnerable groups. SEIAs are also expected to support countries to develop tailored National Response/Recovery Plans and United Nations Country Teams (UNCT) Response Plans, to eventually support countries and partners to recover from the crisis, and ensure that no one is left behind

Science

A literature review of faecal shedding and waste water surveillance focusing on SARS-CoV-2 was conducted to explore the utility of environmental surveillance to current COVID-19 surveillance in the Western Pacific Region (WPR). Current environmental surveillance studies indicate the concentration of SARS-CoV-2 in waste water may be linked with detection in communities. Further assessment is needed in a WPR context on the settings and timing of conducting environmental surveillance for COVID-19.

Operation Support and Logistics

Additional supplies to RITM and the MOH have been dispatched, including 11,016 bottles (60ml) of Alcohol Based Hand Rub (ABHR). The OSL team has received an in-kind donation of 15,000 bottles (60ml) of Alcohol Based Hand Rub.

GeneXpert cartridges (7,200) were successfully collected from the Cepheid's manufacturing plant in California and have since reached the two staging areas in Honolulu and Brisbane. Cepheid has indicated they will continue to allocate cartridges on a weekly basis against the outstanding balance.

The OSL team has completed the market research for alternate Point of Care Assay. A comparative study has been done and is currently with laboratory focal points and the Pacific laboratory cell to make the technical selection. International SOS has agreed to help support WHO with flights for staff in the region where necessary

Partner Coordination

The first orientation workshop for 'Report Hub' tool for partner mapping and reporting was hosted by WCO Philippines and partners. Over 30 partners participated in the training.

Preparations have commenced for a meeting with the WHO Collaborating Centres in the Western Pacific Region.

Strategic Communication

A series of editable graphics and animations for the New Normal - Phase 2 has been created. The new video on how to sustain your mental health during COVID-19 has been published on the <u>WPRO Youtube</u>, as part of our People of the Western Pacific project. The WPRO Facebook reached 1.2 million followers in June 2020 with an average of 2.8K new followers per day.



South-East Asia Region (SEAR)

WHO and UK aid scale up COVID-19 preparedness and response in Cox's Bazar

The UK Secretary of State for International Development, Anne- Marie Trevelyan, and WHO Cox's Bazar representative discussed the health needs of 1.3 million Rohingya refugees and their host communities in a virtual meeting

UK aid's commitment of over USD 1 million at the beginning of the pandemic has allowed WHO in Bangladesh to scale up health sector preparedness, response and coordination efforts against COVID-19.

The support increased the testing capacity at Cox's Bazar IEDCR Field Laboratory from 100 tests per day to over 500 per day and provided over1000 beds in and around the camps for the treatment of severe cases. The support allowed WHO to enhance the disease surveillance system, which included identifying new cases and increasing contract tracing in the camps done by over 300 trained volunteers. WHO has also trained hundreds of health workers on infection prevention and control in camp health facilities. The program includes the use of PPEs and conducting site assessments, to evidence-based case management from health posts up to the ICU level.

UK aid support also ensured that critical healthcare services, including mental health, are not interrupted during the pandemic or due to the monsoon and cyclone in the refugee camps.

WHO and Ministry of Health distribute COVID-19 test kits to enhance case detection in Indonesia

WHO handed over test kits to the National Institute of Health and Research Development (NIHRD) in late June. The test kits consist of 2,178 real-time fluorescent RT-PCR (polymerase chain reaction test), 126 nucleic acid extraction kits and 1,815 disposable sampling kits. These kits can conduct around 108,900 tests. The kits will now be distributed to laboratories across the country that are part of the national COVID-19 lab network.

The next batch of delivery that consists of 1,000 viral transport media (VTM) to enable the safe transfer of virus samples for further testing and research is expected to arrived by the end of July.

WHO procurement and distribution of these test kits with value almost US\$1.5 million (IDR 21,851,424, 000) have been made possible through the support of the Government of Japan.

Key links

COVID-19 web page
Case dashboard
Daily situation reports
Surveillance Report
Donors and partners
Response in countries

Regional updates (AFRO, EMRO, EURO, PAHO, SEARO, WPRO)

Rolling updates

Number of items provided by WHO in Indonesia from March to June 2020

52 0	kits (providing 52,000 reactions)
23 5	primer and probes (23,500 reactions)
20 0	gloves
1,0 00	gowns

protective goggles

50

0

64

0

masks

