

# Weekly operational update on COVID-19

27 June –July 3 2020



Snapshot  
As of 3 of July 2020

Confirmed cases

**10 719 946**

Confirmed deaths

**517 337**

Countries &  
territories affected

**216**

## Public health response and coordination highlights

### Coordination–United Nations Crisis Management Team (UNCMT)

During the United Nations Crisis Management Team (UN CMT) meeting on 1 July 2020, WHO discussed the need to reduce mortality by improving access to clinical care including early treatment to reduce the risk of severe disease as well as reducing the risk of outbreaks in vulnerable populations. WHO reiterated the importance of the UN system's involvement in the vaccine acceleration initiative and support to governments for communicating measures to suppress transmission. The WHO Regional Director for Europe briefed on the situation in the region highlighting the increasing trends in some countries in eastern Europe and Central Asia. The Regional Emergency Director explained the support provided to countries through the country offices, sub-regional hubs and regional team, with ongoing challenges due to the scale and surge response needed in some countries. More agencies are joining the UN CMT's Mass Gatherings workstream to support global and country response needs. WHO is revising the mass gatherings risk assessment tools including general guidance, guidance on religious gatherings and guidance on sports and related events. For the Global Supply Chain System, there are now good insights on the supply side but work continues to consolidate data on demand for different products.

## The COVID-19 Partners Platform

The web-based [Platform](#) was launched to support interactive planning among national authorities, UN Country Teams and partners to enable the coordination and scale-up of efforts to address the COVID-19 pandemic. It features real-time tracking of planned and implemented activities, requests for international support and donor contributions that have been committed in the context of this emergency. The [COVID-19 Supply Portal](#) is also available through the COVID-19 Partners Platform, enabling users to request critical supplies.

### Regional Highlight: Supporting Leadership of National Authorities in the African Region

For the first time during a pandemic, the [COVID-19 Partners Platform](#) provides a central coordination hub for national authorities, UN Country Teams and partners supporting the response. In the African Region, the Regional Office has set a target to increase engagement of national authorities on the Partners Platform. Specifically, AFRO aims to register at least one member of a Government Ministry in each country. This dedicated engagement strategy has led to a tide change of interest from Ministries: ~45% of AFR countries (22 countries) have now appointed a Ministry member on the Platform, with 65% of users from the Ministry of Health.



The Global Infodemiology conference opened with a public meeting on 29 June, followed by an invitation-only scientific conference on 30 June.

The pre-conference’s record-breaking attendance of the great interest in and the potential for innovation through digital sharing and discussion in the wake of COVID-19. There were 7 862 total connections to the Zoom platform where the meeting was held, with a further 3 300 views of the parallel livestream of proceedings on YouTube—over 11 000 connections in total. Eleven of the talks are publicly available online at <https://www.youtube.com/playlist?list=PLwmB5Aqso7V7B2>

**Indonesia and WHO working together to better understand the extent of SARS-CoV-2 infection and population immunity as part of WHO Unity Study**

Indonesia is joining a global serologic study for COVID-19 coordinated by the World Health Organization (WHO) to comprehensively understand the extent of infection among different populations, the occurrence of mild and asymptomatic infection, and the proportion of antibodies against SARS-CoV-2 infection in general population by sex and age group, in order to ascertain the cumulative population immunity. Earlier in June, Indonesia expressed interest in joining Solidarity II – a global collaborative platform to advance scientific understanding in the area of serologic studies by implementing a WHO Unity Study. The study will involve multidisciplinary researchers from various academic and research institutions along with experts in acute respiratory infection, regional referral laboratories, and health authorities at the sub-national level. WHO is providing close technical support to the Ministry of Health to undertake the study and is jointly adapting the Unity Study global protocol to local settings and epidemiological characteristics of COVID-19 in Indonesia. The study is expected to include more than 10 000 participants from 17 Indonesian provinces and 69 districts. Enzyme Linked Immunosorbent Assay (ELISA) and neutralizing assay will be used to measure the prevalence of COVID-19 antibodies. Indonesia’s participation in the global serologic study will contribute not only to the national public health response and policy decisions but also to global understanding of seroprevalence and control measures. More information on the WHO Unity Studies can be found here: [www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations)

More information on Solidarity II can be found here: [www.who.int/emergencies/diseases/novelcoronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-2-global-serologic-studyfor-covid-19](http://www.who.int/emergencies/diseases/novelcoronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-2-global-serologic-studyfor-covid-19)

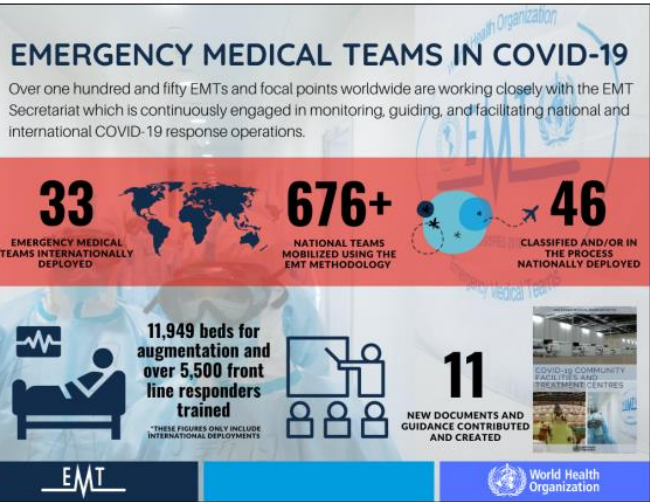
## Emergency Medical Teams

EMT operations in Africa and Europe have continued to gain more ground in terms of International support while the Americas, Eastern Mediterranean and Western Pacific continue to be the three regions with most national response capacities reinforced by the EMT Network Current operations are underway in Armenia, South Sudan, Chad and Cameroon. In the EUR operations in Tajikistan finished during this week. Operations in Armenia responding the Request for Assistance are also ongoing with the arrival of the first teams and the reinforcement of the EMTCC (Emergency Medical Team Coordination Cell) to support the Ministry of Health. EMT from Italy Piemonte EMT type 2 has arrived and start operations to support and train national capacities and ISAR Germany EMT type 1 Fixed has been approved by the MoH and preparing for deployment.

In AFR, Malteser EMT from Germany has started the assessment in Yaoundé of 2 major hospital focus in IPC, WASH and COVID 19 adaptation. They will continue next week the support in Daoula with the assessment and support of 4 provincial hospital. ESCRIM France has finished the set up of the EMT and is fully operative to reinforce the Guyane hospital that is fully dedicated to COVID 19 response.

**Efforts continue to be focused on direct clinical care, surge capacity and technical support to adapt triage and isolation areas, inpatient wards and overall re-organization of hospitals to the needs of the COVID 19 response.**

**As of 30<sup>th</sup> June 2020 Almost 12.000 augmentation beds managed or supported by the EMT network in 33 international deployments, 46 national operations and more than 676 teams using the EMT methodology. More than 150 existing facilities have been set up for treatment purpose using the EMT technical standards. Additionally, coordination structures have been supported is 57 countries with EMT focal points, senior staff and experts mobilized from the roster of members trained in EMT coordination and mentorship methodology.**



## 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 3.7 million course enrolments, about 80% of which are in COVID-19 courses, and has issued 902 000 certificates. Free trainings are available on 13 different topics translated across 34 languages to support the coronavirus response, for a total of 103 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.

## Technical Guidance documents

### [Rapid hospital readiness checklist: Interim Guidance](#)

Harmonized health service capacity assessment in the context of the COVID-19 pandemic

26 June 2020, | COVID-19: Essential health services.

### [Biomedical equipment for COVID-19 case management - inventory tool: Interim guidance](#)

Harmonized health service capacity assessments in the context of the COVID-19 pandemic

26 June 2020. | COVID-19: Essential health services.

### [ACT-Accelerator Investment Case](#)

26 June 2020, | Publication

### [Infection prevention and control during health care when coronavirus disease \(COVID-19\) is suspected or confirmed](#)

Interim guidance, 29 June 2020, | COVID-19: Infection prevention and control / WASH.

### [Preparedness for cyclones, tropical storms, tornadoes, floods and earthquakes during the COVID-19 pandemic](#)

Health advisory, 29 June 2020, COVID-19: Critical preparedness, readiness and response

### [Smoking and COVID-19](#)

Scientific Brief, 30 June 2020, COVID-19: Scientific briefs

[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. Below are **summaries for week of June 27-July 3, 2020**.

### Personal Protective Equipment:

Through the Personal Protective Equipment (PPE) purchasing consortium, WHO has secured 140.8 million pieces of equipment, which are being shipped to 135 countries in all WHO regions. WHO is also delivering an additional 100 million medical masks and 1 million N95 respirators donated by the Jack Ma Foundation. In the WHO Region of the Americas, PPE has been delivered to Ecuador and shipments are presently en route to Peru, Barbados, Belize, El Salvador, Paraguay, and Venezuela. A total of 41 million PPE items are being prepared for delivery as a matter of priority to all African countries in the coming weeks. PPE for allocation to all Eastern Mediterranean Region countries has arrived in Dubai, United Arab Emirates, and are being prepared for shipment. In the European Region, PPE has been delivered to Azerbaijan, Belarus, and Ukraine. Allocations to Armenia, Georgia, and Moldova are ready to ship and will be dispatched in the coming week.

### Diagnostics:

Through the diagnostics purchasing consortium, WHO, UNICEF and the Global Fund have procured close to 6 million polymerase chain reaction (PCR) tests from several manufacturers, for allocation to 132 countries. As of 29 June, 392 258 PCR tests have been delivered to 28 countries. An additional 1.4 million tests are presently in transit to 40 countries. A total of 5.2 million sample collection kits have been procured, of which 184 640 kits have been delivered to 19 countries. Currently, 235 020 sample collection kits are in transit to 24 countries.

### Biomedical Equipment:

By working with private sector networks, WHO and consortium partners are beginning to deliver these lifesaving devices to countries most in need. Of the initial 4000 oxygen concentrators WHO has procured, 3265 have been delivered to 18 countries and 637 are in transit to 10 additional countries. Of the second procurement of 10 000 oxygen concentrators, 5000 have been delivered to a warehouse in China and are being prepared for shipment in July. WHO encourages national authorities and partners to request submissions through the COVID-19 Supply Portal in support of national response plans. Member States may request supplies using any source of funding, including government and donor financing.

### Technical field support for COVID-19 treatment centres, WHO's Operations Support Logistics (OSL)

In collaboration with a network of architects and engineers, in private and public sectors, WHO's OSL is supporting the design of COVID-19 treatment centres in:

- Italy:
- Ghana:
- Mozambique
- Burkina Faso
- Chad:

## Appeals

Elements of the COVID-19 Strategic Response and Preparedness Plan (SRPP) 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 2<sup>nd</sup> iteration of the [GHRP](#) 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

The COVID-19 Solidarity Response Fund (Solidarity Fund) has reached more than \$223m raised or committed from more than 529k individual donors, and more than 150 corporations and foundations.

WHO and UNHCR signed a new Memorandum of Understanding and launched the UNHCR participation in the Solidarity Fund. \$10M has been allocated to UNHCR from the Solidarity Response Fund to be used toward UNHCR's COVID appeal. UNHCR action will focus on supporting urgent needs such as risk communication and community engagement on hygiene practices, hygiene and medical supplies, establishment of isolation units in countries, as well as support global innovative preparedness activities.

### 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.

Countries have a COVID-19 preparedness and response plan



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



Countries have a COVID-19 RCCE plan



Countries in which all designated PoE have all-hazard emergency contingency plans routinely updated



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



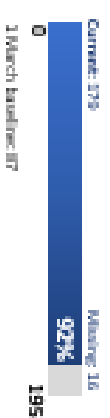
Countries have a national policy & guidelines on IPC for long-term care facilities



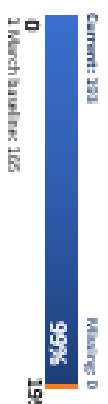
Priority countries with an active and implemented RCCE coordination mechanism



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



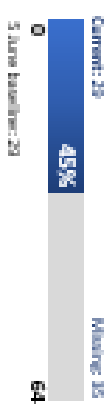
Countries have COVID-19 laboratory testing capacity



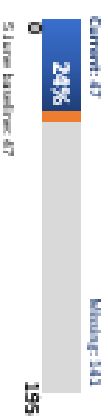
Countries that have defined the essential health service to be maintained during the pandemic



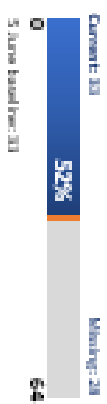
Priority countries with multisectoral mental health & psychosocial support working group



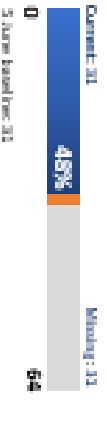
Countries have a health occupational safety plan for health care workers



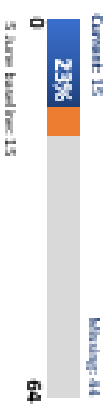
Priority countries with an IPC focal point for training



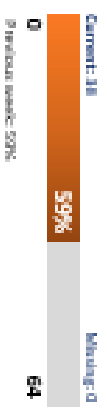
Priority countries where at least one INIST member trained in essential supply forecasting



Priority countries with a contact tracing focal point



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



## 3 071 882 COURSE ENROLMENTS (5% increase \*)

## INCREASING THE KNOWLEDGE BASE AND COUNTRY UPTAKE OF WHO TOOLS

**Real-time training for COVID-19**

Free online courses from WHO experts

**OpenWHO.org**

**COVID-19 SURVEILLANCE PLATFORM**

Transmission dynamics, severity & sero-prevalence

**CLINICAL PLATFORM**

Clinical characterization

**GISRS SURVEILLANCE PLATFORM**

Surveillance reported: 21 countries (AFR 2, AMR 10, EMR 2, EUR 2, SEAR 1, WPR 4)  
Sentinel specimens tested in week 24: 69 574 (1% increase)  
COVID-19 positive: 10.7%

# REGIONAL UPDATES

## Americas (AMR)

Recommendations for countries to reach Afro-descendants, indigenous populations, and other ethnic groups. Given the region's multi-ethnic and multicultural heritage, AMR has targeted its intervention to Afro-descendants, indigenous populations, and other ethnic groups to eliminate inequalities they face in accessing health care. This included the issuance of recommendations for these groups to reduce exposure to COVID-19, as well as for community leaders, health workers, and governments who provide health services to them.

### Building community capacities in Haiti for combatting COVID-19

In Haiti, AMR trained community-level health workers in collaboration with the Ministry of Health and other UN agencies. The team also conducted a training-of-trainers workshop in the Nord department, building capacities in 20 staff members from district health units from four communes. Further, AMR focused on local-level public health measures in response to COVID-19, MSPP guidelines, early institutional triage, COVID-19 case definitions, follow-up of contacts, and community awareness and health education. An additional 330 community health workers (CHWs) from the Nord-Est department were trained in COVID-19 topics.

### Partnering with Twitter to rapidly disseminate factual, reliable information on COVID-19

AMR has extended its alliance with Twitter to provide factual, reliable information on the COVID-19 pandemic in the Americas. An agreement recently signed with the site will enable it to continue training public health social media managers and highlight AMR's evidence-based information dissemination on COVID-19. In collaboration with health ministries, these notifications were enabled in Argentina, Brazil, Chile, Colombia, El Salvador, Mexico, Panama, Paraguay, Peru, and Uruguay. In the rest of the region, these notices continue to direct people to AMR / WHO tools, documents, and initiatives.

### Tools for projecting the virus' potential spread in the Americas

In collaboration with WHO, Harvard University, and the Epimos GmbH and ExploSYS BmbH projects, AMR developed and disseminated tools for countries to analyze and visualize the virus' effective reproductive rate (using EpiEstim) and project how the virus will spread considering implemented public health measures and its health system (using CovidSIM). This tool has given nine countries\* important information for estimating needs for their health systems.

*\* Argentina, Bolivia, Chile, Colombia, Dominica, Guatemala, Guyana, Saint Lucia, and Suriname*

### Expanding COVID-19 testing in the Americas

Since the beginning of AMR's response up to the date of this report, AMR has provided primers, probes and/or PCR kits for approximately 4.940 million reactions/tests. During the week, AMR provided Costa Rica, El Salvador, Guatemala, Jamaica, and Paraguay with extraction kits, transport media, swabs, and internal controls (primers and probes). Reagents for molecular detection of SARS-CoV-2 were sent to Guyana and Jamaica



# REGIONAL UPDATES

## Eastern Mediterranean Region (EMR)

The fifth webinar of the COVID-19 Laboratory Community of Practice session conducted last week focused on the role and use of tests in the COVID-19 response. The 4th training webinar on “Strengthening Capacities of Rapid Response Teams for COVID-19 in the Eastern Mediterranean Member States” was held for Libya this week with participation of 21 rapid response team members.

Within the context of finalizing mapping of the regional Whole Genome Sequencing capacities, 2 laboratories have been that have a track record to be reference laboratories and support other countries in the region. WHO case management training tailored for each country's particular needs and contexts has been finalized for Yemen, Afghanistan and Pakistan.

Fact sheets on reproductive and maternal health were finalized for Iraq, Morocco, Oman and Sudan.

UNICEF, UNFPA and WHO conducted a joint virtual meeting on finalizing an advocacy paper regarding the maintaining reproductive, maternal, neonatal, child and adolescent health essential services. Virtual meetings were conducted with Pakistan, Sudan and Yemen on mitigating impact of COVID-19 on essential health services. A two-day virtual Training-of-trainer (ToT) workshop on infection prevention and control was conducted for 35 master trainers for Sindh Province, Pakistan in collaboration with WHO Collaborating center for infection prevention and control in Saudi Arabia. The Regional Office continues the dissemination of updated WHO infection prevention and control resources to country offices and national teams. The Regional Office is coordinating with the Egyptian ministry of health to launch the protocol on “Surveillance of COVID-19 among HCWs” to better guide efforts to protect health care workers exposed to infection. The 3<sup>rd</sup> meeting of Taskforce on COVID-19 and Migration took place, with discussions centering around updating members on the short-term planned activities. The 11<sup>th</sup> partners' situation report on the health of refugees and migrants was issued and disseminated. WHO participated in the Regional Dialogue on Women Leadership in the Time of COVID-19 organized by UN Women. The second meeting of the Supply Chain working group was organized and updated on the global Supply Chain operation for COVID-19, which has started delivering supplies to countries. The working group is expanding its membership for a broader coordination. The Risk Communications and Community Engagement working group is joint actions to engage communities and stakeholders to address relaxation of social restrictions and vaccine development. The regional logistics hub in Dubai is dispatching an average of 15 metric tonnes of medical supplies per day. Supplies were dispatched this week to Afghanistan, Iraq, and Syria, with planned charters to Yemen and Libya next week.

**Iraq: WHO provides support to bridge shortfall in oxygen supplies in Iraq** 2 July 202

<http://www.emro.who.int/irq/iraq-news/who-provides-support-to-bridge-the-shortfall-in-oxygen-supplies-in-iraq.html>

**Somalia: UN Envoy calls for continuing support for Somalia's ongoing response to COVID-19 and praises frontline health workers**, 2 July 2020 <http://www.emro.who.int/somalia/news/un-envoy-calls-for-continuing-support-for-somalias-ongoing-response-to-covid-19.html>

**Yemen: Government of Japan joins forces with WHO to strengthen mental health care system in Yemen** 2 July 2020 <http://www.emro.who.int/yem/yemen-news/government-of-japan-joins-forces-with-who-to-strengthen-mental-health-care-system-in-yemen.html>

**Yemen: Health care workers face a double battle – COVID-19 in a conflict zone** 2 July 2020 <http://www.emro.who.int/yem/yemen-news/health-care-workers-face-a-double-battle-covid-19-in-a-conflict-zone.html>

## European Region (EURO)

WHO Europe's Regional Director held a roundtable discussion with the Ministers of Health of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan on "Reinforcing the COVID-19 response: targeting measures, strengthening surveillance, preparing for influenza". During the meeting, the Regional Director highlighted that success in controlling transmission will depend on the speed of implementing targeted interventions, and the engagement of communities affected, stepping up testing with rapid isolation of cases and contact tracing, and preparing for the co-circulation of two dangerous respiratory viruses: influenza and COVID-19 virus.

WHO EUR convened the Regional WHO-UN-Red Cross coordination platform for its fifth consultation on multisectoral health activities in the context of COVID-19.

UN Issue-based Coalitions engaged in further discussion and coordination of the ongoing regional COVID-19 response related to the health and non-health aspects, engagement with Member States, and informing partners on COVID-19 focused initiatives and activities from different sectors. An update was also provided on how to develop risk communications and community engagement initiatives in which platform members can be involved. The platform will continue to be convened to strengthen coordination the dialogue between health and non-health related agencies on country-specific matters and provide multi-sectoral input to the health needs and challenges of individual countries in the fight against COVID-19.

WHO EUR developed a guide for a psychosocial support hotline in collaboration with various partners in Turkey including the Public Health Directorate Mental Health Department, Bakirkoy Mazhar Osman Mental Health Training and Research Hospital, Universities, Turkish Red Crescent and International Medical Rescue Teams Association (UMKE) etc. The support hotline was launched with 418 trained staff offering advice on how to protect against COVID-19, manage stress and access mental health services. According to the Ministry of Health, the service has reached all of Turkey's 81 provinces and has provided more than 80 000 consultations to health workers and citizens since its launch in March.

WHO/EUR and ECDC have set up a sero-epidemiology network consisting of public health professionals and research groups involved in sero-epidemiological studies in the WHO European Region. Joint network calls are organized on a fortnightly basis which are usually joined by 100+ participants. The purpose of these calls is to provide relevant updates and a platform for countries to share experiences, plans and early results. WHO/EURO and ECDC also maintain a joint database to track early seroprevalence results in the WHO European Region and results are regularly shared during network calls. In the WHO European Region, 41/ 53 countries (77%) are planning or are currently conducting sero-epidemiological investigations of SARS-CoV-2, 14 of which WHO EURO is assisting through regular bilateral technical support under the Unity studies.

27 laboratory experts from national and regional levels (ALB, KOS\*, MDA, MKD, BIH, and SRB) attended a remote training for Balkan Hub countries and Q&A for COVID-19 laboratories on risk assessment performance, laboratory biosafety measures related to COVID 19 testing and biosafety measures for use at Point of Care (POC) or near POC systems.

The WHO EUR Country Office in Uzbekistan and the Ministry of Health (MOH) organized a joint seminar on 'COVID-19: pregnancy, childbirth and breastfeeding'. The webinar was based on the national interim guidelines and conducted for medical institutes, centers of professional training, and medical practitioners of perinatal care. A total of 35 participants took part in the webinar, including national expert from the Republican Perinatal Center, the Ministry of Health's Maternal and Child Health Department, and the Education and Science Department.

WHO EURO hosted a webinar to promote the technical guidance on strategies and interventions to prevent and respond to violence and injuries among refugees and migrants in the COVID-19 context through the lens of gender-based violence. Ministry of Health Turkey, WHO-EURO, WHO HQ and CO, INMP, UNFPA and IOM delivered addresses and presentations. The event was attended by government officials, academics, civil society organizations and UN agencies.

# REGIONAL UPDATES

## African Region (AFR)

WHO AFR supported eight countries, including Angola, Burkina Faso, Cameroon, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Senegal, South Africa and Tanzania. In these countries, 1 131 IPC trainers are now available, along with 9 381 trained health workers. At the same time 3 658 households of COVID-19 confirmed patients were disinfected, along with 513 healthcare facilities and 133 COVID-19 treatment centres were assessed. The IPC monitoring and evaluation framework was developed and will start receiving data from 45 of 47 countries next week. The AFR laboratory team validated Rapid Diagnostic Tests evaluation protocols in Senegal and Burkina Faso and also supported Burkina Faso in study implementation. A webinar on "Serology in COVID-19 response" was organized for all countries in the region. A laboratory database has also been developed. The team is regularly monitoring and analyzing influenza data to see the impact of COVID-19 response measures including lockdown on influenza. Support to countries that are conducting surveillance for seasonal and pandemic influenza is also ongoing. A team of experts have been deployed in Sao Tome and Principe and have operationalized the PCR laboratory for COVID-19 testing.

WHO has donated 50 beds and mattresses to help with establishment of an isolation centre at Ndolo Prison in the Democratic Republic of the Congo. The team presented on AFR guidance on Case Management and Anti-biotherapy: Lessons learnt, best practices, challenges and way forward at the Webinar – Antimicrobial Resistance threat during COVID-19 response – taking action on antimicrobial stewardship. A total of 370 participants attended across the continent. A WCO case management officer is supporting the Ministry of Health in the Ghana team in mapping available treatment centres across the country to address increasing number of cases. A curriculum was developed for community health workers along with Guidelines on healthcare workers performing CPR in a COVID-19 patient. General and specific technical advice was provided on prone position ventilation and home management of COVID-19 patients.

The communication team at AFR supported Nigeria, South Sudan, Lesotho, Eswatini, Sierra Leone to address Stigma and resistance. In Nigeria, 1 808 Town announcers from 226 wards in Adamawa State were trained on COVID 19 and their role in the containment of the disease and 11 000 people reached using mobile vans; 108 CSOs were sensitized in Kano state on prevention strategies; Yobe state sensitized bike riders on correct use of face masks; 100 media correspondents and news reporters were trained in Kano state. The team briefed the elderly people and equipped them to protect themselves, peers and other members of community against COVID-19 Burkina Faso. The communication team conducted capacity building on risk communication and community engagement, rumor management and communication to healthcare workers in Cabo Verde, Cote d'Ivoire, Senegal and Mauritania. The team also trained field team leads in Nigeria and Senegal, trained local journalists in three region of Cote D'Ivoire and prison administrators and transport union delegates in Cameroon. In Ghana, training of 100 District health staff, engagement of traditional leaders, sensitization of fishermen and dissemination of key messages in the central Region. A 2-day stakeholder engagement and material development workshop was organized by USAID Breakthrough Action and focused on communication needs assessment for stakeholders to generate knowledge and information for print and audio materials for COVID-19. 50 blind students were sensitized on prevention and control measures. Engagement of the public using mass media was intensified throughout the country

# REGIONAL UPDATES

## South-East Asia Region (SEAR)

Dharavi one of Asia's largest slums, located in Mumbai, India has a population of 1 million densely packed in an area of just over 2.1 square kilometers.

In April 2020 Dharavi had 491 cases with a 12% growth rate and a case doubling period of 18 days. The challenges were abundant, with 80% population dependent on community toilets and 8-10 people living in 10ftX10ft households/hutment, physical distancing and effective “home quarantine” were practically impossible.. The Maharashtra government and Brihanmumbai Municipal Corporation (BMC) adopted a model of actively following four T's – Tracing, Tracking, Testing and Treating. This approach included activities like proactive screening.

While 47,500 people were covered by doctors and private clinics in house-to-house screening, about 14,970 people were screened with the help of Mobile Vans, and 4,76,775 were surveyed by BMC health workers. Fever clinics were set up for screening high risk category such as elderly/senior citizens. This helped to screen 3.6 lakh people. Also, around 8246 Senior Citizens were surveyed and as part of its policy of 'Timely Separation', they were separated from the other community to effectively limit the transmission of the disease. In all, 5,48,270 people have been screened in Dharavi. The suspected cases were shifted to well organized COVID Care Centres and Quarantine Centres. The proactive measures adopted by BMC reduced the COVID-19 growth rate to 4.3% in May 2020 and further to 1.02% in June. These measures also ensured an improved case doubling time to 43 days in May 2020 and 78 days in June 2020. **COVID-19 collaboration brings ventilators to Indonesia.** On 2 June 2020, five ventilators procured by the United Nations Development Program (UNDP), the World Health Organization (WHO) and the International Organization for Migration (IOM) were handed over to Indonesia's National Board for Disaster Management (BNPB) and Ministry of Health. Over the next month, WHO, UNDP and IOM will together provide a total of 33 ventilators to Indonesia, 27 of which will come from a WHO partnership with the Government of Japan. The Government of Japan has contributed US\$ 11.5 million to the WHO Regional Office for South-East Asia and the Indonesia country office for activities linked to the COVID-19 response in Indonesia. Link:<https://www.who.int/indonesia/news/detail/05-06-2020-covid-19-collaboration-brings-ventilators-to-indonesia>

**India: Responding to COVID-19 - Learnings from Kerala**

2 July 2020

<https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala>

**India: Early case detection, vector control and strong community engagement are keys to Kala-azar elimination in India**

1 July 2020

<https://www.who.int/india/news/photo-story/detail/early-case-detection-vector-control-and-strong-community-engagement-are-keys-to-kala-azar-elimination-in-india>

### Key links

[COVID-19 web page](#)

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[Daily situation reports](#)

[Surveillance Report](#)

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[Response in countries](#)

[Regional updates \(AFRO, EMRO, EURO, AMR, SEARO, WPRO\)](#)

[Rolling updates](#)