

# Weekly Operational Update on COVID-19

9 October 2020



Confirmed cases<sup>a</sup>

**36 361 054**

Confirmed deaths

**1 056 186**

## WHO launches COVID-19 clinical management online training in Jordan

This week WHO launched an online training course designed for Jordan's frontline clinicians and nurses managing COVID-19 cases in designated hospitals. The clinical management training will be conducted from 5 to 26 October 2020 and will include a series of 7 virtual sessions over a 1-month period.

The sessions aim to enhance the capacity of the frontline health care workforce in working as a multidisciplinary team on the management of mild, moderate, severe and critical COVID-19 disease, based on WHO guidelines and evidence-based international standards. The course is designed to share national and international clinical experiences and foster knowledge exchange and partnerships for strengthening clinical practices

"In order to maximize our efforts to support Jordan, WHO has worked across its three country, regional and headquarters levels as one WHO team to provide technical support to the Ministry of Health to develop this first pilot online course in the Region. We do hope that other countries will also benefit from this experience," said Dr Maria Cristina Profili, the WHO Representative in Jordan.

For more information on the training course and online training, click [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 **4.4**million people registered on [OpenWHO](#) and able to access **133** COVID-19 online training courses across 18 topics in **41** languages

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



## From the field:

### **Ministries of health from selected countries in the Region of the Americas begin preparations for the WHO Solidarity clinical trials for COVID-19 vaccines**

The Solidarity Clinical Trial was presented to health authorities in the Americas, in a virtual meeting, held on 24 September 2020. The goal of the trial is to coordinate prompt, efficient, and reliable evaluation of candidate SARS-CoV-2 vaccines under development, to assess their safety and efficacy and to identify those that will be appropriate for deployment to influence the course of the pandemic. The six countries participating in the trial are Argentina, Brazil, Chile, Colombia, El Salvador and Mexico. PAHO will coordinate the extensive technical, political, and operational issues.

"The work done so far on COVID-19 has demanded efforts for scientists all over the world to stretch our capacity to innovate and collaborate to develop new solutions for the population that we serve," said Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme.

Topics covered included the general framework and characteristics of the Trial, and the selection criteria for participation, which include: a well established ethics committees with the required capacity, a National Regulatory Authority, a functional immunization program with disaggregated information at the subnational level, research centers with experience in vaccine trials, and epidemiological criteria according to the recommendations of the Trial Committee. The epidemiological criteria in the selection of the study sites allows determination of areas in which the incidence of COVID-19 is high, since the study seeks high recruitment rates.

However, it is noted that participation in the Solidarity Clinical Trial has no implication on eventual access to the vaccine via COVAX and the PAHO Revolving Fund.

For the full story please read [here](#).



*Institute of Epidemiological Diagnosis and Reference (InDRE), Mexico City, Mexico. Credit: WHO/ Blink Media – Lisette Poole*

## Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 8 October 2020, WHO briefed on the epidemiological situation and identified a number of key challenges continuing to impact the public health response to the pandemic including fatigue and strain on the public health infrastructure in many countries.

FAO updated the CMT on the “One Health” approach for inter-sectoral work needed at the human/animal interface. Discussions also acknowledged the importance of “One Health” in the context the environment including climate change. WHO advised that joint guidance on how to reduce the risk of trade in live animals in food markets was in the final stages of development.

With the current vaccine development pipeline, WHO highlighted the UN's role in supporting countries to be ready for the roll out of vaccines in due course to ensure that effective vaccines are complemented by effective vaccination.

Lastly, UN Department of Global Communication (UNDGC) informed the CMT that the UN Secretary-General launched his latest policy brief on 7 October 2020, “[COVID-19 and Universal Health Coverage](#)” (UHC) that called on all stakeholders to draw key lessons from the pandemic. The policy brief emphasizes that UHC, strong public health systems and emergency preparedness are essential to communities, to economies, to everyone.

## COVID-19 Preparedness

France, Finland and Indonesia co-hosted a United Nations General Assembly side event on ‘*Sustainable preparedness for health security and resilience: Adopting a whole-of-society approach and breaking the “panic-then-forget” cycle*’ with the WHO on 1 October 2020.

The event, attended by over 300 high-level participants, including Ministers and leaders of regional and international organizations, funders and partners, highlighted and advocated for long-term sustainable preparedness.

The side event paid special attention to the importance of applying a whole-of-society approach, including through effective multisectoral collaboration and community engagement. Member States spoke of their countries’ experiences in COVID-19 and commitment to health emergency preparedness. Partners stressed the need for community engagement, the involvement of parliaments and local governments, adopting a multisectoral approach, and the important role that they can play in country and global preparedness and financing.

This side event marked a crucial dialogue among countries, donors and partners on building back better for future emergency preparedness during the current COVID-19 pandemic, and beyond.

The press release can be found [here](#), and a meeting report will be published soon.

## Health Learning

41 languages

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Over 2.3 million certificates

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133 COVID-19 courses

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**4 493 339**  
Course  
enrollments

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



Protective equipment Hand hygiene Country capacitation Treatment facilities Field data tool Mass gatherings Long-term care

Intro to COVID-19 Health & safety Clinical care Prevention & control (IPC)

OpenWHO.org

**Protect safety in long-term care facilities during COVID-19**



Free online course for caregivers + residents

OpenWHO.org

Last week, the OpenWHO team launched a new course on [long-term care facilities in the context of COVID-19](#) together with the Western Pacific Regional Office. care facilities (LTCF),

As the COVID-19 pandemic affects older people disproportionately, especially those living in long-term, concerted action is needed to mitigate the impact of COVID-19 by enhancing infection prevention and control (IPC) measures within LTCF.

The COVID-19 IPC course for LTCF consists of four training modules to be used in conjunction with the LTCF communication toolkit and preparedness checklist.

- Module 1: COVID-19 Infection Prevention and Control Package for Long-Term Care Facilities
- Module 2: Performing the COVID-19 Preparedness Checklist for Long-Term Care Facilities
- Module 3: Caring for Residents of Long-Term Care Facilities during COVID-19
- Module 4: Protection and Support of Staff of Long-Term Care Facilities during COVID-19

This training package can be used by facility administrators, IPC focal points or staff, and internal or external professionals. In the coming weeks, the course will be available in UN official languages as well as Portuguese, Indonesian, Malay, Mongolian and Vietnamese.



## Partnerships

### The Emergency Medical Teams - EMT



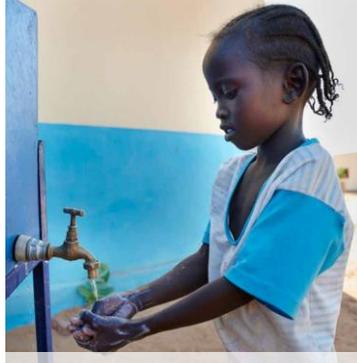
- On 23 September 2020, the Ulusal Medikal Kurtarma Ekibi (UMKE) Emergency Medical Team from Turkey was verified as an EMT type two in Istanbul, Turkey. Type two EMT have inpatient emergency care and surgical capacity. UMKE is the 30th team to join the global network of WHO classified Emergency Medical Teams and will continue to contribute to the nation response to COVID-19.
- On 1-2 October 2020 a remote simulation exercise was successfully completed on EMT Coordination. The simulation was a collaboration with partners Training in Aid and the Robert Koch Institute. This global pilot was a refresher course on the EMT Coordination Cell (EMTCC) methodology with participants from 15 countries worldwide who are on the EMTCC roster and currently work on the COVID 19 response. Participants came from government, NGOs, WHO and other partner agencies including OCHA.
- As of 7 October 2020, over 50 International EMT missions have been conducted to response to the COVID 19 pandemic. A survey on EMT best practices and lessons in the COVID 19 response will be published next week.
- The EMT Network is still active to ensure access to essential health services in Lesbos, Greece (camp fire) and Beirut, Lebanon (explosion). Provision of these services were severely reduced following the events. In the meantime, the EMTs are also helping to manage the increase in the number of COVID 19 cases observed in Greece and Lebanon. While the Norwegian EMT will be completing its mission in Greece soon, the deployment of other classified teams is under discussion to ensure continuity.

## Partnerships

### The Global Health Cluster - GHC



Credit: WHO



Credit: UNICEF



Credit: OCHA

- The Global Health Cluster released news stories on the [Sudan Health Cluster](#) responding to multiple emergencies in the COVID-19 context and the need to prioritize essential health services in the current funding crises.
- The Global Health Cluster also published a partner profile showcasing the work of [FHI 360](#) in strengthening health systems in Yemen and their timely commitment to fill the sub-national cluster coordination role in Aden shortly before the first COVID-19 cases in southern Yemen were reported. These news stories were also disseminated via the quarterly [Health Cluster Updates](#)



Credit: FHI 360



Credit: FHI 360



### 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.

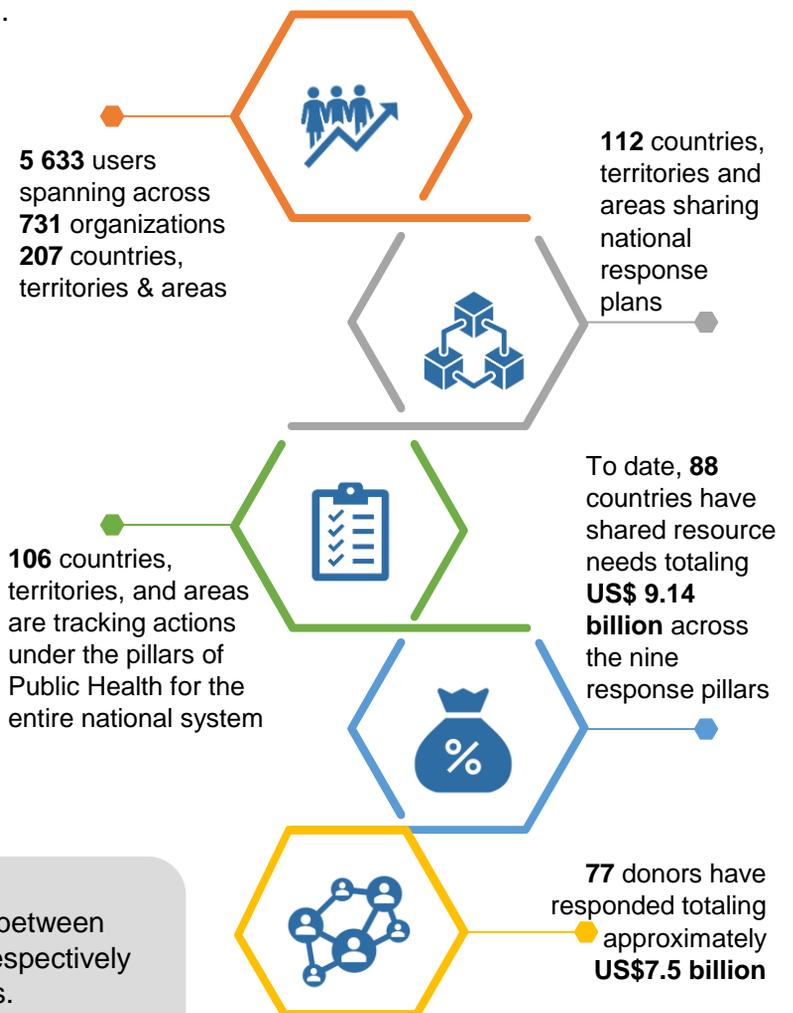
To further facilitate country-level planning, monitoring and advocacy, a [dashboard](#) for the Partners Platform has been created. The new feature provides:

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

### Results Report

The Partners Platform has finalized a first Results Report to highlight key objectives and achievements of the Platform and present its short-term and long-term goals for expansion as an even more useful tool for countries and donors to respond efficiently to future outbreaks.

The Results Report will be available next week online. Please contact Erin Kannan at [kannanp@who.int](mailto:kannanp@who.int) for inquiries about this publication.



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 to date.

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 9 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\$250  
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 Sept 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

As of 9 October 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 236 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 618,000 individuals together contributed more than US\$236 million in fully flexible funding to support the WHO-led global response effort

Among the latest allocations, the Solidarity Fund has supported a project to promote Civil Society Organizations (CSOs) engagement in the COVID19 response, for a total of US\$5 million. This is an innovative initiative on prevention and control of COVID-19 through direct partnership with civil society and community organizations at the country level.

The project will provide grants to selected CSOs as a pilot, review priorities in governance mechanisms for engagement with CSOs, and establish networks at global and regional levels to support CSO engagement in health emergencies.

**More than US\$ 236 Million**



**618 000** donors

[individuals – companies – philanthropies]

### 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](#).

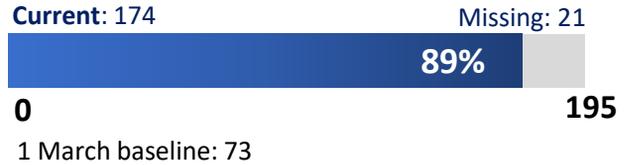


### COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

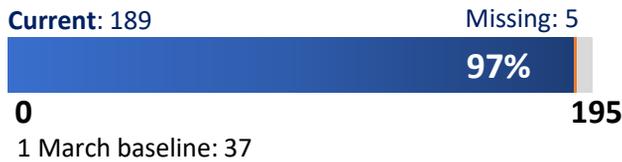
Countries have a COVID-19 preparedness and response plan



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



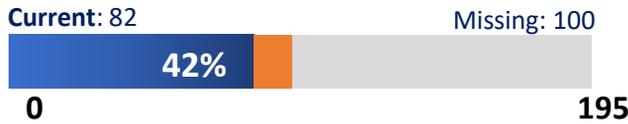
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



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



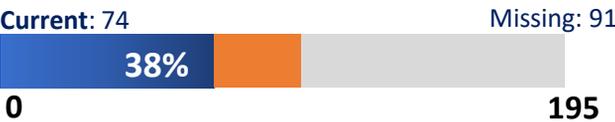
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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:**

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

<sup>b</sup> Source: UNICEF and WHO



### COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

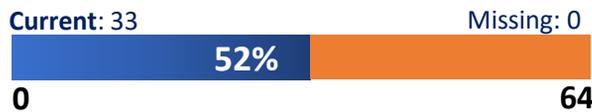
#### Priority countries with multisectoral mental health & psychosocial support working group



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



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



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



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



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



Notes:

<sup>c</sup> 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.



103 countries intend to implement at least one Unity Study protocol

56 countries have started implementation

### Global COVID-19 Clinical Data Platform

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

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



61 countries intend to contribute data to the clinical platform

35 countries have started sharing data

### Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



In week 39, 29 countries have reported COVID-19 data from sentinel surveillance systems

42 778 sentinel surveillance specimens were tested in week 39

10.7% specimens tested were COVID-19 positive



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