

# Weekly Operational Update on COVID-19

23 October 2020



Confirmed cases<sup>a</sup>

**41 570 883**

Confirmed deaths

**1 134 940**

## Lao People's Democratic Republic: Accurate and timely data are crucial to identify risks early

The COVID-19 response in Lao People's Democratic Republic has greatly benefited from earlier investment in a national health information system, the District Health Information System (DHIS2) with technical support from WHO. Based on this system, Lao People's Democratic Republic developed and implemented a new COVID-19 tracker within three weeks of activation of the emergency response in March 2020.

The system can manage data on suspected cases, positive cases, contacts and migrant worker returnees. Several dashboards facilitate easy visualization for active monitoring, surveillance and quality control. The Ministry of Health (MoH) is able to constantly monitor the utilization of ICU



An ICU nurse at one of the COVID-19 treatment hospitals entering data on a tablet PC. Photo credit: S. KhounpaseuthPC

beds, ventilators and human resources in in COVID-19 treatment hospitals and thereby plan ahead.

The MoH also uses the system for monthly monitoring of key essential health service indicators to identify changes in the delivery or uptake of essential health services and to take quick remedial action as needed, increasing outreach activities for immunization for example. For more information, see [here](#)

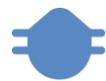
## Key Figures



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



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



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



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



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



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



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



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

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



## Public health response and coordination highlights

- During the United Nations (UN) Crisis Management Team (CMT) meeting on 23 October 2020, WHO briefed on the epidemiological situation noting the increasing trends in parts of Europe and Asia.
- WHO cautioned that previous success in controlling COVID-19 transmission is no guarantee of future success and that continued vigilance is required.
- WHO also stressed that we are still learning about the long-term impact of the disease, and the importance of research and follow-up. Recent developments under the Access to COVID-19 Tools (ACT) Accelerator were presented, highlighting the release of a [status report](#) and [investment case](#) with finance requirements, warning that financial challenges now outweigh the technical, operational and political challenges.
- The Supply Chain Task Force is currently reviewing supply aspects with continued disruption, and the need to evolve from rapid response to larger and longer term systems.
- On mass gatherings, WHO informed that the work is shifting from the assessment of risk associated with large international events to providing tools and guidance for mitigating the risk associated with smaller events and sporting competitions.
- Regarding external communications, UNESCO and WHO shared information about a webinar to scope how UN communicators can supplement the initiatives of the [Verified](#) campaign.

## Health Learning

41 languages

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Over 2.3 million certificates

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134 COVID-19 courses

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**4 539 423**  
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

Attention health workers

Learn how to provide  
**safe, effective & quality clinical care**  
for patients with COVID-19

OpenWHO.org



### **New course for safe, effective and quality clinical care for patients with COVID-19.**

The Clinical Management of Patients with COVID-19 course series has been developed for healthcare workers during the COVID-19 pandemic. The course provides crucial knowledge necessary to provide safe, effective quality patient care.

Presentations address all aspects of clinical management, including facility preparation and surge planning; health worker infection prevention and control; interfacility transfer; clinical management of mild, moderate, and severely ill patients with COVID-19; special considerations for geriatric, pregnant, and pediatric patients with COVID-19; rehabilitation; and ethics and palliative care.

The course series consists of 6 courses, which include video lectures and downloadable presentations that have been updated with the latest guidance and evidence. Each module contains 5-8 lectures, and each lecture includes a quiz to evaluate knowledge acquisition.

The first course of the 6 course series, *Clinical management of patients with COVID-19 - General considerations*, was published on OpenWHO site this week. It provides background on the pandemic and discusses facility operations and preparation, referral systems and interfacility transfer, infection prevention and control, and the role for palliative care for patients.

This course also includes discussion of the ethical issues arising during COVID-19 care, including the principles of allocating critical care resources and pandemic preparedness at all levels of healthcare provision. It is estimated to take approximately 3 hours to complete.

You can access the course [here](#)

## Partnerships

### The Global Outbreak Alert and Response Network - GOARN

#### Rapid Response Mobile Laboratory (RRML/GOARN) Deployment to Lesvos, Greece

A rapid response mobile laboratory (RRML) has been deployed to the island of Lesvos, Greece, as part of the COVID-19 response coordinated by the WHO Regional Office for Europe.

The RRML from the Bernhard-Nocht Institute for Tropical Medicine (BNITM) arrived at the refugee camp in Kara Tepe, newly constructed following a fire at the Moria camp.

The RRML was deployed at the request of the Greek authorities with financial support from WHO/Europe, through the Global Outbreak Alert and Response Network (GOARN).



*Meike Pahlmann, BNITM and Julia Hinzmann, BNITM. Credit: WHO*

The RRML team is currently deployed alongside the Norwegian and German Emergency Medical Teams (EMTs). Since operations began on 20th October, the RRML team has greatly increased the number of samples that can be tested daily. The RRML aims to support strengthening COVID-19 response and essential primary health care activities for camp residents and for the host population of Lesvos island. Turnaround time and quality measures for COVID-19 test results have been optimized, subsequently improving quality of patient care. These actions are also building the basis for the establishment of a surveillance system in Kara Tepe.

For at least the next 2 months, specialists from the BNITM, the Robert Koch Institute and other partners will support national authorities in Greece to test for COVID-19 and to support diagnosis of priority diseases and treatment in Kara Tepe. RRMLs are a key component of the laboratory response to outbreaks, and have demonstrated their capability to cover essential diagnostic support in humanitarian settings.

“The COVID-19 pandemic has demonstrated yet again that collaborative outbreak response is imperative to meet the health needs of vulnerable populations across the globe.” elaborates Pat Drury, GOARN manager. “We acknowledge the contributions of long standing GOARN partners – BNITM and RKI - and thank them for their solidarity in this time of need”.

For more information on GOARN and international deployments supporting COVID-19 pandemic response, see [here](#).



### COVID-19 Partners Platform

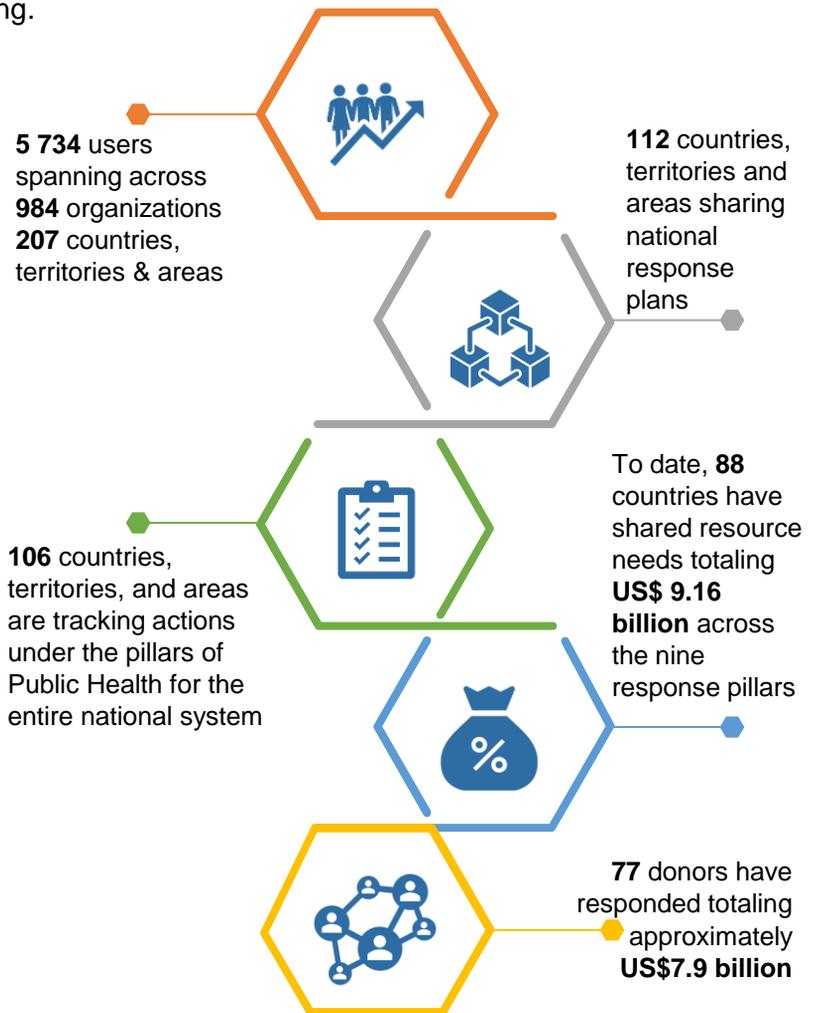
The [COVID-19 Partners Platform](#), developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event.

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.

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 9 October.

Shipped items as of 9 October 2020	Laboratory supplies		Personal protective equipment					
	Region	Sample collection kits	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	2 490 455	1 099 246	1 034 364	754 300	147 639	1 012 048	45 148 789	1 655 314
Americas (AMR)	1 010 212	10 352 678	3 820 501	88 000	301 180	1 134 570	56 396 710	7 788 056
Eastern Mediterranean (EMR)	649 340	1 058 420	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)	190 960	421 460	1 704 850	7 190 100	374 720	985 048	37 292 100	5 126 950
South East Asia (SEAR)	1 301 800	1 639 800	87 336	1 852 500	81 550	218 050	5 406 300	353 075
Western Pacific (WPR)	90 800	240 864	319 200	1 238 000	105 167	98 510	10 369 650	971 235

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 23 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\$164  
MILLION**

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

### Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550  
MILLION**

WHO current funding gap

**US\$55  
MILLION**

Global WHO GHRP allocation as of Oct 2020

**US\$495  
MILLION**

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



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 23 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.

**More than US\$ 236 Million**



**633 000** 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>

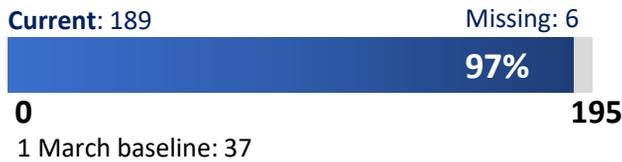
Countries have a COVID-19 preparedness and response plan



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



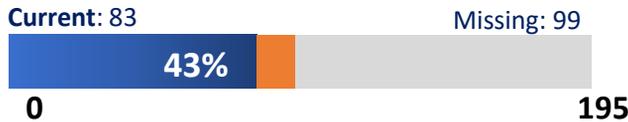
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



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



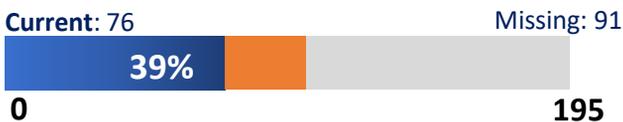
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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



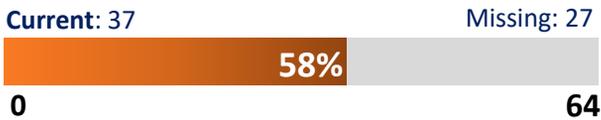
### COVID-19 Global Preparedness and Response Summary Indicators

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](#).

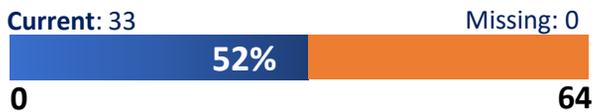
**Priority countries with multisectoral mental health & psychosocial support working group**



**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.



111 countries intend to implement at least one Unity Study protocol

62 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.



62 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 41, 31 countries have reported COVID-19 data from sentinel surveillance systems

266 993 sentinel surveillance specimens were tested in week 41

13.5% 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](#)
- ❑ For updated GOARN network activities, click [here](#)