

# Weekly Operational Update on COVID-19

21 August 2020



Confirmed cases<sup>a</sup>  
**21 294 845**

Confirmed deaths  
**761 779**

Countries, areas, or territories affected  
**216**

## From The Field

### World Humanitarian Day recognizing COVID-19 responders globally



World Humanitarian Day was observed on 19 August 2020 and recognized #RealLifeHeroes who are fighting COVID-19 among other emergencies and crises around the world.

The day, formalized by the UN General Assembly in 2009, is dedicated to recognizing the ongoing work of humanitarian personnel and those who have lost their lives working for humanitarian causes.

Humanitarians around the world used the hashtag #RealLifeHeroes to pay tribute to those working in the most extreme circumstances. The Global Health Cluster marked the day by distributing through the [Health Cluster COVID-19 Updates](#), including a short video of humanitarian heroes.

To read more about humanitarian front line workers, click [here](#).

## Key Figures



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



18 210 118 respirators shipped to 172 countries across all six WHO regions



101 1461 759 3 plie masks shipped to 172 countries across all six WHO regions



7 207 472 face shields shipped to 172 countries across all six WHO regions



3 512 638 gowns shipped to 172 countries across all six WHO regions



2 090 900 gloves shipped to 172 countries across all six WHO regions



1 021 470 goggles shipped to 172 countries across all six WHO regions



More than 4.1 million people registered on OpenWHO and able to access 118 COVID-19 online training courses in 39 languages

a) See Coronavirus Disease (COVID-19) [Situation Report 17 August 2020](#) for further information

## Coordinated community engagement in Afghanistan



Catholic Relief Services, Afghanistan

The gender in humanitarian action (GiHA) and the mental health and psychosocial support (MHPSS) sub-clusters also actively participate. Multisectoral engagement allows the critical COVID-19 health prevention and treatment information to be strengthened by gender, mental health and protection lenses, thus reducing duplication of efforts and ensuring strong cohesive messages, accompanied by guidance for frontline workers, from all actors.

To formalize the coordinated response, the RCCE working group developed the Collective Approach to RCCE on COVID-19. The approach builds on lessons learned from other health crises in best practices for directly tackling stigma and misinformation. Members of the working group identified key feedback channels to gather input on the specific rumours, questions and fears that are commonly expressed in their communities. The working group then develops guidance and key messages with the support of the Afghanistan Ministry of Public Health and the WHO to directly address the questions raised and circulates these to all actors for incorporation into mass media campaigns and community engagement activities.

**Read the full story [here](#)**

The Afghanistan Health Cluster moved swiftly to put Risk Communication and Community Engagement (RCCE) coordination mechanisms in place to address the fears and misconceptions that were circulating around the country at the start of the COVID-19 outbreak.

In March 2020, the WHO and the Afghanistan Health Cluster convened the RCCE Working Group in response to the COVID-19 pandemic and rising need for in-depth community engagement and clear communications.

*“The Afghanistan Health Cluster will operationalize the RCCE strategy in the COVID-19 response and beyond.” shares **David Lai, Afghanistan Health Cluster Coordinator,***

*“This would include supporting dedicated regional technical RCCE focal points that link with the overall accountability to affected people. Furthermore, going forward, community engagement will continue to be a core pillar in other health responses, including the Global Polio Eradication Initiative, communicable and non-communicable diseases and maternal reproductive health.”*



## Partnership

### Emergency Medical Teams



To date, the Emergency Medical Teams have completed 12 international missions to support country response to COVID-19.

- Algeria
- Burkina Faso
- Ethiopia
- Cambodia
- Cameroon
- Italy
- Kyrgyzstan
- Mongolia
- Sao Tome and Principe
- South Africa
- Sudan
- Tajikistan

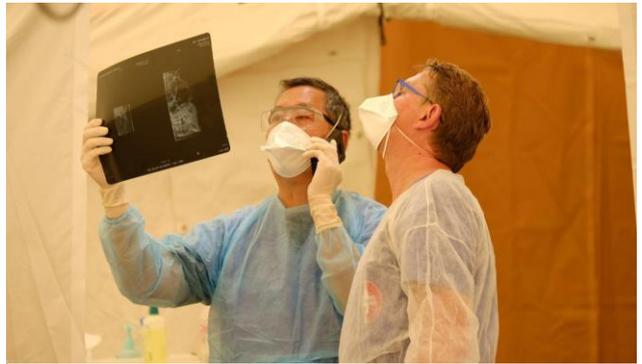


Malteser EMT (Germany) Yaoundé Cameroon. Photo by Malteser EMT



EMTs have continuing operations in 18 countries, areas, and territories

- Armenia
- Azerbaijan
- Bangladesh
- Burkina Faso
- Chad
- Democratic Republic of Congo
- El Salvador
- French Guiana
- Ghana
- Lebanon
- Papua New Guinea
- Republic of Congo
- Serbia
- Senegal
- South Sudan
- Yemen
- Zambia
- Zimbabwe



ESCRIM France EMT – Deployed in Guayane Photo by: Securite Civile France



Case management experts continue to support Bangladesh and Papua New Guinea response.

## Operations Support and Logistics

The COVID -19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products, leading to severely constrained market conditions for these critical supplies.

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 172 countries across all WHO regions.

The table below reflects WHO-procured items that have been shipped to date.

Shipped items as of 18 August 2020	LABORATORY SUPPLIES		PERSONAL PROTECTIVE EQUIPMENT					
	Swab	Test (Manual PCR)	Face shield	Glove	Goggles	Gown	Mask 3 plies	Respirator
Africa (AFR)	1,435,979	509,080	554,190	386,300	79,405	731,851	8,547,223	685,618
Americas (AMR)		6,528	3,799,911	88,000	328,008	1,212,257	61,393,636	10,130,335
Eastern Mediterranean (EMR)	384,054	849,248	789,285	724,000	113,660	386,122	10,579,050	1,207,995
Europe (EUR)	34,132	339,879	1,701,450	259,100	343,040	901,448	9,950,100	5,020,950
South East Asia (SEAR)	920,882	1,207,767	62,336	414,500	59,150	194,450	2,968,800	308,945
Western Pacific (WPR)	74,500	240,864	300,300	219,000	98,207	86,510	7,707,950	856,275

For further information on the COVID-19 supply chain **system**, see [here](#).



Health Learning

As of 18 Aug 2020

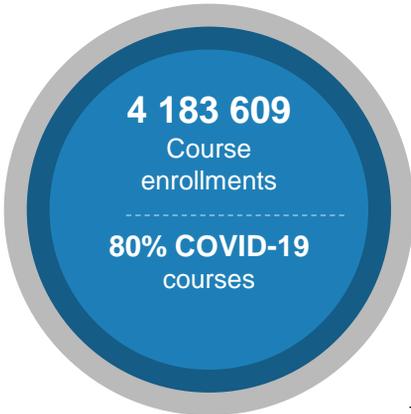
WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).

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

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

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Other IPC topics
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings

OpenWHO.org



39 languages

1 million certificates

118 COVID-19 courses

16 free trainings

Technical Guidance and Latest Publications

- [Considerations for quarantine of contacts of COVID-19 cases](#), interim guidance—19 August 2020

*The purpose of this document is to offer guidance to Member States on quarantine measures for individuals in the context of COVID-19. It is intended for those responsible for establishing local or national policy for quarantine of individuals, and adherence to infection prevention and control measures.*



## Medicines and Health Products

The [Access to COVID-19 Tools \(ACT\) Accelerator](#) was launched by the WHO and a range of global partners at the end of April 2020 and it presented its [investment case](#) on 26 June 2020.

Since then, the ACT Accelerator has shown the following results to date:

- Nine vaccine candidates in the [COVAX](#) portfolio are currently going through Phase II or Phase III clinical trials.
- Countries representing nearly 70% of the world's population have signed up or expressed interest to be part of the [COVAX Facility](#), which is designed to guarantee rapid, fair and equitable access to COVID-19 vaccines for every country in the world.
- Results from clinical trials showing evidence of efficacy of dexamethasone in severely ill Covid-19 patients were disclosed in June and efforts are currently being made by the international community for scaling up its production.
- More than 50 diagnostic tests are currently undergoing evaluation.

Draft Target Product Profiles (TPP) for priority COVID-19 diagnostics [have been published](#). These TPPs describe acceptable profiles for four tests:

- Point of care tests for suspected COVID-19 cases and their close contacts to diagnose acute SARS-CoV-2 infection in areas where reference assay testing is unavailable, or turnaround times are too long.
- Tests for diagnosis or confirmation of acute or subacute SARS-CoV-2 infection, suitable for low or high-volume needs.
- Point of care tests for prior infection with SARS-CoV-2.
- Tests for prior infection with SARS-CoV-2 for moderate to high volume needs.



## 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 21 August 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\$1.7 BILLION**

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

**US\$832 MILLION**

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

### Global Humanitarian Response Plan (GHRP)

Amount required by UN partners and NGOs until end December 2020 due to COVID-19

**US\$10.3 BILLION**

WHO's financial requirement under the GHRP

**US\$550 MILLION**

WHO current funding gap

**US\$228 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 19 August 2020, [The Solidarity Response Fund](#) has raised or committed

**US\$ 233 859 565**



**565,000** donors

individual

companies

philanthropies

### The WHO Contingency Fund for Emergency (CFE)

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

**US\$ 10 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 clinical referral system in place to care for COVID-19 cases



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



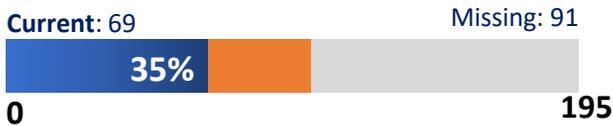
Countries have COVID-19 laboratory testing capacity



Countries have a health occupational safety plan for health care workers



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



Countries have a COVID-19 preparedness and response plan



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



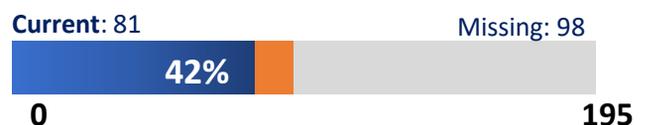
Countries in which all designated PoE have emergency contingency plans



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



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



Yes No Missing Data

Notes

- a) Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."
- b) Source: UNICEF and WHO reporting



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

Selected indicators within the M&E 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 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







## Regional Highlights

### Americas (AMR)

#### Surveillance, Rapid Response Teams, and Case Investigation

PAHO continued its Event-Based Surveillance (EBS) while also supporting countries to boost their Indicator-Based Surveillance (IBS).

Efforts continued to ensure that all countries in the Region integrate COVID-19 into their routine severe acute respiratory illness / influenza-like illness (SARI/ILI) surveillance systems.

To date, 20 countries have integrated COVID-19 surveillance into their SARI/ILI systems.

PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)).

During the reporting week PAHO published two new epidemiological alerts. The first on [COVID-19 during pregnancy](#), highlighted recently published results and studies which showed an increased risk among pregnant women of presenting with severe forms of COVID-19 and, therefore, of being hospitalized and admitted to intensive care units (ICU).

The second alert focused on [complications and sequelae of COVID-19](#) and included recommendations for Member States to keep health professionals informed as new information continued to become available. This would facilitate the timely detection and proper management of COVID-19 cases, complications, and sequelae.

#### Maintaining Essential Health Services

PAHO produced guidance and recommendations on [the post-authorization Surveillance of Medical Products](#) during a Pandemic Emergency to support regulatory decision-making in pharmacovigilance, technovigilance, and hemovigilance during pandemics. This was in addition to PAHO's fifth update to [the List of Priority Medical Devices in the Context of COVID-19](#), which provided technical descriptions and specifications for the medical devices recommended for case management.

### African Region (AFR)

#### Surveillance, Rapid Response Teams, and Case Investigation

- Sierra Leone Ministry of Health and Sanitation has strengthened its surveillance, emergency preparedness, resilience and response systems to effectively manage public health events and emergencies, with joint UN support in the implementation of COVID-19 interventions.
- Equatorial Guinea, Gambia, Guinea Bissau and Niger are developing an epidemiological situation analysis and testing strategy for COVID-19 to improve case detection, contact identification and tracing.

## Regional Highlights

### Eastern Mediterranean Region (EMR)

#### Surveillance, Rapid Response Teams, and Case Investigation

The Regional Office continues to support clinical management in-country through surge missions. A surge mission in **Beirut** underway focusing on identifying post-port blast COVID-19 clinical management gaps. In addition, a surge mission to **Yemen** for clinical management has been completed and mission report soon to be shared.

In **Jordan**, clinical management training sessions are currently being developed to fit the country context.

#### National Laboratories

- Support is being provided to **Syrian Arab Republic** and **Sudan** for scaling up testing capacity through decentralization at subnational level and strengthening national laboratory networks.
- EMRO is mentoring the team currently assessing lab capacity approved by the self-administration in northeast Syria in order to maximise the new PCR machines donated by Sweden.

### European Region (EUR)

#### Country-level Coordination, Planning and Monitoring

#### **Joint WHO Regional Office for Europe and Robert Koch Institute mission to Uzbekistan: 21-27 August.**

WHO Regional Office for Europe is participating in a joint country support mission with the Robert Koch Institute (RKI) in Uzbekistan.

The aim of the mission is to assist the Government of Uzbekistan in conducting an Intra-Action Review to support the ongoing response to COVID-19 in the country. The team will consist of a dozen members from RKI, Charité University Berlin, University of Frankfurt, University of Düsseldorf and experts from the WHO Regional Office.

#### Cross Cutting

#### **Behavioural insights study in North Macedonia.**

The ongoing behavioural insights study on COVID-19 in North Macedonia focuses primarily on monitoring knowledge, risk perceptions, preventive behaviours and trust to help better inform pandemic outbreak response. The second round of the study was recently completed and the third round has now been initiated.

#### National Laboratories

As of 13 August, the WHO Regional Office deployed a laboratory expert in a follow-up mission to further support the Government and Ministry of Health (MOH) in Kazakhstan in the development of a national scale-up plan for COVID-19 testing. The WHO expert will visit different levels of laboratories providing COVID-19 testing in Almaty and Nur Sultan.

## Regional Highlights

### South-East Asia Region (SEAR)

#### Maintaining Essential Health Services



*A midwife in the Rohingya refugee camps in Cox's Bazar, Bangladesh. Photo: T. Almeida/WHO*

**Immunization activities during the COVID-19 pandemic:** Since mid-April, immunization services in the Cox's Bazar were withheld due to the lockdown following the first COVID-19 positive cases among the host community. In response, the Government, WHO and health sector partners have developed a health facility-based transitional strategy to resume the routine immunization services with fixed site sessions open for 6 days a week and the health facility-based sessions (previously known as outreach sessions) now running 4 days a week.

Currently, 55 health facilities are working as fixed immunization sites and another 60 as outreach sites to ensure routine immunization sessions in Cox's Bazar.

**Gender-based violence (GBV) and COVID-19:** The health sector in collaboration with technical working groups from protection, gender, gender-based violence, child protection and protection against sexual exploitation and abuse (PSEA) developed an orientation package on the cross-cutting themes to accompany health sector trainings on COVID-19. A series of trainings for child carers and partners operating Severe Acute Respiratory Infection Treatment Centres were jointly organized by the health sector/WHO and the child protection sub-sector in Cox's Bazar.

### Western Pacific Region (WPR)

#### Country-level Coordination, Planning, and Monitoring

- The WHO Country Office in the Philippines together with the Department of Health have presented their joint study conducted among health workers during the global learning webinar organized by the WHO Social Science Pool. The two rounds of the study gathered over 900 responses from health workers from different provinces in the Philippines about their information needs.
- A virtual meeting with the WHO Collaborating Centres (CCs) on strengthening collaboration and networking during COVID-19 response will be held on 25 August 2020. The overarching objectives of the meeting include acknowledging the current contributions of WHO CCs in the COVID-19 response, sharing of good practices and lessons, identifying potential collaboration opportunities and mechanisms under priority technical areas, and strengthening and promoting innovative network collaborations to maximize the contribution of WHO CCs in the context of COVID-19.