

Weekly Operational Update on COVID-19

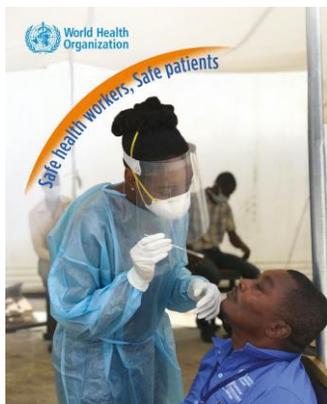
18 September 2020



Confirmed cases^a
30 055 710

Confirmed deaths
943 433

WHO Celebrates World Patient Safety Day: Keep health workers safe to keep patients safe



Speak up
for health worker safety!

World Patient Safety Day
17 September 2020

On 17 September 2020, WHO, international partners and all countries marked World Patient Safety Day with a focus on increasing public awareness and engagement to address the challenges and risks health workers are facing globally, in light of the COVID-19 pandemic

“The COVID-19 pandemic has reminded all of us of the vital role health workers play to relieve suffering and save lives,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe. WHO’s [Health Worker Safety Charter](#) is a step towards ensuring that health workers have the safe working conditions, the training, the pay and the respect they deserve.”

This year, a combination of virtual and other activities were implemented by countries including the signature mark of the global campaign to light up key structures in orange and promoting over social media in collaboration with local authorities.

For more information on the Health Worker Safety Charter and country actions around the campaign, click [here](#).

Key Figures



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



16 561 385 respirators shipped to 150 countries across all six WHO regions



156 559 543 medical masks shipped to 150 countries across all six WHO regions



7 908 279 face shields shipped to 150 countries across all six WHO regions



6 429 329 gowns shipped to 150 countries across all six WHO regions



9 994 650 gloves shipped to 150 countries across all six WHO regions



1 059 778 goggles shipped to 150 countries across all six WHO regions



More than 4.3 million people registered on [OpenWHO](#) and able to access 128 COVID-19 online training courses across 17 topics in 40 languages

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



World Health Organization

HEALTH
EMERGENCIES

programme

From the field:

World Patient Safety Day in Action: Nigeria investing in health worker training with support from WHO

In light of the COVID-19 pandemic, the theme for this year's celebration is "Health Worker Safety: A Priority for Patient Safety." The theme focusing on the interrelationship between health worker safety and patient safety, is illustrated in the slogan 'Safe health workers, Safe patients'. It emphasizes the need for a safe working environment for health workers as a prerequisite for ensuring patient safety.

In a bid to keep lowering infection rates amongst health workers, Nigeria's Federal Capital Territory and all 36 state governments have

invested in training their health workers with the support of WHO on infection prevention and control.

"IPC (infection prevention and control) is critical because it protects both the health workers and the people who come to the facilities," says Professor Bola Olayinka, a WHO leading expert in infection prevention and control who led the training team deployed to Kano and coordinated national training across Nigeria's six geopolitical zones. "Whether it is COVID-19, Ebola, Lassa fever, meningitis or cholera, we don't want patients to come in with one problem and leave with an additional one," she adds.

Since February, Professor Olayinka has been to several states in the country, including Ogun and Lagos in the south-west, to train various groups, including rapid response teams, on IPC. COVID-19 regulations mean she can only train a few people at a time, so she has adopted a train-the-trainer model, requesting states to send health workers who can then teach others. Across the country, about 10,000 health workers have trained under Professor Olayinka. In turn, they have gone on to train tens of thousands of others.

"Fewer healthcare workers are getting infected compared to before in the nine states that have gone through the intensive training so far and there is a better knowledge of what to do to avoid infection," Professor Olayinka says. "IPC is not a once and for all thing and it's not just a COVID-19 thing. It needs to be entrenched in the health care system and it should be part of the normal standard of care," Professor Olayinka says. "People need to be aware, trained, retrained and reminded."

In addition to scaling up IPC training, the national and state governments of Nigeria have also strived to make personal protective equipment and other essential supplies more readily available to health workers. Nigeria has also participated in the United Nations Solidarity Flight campaign, which distributed essential medical supplies including personal protective equipment and ventilators.

For more information on IPC training in Nigeria and the ongoing work to support countries to keep health workers safe, click [here](#)



Combating health worker infections in Nigeria

Public health response and coordination highlights

- During the United Nations Crisis Management Team (UN CMT) meeting on 9 September 2020, **WHO** briefed on the epidemiological situation and informed that WHO issued [living guidance on the use of corticosteroids](#), and the finalization of guidance on considerations for the use of [antigen-based rapid diagnostic tests](#).
- **WHO** stressed the importance of the work of WHO and UNICEF, amongst other agencies to ensure that quality vaccines are produced in quantity and available to all. As part of this, WHO has begun receiving requests from vaccine manufacturers regarding the data required in support of emergency use in order to accelerate availability for use.
- **UNESCO and UNICEF** briefed on the COVID-19 Impact on Education and the Reopening of Schools. **WHO** noted that there will be no zero risk in reopening of schools, and the question for policymakers and public health and education officials is how to prevent clusters from turning into community transmission.
- **Department of Global Communications (DGC)** shared updates on the Verified campaign and the preliminary agenda for the UN General Assembly. WHO will participate at the 75th session of the General Assembly, and is organizing a high-level event on the ACT-Accelerator together with partners.

Health Learning

As of 18 September 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](https://openwho.org)



40 languages

Over 1.1 million certificates

128 COVID-19 courses

Partnerships

The Emergency Medical Teams - EMT



The Norway EMT in Lesbos, Greece / WHO

To date, over 45 International EMT missions have been conducted while additional requests of assistance have been received. WHO has launched a survey to document best practices and capture lessons learned from EMTs involved in the COVID 19 response,

WHO held an EMT Global call with over a hundred representatives from the EMT network and partners agencies to share experiences and lessons learned to recent deployments. Representatives from the UN Disaster Assessment and Coordination team and the International Search and Rescue Advisory Group presented their experiences in Beirut to the EMT network. Malteser International also presented their recent deployment to Cameroon for COVID-19.

Greece

On 8 September 2020, a fire broke out on the Greek Island of Lesbos, in Moria camp, which hosted some 13,000 refugees and migrants, a camp that is meant to have capacity for fewer than 3,000.

A request for assistance was issued for EMTs once reports indicated that no facilities had survived the fire. The WHO classified EMT from Norway was immediately deployed and several additional teams have offered assistance to Greece. Teams are in country to help ensure access to essential health services which were lost in the fire as well as provide support to the ongoing COVID-19 response.

Lebanon

The EMT Network continues to be involved in the response of the Beirut explosion and has re-tasked responding teams to support the rise of COVID 19 cases in country. The EMT Coordination Cell remains active and the EMT Coordinator will remain in country until November.

COVID-19 Preparedness

Impact of Simulation Exercises on Covid-19 Response

WHO Simulation Exercises (SimEx) have supported Member States to strengthen their emergency preparedness and response capacities for COVID-19 and other health emergency risks through national learning and system improvement. Since the start of the COVID-19 pandemic, multiple countries have used and benefitted from SimEx to enhance their preparedness and response.

Some examples include:

In the Republic of Korea, a table top exercise was conducted in December 2019 to assess national capacities to manage a potential infectious disease outbreak. The outcomes of the exercise are [reported to have been supportive](#) of COVID-19 case testing in the country.



In April 2019 [Uganda](#) tested capacities to detect and contain potential importation of an infectious disease at Entebbe International airport. The exercise reviewed capabilities for effective case detection, safe transportation, laboratory testing, contacting tracing, case management, community engagement and safe and dignified burial.

The SimEx was carried out in real-time giving health workers and other frontline workers a real feel of the time pressures that can occur during an emergency which proved to be a highly supportive experience in facilitating detection of the first COVID-19 case at Entebbe International Airport.



In the [Kingdom of Bhutan](#) (November 2019) and [Namibia](#) (March-April 2020), SimEx were conducted to assess existing capacities to manage potential cases of infectious disease outbreaks. These types of SimEx can further strengthen preparedness capacities of Points Of Entry (PoE) and front line health workers.

To further support national COVID-19 preparedness, WHO has developed a comprehensive [COVID-19 tabletop exercise \(SimEx\) packages¹, including:](#)

1. A generic COVID-19 SimEx to examine and strengthen existing plans, procedures and capabilities to manage of an imported case
2. A health facility & IPC SimEx at both the national and acute care facility level.
3. A point of entry (POE) SimEx to examine and strengthen existing plans, procedures and capabilities at the main airport (POE).
4. An urban Covid19 SimEx to discuss critical issues in urban environments

The COVID-19 SimEx packages are regularly updated based on updated and published WHO COVID-19 guidance.



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.

3 000 active users

600 organizations

149 countries, territories and areas

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

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

110 countries, territories and areas are sharing with the world their COVID-19 national response plans

Over **124** countries, territories, and areas are using the Platform to support their COVID-19 preparedness and response planning and monitoring

The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.

To date, **85** countries have shared resource needs totaling **US\$ 9.1 billion** across the nine response pillars

77 donors have responded totaling approximately **US\$7.5 billion**



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 150 countries across all WHO regions.

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

Shipped items as of 18 September 2020	Laboratory supplies		Personal protective equipment					
	Swabs	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	1,954,765	1,025,196	683,107	606,300	92,581	831,929	39,975,733	1,078,474
Americas (AMR)	6,960	13,478	4,350,901	88,000	328,580	3,996,470	57,807,110	7,984,656
Eastern Mediterranean (EMR)	527,420	1,020,970	790,085	2,328,750	116,260	398,522	18,668,650	1,207,995
Europe (EUR)	170,160	399,400	1,701,450	6,338,100	343,040	901,448	24,372,100	5,020,950
South East Asia (SEAR)	1,299,200	1,583,800	87,336	414,500	82,150	217,450	5,406,300	353,075
Western Pacific (WPR)	90,800	240,864	295,400	219,000	97,167	83,510	10,329,650	916,235

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 18 September 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\$301
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 current funding gap

**US\$228
MILLION**

WHO's financial requirement under the GHRP

**US\$550
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 18 September 2020, [The Solidarity Response Fund](#) has raised or committed

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



618 000 donors

[individuals – companies – philanthropies]

Among the latest allocations, the Solidarity Fund has supported a project to promote 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.

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.

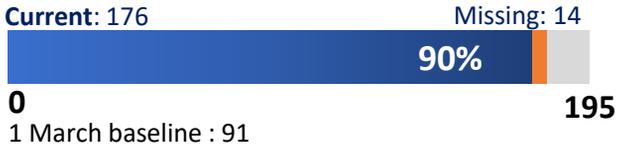
US\$ 8.9 Million released

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](#).

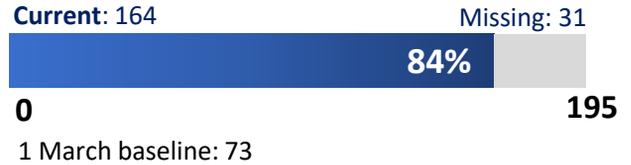


COVID-19 Global Preparedness and Response Summary Indicators ^a

Countries have a COVID-19 preparedness and response plan



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



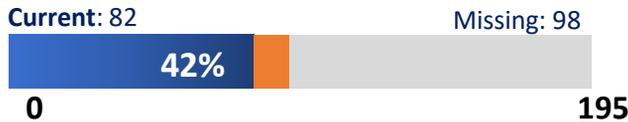
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



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



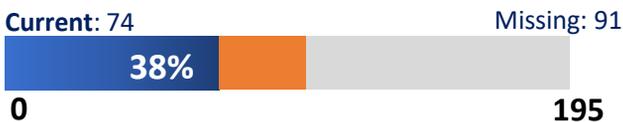
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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:

^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



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](#).

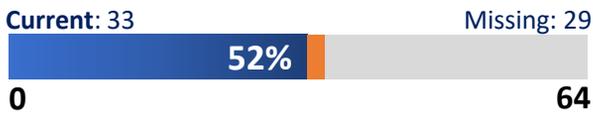
Priority countries with multisectoral mental health & psychosocial support working group



Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 ^c



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





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

52 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.



58 countries intend to contribute data to the clinical platform

33 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



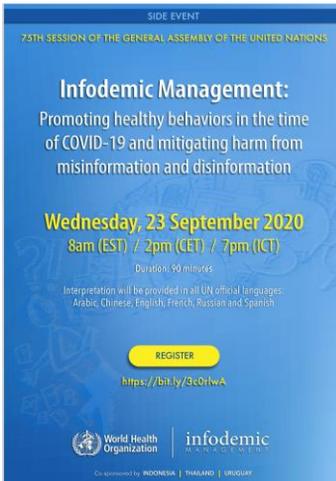
In week 36, 23 countries have reported COVID-19 data from sentinel surveillance systems

58 181 sentinel surveillance specimens were tested in week 36

10.2% specimens tested were COVID-19 positive

Key links and useful resources

Infodemic Management



At the 75th UN General Assembly, WHO alongside co-sponsors Indonesia, Thailand, and Uruguay will bring together UN Member States, relevant UN agencies, specialist media, civil society organizations and leading experts from the fields of misinformation, risk communication, behavioural science and infodemiology will host a side event to be held on 23 September to:

- Review key lessons learned in infodemic management by UN and partners since the beginning of COVID-19 pandemic and highlight countries' experiences in tackling the infodemic.
- Call on all stakeholders to join the UN and partners in an unprecedented collaboration to promote accurate information and combat mis- and disinformation.

To register for this upcoming event, click [here](#)

For more information on events related to **the 75th UN General Assembly** and how to register, click [here](#)

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](#)