

# Weekly Operational Update on COVID-19

2 October 2020



Confirmed cases<sup>a</sup>

**34 495 176**

Confirmed deaths

**1 025 729**

## Local COVID-19 preparedness is key to success

Building on a decade of health security system strengthening, Cambodia continues to improve its COVID-19 preparedness through a whole-of-society approach.

Throughout Cambodia, health authorities, with the support from WHO, have focused on a number of common priority areas, including multisource surveillance; early COVID-19 detection and contact tracing; health care preparedness; and intersectoral coordination and partnership at local and national levels.



“As long as the virus is circulating anywhere—in any village, province or country—everyone is at risk,” said Dr Li Ailan, WHO Representative to Cambodia. “Preparation always pays off. If we strengthen the health system, it will benefit us now and into the future.”

To apply local solutions to local challenges, Cambodia, for example, rapidly expanded its operations to manage screening and testing services at the areas bordering Thailand as 100,000 Cambodian workers returned home. Other provinces focused on indigenous and hard-to-reach populations, ensuring prevention messages were broadcast in indigenous languages, while districts with major pagodas engaged religious leaders to keep worshippers safe.

For more information on preparedness actions in Cambodia, click [here](#)

## Key Figures



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



**17 002 085** respirators shipped to 173 countries across all six WHO regions



**174 763 043** medical masks shipped to 173 countries across all six WHO regions



**7 699 579** face shields shipped to 173 countries across all six WHO regions



**6 600 379** gowns shipped to 173 countries across all six WHO regions



**13 743 900** gloves shipped to 173 countries across all six WHO regions



**1 122 258** goggles shipped to 173 countries across all six WHO regions



More than **4.4 million** people registered on [OpenWHO](#) and able to access **131** COVID-19 online training courses across **17** topics in **41** languages

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



**World Health Organization**

HEALTH  
**EMERGENCIES**

programme

## From the field:

### **Bangladesh: Building on International Health Regulations core capacities to screen nearly one million arrivals at points of entry**

During the six months since COVID-19 was first detected in Bangladesh, nearly one million people entering the country by air, land and sea, have been screened. This unprecedented border screening was prompted by the rapid international spread of the virus observed around the globe.

The Government has scaled up existing International Health Regulations (IHR) core capacities in passenger screening, early detection and isolation of suspected cases, and quarantine of contacts, supported by WHO, the International Organization for Migration and other partners.

Within the framework of IHR, WHO has provided long term support to national authorities to strengthen and maintain public health capacities for surveillance and response at points of entry (PoE).

During the pandemic, such surveillance assists contact tracing when travelers are later confirmed with COVID-19 and provides crucial data for informed decision making to break the disease transmission chain.

A new series of Standard Operating Procedures (SOPs) have been introduced for PoE activities in Bangladesh, such as handling of ill passengers potentially infected with

COVID-19 in aircraft and other conveyances, the use of IHR recommended Health Declaration Forms, health examination procedures, reporting of health alerts, quarantine of contacts, and initial case management and referral of suspected cases.

Monitoring activities have been increased to gather real-time information on PoE activities and existing capacities, for the purpose of improving interventions. Seventeen additional staff have been appointed at designated PoEs to enhance surveillance data management and infection prevention and control, and over 80 000 personal protection items such as masks, hand sanitizers, face shields and gloves have been distributed to frontline workers conducting assessment activities, supported by WHO with funding from European Union Humanitarian Aid.

Full coverage is [here](#)



## WHO participates in the 75<sup>th</sup> session of UN General Assembly virtually



WHO is engaged in various events related to the COVID-19 pandemic that are continuing in the margins of UNGA75 high-level meetings. WHO was a co-signatory of the [Joint Leadership Statement on Gender- Based Violence and COVID19](#) which was launched by the Generation Equality Forum Action Coalition on Gender-Based Violence.

The Director-General presented at four key events to set the vision on the way forward:

- “UN Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (NCDs): working with Member States to deliver the NCD-related Sustainable Development Goal targets during and beyond COVID-19”. With a key note address from the DG, the UN Multi-partner Trust Fund (MPTF) to Catalyze Country Action for NCDs and Mental Health was launched. The 2020 Task Force awards were also presented.
- “The challenge of a lifetime: Ensuring universal access to COVID-19 health technologies”. Co-hosted by Costa Rica and WHO, with an opening statement from DG, the panelists invited Member States, intergovernmental and nongovernmental organizations, and other key stakeholders to endorse the “Solidarity Call to Action” towards ensuring the open knowledge exchange needed to develop the appropriate health tools to combat COVID-19.
- “Youth and Health: Changemakers in the Changing World”. With participation of DG and the UN Secretary-General’s Envoy on Youth, the event focused on youth engagement in COVID-19 response and global health governance.
- “ Tackling COVID-19 together through the ACT Accelerator: co-organized by WHO, the UN and the governments of South Africa and United Kingdom of Great Britain and Northern Ireland. With participation of the Secretary-General and the DG, the event the high-level event aimed to build stronger political consensus for a co-ordinated global response to the pandemic and secure some of the US\$ 35 billion needed to progress the ACT-Accelerator from ‘start-up’ to ‘scale-up and impact’.



### COVID-19 National Rapid Response Teams Global Virtual Learning Series

Building the capacities of national Rapid Response Teams (nRRT) and their members to address challenges encountered in providing a multisectoral response to COVID-19.

To register please click here for [English](#) and [French](#)




World Health Organization

## COVID-19 National Rapid Response Teams Global Virtual Learning Series

### WHY?

The purpose of the COVID-19 Rapid Response Teams Virtual Learning Series (RRT VLS) is to build the capacities of national RRTs and their members to address challenges encountered in providing a multi-sectoral response to COVID-19, to consolidate learning on key technical areas, and to help RRT members to put the learning into practice through practical examples.

### WHAT IS INCLUDED?

Participants are strongly encouraged to follow the entire programme, as the RRT VLS is designed as a continuum that includes two steps:

- 1 Complete the **National Rapid Response Teams Online Learning Programme**: <https://bit.ly/2Aqjee0>
- 2 Four **thematic webinars** of 2 hours duration (topics listed below)

Webinars will be facilitated using interactive methodologies supported by virtual learning technology engaging participants in a variety of activities.

### FOR WHOM?

Participation is open to anglophone and francophone members of national RRTs worldwide.

### BY WHOM?

The facilitation team for the RRT VLS is composed of WHO staff from WHE HQ and WHO Regional Offices, as well as partner organizations.

### WHEN?

The webinars will take place on Tuesdays and Wednesdays from 1 to 3 pm (CEST), with the following scheduled topics:

TOPIC	ENGLISH	FRENCH
Active case finding and contact tracing in the context of COVID-19	6 October 2020	7 October 2020
Engaging communities in the context of COVID-19	13 October 2020	14 October 2020
Occupational Health and Safety in the context of COVID-19	20 October 2020	21 October 2020
Data management and dissemination in the context of COVID-19	27 October 2020	28 October 2020

### EVALUATION?

Participant satisfaction and learning will be evaluated at the end of each webinar, as well as upon completion of the RRT VLS.

### CERTIFICATE?

Participants attending a webinar will receive a certificate of attendance. Participants who complete at least 75% of the COVID-19 RRT VLS will receive a WHO Certificate of Participation.

For participants who complete the RRT Online Learning Programme (11 modules), a Certificate of Completion is generated by the online interface.

**REGISTER NOW!**





## Health Learning

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**



**41 languages**

**Over 1.2 million certificates**

**131 COVID-19 courses**

## 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](#)



### 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:

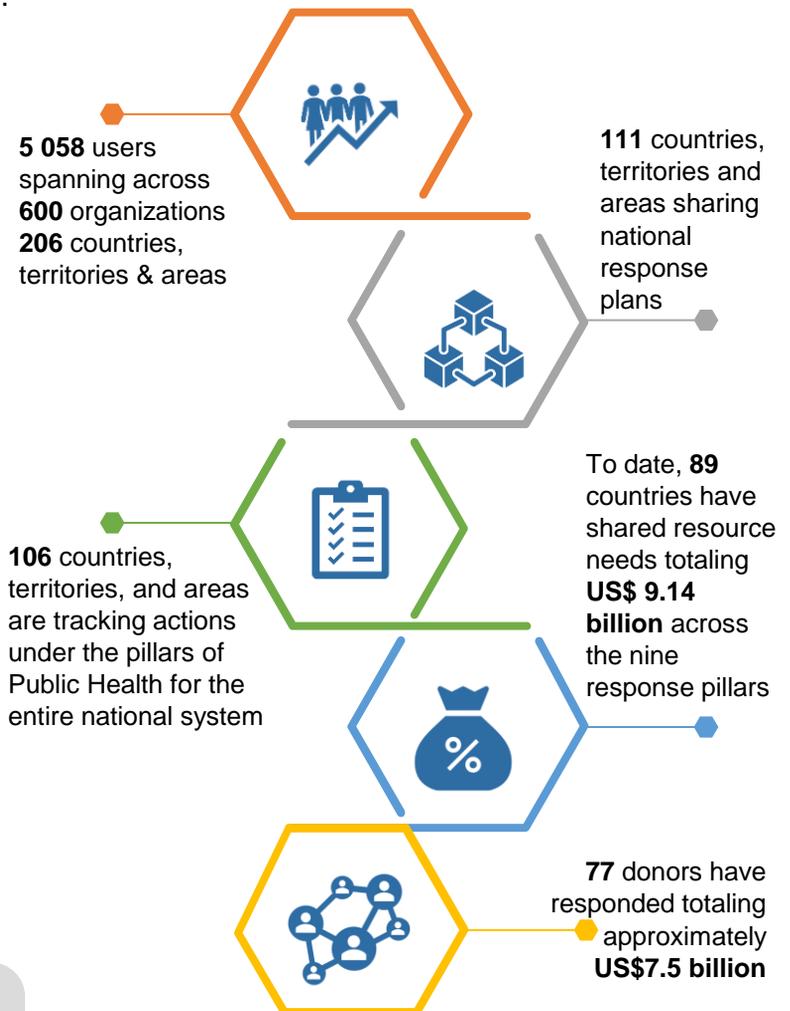
- Visualization highlighting global, regional and country datasets;
- Analysis comparing actions, resources needs and contribution; and
- Meta-data to inform decision-making.

### Engaging the Platform

Recently, members of the Partners Platform team, in collaboration with colleagues from WHO Lyon office, led a 2-day workshop with regional focal points to plan the design and implementation of a new Community of Practice for users of this unique digital tool.

The goal of the new initiative is to be a powerful, inclusive source of trusted information and exchange of best practices and lessons learned based on a network of global experts to better contribute to COVID-19 response.

The team is in the process of drafting and approving a Charter as the next step in building and engaging this Community of Practice.



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, 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 173 countries across all WHO regions.

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

Shipped items as of 2 October 2020	Laboratory supplies		Personal protective equipment					
	Swabs	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	2 423 985	1 040 646	996 407	596 300	149 781	994 079	43 498 733	1 535 974
Americas (AMR)	6 960	10 341 238	3 820 501	88 000	301 180	3 918 770	53 548 710	7 851 856
Eastern Mediterranean (EMR)	607 460	1 020 970	790 085	4 911 000	116 260	398 522	24 677 550	1 207 995
Europe (EUR)	189 900	416 700	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	414 500	82 150	217 450	5 406 300	353 075
Western Pacific (WPR)	90 800	240 864	300 400	544 000	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 2 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\$ 280.7  
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 2 October 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 237 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\$237 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 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\$ 237 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



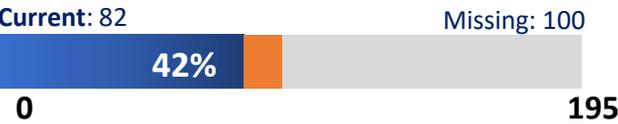
1 March baseline : 91

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

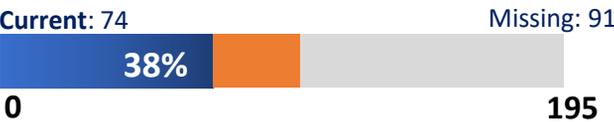


1 March baseline: 37

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



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



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



1 March baseline: 87

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



1 March baseline: 73

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



Countries in which all designated Points of Entry (PoE) have emergency contingency plans



Countries have an occupational safety plan for health workers



Countries have COVID-19 laboratory testing capacity



1 March baseline: 165

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](#).

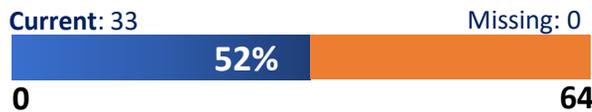
#### Priority countries with multisectoral mental health & psychosocial support working group



#### 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.

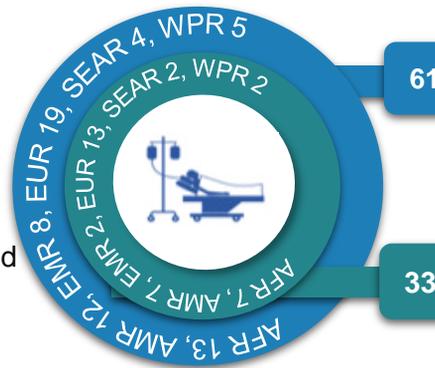
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



### 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.



### 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

