

Weekly Operational Update on COVID-19

25 September 2020



Confirmed cases^a

32 110 656

Confirmed deaths

980 031

Experts from the WHO Regional Office for Europe visit Bosnia and Herzegovina from 7-11 September

Experts from the WHO Regional Office for Europe (EURO) and counterparts in Bosnia and Herzegovina shared experiences in managing the COVID-19 outbreak, collectively reviewing the response on the ground and discussing the next steps for managing the risk of a resurgence of cases.

The team provided recommendations on

- strengthening core public health interventions to identify, isolate and test all cases
- identifying and quarantining close contacts
- ensuring the provision of essential health services
- strengthening risk communication and community engagement (RCCE), a core public health intervention contributing to the response.

The team from the WHO EURO provided advice on the appropriate measures to be implemented to prevent, reduce and control transmission of COVID-19 particularly during mass gatherings and school reopening.

The visit was also an opportunity for the country to reassess health priorities to build a more resilient health system as part of the European Programme of Work (2020-2025).

Key Figures



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



16 416 075 respirators shipped to 172 countries across all six WHO regions



178 791 843 medical masks shipped to 172 countries across all six WHO regions



7 698 579 face shields shipped to 172 countries across all six WHO regions



6 604 179 gowns shipped to 172 countries across all six WHO regions



13 418 900 gloves shipped to 172 countries across all six WHO regions



1 117 738 goggles shipped to 172 countries across all six WHO regions



Nearly **4.4 million** people registered on [OpenWHO](#) and able to access **130** COVID-19 online training courses across 17 topics in **41** languages

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

From the field:

COVID-19 outbreak in Lebanon's central prison – a case study

People in prisons and other places of detention are at higher risk of COVID-19 because of prolonged close confinement and often overcrowding. Populations in detention can act as amplifiers of community transmission. WHO recommends that prevention and control measures in prisons be integral to planning for and responding to a general community outbreak. Coordination between the health and justice sectors is paramount in protecting the prison population and the surrounding community.

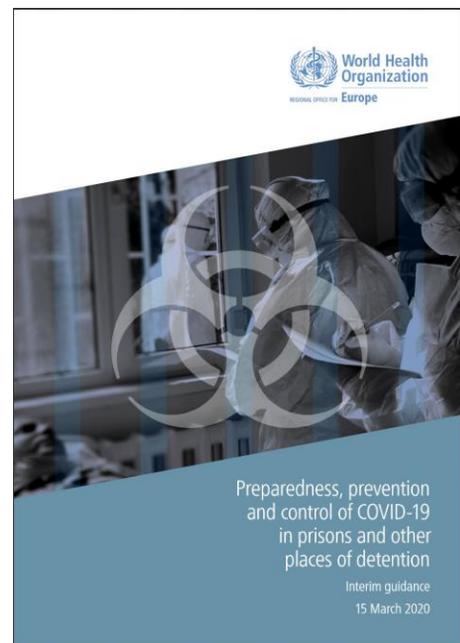
Lebanon's Roumieh Central Prison hosts around 3,700 inmates, a very large at-risk population. Since COVID-19 transmission started in Lebanon in February 2020 preventive measures have been implemented in Roumieh including restricting entry to essential staff only, replacing family visits with telephone calls, and the use of partitioning and personal protective equipment.

An action plan focusing on prevention, preparedness, early identification and treatment was developed, with staff training. A prison building was rehabilitated to enable quarantine and isolation of up to 200 inmates, and new inmates were quarantined before admission with monitoring by nurses. A risk assessment was conducted in order to improve infection prevention and control policies and practices.

Nevertheless, transmission among inmates was first identified on 11 September 2020 and has rapidly increased to around 325 cases in two prison blocs to date. Isolation of confirmed cases into the new facility, and quarantine of inmates in the blocs with cases has been implemented.

Additional recruitment and training of nurses and social workers to monitor infected inmates and to provide prevention education, supported by an infectious disease specialist, and upgrading of facilities for prisoner admissions if required at the nearest government hospital has been undertaken by WHO Lebanon, supported by the European Union, the Embassy of Norway and the ICRC.

WHO guidance is available [here](#)



WHO participates in the 75th session of UN General Assembly virtually

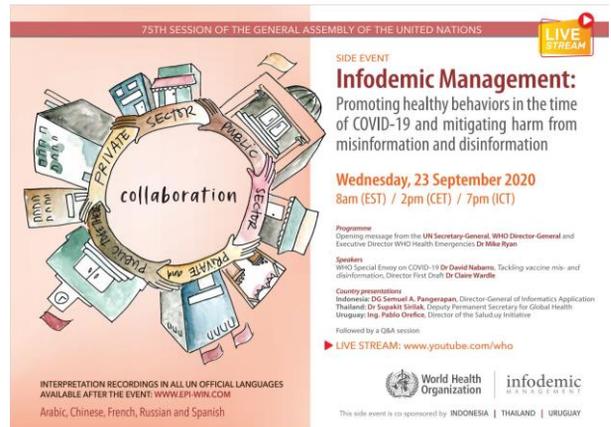
The High-level segment of the 75th session of the UN General Assembly kicked off this week, with a commemoration of the 75th Anniversary of the UN. WHO Director-General, Dr Tedros Adhanom Ghebreyesus, as well as other WHO officials, are taking part virtually to champion 3 key messages:

1. Equitable access to COVID-19 tools
2. Maintaining the momentum towards achieving the Sustainable Development Goals
3. Prepare for the next pandemic together, now.

Leading up to the high-level week, the DG and WHO's technical lead on COVID-19, Dr Maria Van Kerkhove participated in the [Women in Global Health Security Summit](#). WHO also participated in a Global Network against Food Crisis event: "Food Crises and COVID-19 – Emerging evidence and implications for action".

On 23 September, WHO participated in several events:

- [Infodemic management: promoting healthy behaviours in the time of COVID-19 and mitigating harm from misinformation and disinformation](#). WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC issued a Joint Statement, calling on Member States to develop and implement action plans to manage the infodemic and for all stakeholders to strengthen actions to disseminate accurate information and prevent the spread of mis- and disinformation.



75TH SESSION OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS

LIVE STREAM

SIDE EVENT

Infodemic Management:
Promoting healthy behaviors in the time of COVID-19 and mitigating harm from misinformation and disinformation

Wednesday, 23 September 2020
8am (EST) / 2pm (CET) / 7pm (ICT)

Programme
Opening message from the UN Secretary-General, WHO Director General and Executive Director WHO Health Emergencies, Dr Mike Ryan

Speakers
WHO Special Envoy on COVID-19 Dr David Nabarro, Tackling vaccine mis- and disinformation, Director First Draft, Dr Claire Wardle

Country presentations
Indonesia: DG Semuel A. Pangestapan, Director General of Informatics Application
Thailand: Dr Supakit Srikak, Deputy Permanent Secretary for Global Health
Uruguay: Ing. Pablo Ordoñez, Director of the Sabalday Initiative

Followed by a Q&A session

LIVE STREAM: www.youtube.com/who

INTERPRETATION RECORDINGS IN ALL UN OFFICIAL LANGUAGES AVAILABLE AFTER THE EVENT: WWW.EPI-WIN.COM
Arabic, Chinese, French, Russian and Spanish

World Health Organization | infodemic MANAGEMENT

This side event is co-sponsored by INDONESIA | THAILAND | URUGUAY

- WHO, GAVI and IFRC hosted an event [Ensuring Equitable Access to Life-saving Immunizations in the time of COVID-19](#), moderated by Kate O'Brien, Director, Immunization, Vaccines and Biologicals.
- Stewart Simonson, Assistant Director-General WHO Office at the UN moderated an event hosted by the Group of Friends of Solidarity for Global Health Security on [Protraction of the COVID-19 Crisis: Mitigating the impact and protecting future generations](#).

WHO will continue to participate in the UNGA, to stress on the key messages, especially the importance and urgency of global solidarity to end the COVID-19 pandemic and the need to rebuild health systems and economies to achieve universal health coverage and the Sustainable Development Goals. Details can be found [here](#)

Preparedness

There will be a United Nations General Assembly (UNGA) Side Event on [“Sustainable preparedness for health security and resilience: Adopting a whole-of-society approach and breaking the “panic-then-forget” cycle”](#) on **1 October 2020 from 1300H – 1430H CET**.

This meeting will bring together Ministers of Health and beyond, UN agencies, partners and donors interested and involved in public health emergency preparedness and response. It will capture good practices and lessons learnt in countries, explore innovative ways to address challenges, and seize opportunities and advances made during the COVID-19 pandemic to build better preparedness against future health threats.

Key objectives of the session are to:

- Highlight experiences and lessons learnt by countries in emergency preparedness before and during the COVID-19 pandemic;
- Advocate for long-term, sustainable emergency preparedness through diplomacy, investments, capacity building and health system strengthening;
- Advocate applying a whole-of-society approach in countries for sustainable emergency preparedness through effective multisectoral collaboration and community engagement.

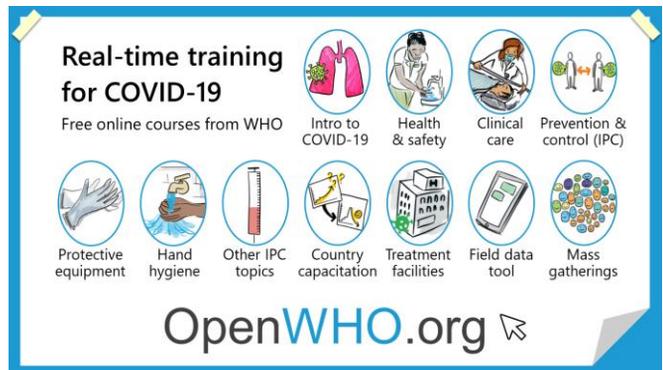
An identification of key needs and challenges, increased dialogue on further strengthening and sustaining preparedness in COVID-19 and beyond, and clear actions in building back better from the pandemic through effective multisectoral partnerships and community engagement are expected outcomes from the meeting.

To register, please visit [here](#)

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [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

OpenWHO.org

41 languages

Over 1.2 million certificates

130 COVID-19 courses

4 382 852
Course
enrollments



Partnerships

The Global Outbreak Alert and Response Network - GOARN

GOARN is working with the Bernhard Nocht Institute in Germany to deploy the European Mobile Lab (EMLab) to Lesbos, Greece with operational and logistical support. The mission is planned for a period of three months.

The Global Health Cluster - GHC

The Health Cluster published a field [photo story](#) this week detailing global, national and local level partners' response efforts to the COVID-19 pandemic. Under [the Global Humanitarian Response Plan's](#) first strategic priority to contain the spread of the outbreak and decrease morbidity and mortality, the photo story details Health Cluster efforts to protect the most vulnerable groups and support country response.

The photo story highlights partner actions to address the following specific objectives: prepare and be ready; detect and test all suspect cases; prevent, suppress and interrupt transmission; provide safe and effective clinical care; and ensure essential health services and systems. For more partner photo stories, click [here](#).



Photo credit: International Medical Corps

International Medical Corps staff demonstrate safe practices for providing medical assistance to COVID-19 patients in Bujumbura, Burundi



Photo credit: WHO

WHO-supported lab in Banadir region of Somalia is processing COVID-19 tests, maintaining necessary biosafety measures



Photo credit: World Vision

In partnership with local communities and partner organizations, **World Vision**, as part of its COVID-19 response, raised awareness about personal hygiene and the use of locally made tippy taps to keep their hands clean



Photo credit: International Organization for Migration

IOM provides mental health and psychosocial support to conflict-affected people in north-east Nigeria, including COVID-19 related counselling on how to avoid disease transmission and how to cope with the additional stress factors caused by the pandemic



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:

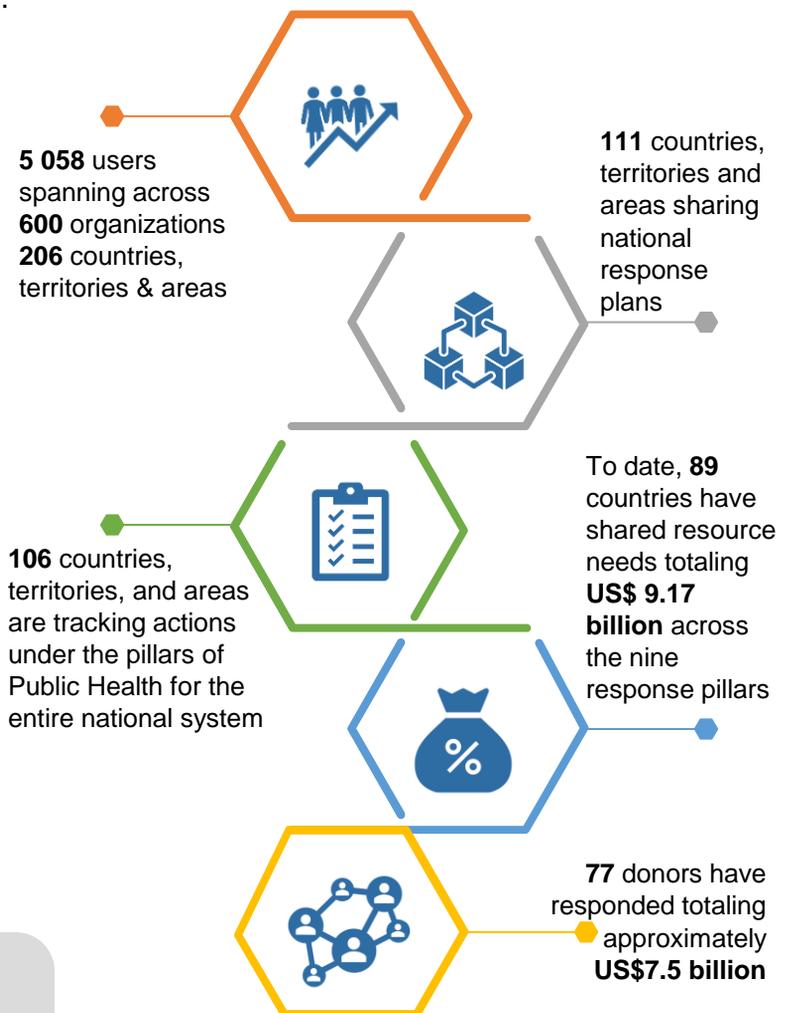
- Visualization highlighting global, regional and country datasets;
- Analysis comparing actions, resources needs and contribution; and
- Meta-data to inform decision-making.

Engaging the Platform

Over the past two weeks 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.

In the coming weeks, the planning team will resolve next steps and a timeline for implementation.



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 172 countries across all WHO regions.

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

Shipped items as of 25 September 2020	Laboratory supplies		Personal protective equipment					
	Swabs	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	2,416,785	1,040,646	995,407	596,300	145,261	997,879	44,741,633	1,576,364
Americas (AMR)	6,960	13,478	3,820,501	88,000	301,180	3,918,770	54,175,110	7,225,456
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)	175,380	404,600	1,704,850	7,190,100	374,720	985,048	38,631,500	5,126,950
South East Asia (SEAR)	1,299,200	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	219,000	98,167	86,510	11,159,750	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 25 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\$1.74
BILLION**

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

**US\$284.7
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 25 September 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\$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 (CSO) 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. The Fund will 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 ^a

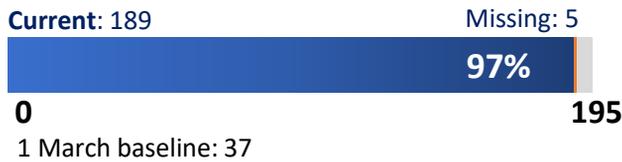
Countries have a COVID-19 preparedness and response plan



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



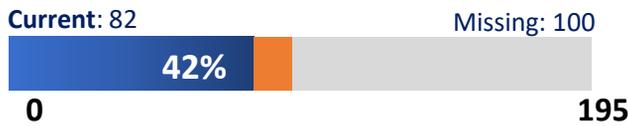
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



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



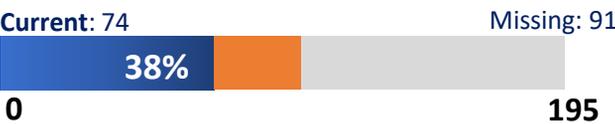
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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



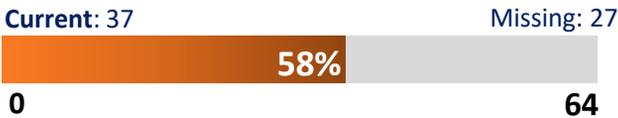
COVID-19 Global Preparedness and Response Summary Indicators

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](#).

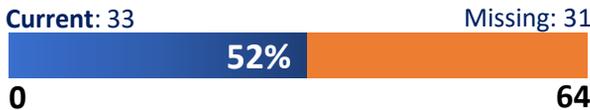
Priority countries with multisectoral mental health & psychosocial support working group



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

54 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.



59 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 37, 33 countries have reported COVID-19 data from sentinel surveillance systems

175 594 sentinel surveillance specimens were tested in week 37

9.7% 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](#)