

Weekly Operational Update on COVID-19

9 September 2020



Confirmed cases^a
27 486 960

Confirmed deaths
894 983

Over 400 000 children vaccinated against polio and measles in Banadir in Somalia during the COVID-19 pandemic



Health worker vaccinates a child in Hammar Jabjab, Banadir

Across 17 districts in Banadir, Somalia over 3,000 health care workers conducted a 5-day campaign targeting the vaccination of 400 000 children under the age of five against measles and polio as well as offering vitamin A and deworming tablets at fixed and outreach sites.

In addition, health workers shared information with families on how to prevent the further spread of COVID-19.

The integrated measles and polio campaign in Banadir was conducted by Somali health authorities, with technical support from partners in the Global Polio Eradication Initiative (GPEI) and other national and international partners, including Gavi, the Vaccine Alliance

Despite challenges of maintaining physical distancing, with the use of masks and other measures in health facilities and vaccination sites, this mass campaign, as other routine health services, could be conducted through effective planning, coordination and implementation of risk mitigation measures at individual and population levels.

For more information about the vaccination campaign in Somalia click [here](#).

Key Figures



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



16 510 785 respirators shipped to 150 countries across all six WHO regions



127 150 743 medical masks shipped to 150 countries across all six WHO regions



7 892 479 face shields shipped to 150 countries across all six WHO regions



6 414 929 gowns shipped to 150 countries across all six WHO regions



10 653 650 gloves shipped to 150 countries across all six WHO regions



1 053 178 goggles shipped to 150 countries across all six WHO regions



More than 4.3 million people registered on [OpenWHO](#) and able to access 127 COVID-19 online training courses across 17 topics in 39 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:

Papua New Guinea tackles the threat of COVID-19 with an all-of-government approach



July 2020 - Medical staff of Papua New Guinea's Defense Force received hands-on training on COVID-19 response ©WHO/ Papua New Guinea

In parts of the world where COVID-19 has not yet spread widely, governments have a critical opportunity to step up prevention and response capacities.

Papua New Guinea (PNG) is taking the threat of the pandemic seriously with an all-of-government approach in strengthening the country's health system and engaging communities to keep them safe from the virus

From the start of the pandemic, WHO and the PNG Government have taken every opportunity to work more closely together to better respond to COVID-19 and improve the country's emergency preparedness and response. Early response measures included enhanced surveillance, health screening at the major ports and the activation of a COVID-19 hotline. Provinces across the country resumed their EOC operations, established prior through the country's response to polio and measles outbreaks, to manage their local response to COVID-19.

The response is also leveraging the work already taking place under the [UHC Partnership](#), which is funded by the European Union, the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

Working with the Prime Minister, Treasury and Ministry of Finance to support a whole-of-government response to COVID-19, WHO helped to establish an inter-agency financing coordination mechanism around COVID-19 expenditure.

[Flexible funding](#) from the UHC Partnership is also enabling WHO to provide additional technical and strategic support that builds on its previous work to strengthen the health system. This includes primary health care, mental health, surveillance and legal reform, which are helping the country respond to COVID-19, maintain essential health services during times of emergency and build a stronger system for the future.

The pandemic presents an opportunity for countries to have a clearer vision for the health of their populations; one that can stand strong in the face of emergencies. The lessons learned from COVID-19 will guide the Government of PNG in the development of its new national health plan for 2021-2030. It is a chance for the Government, communities and partners to build a stronger and more resilient health system for everyone, especially the most vulnerable.

Read the full story [here](#)

From the field:

WHO and the Robert Koch Institute participate in an Intra-Action Review in Uzbekistan



RKI and WHO EURO mission to Uzbekistan. Credit: WHO

Germany's Robert Koch Institute (RKI), together with the World Health Organization Regional Office for Europe participated in a review of the COVID-19 response in Uzbekistan from 22 – 28 August.

Experts from both organizations took part in facilitating the Intra-Action Review (IAR) process with the aim of providing an opportunity to share experiences and collectively analyze the ongoing in-country response to COVID-19 by identifying achievements, challenges and recommendations.

The mission covered areas including country-level coordination, planning and monitoring, surveillance, case investigation and contact tracing, clinical management, infection prevention and control and laboratories.

Mission members, including eight technical experts from RKI, worked closely with Uzbekistan's public health officials, and health professionals to assess the risks, understand the situation on the ground, and help guide the strengthening of response mechanisms in the future.

The RKI and WHO team visited different public health institutions and health care centers at national and provincial levels, providing technical support to key response activities.

The mission ended with a summary of recommendations which were provided to the Uzbek Ministry of Health.

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

150 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.

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

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

To date, **88** countries have shared resource needs totaling **US\$ 9.1 billions** across the nine response pillars

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

This week the COVID-19 Partners Platform successfully completed its migration to the WHO website.

Emails were sent from covid19-platform-support to all existing users with easy instructions for re-registering on the new site. This process is necessary to ensure continued access to existing accounts. Any questions about the migration may be sent to covid19-platform-support@who.int.

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 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 8 September 2020	Laboratory supplies		Personal protective equipment					
Region	Swabs	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	1,989,185	1,037,046	663,107	606,300	87,581	826,929	27,701,133	1,028,474
Americas (AMR)		13,478	4,350,901	88,000	328,580	3,996,470	57,807,110	7,984,656
Eastern Mediterranean (EMR)	526,920	1,020,970	789,285	2,366,750	113,660	386,122	17,153,650	1,207,995
Europe (EUR)	170,660	399,400	1,701,450	6,959,100	343,040	901,448	9,950,100	5,020,950
South East Asia (SEAR)	1,404,620	1,689,250	87,336	414,500	82,150	217,450	4,199,100	342,475
Western Pacific (WPR)	90,800	240,864	300,400	219,000	98,167	86,510	10,339,650	926,235

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

Note: The table above reflects the WHO-procured items already shipped to countries as of 8 September. The figures published on 28 August reflect the WHO-procured items both shipped and yet to be shipped to countries. In future editions of the Weekly Operational Update, this table will only reflect WHO-procured items already shipped to countries.

Medicines and Health Products

Together with the International Narcotics Control Board (INCB) and the United Nations Office on Drugs and Crime (UNODC), [WHO has issued a call](#) to governments to ensure that the procurement and supply of controlled medicines in countries, including those used for palliative care and pain-relief, meet the needs of patients.

This includes both patients who have COVID-19, and those who require internationally controlled medicines for other medical conditions. Governments are reminded that in acute emergencies, it is possible under the International Drug Control Conventions to utilize simplified control procedures for the export, transportation and supply of medicinal products containing controlled substances.

Health Learning

As of 8 September 2020

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

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

OpenWHO.org 



39 languages

1.1 million certificates

127 COVID-19 courses

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 9 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\$331
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 9 September 2020, [The Solidarity Response Fund](#) has raised or committed

US\$ 234.5 million



[individuals – companies – philanthropies]

The [COVID-19 Solidarity Response Fund](#), in partnership with the UN Foundation and Swiss Philanthropy Foundation, provides a mechanism for individuals, corporations, foundations, and other organizations around the world to directly support the work of WHO and partners to respond to the COVID-19 pandemic. For more information on this Fund and how to give directly, click [here](#).

The WHO Contingency Fund for Emergency (CFE)

US\$ 8.9 million released

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

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

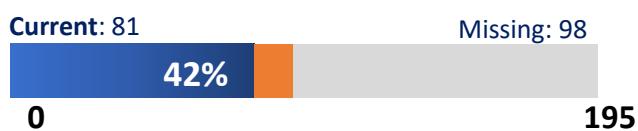
Countries have a COVID-19 preparedness and response plan



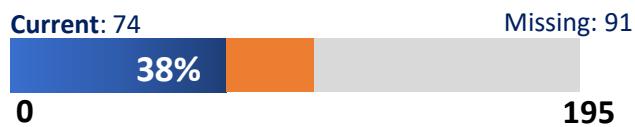
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



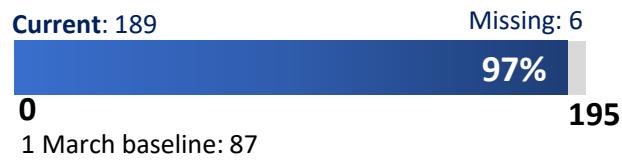
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



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



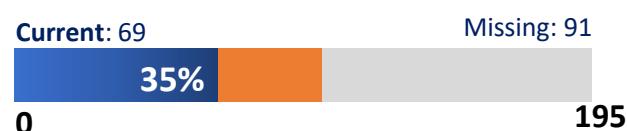
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



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



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



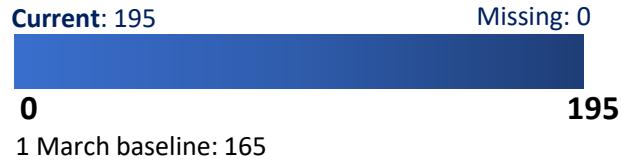
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



Countries have a health occupational safety plan for health care workers



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](#).

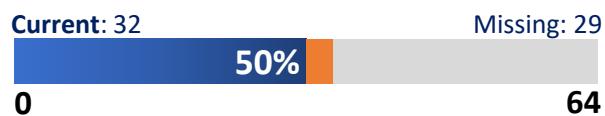
Priority countries with multisectoral mental health & psychosocial support working group



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



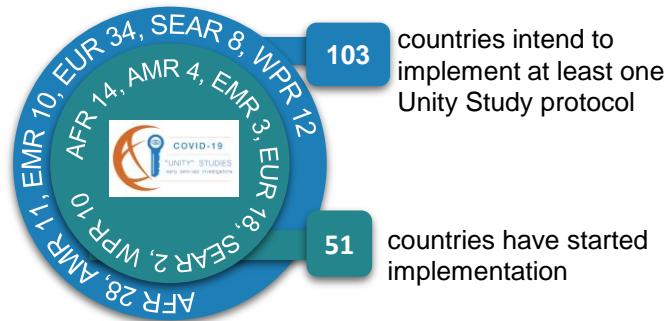
Priority countries with an IPC focal point for training



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.

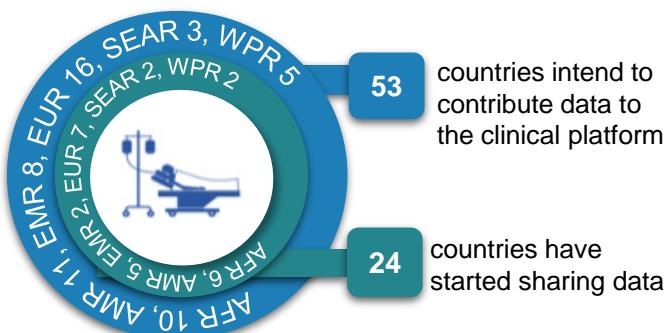
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and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



Global COVID-19 Clinical Data Platform

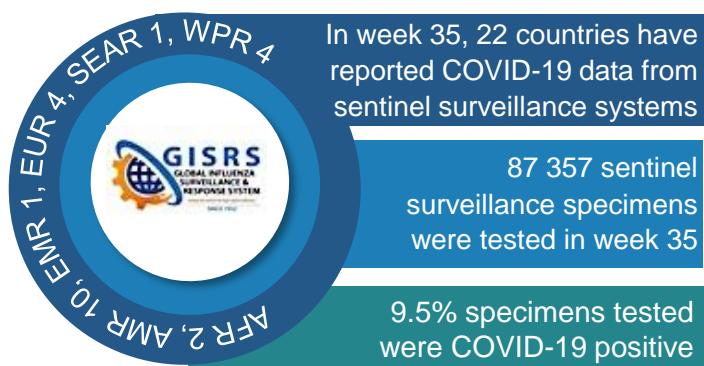
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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.



Key links & useful resources

- For more information on COVID-19 regional response:



- 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 Country and Technical Guidance on COVID-19, click [**here**](#)
- For EPI-WIN: WHO Information Network for Epidemics, click [**here**](#)