

Weekly Operational Update on COVID-19

30 October 2020



Confirmed cases^a

44 888 869

Confirmed deaths

1 178 475

Samoa uses community strength, local knowledge and collective memory to prepare for COVID-19



Family discussing COVID-19 with Nurse Max and Dr. Dyxon Hansell. Credit:WHO Samoa Savai'i, Samoa:

Samoa like some other Pacific Islands has yet to report a COVID-19 case. Should coronavirus arrive, health services could be overwhelmed due to high rates of non-communicable diseases that leave many people vulnerable to the virus.

Galvanised by a tragic 2019 measles outbreak that claimed many young lives, and the high mortality of the 1918 global influenza pandemic, the Ministry of Health supported by WHO developed a community engagement strategy to boost community resilience.

The multi-sectoral strategy engaged with customary village leaders, district nurses and grass roots committees. Educational toolkits based on WHO messages on COVID-19 were adapted to the Samoan context and translated. They reinforced the practical steps everyone should take to keep safe.

This has revived some old practices that are a living application of [WHO guidance on hygiene in low-resource settings](#), to maximise the use of locally available resources and people's expertise to strengthen Samoa's population resilience.

For more info click [here](#)

Key Figures



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



100 of GOARN deployments conducted to support COVID-19 pandemic response



17 102 625 respirators shipped globally



180 644 499 medical masks shipped globally



7 756 336 face shields shipped globally



3 846 748 gowns shipped globally



16 749 900 gloves shipped globally



More than 4.5 million people registered on [OpenWHO](#) and able to access 137 COVID-19 online training courses across 17 topics in 42 languages

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

From the field:

COVID-19 spurs health innovation in Africa

COVID-19 has galvanized the development of more than 120 health technology innovations that have been piloted or adopted in Africa, a new WHO analysis finds. The study of 1000 new or modifications of existing technologies that have been developed worldwide to target different areas of the COVID-19 response finds that Africa accounts for 12.8% of the innovations.



Credit: WHO Africa Regional Office

The response areas include surveillance, contact tracing, community engagement, treatment, laboratory systems and infection, prevention and control. In Africa, 57.8% of the technologies were 'Information and Communication Technology' (ICT), 25% were based on 3D printing and 10.9% were robotics.

The innovations include WhatsApp Chatbots in South Africa, self-diagnostic tools in Angola, contact tracing apps in Ghana and mobile health information tools in Nigeria.

“COVID-19 is one of the most serious health challenges in a generation, but it is also an opportunity to drive forward innovation, ingenuity and entrepreneurship in life-saving health technologies,” said Dr Matshidiso Moeti, WHO Regional Director for Africa.

“The pandemic has put a fresh impetus on the need to invest in innovation and to put the right policies and strategic frameworks in place to unleash African ingenuity on the world. We know that investing in innovation yields huge dividends. With COVID-19 and other health threats part of our daily life, there’s no time to waste in creating the right environment for African innovators to flourish,” said Dr Moeti.

WHO recommends greater investment in ICT infrastructure, robotics, artificial intelligence, drones and mechatronics as well as putting the right policies in place to boost creativity and entrepreneurship and to bolster university-led research.

The WHO Regional Office for Africa has created a global database of innovations to share knowledge, ideas and successes, as well as set up a COVID-19 technology access pool to share intellectual property and data.

From the field:

Training on COVID-19 response at points of entry in the Republic of Moldova

From 21-22 October 2020, the WHO Regional Office for Europe conducted a training in Chisinau, Republic of Moldova, to train selected participants on the use of the relevant WHO guidance for the safe resumption of operations at points of entry (POEs) in the Republic of Moldova in the context of COVID-19, and to discuss the measures being put in place at airports and ground crossings across the country.

The activity targeted 14 selected participants from the health, transport, law enforcement and customs sectors, including national health authorities, in addition to authorities at airports and ground crossings in the Republic of Moldova.



WHE Balkan Hub Coordinator Abebayehu Assefa MENGISTU during the Points of Entry training in the Republic of Moldova. **Credit:** WHO Country Office in the Republic of Moldova

During the two-day training, participants were presented with various WHO technical guidance on:

- how control COVID-19 at airports and ground crossings
- the process of designating POEs under the International Health Regulations (IHR 2005)
- WHO tools available to assess capacities at POEs for the prevention, preparedness and response of public health emergencies of international concern (PHEIC).

Participants in the training also reviewed and discussed the plans, protocols, standard operating procedures (SOPs) and public health and social measures implemented at POEs through a two table-top- exercises (TTX). The TTX simulated the arrival of a suspected case of COVID-19 both at the airport and at a ground crossing to test and review the measures in place and coordination mechanisms among the different sectors involved. The exercise resulted in the identification of priority actions to further strengthen response capabilities for COVID-19 – as well as other communicable diseases – at POEs in the Republic of Moldova.

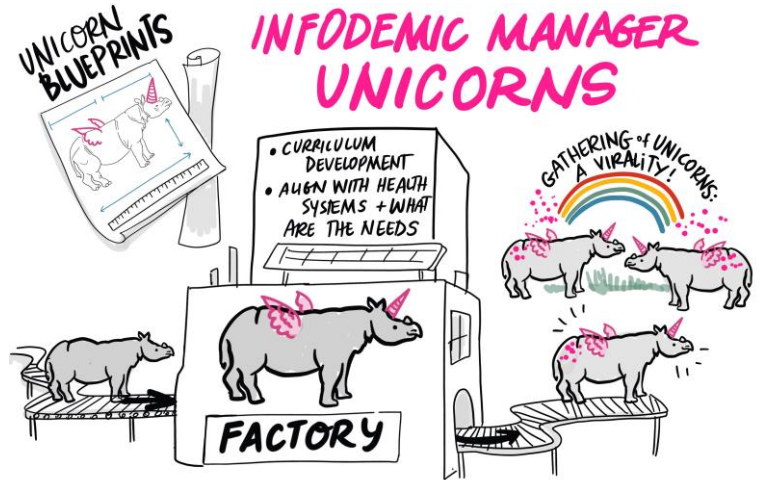
In addition, different experiences on the control of COVID-19 in Poland and Germany were presented, thanks to the participation of a representative from the European Union Joint Action Healthy Gateways.



Infodemic Management

The first WHO Infodemic Management Training programme kicked off this week with participants coming together during eight sessions over the course of the next four weeks with a cohort of 270 trainees.

The training has been designed to be interactive, engaging and practical. By the end of the training, participants will have a thorough grounding in infodemic management. Participants who will successfully pass the assessment will join the WHO roster of infodemic managers to be deployed to countries, where they will be thrust into real-life situations.



The training programme has been driven by a recognition of the harm being caused by false and misleading health information circulating in online spaces, low quality news outlets and in peer to peer discussions. The course includes practical training on tools for monitoring rumors, fact-checking and verification, as well as learning how to respond effectively and testing interventions to slow down the spread of misinformation. There are also guest speakers from UNICEF, Google and Facebook and most importantly representatives from Ministries of Health who will be talking about current challenges with the infodemic and lessons learned.

At the first welcome event, 188 learners interacted over Zoom sharing experiences and hopes for the upcoming weeks. The session included an information 'crisis' simulation, where participants played the role of a public health communications officer in a major city where rumors were swirling on social media during a fictional public health incident.

- Would they hold a press conference?
- Or debunk rumors directly on the different social media platforms?
- Or would they wait for more information?

The simulation was designed to highlight the different challenges involved in infodemic management today, and to preview some of the key elements of the training programme.

The training has been co-sponsored by the US Centers for Disease Control and Prevention, Africa Centres for Disease Control and Prevention and RCCE collective service. Technical expertise is being provided by First Draft, a non-profit that works globally to tackle misinformation.

Medicines and Health Products

- The [ACT-Accelerator](#) is the only global framework for ensuring the fair and equitable allocation of COVID-19 tools. [The COVAX Facility](#) is a specially created financial instrument within the vaccines pillar of this global framework. The Facility constitutes an unprecedented global effort to ensure that each country in the world will have equitable access to a safe and effective vaccine as soon as this becomes available. As of October 12, over 180 countries and entities have signed up to the COVAX Facility. This includes both self-financing countries and 92 lower-income countries which are eligible for financial support. The COVAX Facility will give participating countries access to the world's largest and most diverse portfolio of vaccine candidates.
- The 9th meeting of the [Member State Mechanism on Substandard and Falsified medical products](#) will take place on October 28-30. Progress on the workplan and roles of regulatory authorities in designing and implementing policies that impact access – in particular in the context of COVID-19 – are expected to be discussed. WHO is investigating reports of suspected substandard and falsified in vitro diagnostics, as well as a suspect falsified vaccine for COVID-19, designed to imitate a vaccine that is currently under clinical trial phase.
- WHO requests that national regulatory authorities increase vigilance and monitor their markets (including internet and business-to-business platforms) for any substandard or falsified versions of therapeutics for Covid-19 which have recently been the subject of intense media coverage.

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.

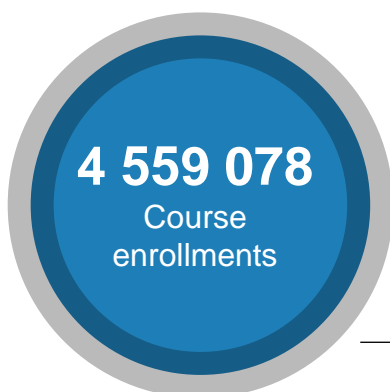


Real-time training for COVID-19
Free online courses from WHO

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](https://openwho.org)



42 languages

Over 2.3 million certificates

137 COVID-19 courses

Partnerships

The Global Outbreak Alert and Response Network - GOARN



World Health
Organization

Go.Data
Community

ASK A QUESTION

FAQS

RULES



GET STARTED WITH GO.D...

The basics on how to get started with Go.Data



TRAINING & SUPPORT

Useful links and materials for user support



ANNOUNCEMENTS & UPD...

Events, Announcements, Updates, etc.



PUBLICATION & MEDIA

Go.Data in the News



SHARE A STORY

Share your experience in the field with Go.Data



TECHNICAL RESOURCES

All documents related to Go.Data technical set-up and

WHO and GOARN partners are supporting over 60 projects worldwide to implement Go.Data, including virtual trainings and briefings, providing direct user support and technical support for local responders for epidemiology, analytics, interoperability and IT. Go.Data is a software for contact tracing and outbreak response developed by WHO in collaboration with partners in the Global Outbreak Alert and Response Network (GOARN). It builds on standing collaboration between WHO and partners in design, development and rollout of the field data collection tools. Go.Data focusses on case and contact data including laboratory data, hospitalization and other variables through case investigation form, and on contact follow-up and visualisation of chains of transmission.

In addition, the [Go.Data community of practice](#) was recently launched and serves as the main point of communication users worldwide and a key resource for latest information and documentation. The online community of public health professionals and other interested parties using the Go.Data outbreak investigation and contact tracing software provides space to exchange with those running Go.Data deployments and get access to tips, training materials and guides.

The OpenWHO course, [Introduction to Go.Data – Field data collection, chains of transmission and contact follow up](#), continues to support countries to increase knowledge of Go.Data. Since its launch earlier this year, this online learning course, available in English, Spanish and Mongolian, has just exceeded 100,000 users. Users benefitting from this course have joined from around the world, with largest user bases coming from the United States of America, India, Saudi Arabia, Islamic Republic of Iran, Iraq, Nigeria, Ethiopia, Pakistan and South Africa.

COVID-19 Preparedness

WHO Side Event at the margin of the GHSA Ministerial Meeting

Building better for the next Pandemic: Advancing Multisectoral and Whole-of-society Approaches to Health Security Preparedness

On 30th October, WHO hosted a side event on the margins of the Global Health Security Agenda (GHSA) Ministerial meeting on 'Building better for the next Pandemic: Advancing Multisectoral and Whole-of-society Approaches to Health Security Preparedness'.

The side event highlighted strategic perspectives, lessons learnt and best practices in strengthening multisectoral engagement for preparedness during COVID-19, and effective mechanisms for leveraging current progress and investments toward sustainable health security.

Speakers highlighted the need for sustainable multisectoral collaboration and whole of society approaches to better enable community engagement for preparedness especially in urban settings.

Participants also recognized the value of capacity building measures including regular preparedness assessments to enhance long-term health security and robust financing for preparedness.



Health Security Preparedness Department, WHO

The COVID-19 pandemic has spurred global momentum for preparedness and to ensure global solidarity in order to better mitigate the impact of health emergencies that all communities face.



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.

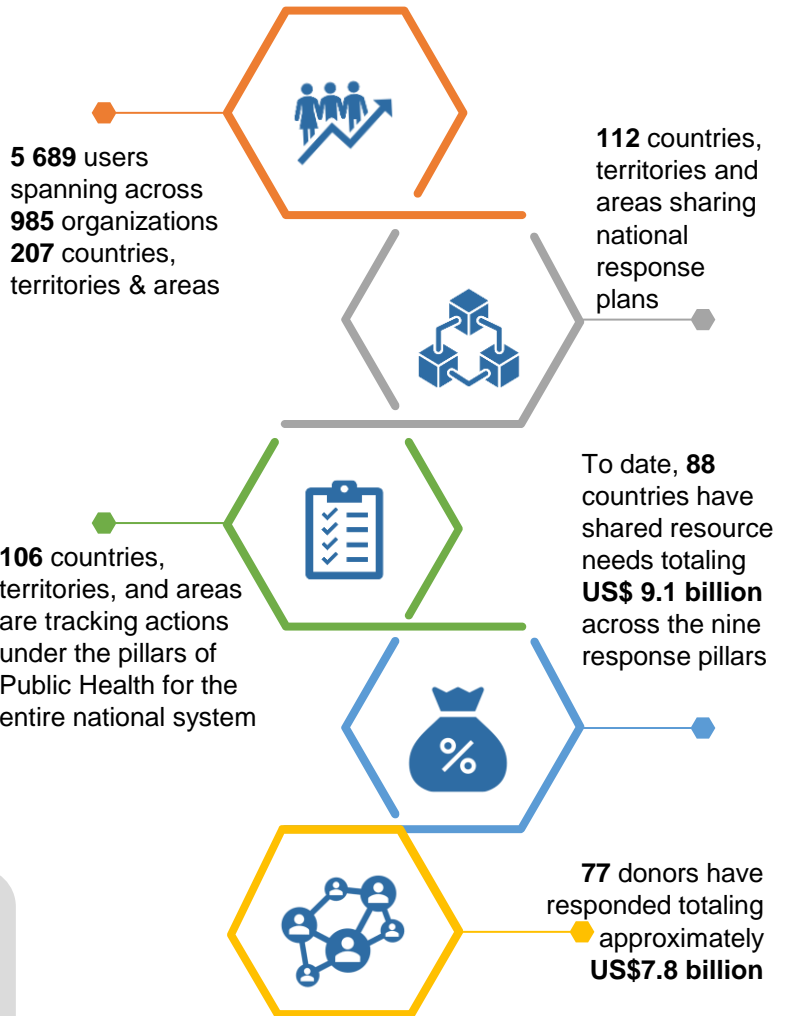
QA/QC Processes and Data Automation

With 124 countries and 77 donors now actively using the Platform, ensuring the quality of the data uploaded to the tool is one of our main priorities as we move into the new year and the next wave of COVID-19 outbreaks. We are currently developing tools to ensure identification of data discrepancies and verify that project deliverables meet the defined quality standards.

Terms of Use and Privacy Policy

The Partners Platform team has consulted with WHO Legal Counsel to update the Platform's terms of use and privacy policy. These new terms of use do not make any changes to the way the Platform is used, but rather put in writing the same expectations that have been discussed with country users regarding use of the data for planning purposes.

In coming weeks all users will be prompted via a pop-up window to confirm agreement with the terms of use, linking to the privacy policy.



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.

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 globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 29 October 2020.

Shipped items as of 29 October 2020	Laboratory supplies		Personal protective equipment					
	Sample collection kits	Tests (Manual PCR)	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	2 483 665	1 106 676	1 034 364	983 300	147 639	1 012 048	45 148 789	1 655 314
Americas (AMR)	648 760	1 058 420	3 820 501	88 000	301 180	1 134 570	56 396 710	7 788 056
Eastern Mediterranean (EMR)	192 800	423 460	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)	1 012 212	10 452 294	1 704 850	7 190 100	374 720	985 048	38 631 500	5 126 950
South East Asia (SEAR)	1 301 800	1 639 800	87 336	1 895 500	81 550	218 050	5 406 300	535 075
Western Pacific (WPR)	90 800	240 864	319 200	1 682 000	105 167	98 510	10 369 650	971 235

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 30 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\$164
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 October 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 30 October 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 236 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 633,000 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**



633 000 donors

[individuals – companies – philanthropies]

This week, Solidarity Response Fund resources have been allocated to support four projects:

- *Global Youth Mobilization for generation disrupted* with the scope of building a global youth alliance to alleviate the negative impact of the COVID19 pandemic on young people and reinforce their positive contribution to addressing it in their health communities
- *Management of Child Health and Development in Humanitarian Settings affected by COVID19* to support the development of a WHO Digital Platform and Smart Guidelines
- *EMT Regional training and simulation center* to rapidly enhance the technical skills of Emergency Medical Team members and other clinical care management personnel in the management of severely sick and critical patients of COVID-19
- *Quitting tobacco during COVID-19 saves lives* to make tobacco cessation support available to millions of tobacco users to help them quit tobacco use and as a result to reduce their likelihood of getting severe COVID-19 and reduce transmission of COVID-19.

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](#).

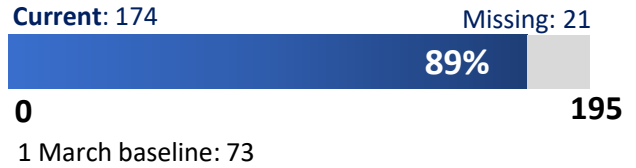


COVID-19 Global Preparedness and Response Summary Indicators ^a

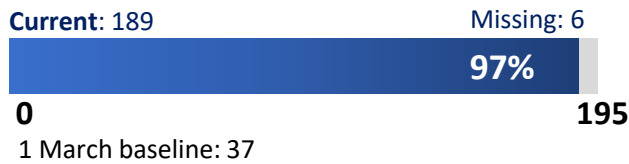
Countries have a COVID-19 preparedness and response plan



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



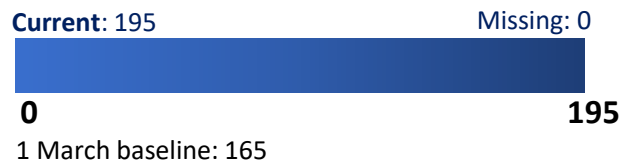
Countries have an occupational safety plan for health workers



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



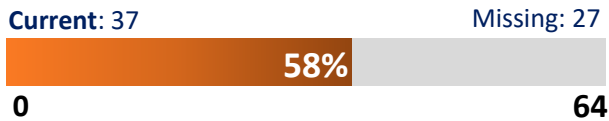
COVID-19 Global Preparedness and Response Summary Indicators

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](#).

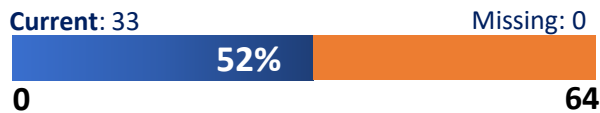
Priority countries with multisectoral mental health & psychosocial support working group



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



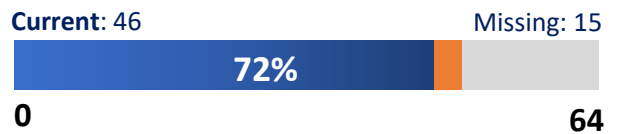
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



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



Notes:

^c 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





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](#)
- ❑ For updated GOARN network activities, click [here](#)