

Weekly operational update on COVID-19

22-26 June 2020



Snapshot
As of 26 of June 2020

Confirmed cases

9 473 214

Confirmed deaths

484 249

Countries &
territories affected

216

Public health response and coordination highlights

Coordination—United Nations Crisis Management Team (UNCMT)

During the United Nations Crisis Management Team (UN CMT) meeting on 25 June 2020, WHO briefed on the overall COVID-19 epidemiological situation, with an in-depth briefing on the African Region provided by the Regional Director. AFRO highlighted that the pandemic is accelerating on the continent, that the situation varies considerably between countries, drew attention to the limited testing capacities and heavy economic impact, as well as the consequences on food security, children, women and the political situation. AFRO remains concerned about the scant resources available to respond especially to the socio-economic impacts of the crisis. WHO, along with the United Nations Department of Global Communications (DGC) and UNESCO, reported on developments of ongoing initiatives tackling the COVID-19 infodemic. WHO informed that the world's first infodemiology conference will commence on **29 June**. The Chair emphasized the importance of community empowerment and the need to accelerate the UN's work in this field to maximize response efforts. WHO along with WFP briefed on the latest developments of the Global Supply Chain Task Force, indicating that UNICEF, WHO and Global Fund procured US\$592 million worth of PPE, diagnostics and medical equipment.

Hear 7 inspiring talks on how infodemics affect the world
and how it can be managed – and share your reflection

01 **Headline talk**
David Nabarro,
WHO COVID-19 Special Envoy &
Imperial College Institute of Global
Health Innovation, UK

02 **Battling a pandemic in a
fact-resistant world:
epidemiology, public health,
& the COVID-19 infodemic**
Saad Omer,
Yale University, USA

03 **A new digital reality: how fake
news & misinformation is
derailing the largest
vaccination effort in history**
Rustam Haydarov,
UNICEF

04 **'Gotong Royong': blunting
the impact of multiple
infodemics via a
whole-of-society approach**
Harry Sufehmi,
MAFINDO, Indonesia

05 **Conspiracies, rumors and
falsehoods: the truth about
why the infodemic is so
dangerous**
Claire Wardle,
FirstDraft, UK

06 **When fact-checking, media
and misinformation collide
in Africa**
Catherine Gicheru,
ICFJ Knight Fellow, Kenya

07 **Viral (p)articles: A network
mapping approach to
infodemiology**
Camille Francois,
Berkman-Klein Center for Internet
& Society, Harvard University, USA

For more information:
<https://bit.ly/3fBlSxj>

Register now
<https://bit.ly/2N7Fb4D>



World Health
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The COVID-19 Partners Platform

Regional Highlight: Delivering as One United Nations in the Americas Region

For the first time during a pandemic, the [COVID-19 Partners Platform](#) provides a central coordination hub for national authorities, UN Country Teams and partners supporting the response. PAHO has established routine coordination meetings and shared communication between DCO/LAC and WHO HQ, enabling joint planning, monitoring and requesting of resources and critical supplies.

In addition, Partners Platform Country Admins in the region represent a diversity of organizations including WHO (49%), national authorities (14%) and UN Country Team members (37%). More than 20% of countries/areas/territories in the region have uploaded their multi-agency plans to the Platform in addition to COVID-19 national plans.

Globally, 74% of countries/areas/territories (153) have engaged on the Platform (including regular users, as well as requests for demonstrations). 108 COVID-19 national plans have been uploaded and 70 donors have entered their contributions, totaling USD4.8 billion.

The web-based [Platform](#) was launched to support interactive planning among national authorities, UN Country Teams and partners to enable the coordination and scale-up of efforts to address the COVID-19 pandemic. It features real-time tracking of planned and implemented activities, requests for international support and donor contributions that have been committed in the context of this emergency. The [COVID-19 Supply Portal](#) is also available through the COVID-19 Partners Platform, enabling users to request critical supplies.

Mass immunization campaigns monitoring disruptions and progress

Many mass immunization campaigns have been suspended due to the COVID-19 pandemic but some campaigns will nevertheless need to go ahead, with additional precautionary measures in place to minimize COVID-19 transmission and ensure the safety of health workers and the community. As of 15 June 2020, 64 countries where at least one VPD immunization campaign was affected (postponed, suspended, fully or partially) due to the COVID-19 pandemic.

For countries simultaneously impacted by vaccine preventable disease (VPD) and COVID-19 outbreaks, determining the most appropriate course of action may be complex. On 20 May 2020, WHO published the [framework for decisions making for implementing campaigns](#). It recommends that a risk assessment should be done, including a detailed review of the epidemiological data as well as consideration of the short- and medium term public health consequences of immediately implementing or delaying a mass vaccination campaign, weighed against the potential aggravation of COVID-19 transmission resulting from a vaccination campaign.

Several tools to monitor the impact of the mass immunization campaigns can be accessed through the [WHO Repository](#) and pillar 9 of [Monitoring and Evaluation Framework](#) COVID-19 Strategic Preparedness and Response. There is ongoing work to support program adaptations and transition towards resumption of immunization services and campaigns through working with the regions, countries and partners. These include training and building capacity on safe delivery of immunization services using appropriate infection prevention and control measures, continuity of essential health services, forecasting vaccines and supplies, using appropriate communication strategies that address demand issues, including fear of COVID and rumors, ensuring community engagement, and implementing catch up vaccination strategies for children and other target populations that have missed vaccine-doses during the COVID-19.

Emergency Medical Teams

Emergency Medical Teams

EMTs and the Alternative Medical Care Sites (using EMT methodology) deployed 176 teams and build alternative care sites in 95 centers in AMR region. AMR reported an increase of expansion beds of 8.346, with 480 ICU beds. 15 countries in the region are involved in the national Response from Canada to Argentina with the Caribbean country islands also responding COVID 19

In Tajikistan, EMT is still supporting the National Surge capacity in Dushanbe as well as in the mountain regions bordering China and Afghanistan. Operations are also ongoing in Armenia with the arrival of teams and the reinforcement of the EMTCC (Emergency Medical Team Coordination Cell) in support of the Ministry of Health.

EMT is also continuing to support countries in African Region with thanks to UKMED (DFID supported) in South Sudan and International Medical Corps EMT already present in the country and Malteser German in Cameroon. Support of ESCRIM EMT France to the Guyane overseas territory this week allowed the to set up of a COVID 19 hospital in Cayenne with 20 beds capacity



ESCRIM EMT Set up operations in Cayenne French Guyane Photo by Sécurité Civile France

Health learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, OpenWHO.org. The platform has more than 3.6 million course enrolments, about 80% of which are in COVID-19 courses, and has issued 836 000 certificates. Free trainings are available on 13 different topics translated across 30 languages to support the coronavirus response, for a total of 96 COVID-19 courses.

The COVID-19 courses cover the following subjects: an introduction to COVID-19, clinical care, health and safety, infection prevention and control, country capacitation, treatment facility design, the Go.Data tool, personal protective equipment, hand hygiene, waste management, decontamination of medical devices, environmental cleaning and injection safety

An example of the training courses available, is the PPE training course “How to put on, remove personal protective equipment”. It has a total of 200 000 enrolments and the course is hosted in 10 different language versions with many more languages in making. Current languages are Arabic, English, French, Chinese, Spanish, Portuguese, Albanian, Macedonian, Thai and Dutch (Surinamese Dutch). Top countries using the course are India, United States, South Africa, Saudi Arabia, United Kingdom, Nigeria and Mexico.

Global Research Highlights

[WHO welcomes the initial clinical trial results from the UK that show dexamethasone](#), a corticosteroid, can be life-saving for critically ill COVID-19 patients. For patients on ventilators, it was shown to reduce mortality by about one-third, and for those requiring only oxygen, mortality was cut by about one-fifth, according to preliminary findings. (16 June 2020)

Emergency Use Listing (EUL) for candidate in vitro diagnostics (IVDs) detecting SARS-CoV-2

The WHO Prequalification Unit continues the assessment of products for Emergency Use Listing (EUL) for candidate in vitro diagnostics (IVDs) detecting SARS-CoV-2. [The thirteenth Nucleic Acid Test \(NAT\) assay was listed](#) as eligible for WHO procurement on 23 June 2020, based on its compliance with [WHO EUL requirements](#). These requirements now also include rapid diagnostics tests (RDTs) detecting SARS-CoV-2 antigens, and manufacturers of such products are invited to submit applications since 9 June 2020. In addition, RDTs for the detection of IgM/IgG to SARS-CoV-2 are invited and [nine antibody detection tests are now expected to be submitted for assessment of compliance with WHO EUL requirements](#).

Adverse events monitoring of solidarity trial medicines

MHP in collaboration with the Uppsala Monitoring Centre (UMC) provides fortnightly updates to Member States on adverse events and signals reported to WHO MHP for medicines being tested in the [Solidarity Trials](#). There are now 2824 adverse events reports in the [WHO global database of individual case safety report](#). A [descriptive analysis of new reports](#) was published on 17 June 2020.

Monitoring of shortages

The Access to Medicines and Health Products Division (MHP) continues to closely monitor shortages with industry associations, suppliers and regulatory networks. Supply of propofol and other anaesthetics has improved along with most medicines used in Intensive Care Units. However, shortages of various products, including paracetamol and in-vitro diagnostics; insulin; and medicines for malaria and HIV have been reported.

Technical Guidance documents

Breastfeeding and COVID-19 – Scientific brief (23 June 2020),

available at <https://www.who.int/publications/i/item/10665332639>, IRIS Link: https://apps.who.int/iris/bitstream/handle/10665/332639/WHO-2019-nCoV-Sci_Brief-Breastfeeding-2020.1-eng.pdf

Critical preparedness, readiness and response actions for COVID-19 (24 June 2020) –

interim guidance, available at: <https://www.who.int/publications/i/item/critical-preparedness-readiness-and-response-actions-for-covid-19>, IRIS Link: https://apps.who.int/iris/bitstream/handle/10665/332665/WHO-COVID-19-Community_Actions-2020.4-eng.pdf

[Read all releases here](#)

Strategic Supply Chain

The roll-out of the Supply Portal continues. Countries continue requesting PPE, Lab Diagnostics, and Biomedical equipment through the Portal; the goal is to meet the full needs for the COVID-19 response, including the maintenance of essential health services. However, overall stocks available for distribution are limited, and shipping remains a challenge therefore, and full requests may not be met even if full funding is secured. Below are **summaries for week of June 22-26, 2020.**

Personal Protective Equipment

Through the PPE purchasing consortium, WHO has secured large volumes of PPE that are being shipped to 135 countries in the coming weeks. A total of more than 239 million PPE items – comprising 141 million PPE procured by WHO and a donation by the Jack Ma Foundation of 100 million medical masks and 1 million N95 respirator masks – have been allocated to all WHO regions and are being shipped in the coming weeks

Recent discussions with 54 private sector organizations addressed issues related to quality assurance of personal protection equipment (PPE), which continues to be of major concern to manufacturers, buyers and Governments. They urge WHO to advocate at the highest levels to ensure that counterfeit and low-quality products are not sold in the market. WHO and purchasing consortia partners continue to engage with suppliers to ensure that all goods procured by WHO and consortia partners meet quality assurance standards.

Diagnostics

WHO has procured 4.5 million polymerase chain reaction (PCR) tests through the diagnostics purchasing consortium. Tests are being produced and packed by suppliers for shipment in the coming weeks. As of 15 June, 585,830 tests have been shipped to 10 countries. WHO has also procured 4.8 million sample collection kits, of which 1.04 million kits are ready to ship. As of 15 June, 114,000 sample kits have been sent to 29 countries. UNICEF has procured 298,000, of which 123,000 tests have been shipped to 18 countries.

Biomedical Equipment

Following an initial procurement of 4,000 oxygen concentrators, WHO has purchased an additional 10,000 oxygen concentrators, 9,800 pulse oximeters and consumables (estimated total value: USD 10 million), which will be distributed to more than 120 countries.

To date, 2,000 oxygen concentrators have been shipped, and 2,000 are in transit.

Appeals

Elements of the COVID-19 [Strategic Response and Preparedness Plan \(SPRP\)](#) have been updated and are reviewed on a regular basis by WHO in consultation of all six regional offices. These elements are laid out in the COVID-19 WHO Appeal, updated on May 24.

Global Strategic Preparedness & Response Plan (SPRP)

WHO has been engaging donors and the public to mobilize support for the COVID-19 response against the SPRP and many donors have contributed to date. The status of funding raised for WHO against the SPRP can be found [here](#). WHO estimates that a total of US\$ 1.7 billion is needed to respond to COVID-19 across the three levels of the organization through till December 2020. The resources will be used to implement priority public health measures in support of countries to prepare and respond to coronavirus outbreaks, as well as to ensure continuation of essential health services. The US\$ 1.7 billion required under the updated SPRP takes into account the funds that WHO has received to date against SPRP, leaving WHO with a funding gap of US\$ 1 billion for 2020.

Global Humanitarian Response Plan (GHRP)

The 2nd iteration of the [GHRP](#) released on 7 May 2020 is a joint effort by members of the Inter-Agency Standing Committee (IASC), to analyse and respond to the direct public health and indirect immediate humanitarian consequences of COVID-19, particularly on people in countries already facing other crises. US\$6.7 billion are required through till end December 2020 for additional humanitarian interventions, above and beyond existing humanitarian needs, due to COVID-19. As part of GHRP, WHO is appealing for US\$550 million of which only some (US\$ 184 million) has been pledged and received, leaving WHO with a funding gap of \$366 million – or some 67% - for operations in countries affected by humanitarian crises.

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.

Who funding mechanisms

COVID-19 Solidarity Response Fund

With support from the Solidarity Response Fund, the diagnostics consortium has secured 4 million manual PCR tests for \$49 million, and initiated purchase orders for allocation and distribution to 135 countries for the month of May. These initial purchases will serve as a catalyst for securing supplies for additional procurement, as payments from countries receiving these deliveries will provide additional funding for procuring more supplies and equipment for allocation and delivery in the coming months.

The WHO Contingency Fund for Emergencies (CFE)

CFE enables WHO to respond in real-time, playing a critical role in responding to outbreaks around the world in the most vulnerable countries with weak health systems. WHO has released US\$10 million for urgent preparedness and response COVID19 activities globally through the CFE and encourages donors to continue to replenish the CFE to allow WHO to respond to health emergencies in real time

COVID-19 Global Preparedness and Response Summary Indicators

Data as of 23 June 2020^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 COVID-19 laboratory testing capacity



Priority countries with an IPC focal point for training



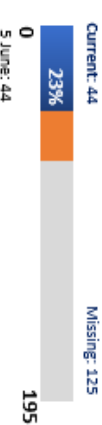
Countries with a national IPC programme and WASH standards within all health care facilities



Countries with long-term care facilities that have a national policy and guidelines on IPC



Countries that have defined the set of core essential health service to be maintained during the pandemic



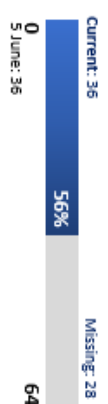
Priority countries where at least one IMST team member trained in the essential supply forecasting tool



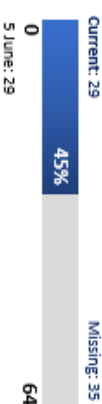
Countries have a COVID-19 RCCE Plan



Priority countries with an active and implemented RCCE coordination mechanism



Priority countries with multisectoral mental health & psychosocial support working group



Priority countries with a focal point for contact tracing (training & implementation)



Countries in which all designated POE have all-hazard emergency contingency plans that have been routinely tested, reviewed, and updated



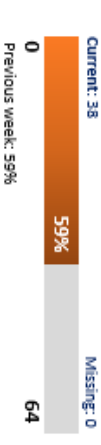
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



Countries have a health occupational safety plan for health care workers



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



2 922 324 ENROLLMENTS FOR OPENWHO COVID-19 COURSES

<p>Intro to COVID</p> <p>619 820 users 8% increase 24 languages</p>	<p>Health & safety</p> <p>177 182 users 7% increase 12 languages</p>	<p>Prevention & control</p> <p>687 606 users 3% increase 15 languages</p>	<p>Protective equipment</p> <p>199 184 users 9% increase 10 languages</p>
<p>Hand hygiene</p> <p>181 566 users 7% increase 4 languages</p>	<p>Waste management</p> <p>55 965 users 4% increase 1 language</p>	<p>Decontamination</p> <p>20 192 users 8% increase 1 language</p>	<p>Environmental cleaning</p> <p>41 967 users 15% increase 1 language</p>
<p>Clinical care</p> <p>129 452 users 7% increase 9 languages</p>	<p>Country capacities</p> <p>515 520 users 2% increase 8 languages</p>	<p>Treatment facilities</p> <p>205 839 users 4% increase 8 languages</p>	<p>Field data tool</p> <p>88 031 users 9% increase 2 languages</p>

INCREASING THE KNOWLEDGE BASE AND COUNTRY UPTAKE OF WHO TOOLS

UNITY STUDIES

Transmission dynamics, severity and sero-prevalence



Intention confirmed:
78 countries (AFR 19, AMR 8, EMR 8, EUR 26, SEAR 7, WPR 10)

Implementation started:
42 countries (AFR 11, AMR 4, EMR 3, EUR 14, SEAR 1, WPR 9)

CLINICAL PLATFORM



Intention confirmed:
21 countries (AFR 3, AMR 3, EMR 3, EUR 8, SEAR 0, WPR 4)

Implementation started:
13 countries (AFR 3, AMR 2, EMR 1, EUR 5, WPR 2)

SURVEILLANCE PLATFORM



Sentinel surveillance reported:
21 countries (AFR 1, AMR 11, EMR 0, EUR 3, SEAR 1, WPR 5)

Sentinel specimens tested in week 24: 68 590 (23% increase)
Percent positive for COVID-19: 11.7%

Yes ■ No ■ Missing Data ■

REGIONAL UPDATES

Americas (AMR)

AMR **Jamaica** continued to lead the COVID-19 response within UN Country Team and worked together with the Government of Jamaica to coordinate the national response and advance the timely implementation of its response activities. Additionally, PAHO provided the MoHW with equipment (laptops, tablets, VHF radios, and other supplies) to support the national Emergency Operations Center's (EOC) coordination activities. In **Ecuador**, AMR collaborated with stakeholders in the health cluster to map their COVID-19 response actions. The team coordinated with the UNDP and the national government to support the development of the Post Disaster Needs Assessment.

The team in **Costa Rica** collaborated with the Office of the Comptroller General, the Central Bank of Costa Rica, and the Ministries of Finance and Health to develop projections and conduct an analysis of medium-term economic scenarios as a result of COVID-19.

The team in **Bahamas** remained embedded within the Ministry of Health's EOC and provided technical advice to assist the country to manage the pandemic.

In **Mexico**, the AMR team coordinated with diplomatic missions from Belize, Canada, France, the United Kingdom, Spain and the USA to facilitate the exchange of experiences and information and to identify areas for support for the country's COVID-19 response. Subsequently, these collaboration efforts fostered the re-launch of activities of the Collaboration Program between Mexico and the United Kingdom ("Better Health") for the training of Human Resources in Health and the strengthening of primary health care (PHC).

In addition, the team in **Mexico** convened a meeting with the Citizen Movement Bank of the national Chamber of Deputies to share its perspective and analysis on the COVID-19 situation in the country. The team in the **Eastern Caribbean** coordinated with the Pan Caribbean Partnership against HIV/AIDS (PANCAP) to convene eight **webinars** to provide **effective, timely and relevant information to the Caribbean population on a wide range of COVID-19-related topics**. The webinars targeted diverse audiences and served to provide updates on new scientific evidence and respond to issues of relevance in the response to COVID-19. These webinars have reached approximately 15,000 persons.

AMR joins Global Citizen as a partner in its United for Our Future campaign and concert for the response to COVID-19 in the Americas

22 June 2020

<https://www.paho.org/en/news/22-6-2020-paho-joins-global-citizen-partner-its-united-our-future-campaign-and-concert>

Honduras: More than 800 public employees receive training on biosecurity measures before returning to work

https://www.paho.org/hon/index.php?option=com_content&view=article&id=1942:mas-de-800-empleados-publicos-reciben-capacitacion-sobre-medidas-de-bioseguridad-antes-del-regreso-al-trabajo&Itemid=226

REGIONAL UPDATES

Eastern Mediterranean Region (EMR)

Regional director met with the regional director of the International Organization for Migration to discuss scaling up joint efforts to protect the health of migrants across the region. The Regional Office and the International Federation of the Red Cross (IFRC) are collaborating to strengthen community-based surveillance for COVID-19, making use of IFRC's field networks. The Issue-Based Coalition on Gender Justice and Empowerment have begun working on a brief on Gender-Based Violence in the time of COVID-19. As part of efforts to protect displaced populations, the regional modeling team is working with Iraq on modelling of COVID-19 in displaced camps settings. Infection prevention and control practices were reinforced for teams in Pakistan, Afghanistan and Sudan through an online webinar on general infection prevention and control measures for patients with suspected/confirmed COVID-19. Additionally, 16 master trainers from Afghanistan were trained via an intensive 2-day session on infection prevention and control measures. Participants from country offices, national teams and key institutions in the Region took part in a webinar on case-control study on health care workers infected with COVID-19.

A webinar on "Occupational Safety and Health of health workers in COVID-19: Risks faced and experiences in the EMR" was conducted with 41 participants. Capacities of national rapid response team members from Pakistan were strengthened through a 2-day webinar. The fourth webinar on the COVID-19 Laboratory Community of Practice held this week focused on the Use of Molecular Point of Care Testing for COVID-19. Support in the area of clinical management was provided to Yemen, Jordan, and Pakistan through updated guidance and launching of EMRO/BASIC Clinical management training.

The Regional office has developed [information materials](#) to help front line worker cope with stress.

The materials include three products :

- Frontline workers and COVID-19: coping with stress
- Helping frontline workers cope with stress during COVID-19: actions for peers
- Helping frontline workers cope with stress during COVID-19: actions for team leads and organizations

Webinars on issues related to maintaining mental health and psychosocial services in the context of COVID-19 were conducted for Jordan, Somalia, and Saudi Arabia. Support in the development of country response plan for reproductive maternal, neonatal, child and adolescent health care services was provided to Afghanistan, Egypt, Iran, Iraq, Saudi Arabia, Lebanon, Morocco, Pakistan, Palestine, Sudan, Syria and Yemen. A virtual meeting was held with WHO/ UNFPA/ UNICEF for Iraq and Pakistan on involving ministry of health teams in the continuation of essential reproductive maternal, neonatal, child and adolescent health care services. Guidance was developed for a number of countries requesting information on air conditioning, ventilation and heat within the context of COVID-19. As more countries begin lifting restrictions and opening points of entry, the regional office held meetings with Pakistan to discuss travel restrictions to/from gulf countries and measures for reopening; with Syria and Saudi Arabia on reviewing plans for the reopening of points of entry; and with the regional interagency group for points of entry and the Arab League on information sharing and coordination of country support. The Regional Office is working with Saudi Arabia to agree on needed arrangements for this years Hajj pilgrimage, following the country's announcement to hold the mass gathering only for residents within the country. Under the Unity Studies, Pakistan and Jordan are moving to the data collection phase, and Sudan, Egypt, Syria, Somalia are developing study protocols. Afghanistan is finalizing its study proposal. A webinar to introduce weekly reporting of mortality and COVID-19 deaths via an electronic platform was attended by 26 participants from 11 countries: Lebanon, Bahrain, Libya, Oman (+WCO), Egypt, Jordan, Pakistan, Sudan, Afghanistan (WCO), Morocco

European Region (EURO)

Rapid Response mission to Armenia: 19 June – 5 July

A WHO rapid response team has been deployed to Armenia for two weeks involving high-level and technical WHO personnel. This week, the mission engaged at the highest levels of Government to bring together all sectors around a single, whole of Government response, putting health at the centre of a strategy that protects both lives and livelihoods.

Rapid Response mission North Macedonia: 22- 25 June

Following the Virtual Technical Mission conducted in Week 25, and as part of a second wave of support, WHO EURO has deployed a senior expert to North Macedonia. The team met with senior health officials, visited hospitals, long-term care facilities, and met with religious leaders. The team is supporting the response

Due to a resurgence of cases and providing advice regarding mass gatherings risks and further targeted measures that can be taken, and share lessons learnt from other countries' responses to COVID-19.

Epicurves in relation to Non-Pharmaceutical intervention

WHO EURO has updated the COVID-19 situation [dashboard](#) with an “NPI explorer” presenting epidemiological curves in relation to non-pharmaceutical interventions (NPI) placed and lifted across the Region. The platform allows users to explore a single country or a combination of different countries in the Region as well as the specific measures that were implemented.

Supply Delivery to Azerbaijan, Ukraine and Belarus: 22 - 23 June

From 22 – 23 June, WHO EURO distributed essential supplies worth \$4.5M and weighing over 92 tons to Ukraine, Azerbaijan, and Belarus. The supplies included personal protective equipment such as, face shields, goggles, gowns, respirators and surgical masks - with the largest shipment consisting of more than 3,000,000 surgical masks and nearly 1.4 million respirators. Azerbaijan was the first recipient country in the current wave of distribution, as part of the DG NEAR project which is conducted in collaboration and cooperation with WHO EURO and EU delegations.

Virtual European Public Health Alliance COVID-19 Stakeholder Dialogue: 24 June

On 24 June, WHO EURO participated in the European Public Health Alliance's (EPHA) COVID-19 Stakeholder Dialogue to exchange knowledge and provide various stakeholders in the Region with information about the impacts of COVID-19 on vulnerable groups. EPHA members, WHO EURO and partners shared perspectives on the practical needs and the responses of various vulnerable groups (including women experiencing domestic violence, migrants, Roma communities, the homeless, people living in poverty/destitution, sex workers, drug users, LGBTI+, etc.) as well as some health professionals whose jobs are strained in the current situation.

Online Monthly Seminar on Primary Healthcare Services and COVID-19 Measures in Refugee Health Centres: 16 June

The WHO Country Office in Turkey has begun organizing online classes for Syrian health-care workers in the country to increase awareness and knowledge about COVID-19-related developments, guidance and programmes. The first class was organised on 16 June, with more than 600 participants. WCO Turkey also hosted a webinar on 25 June to promote recent WHO technical guidance on “*Strategies and interventions on preventing and responding to violence and injuries among refugees and migrants in the COVID-19 context through the lens of gender-based violence*”.

REGIONAL UPDATES

African Region (AFR)

A mechanism for tracking of cases in neighboring countries in order to report Confirmed cases during cross border screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries. An analysis is being carried out on the impact of the lockdown on the current epi-situation (joint analysis on the lower trend of COVID in Africa). A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support.

WHO AFRO supported eight countries, including Angola, Burkina Faso, Cameroon, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Senegal, South Africa and Tanzania.

In these countries, 1,131 IPC trainers are now available, along with 9,381 trained health workers.

The team is regularly monitoring and analyzing influenza data to see the impact of COVID-19 response

measures including lockdown on influenza. Support to countries that are conducting surveillance for seasonal and pandemic influenza is also ongoing. Laboratories are working closely with the surveillance team to enhance laboratory information management including: tests per capita; positivity rate of specimens tested; and analysis of laboratory information based on sampling strategy to provide a better understanding of the regional status.

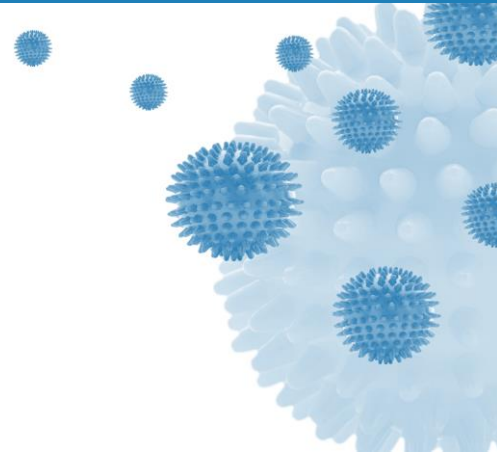
The team presented on AFRO guidance, a webinar, on Case Management and Anti-biotherapy, "AMR threat during COVID-19 response – taking action on antimicrobial stewardship". A total of 370 participants attended across the continent. WHO has donated 50 beds and mattresses to help with establishment of an isolation centre at Ndolo Prison in the Democratic Republic of the Congo. A WCO case management officer is supporting the MoH in the Ghana team in mapping available treatment centres across the country to address increasing number of cases. The AFRO team met with the AFTCOR Case management pillar meeting on 17 June to develop joint guidelines for Home Care of Patients, Discharge and Follow-up Criteria, and Management of Critically ill Patients with COVID-19. A curriculum with guidelines was developed for community health workers on performing CPR in a COVID-19 patient. General and specific technical advice was provided on prone position ventilation and home management.

The communication team conducted capacity building on risk communication and community engagement, rumor management and communication to healthcare workers in Cabo Verde, Côte d'Ivoire, Senegal and Mauritania. The team also trained field team leads in Nigeria and Senegal, trained local journalists in three region of Côte d'Ivoire and prison administrators and transport union delegates in Cameroon. Community engagement was stepped up in 16 regions of Ghana including action in hot spots. This includes training of fishermen/women, and advocacy with influencers in border communities in Ghana. In Kenya, 21 counties supported community engagement activities and mass media engagement recruiting five staff to step up programs. The hero campaign intensified in Nigeria, Democratic Republic of the Congo and Sierra Leone.

A total of 37 countries placed request in the UN supply portal for an amount of 34 million laboratory test kits with sample collection kits, 22 million units of personal protective equipment (PPE) and five million units of biomed equipment. Delivery of lab test kits is starting this week and is expected to continue during the following weeks. Delivery of PPE was expected to start next week but partners are facing challenges in organizing shipments from China. An alternative solution's are being explored. The delivery of oxygen concentrators started last week end and is expected to continue during this week. The AFRO logistics team doubled the number of laboratory shipments and new ad-hoc routes have been opened to increase in the number of commercial flights.

REGIONAL UPDATES

Western Pacific Region (WPRO)



¹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

South-East Asia Region (SEAR)

“Chasing the Virus” in Dharavi, and ensuring a steep decline of daily cases from an average 43 in May to 19 in third week of June

Dharavi one of Asia's largest slums, located in Mumbai, India has a population of 1 million densely packed in an area of just over 2.1 square kilometers.

In April 2020 Dharavi had 491 cases with a 12% growth rate and a case doubling period of 18 days. The challenges were abundant, with 80% population dependent on community toilets and 8-10 people living in 10ftX10ft households/hutment, physical distancing and effective “home quarantine” were practically impossible.

The Maharashtra government and Brihanmumbai Municipal Corporation (BMC) adopted a model of actively following four T's – Tracing, Tracking, Testing and Treating.

This approach included activities like proactive screening. While 47,500 people were covered by doctors and private clinics in house-to-house screening, about 14,970 people were screened with the help of Mobile Vans, and 4,76,775 were surveyed by BMC health workers. Fever clinics were set up for screening high risk category such as elderly/senior citizens. This helped to screen 3.6 lakh people. Also, around 8246 Senior Citizens were surveyed and as part of its policy of ‘Timely Separation’, they were separated from the other community to effectively limit the transmission of the disease. In all, 5,48,270 people have been screened in Dharavi. The suspected cases were shifted to well organized COVID Care Centres and Quarantine Centres. The proactive measures adopted by BMC reduced the COVID-19 growth rate to 4.3% in May 2020 and further to 1.02% in June. These measures also ensured an improved case doubling time to 43 days in May 2020 and 78 days in June 2020.

COVID-19 collaboration brings ventilators to Indonesia

On 2 June 2020, five ventilators procured by the United Nations Development Program (UNDP), the World Health Organization (WHO) and the International Organization for Migration (IOM) were handed over to Indonesia's National Board for Disaster Management (BNPB) and Ministry of Health. Over the next month, WHO, UNDP and IOM will together provide a total of 33 ventilators to Indonesia, 27 of which will come from a WHO partnership with the Government of Japan.

“Japan is pleased to support Indonesia at a time when partnerships are so needed to overcome the challenges of the COVID-19 pandemic and provide care to those who need it,” Ishii Masafumi, Ambassador of Japan to Indonesia said. The Government of Japan has contributed US\$ 11.5 million to the WHO Regional Office for South-East Asia and the Indonesia country office for activities linked to the COVID-19 response in Indonesia. The funds will be utilised for activities to suppress the human-to-human transmission of COVID-19 and provide care for patients affected by COVID-19 and their families, including the donation of 150 ventilators.

Link: <https://www.who.int/indonesia/news/detail/05-06-2020-covid-19-collaboration-brings-ventilators-to-indonesia>

Key links

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[Regional updates \(AFRO, EMRO, EURO, PAHO, SEARO, WPRO\)](#)

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