

Weekly update on COVID-19

9 – 15 May 2020



Snapshot
As of 15 May 2020

Confirmed cases

4,307,287

Confirmed deaths

295,101

Countries &
territories affected

216

Public health response and coordination highlights

Launching of the Open Innovation Platform

WHO has launched the Open Innovation Platform, a fact-driven community that welcomes contributions from people around the world which could help accelerate innovative action to manage, treat and reduce the spread of COVID-19.

Launching of WHO Academy app

WHO has launched the WHO Academy application designed to support health workers during COVID-19 and the WHO Info app designed to inform the general public. The app is built around the needs expressed by 20,000 global health workers in a WHO Academy survey conducted in March of 2020.

[Read more](#)

Tobacco use and COVID-19

A review of studies by public health experts convened by WHO found that smokers are more likely to develop severe disease with COVID-19, compared to non-smokers. WHO urged in a [statement](#) researchers, scientists and the media to be cautious about amplifying unproven claims that tobacco or nicotine could reduce the risk of COVID-19.

COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV

[New modelling on HIV](#) convened by the World Health Organization and UNAIDS highlights the importance of taking immediate steps to minimise interruptions in health services and supplies of antiretroviral drugs during the COVID-19 pandemic.

Technical support for COVID-19 treatment centres

WHO Operations Support and Logistics (OSL), in collaboration with a technical network of universities, architects, biomedical engineers and other health experts, is working to support the establishment of COVID-19 treatment centres, self-quarantine and community facilities at the request of countries seeking technical guidance in setting up such facilities. OSL is working to establish a global [Technical Network](#) that so far has brought together the expertise of 200 architects, academics, civil engineers, biomedical engineers and other technical health experts from 27 institutions across 22 countries.

COVID-19 causing threatening progress towards SDGs

According to the [2020 World Health Statistics](#), the [COVID-19 pandemic is causing significant loss of life](#), disrupting livelihoods, and threatening the recent advances in health and progress towards global sustainable development goals.

“Stop the Spread” Campaign

WHO and the United Kingdom launched an awareness campaign named [“Stop The Spread”](#) about the risks of inaccurate and false information regarding the COVID-19 pandemic

Update of the Preparedness and Response Status list

The country categorization list of [Preparedness and Response Status](#) for COVID-19 was updated as of 11 May.

The COVID-19 Partners Platform

The [Platform](#) was launched as a tool to enable all countries and key stakeholders involved in the response to coordinate and collaborate their efforts to address the COVID-19 pandemic. It features real-time tracking of planned activities, implementation and resourcing of country preparedness and response plans.

To date, 75% of WHO member states (147 countries) have engaged on the Platform (including regular users, as well as requests for demonstrations). Countries in the PAHO and EMRO regions have the highest levels of engagement, while countries in WPRO and EURO regions have lower levels of engagement. 120 response plans have been uploaded and 53 donors have entered their contributions, totaling USD3 billion. The COVID-19 Supply Portal is now also available through the COVID-19 Partners Platform. It enables national authorities and the implementing partners supporting them, to request critical supplies. [Read more](#).

Emergency Medical Teams (EMT)

As of 15 May 2020, international operations continue to be numerous in Africa, reaching at least 12 countries while other requests of support are still coming through the EMTs deployed in the European Region. Italy EMT has completed the international mission, discharging the latest patients and transferring the case management activities to national operations. In addition, support has been provided in Cambodia, Mongolia, Kyrgyzstan and Bangladesh. WHO and experts from different EMTs have finalized the process targeting the document on community facilities to care for COVID 19 patients as a scalable and modular temporary solution based on the EMT methodology.

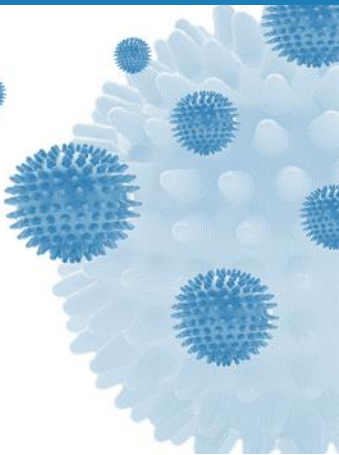
The ‘EMT Just in Time training’ currently composed of 9 different modules has been made available to all EMTs.

[Read more](#)



GOARN

WHO, GOARN partners, and stakeholders continue to collaborate on the roll-out and implementation of [Go.Data](#), a field platform for collecting and analyzing key data for case investigations; for contact tracing and follow-up; and for generating chains of transmission. As of 15 May 2020, 533 offers of support have been received from GOARN partners; 73 health operations experts from 32 GOARN. Institutions across Europe, Western Pacific, South East Asia, and the Americas have been deployed to support 22 countries in all regions. Operational factors that have a major impact on the deployment of international support are the heavy restrictions and quarantine requirements related to international air transport travel. 20 experts are currently deployed in the field or providing remote technical advice and support to countries.



Regions	Go Data implementations
AFRO	8
EMRO	2
EURO	15
PAHO	11
SEARO	1
WPRO	10
Grand Total	47

Releases

Information Note

[COVID-19: Considerations for tuberculosis \(TB\) care](#)

Guidance

[Considerations for school-related public health measures in the context of COVID-19](#)

[Considerations for public health and social measures in the workplace in the context of COVID-19](#)

[Public health criteria to adjust public health and social measures in the context of COVID-19](#)

[Contact tracing in the context of COVID-19](#)

[Surveillance strategies for COVID-19 human infection](#)

IASC Interim Guidance

[Public health and social measures for covid-19 preparedness and response in low capacity and humanitarian settings](#)

Scientific Brief

[COVID-19 and the use of angiotensin-converting enzyme inhibitors and receptor blockers](#)

Read [Scientific briefs](#)

Strategic Supply Chain

The roll-out of the [Supply Portal](#) continues. In requesting PPE through the Portal, the full needs for the COVID-19 response, including the maintenance of essential health services can be included. However, this is recognizing that the overall stocks available for distribution are limited and full requests may not be met even if full funding is secured.

COVID-19 supply shipped as of 14 May 2020

SHIPPED	Mask, Surgical	Mask, N95	Gloves, Examination	Gown	Goggles	Face Shield
AFRO	1,439,750	24,200	386,300	46,779	6,930	30,910
EMRO	474,250	35,845	694,000	79,922	7,420	25,800
EURO	221,100	7,250	249,100	24,648	4,140	7,000
PAHO	76,000	2,440	76,000	13,016	1,300	7,900
SEARO	452,000	41,065	371,500	25,600	9,950	15,336
WPRO	314,550	15,365	199,000	10,010	6,107	7,200
TOTAL	2,977,650	126,165	1,975,900	199,975	35,847	94,146

Appeals

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](#). The 2nd iteration or updated SPRP has been presented to donors and Member States on 7 May. It estimates that WHO requires a total of US\$ 1.7 billion 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, thereby leaving WHO with a funding gap of US\$ 1.13 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. Link: <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-may-update-0>

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.

Health learning

The [OpenWHO](#) team has been operating for 15 weeks in response to COVID-19 and produced a total of 70 courses, for an average of 4.6 courses launched each week.

The platform has more than 2.5 million enrolments and is now hosting free trainings on 10 different topics across 22 languages to support the COVID-19 response, for a total of 70 learning resources.

The platform's first African-language course for COVID-19 went live in Swahili this week. A Hausa resource will be coming out next.

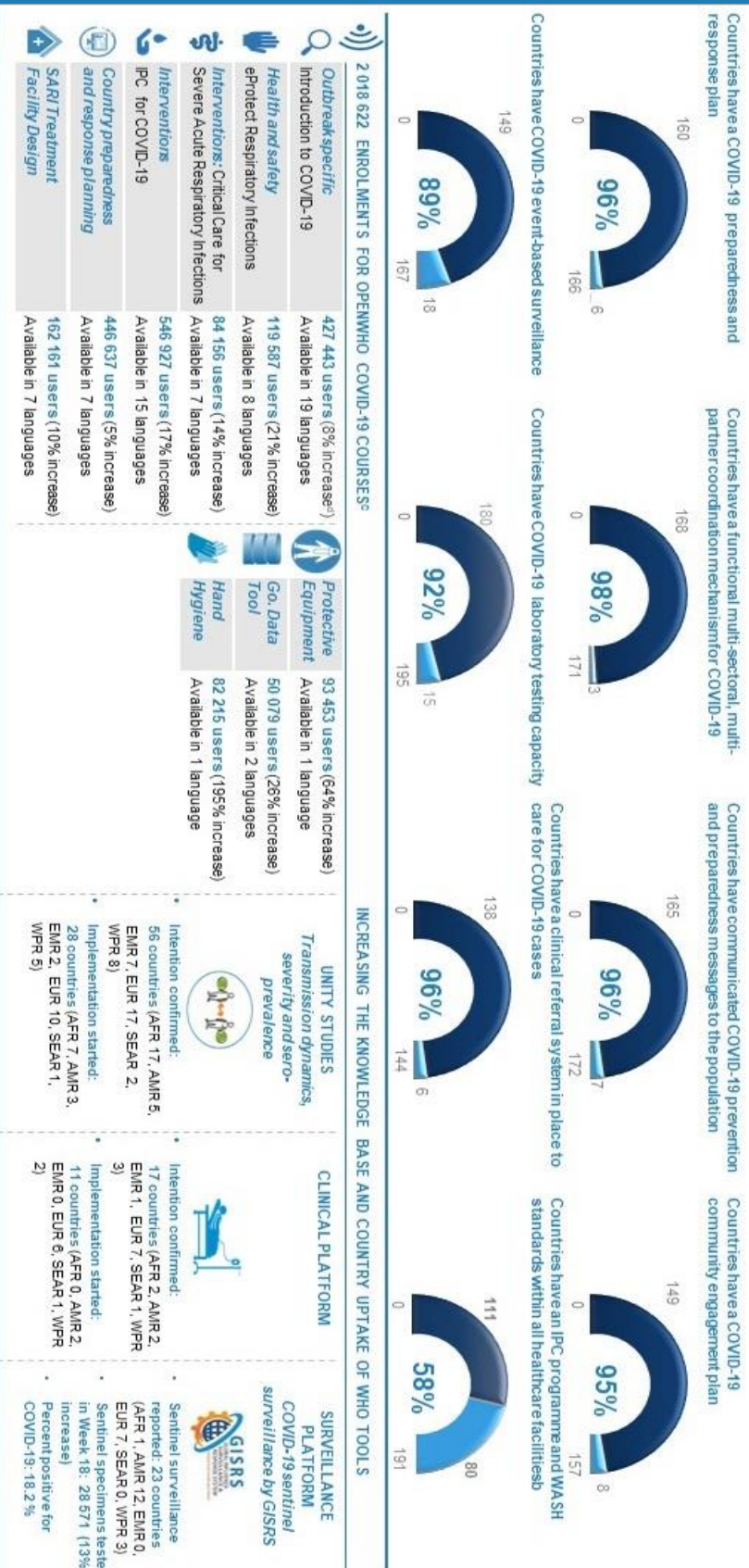
Global Research Highlights

The Solidarity Trial of COVID19 potential treatment options has been initiated and the [Solidarity Vaccine Trial protocol](#) developed. WHO is now seeking [expressions of interest](#) from vaccine trial sites around the world to take part in this protocol which will include several candidate COVID19 candidates that meet WHO prioritization criteria.

Additional medicines were sent to Iran for its participation in the [Solidarity Trial](#); four re-purposed medicines – Remdesivir, Lopinavir/Ritonavir, Interferon (β 1a), and hydroxychloroquine – are being evaluated.

[Updates on current research and development](#)

Global Indicators (as of 13 May 2020)



Notes

- a) Data collected from 194 Member States and 1 territory through the WHO Regional Offices. The term "countries" should be understood as referring to "countries and territories".
- b) The indicator for infection prevention and control (IPC) was based on the International Health Regulations State Parties Annual Reporting (SPAR) results from 2019, or 2018 results if 2019 data was not available.
- c) Data as of 12 May 2020. d) Incremental percentage compared to last week data.

Yes No Missing data

REGIONAL UPDATES

African Region (AFRO)

WHO and UNAIDS warn a six-month [disruption of antiretroviral therapy](#) could lead to more than 500,000 additional deaths from AIDS-related illnesses in sub-Saharan Africa in 2020–21.

A detailed epidemiological analysis of COVID-19 cases, laboratory testing and contact tracing database was continued to provide evidence to guide and improve public health measures. A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support and guidance.

Since the beginning of the pandemic, 7127 healthcare workers (948 more than last week) were trained in Infection Prevention and Control.

Robert Koch Institute have developed laboratory training materials which have been disseminated to laboratories in the region as a follow up to an instructional webinar.

A home, community and urban slum care of asymptomatic and mild COVID-19 cases guidance note development was completed on 9 May 2020. This will be shared in this week to be used for case management in the member countries

WHO AFRO has distributed its guidance on physical distancing to all Member States. Twenty-eight countries have developed and are implementing engagement strategies. The team submitted and cleared two guidance documents on Ramadan and Risk communication and community engagement. The Senegal hub had in-depth discussions with Algeria, Cameroun, Benin, Togo and DRC country team to support them in strategies to improve capacity. The Nairobi team had a webinar with 200 journalists on emerging issues and stigma.

For more details see AFRO [situation report](#)

Americas Region (AMRO/PAHO)

[PAHO and UNOPS present publication with measures to prevent COVID-19 for construction workers](#)

PAHO has incorporated information and capacity building resources on COVID-19 into the [Caribbean Node of the Virtual Campus in Public Health](#). It includes advice to the general public as well as COVID-19 technical guidance tailored to the Caribbean. This space also includes webinars, case studies and lessons learned, and other resources produced by PAHO.

In collaboration with WHO, Harvard University, and the Epimos GmbH and ExploSYS BmbH projects, PAHO has developed tools that enables countries to analyze and visualize the virus' effective reproductive rate (using EpiEstim) and project how the virus will spread in each country considering implemented public health measures and its health system (using CovidSIM).

Along Haiti's border with the Dominican Republic, PAHO is working with the Ministry of Health, IOM, UNICEF, and UNFPA to screen returnees. It has provided PPE and helped the government to establish appropriate spaces for quarantining suspected cases.

PAHO dispatched 485,000 PCR tests for COVID-19 to British Virgin Islands, El Salvador, Grenada, Guatemala, and Uruguay. This was coupled with PAHO launching new technical guidance on interpreting laboratory results and RNA extraction kits, enzymes, and internal controls shipped to another seven countries. To date, PAHO has sent materials for over 2.6 million COVID-19 tests, as well as 83 enzymes and 112 extraction kits (among other material).

Decades of armed conflict have left parts of Colombia fragile with lingering health access issues. PAHO worked with the Ministry of Health, IOM, and UNFPA to reorient efforts under the Health for Peace project to deliver PPE and strengthen surveillance efforts and health systems in 171 municipalities prioritized for peace building.

For more details see PAHO [Situation Report](#)

REGIONAL UPDATES

European Region (EURO)

A total of 10 countries have received full approval to participate in the **Solidarity trial** including Albania, Finland, Germany, Israel, Italy, North Macedonia, Norway, Spain, Sweden, and Switzerland. During the past week a set consultations were organized with Ministries of Health, top clinicians and experts to provide support and guidance. In addition, four virtual trainings were carried out on the topic of enrollment and randomization for clinicians from Albania, Finland, Israel and North Macedonia.

In collaboration with the European Centre for Disease Prevention and Control (ECDC), **two lab surveys** are being carried out; on laboratory testing for COVID-19 and on the reporting of COVID-19 mortality, contact tracing, and sentinel and hospital-based surveillance. The aim of these surveys is to understand the testing strategies, mortality reporting, contact tracing management and surveillance systems used in each country. This allows for more accurate interpretations of laboratory and epidemiological surveillance data across the Region.

WHO EURO has developed a supplement to the broader **RCCE strategy** in the context of COVID-19, focused on RCCE in the **Transition Phase**. The annex covers the role of RCCE and key actions needed to support countries as they transition using different scenarios to illustrate potential outcomes. This strategy is meant to be tailored to the country context to support government transition on RCCE.

[WHO launches checklist to support prison administrators and policy-makers for rapid and effective response to COVID-19](#)

South-East Asia Region (SEARO)

A new strategy was adopted to monitor and further strengthen the technical support extended to Member States in close collaboration with the Country Offices. This includes conducting regular 'country deep-dive calls' between IMST and WHO Country Offices (WCO) and developing detailed country profiles for all SEAR countries. The main objective is to analyze the transmission dynamics and response operations in depth with a view to identify best practices, challenges and way forward to curtail the transmission.

Experience sharing and capacity building in the South-East Asia Region

WHO SEARO continued to host webinars for Member States and WHO Country offices of the Region covering topical issues under the thematic areas of health systems, risk communication, infection prevention and control and case management and surveillance. A total of six webinars were conducted for the week as listed below.

Successfully engaging communities in the WHO South-East Asia Region to manage COVID-19 and prevent stigma and discrimination

Coronavirus infections among health care workers: what we know about COVID-19 and what we have learned from other outbreaks

Sharing Regional experience: Clinical management of COVID-19 patients in India: Clinical characteristics, national management considerations, challenges and lessons learned.

COVID-19 and workers' health and safety

Addressing health workforce needs for an effective COVID-19 response

Go.data country support webinar

REGIONAL UPDATES

Western Pacific Region (WPRO)

In the past week, a further 13 consultants were added to the response efforts in the region, including deployments to Papua New Guinea and the Philippines. Ongoing travel restrictions continue to limit the provision of in-country support. The HR focus has shifted to ensuring capacity can be maintained until December 2020, which will likely be a key challenge.

The new Supply Portal has been introduced in the region and added to the Partners Platform. Staff are now equipped to introduce the Portal to the country offices. In the past week, national plans were uploaded to the Partners Platform from Marshall Islands, Federated States of Micronesia, Mongolia, Papua New Guinea, Philippines, Samoa and Vietnam.

Simultaneously to the COVID-19 response, the Pacific Island countries and territories are setting an example with their exceptional preparedness efforts.

WHO and partners actively support governments through a COVID-19 Pacific Joint Incident Management Team (JIMT). The JIMT enables coordination to bring together resources and to assist Pacific countries' and territories' readiness to delay and prevent the spread of the virus, including mobilising additional contact tracing and rapid response teams, strengthening capacity for widespread testing using multiple testing platforms, and starting physical distancing and other Non-Pharmaceutical-Interventions early.

With the arrival of 2 million surgical masks to replenish the regional stockpile, the OSL team has continued creating kits of essential items, comprising of PPE and finger pulse oximeters, to be dispatched to priority countries. Once complete, a further 7 operations will have been dispatched across the region taking the total PPE distribution operations to 53.

Key links

[COVID-19 web page](#)

[Case dashboard](#)

[Daily situation reports](#)

[Donors and partners](#)

[Response in countries](#)

[Rolling updates](#)

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