WHO supports India to train doctors, nurses and paramedics COVID-19 care center

In response to COVID-19, border police in India have set up the world’s largest field hospital, the Sardar Patel COVID Care Centre (SPCCC), which houses 10,200 beds, outside of Delhi. The WHO India team is working closely with the Delhi government to support its efforts to train the health workers in continuing their valuable role in patient care. With support from WHO India, more than 230 police doctors, nurses, and paramedics were trained in a training of trainers (ToT) in management of COVID-19.

Training topics included epidemiology of COVID-19, infection prevention and control (IPC) protocols, correct use of personal protective equipment, waste management, triage, medical management of cases, and case investigation and documentation.

In addition, WHO also assisted the SPCCC in operational planning, facility assessment, and improving service delivery according to the standards of the Government of India, and the development of information education and communication materials on handwashing and wearing masks.

WHO will continue to provide technical support will be provided to build capacity and facilitate high quality full-fledged operations at the facility.

For more information, see here
From the field:

WHO EURO mission supporting laboratory COVID-19 response in Uzbekistan

A WHO technical mission was deployed to Uzbekistan from 10 September to 15 October during which 16 laboratories were assessed for their capacity and capability to test SARS-CoV-2 and eight laboratories were assessed for their sample referral system.

To further strengthen laboratory capacities in Uzbekistan, four trainings were conducted on:
- assessment using the WHO Laboratory Assessment Tool tailored to COVID-19
- training of trainers for laboratory quality management system based on ISO 15189
- laboratory quality management for regional laboratory staff
- training of national mentors.

During this mission a workshop was also conducted to support laboratory staff from national and regional laboratories to elaborate a training package for new staff and documents allowing the record of these trainings.

Further support to Sanitary Epidemiological Surveillance service (SES) was provided through development of a national testing strategy for COVID-19 and in reviewing its needs regarding equipment for the national public health laboratory system.
Public health response and coordination highlights

On 8 October 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus joined the Foreign Ministers of Japan, Thailand and Georgia to host a Ministerial Meeting on Universal Health Coverage (UHC), to commemorate the one-year anniversary of the High-level Meeting on Universal Health Coverage (UHC) and promote the release of the UN Secretary-General’s Policy Brief on COVID-19 and UHC.

Ministers of Foreign Affairs and Ministers of Health, as well as global health leaders, reflected on the commitments made in the Political Declaration on UHC, taking stock of national and global efforts to deliver UHC in the context of COVID-19 and the challenges and opportunities for building back better for a more equitable and sustainable world.

The Foreign Minister of Japan, Toshimitsu Motegi, announced a US$130 million commitment to the COVAX Advanced Market Commitments, of which the United Kingdom matched £32.5 million.

Health Learning

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

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

4 518 960
Course enrollments

41 languages

Over 2.3 million certificates

134 COVID-19 courses
During the 75th Session of the UN General Assembly, WHO held a side-event co-hosted by the governments of Indonesia, Thailand and Uruguay entitled “Infodemic Management: promoting healthy behaviours in the time of COVID-19 and mitigating the harm from misinformation and disinformation” with over 15,000 participants worldwide.

The session moderated by Dr Sylvie Briand, Director of Global Infectious Hazards Preparedness (GIH) Department, leading the WHO Infodemic management pillar for the COVID-19 response, focused on how global, national and regional partners can act together to mitigate the threat posed by misinformation and disinformation to efforts to respond to the global COVID-19 pandemic in a new age of social media and overabundance of information.

The highlight of the event was the launch of a Joint Statement by nine organisations, WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC, urging a call to action for member states and other organizations to listen to communities and empower them to develop solutions to counter the spread of misinformation and disinformation while respecting freedom of expression; to develop and implement action plans to manage the infodemic by promoting the timely dissemination of accurate information, based on science and evidence, to all communities—particularly high-risk groups.

For more information on the UNGA side event, including country presentations and video recordings of the session in multiple UN languages, click [here](#).
COVID-19 Preparedness

International Day for Disaster Risk Reduction (IDDR) 2020 – ‘It’s All About Governance’

Building on the lessons from the COVID-19 pandemic, the International Day for Disaster Risk Reduction (IDDR) this year recognized the importance of governance in managing national disaster risks. In his video message to mark the day, the WHO Director-General highlighted the importance of governance to build disaster risk reduction capacities and strengthen health security.

“To meet the challenge of future pandemics and other emergencies, we need to work together to accelerate the implementation of the International Health Regulations (IHR) (2005) and the Sendai Framework for Disaster Risk Reduction, among others.”

The UN Secretary General in his IDDR video message mentioned, “COVID-19 has shown us that systemic risk requires international cooperation. Good disaster risk governance means acting on science and evidence”.

To mark the day, WHO participated in many joint activities at country, region and global levels with other UN agencies, partners and citizens to advocate for good governance in managing systemic emergency and disaster risks. In an interview with International Association of National Public Health Institutes (IANPHI), WHO’s Director of Health Security Preparedness Dr Stella Chungong reiterated that “the Sendai Framework is indeed a significant agreement for public health and it recognizes that the IHR (2005) is an important global framework that countries can use to strengthen health security preparedness”.

The 2020 IDDR theme ‘It’s all about governance’, created an opportunity to acknowledge progress towards reducing disaster risks, in line with the Sendai Framework for Disaster Risk Reduction (SFDRR). As highlighted by COVID-19 there are many actions that governments and communities can take to prevent and prepare for these emergencies, to lessen their effects, and to reduce the chance of them happening in the first place.

For more information on IDDR, click here:
- UNSG and WHO DG video message
- WHO launched special event page with DG’s Video Message
- IANPHI published an interview with the Director/Health Security Preparedness and the head of global DRR/Public Health England on the global and local actions to reduce the disaster risks
Medicines and Health Products

1. The WHO Prequalification Unit in the Access to Medicines and Health Products (MHP) Division continues the assessment of products for Emergency Use Listing (EUL) and regular prequalification procedures. Products which are assessed include candidate in vitro diagnostics (IVDS) detecting SARS-CoV-2; as well as therapeutics against COVID-19.

- Two Antigen Rapid Diagnostic Tests (Ag RDTs) have been listed in the WHO EUL. Both are visually-read antigen detection assays, which do not require a specialized reader for result interpretation. Both products are intended for the qualitative detection of SARS-CoV-2 antigen in human nasopharyngeal swab specimens. Enabling the development and deployment of these two Ag RDTs within a mere eight months is the result of unprecedented global collaboration.

- Two remdesivir and one dexamethasone finished pharmaceutical products (FPPs) are currently under Prequalification assessment, as well as one remdesivir and two dexamethasone active pharmaceutical ingredient (APIs);

- The first call for submission of an Expression of Interest for evaluation by the WHO (Prequalification and/or EUL) is open to candidate vaccines in phase IIb/III clinical trials that are expected to be submitted for evaluation by a National Regulatory Authority within the next 6 months;

- A public consultation has been launched on both the process and the criteria that will be used by the WHO to evaluate COVID-19 vaccines that are submitted either for WHO Prequalification or for EUL assessment.

2. The Access to COVID-19 Tools (ACT) Accelerator has announced a set of agreements to make available affordable, high-quality COVID-19 antigen rapid tests. The arrangements will make 120 million antigen rapid diagnostic tests (Ag RDTs) available to low- and middle income countries priced at a maximum of 5 USD per unit – over a period of six months. These tests provide results in 15–30 minutes, rather than hours or days, and will enable expansion of testing, particularly in countries that do not have extensive laboratory facilities or trained health workers to implement molecular (polymerase-chain reaction or PCR) tests.

3. The final version of Target Product Profiles (TPP) for priority COVID-19 diagnostics have been published by WHO, and will be reviewed and updated as new information becomes available. These TPPs describe the desirable and minimally acceptable profiles for four tests:

   a. Point of care test for suspected COVID-19 cases and their close contacts to diagnose acute SARS-CoV-2 infection in areas where reference assay testing is unavailable, or turnaround times obviate clinical utility;
   b. Test for diagnosis or confirmation of acute or subacute SARS-CoV-2 infection suitable for low or high volume needs;
   c. Point of care test for prior infection with SARS-CoV-2;
   d. Test for prior infection with SARS-CoV-2 suitable for moderate to high volume needs.
Mental Health and Psychosocial Support

- In order to provide mental health and psychosocial support (MHPSS) during armed conflict, violence, refugee and migration-based emergencies and natural disasters, the existing Dutch Surge Support mechanism has expanded its surge capacity to include mental health experts in close collaboration with the Inter-Agency Standing Committee, including WHO.

The programme aims to give expertise in establishing coordination structures to strengthen MHPSS capacities. Seventy-five experts have been made available to deploy and quickly support MHPSS programmes in humanitarian crises.

- In 2020, the interagency surge deployments have been conducted to the following countries to support MHPSS coordination during the COVID-19 pandemic: South Sudan, Ethiopia, Burkina Faso, Uganda, Lebanon, Albania, Yemen. Additional deployments are scheduled before the end of the year to Peru, Guyana, Pakistan, Egypt and Republic of Congo.

WHO has assessed mental health and psychosocial (MHPSS) operations in countries during the period of June-August 2020. Out of 130 responding countries, 89% of countries reported that MHPSS is part of their national COVID-19 response plans.

- 65% of countries have a multisectoral MHPSS coordination platform for COVID-19 response;
- 17% reported full additional funding to implement their COVID-19 MHPSS plans

Of the responding countries with MHPSS coordination platforms:

- 98% are comprised of at least one member from the Ministry of Health
- 65% include representatives from the Ministry of Social/Family Affairs and Education
- 68% include at least one nongovernmental organization (NGO) member
COVID-19 Partners Platform

The COVID-19 Partners Platform, developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event. Launched on 16 March 2020, the Partners Platform has facilitated the scaling-up and coordination of preparedness and response efforts across the globe, strengthening health security at national, regional, and global levels.

To further facilitate country-level planning, monitoring and advocacy, a dashboard for the Partners Platform has been created. The new feature provides:

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

What’s New: Success Indicators

In order to be able to evaluate the Platform’s performance, we are developing a set of critical indicators in three core areas: administration and management, users and data. In principle, these indicators will be used for internal purposes; however, a selection of the proposed indicators might be included in the Dashboard to further strengthen transparency and accountability.

- 5 654 users spanning across 982 organizations
- 106 countries, territories, and areas are tracking actions under the pillars of Public Health for the entire national system
- 112 countries, territories and areas sharing national response plans
- To date, 88 countries have shared resource needs totaling US$ 9.16 billion across the nine response pillars
- 77 donors have responded totaling US$7.6 billion

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 to 173 countries across all WHO regions.

The table below reflects WHO/PAHO-procured items that have been shipped up to 9 October.

<table>
<thead>
<tr>
<th>Region</th>
<th>Laboratory supplies</th>
<th>Personal protective equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sample collection kits</td>
<td>Tests (Manual PCR)</td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>2 458 135</td>
<td>1 041 046</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>12 180</td>
<td>10 352 294</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>643 360</td>
<td>1 275 340</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>294 560</td>
<td>542 086</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>1 301 800</td>
<td>1 585 800</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>90 800</td>
<td>248 864</td>
</tr>
</tbody>
</table>

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 16 October 2020*

### Global Strategic Preparedness & Response Plan (SPRP)

<table>
<thead>
<tr>
<th>WHO’s total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020</th>
<th>WHO’s current funding gap against funds received stands under the updated SPRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$1.74 BILLION</td>
<td>US$163 MILLION</td>
</tr>
</tbody>
</table>

The status of funding raised for WHO against the SPRP can be found [here](#).

### Global Humanitarian Response Plan (GHRP)

<table>
<thead>
<tr>
<th>WHO’s funding requirement under GHRP</th>
<th>WHO current funding gap</th>
<th>Global WHO GHRP allocation as of Oct 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$550 MILLION</td>
<td>US$55 MILLION</td>
<td>US$495 MILLION</td>
</tr>
</tbody>
</table>

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

To date, The Solidarity Response Fund has raised or committed more than US$ 236 million from more than 631,000 individual donors, corporation and foundation.

Last week, Solidarity Response Fund resources have been allocated to support the WHO COVID-19 Mass Gathering Cell. The scope is to better understand the new mass gatherings landscape, its societal context and its implications, with the aim of contributing to the reinforcement of the response to the COVID-19 crisis and to the shaping of a post-COVID-19 “new” normality.

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.

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries have a COVID-19 preparedness and response plan</td>
<td>177</td>
<td>13</td>
</tr>
<tr>
<td>Countries have a clinical referral system in place to care for COVID-19 cases</td>
<td>174</td>
<td>21</td>
</tr>
<tr>
<td>Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)</td>
<td>189</td>
<td>6</td>
</tr>
<tr>
<td>Countries have COVID-19 laboratory testing capacity</td>
<td>195</td>
<td>0</td>
</tr>
<tr>
<td>Countries have an occupational safety plan for health workers</td>
<td>53</td>
<td>131</td>
</tr>
<tr>
<td>Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19</td>
<td>190</td>
<td>5</td>
</tr>
<tr>
<td>Countries in which all designated Points of Entry (PoE) have emergency contingency plans</td>
<td>68</td>
<td>5</td>
</tr>
<tr>
<td>Countries that have defined essential health services to be maintained during the pandemic</td>
<td>89</td>
<td>67</td>
</tr>
<tr>
<td>Countries have a national policy &amp; guidelines on Infection and Prevention Control (IPC) for long-term care facilities</td>
<td>83</td>
<td>99</td>
</tr>
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<td>5</td>
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</tbody>
</table>

**Notes:**

- Data collected from Member States and territories. The term “countries” should be understood as referring to “countries and territories.”
- 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**

- **Current:** 43
- **Missing:** 17

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

- **Current:** 37
- **Missing:** 27

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

- **Current:** 33
- **Missing:** 0

**Priority countries with an active & implemented RCCE coordination mechanism**

- **Current:** 56
- **Missing:** 7

**Priority countries with a contact tracing focal point**

- **Current:** 46
- **Missing:** 15

**Priority countries with an IPC focal point for training**

- **Current:** 53
- **Missing:** 10

Notes:
- 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
  - European Regional Office
  - Southeast Asia Regional Office
  - Regional Office of the Americas
  - Eastern Mediterranean 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