Weekly operational update on COVID-19
6 – 12 June 2020

Confirmed cases
confirmed deaths
Countries & territories affected
7 410 510
418 294
216

Snapshot
As of 12 of June 2020

Public health response and coordination highlights

Coordination – United Nations Crisis Management Team (UN CMT)
During the CMT Meeting on 10 June 2020, the WHO representative briefed on the overall COVID-19 epidemiological situation, with an in-depth briefing from the South East Asia Region (SEAR) provided by the Regional Emergency Director. In SEAR the recent increase in cases was attributed in part to the easing of public health measures as well as large population movements. WHO highlighted the importance to continue to support all countries to strengthen case finding, testing, contact tracing, quarantine and isolation, as well as improved organizational and institutional capacity for risk communication and community engagement. The World Bank provided a sobering brief on the Global Economics Prospects report, which finds that COVID-19 has delivered, and is still continuing to deliver, an enormous global shock, leading to recession in many countries, with a forecast of a 5.2% contraction in global gross domestic product in 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 tenth Nucleic Acid Test (NAT) assay was listed as eligible for WHO procurement on 5 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 six antibody detection tests are now expected to be submitted for assessment of compliance with WHO EUL requirements.

Access to Rehabilitation and Assistive Technology services during the COVID-19 Pandemic
The Access to Medicines and Health Products Division (MHP), in collaboration with the Non Communicable Diseases (NCD) Department, has developed a rapid survey tool to assess disruption of Rehabilitation and Assistive Technology Services in countries during COVID-19. Surveys will be launched by UNDP, WHO and UNICEF in the week of 1st June 2020. MHP also published a policy brief on strengthening access to Assistive Technology in response to WHA resolution 71.8.

WHO guidance on the use of Masks
Updated guidance on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19: for individuals in the community, public health and IPC professionals, health care managers and workers, and community health workers have been released. This update includes a section on advice to decision makers on the use of masks for healthy people in communities. Campaign materials and Q&As also released.
Webinars on access to health products
The Access to Medicines and Health Products Division has organized various webinars to provide technical support to countries on COVID-19. This includes a webinar on ‘Maintaining blood supply and safety and collection of convalescent plasma during COVID-19 Pandemic’, attended by over 200 experts; and webinars on medicines regulations related to COVID-19 for English, French and Spanish speaking experts in AFRO and AMRO. The African Vaccines Regulatory Forum (AVAREF) organized a series of webinars as well, to build ethics and regulatory capacity and provide guidance to the timely reviews an approval of clinical trial applications for COVID-19 medical products, and their oversight.

Solidarity Call to Action for a COVID-19 Technology Access Pool (C-TAP)
The Solidarity Call to Action for WHO Member States to support a COVID-19 Technology Access Pool (C-TAP), first proposed by the President of Costa Rica, was launched on 29 May 2020. C-TAP aims to promote open access to information, know-how and patents for new or existing medicines, vaccines, diagnostics and equipment for the prevention and response to COVID-19. To date, more than 40 countries and multiple international partners have notified their support to the Solidarity Call to Action. A plan for operationalizing C-TAP is being developed.

World Food Safety Day June 7, 2020

The COVID-19 Partners Platform
Since the addition of 37 new actions in the COVID-19 Partners Platform, the Platform Country Support Team has worked directly with users to update their action checklists and support the integration of these new actions into COVID-19 national plans. 100 action checklists have been initiated/completed within the Platform. These 37 new actions align with the Updated Operational Planning Guidelines to Support Country Preparedness and Response and recently released technical guidance.
To date, 75% of WHO member states (149 countries) have engaged on the Platform (including regular users, as well as requests for demonstrations). 108 COVID-19 national plans have been uploaded and 68 donors have entered their contributions, totaling USD4.6 billion. The Platform was launched as a tool to enable all countries/territories/areas, UN Country Teams and partners supporting the response to coordinate and combine efforts to address the COVID-19 pandemic. It features real-time tracking of planned activities, implementation and resourcing of COVID-19 national plans. The COVID-19 Supply Portal is also available through the COVID-19 Partners Platform, enabling users to request critical supplies

GOARN
On 9 – 11 June, WHO, GOARN partners and major multisectoral stakeholders held an online consultation on rapidly building contact tracing capacity globally for COVID-19.Country updates from Argentina, Australia, Brazil, Canada, Germany, India, Italy, Republic of Korea, Malta, New Zealand, Nigeria, Singapore, Qatar, and Vietnam. GOARN partners and stakeholders – including TEPHINET, and regional networks, US CDC, Resolve, Nigeria CDC, RKI, Unicef, MSF, IFRC, NICD South Africa, academic institutions, technical networks, and the technology sector. Experts from 24 countries and partners shared their practical experiences of coordinating and implementing contact tracing. During the 3 day consultation, over 350 participants from 63 countries and partners worked with members of the WHO COVID-19 Incident Management Team at HQ, regional offices and country offices, WHO programmes and departments including emergency preparedness and response, health systems, information technology and digital innovations initiatives.
Emergency Medical Teams
EMT network has received 2 new requests for assistance this week to enhance existing national capacities in Cameroon and South Sudan. These include the deployment of Emergency Medical Teams as specialized care team with expertise in treating severe and critical patients as well as the identified needs to strengthen infection prevention and control measures, and access to biomedical equipment in selected hospitals. These requests complement the current 23 international deployments to the most affected areas, as well as 43 EMTs that are supporting national operations.
EMT Secretariat is working in close cooperation with the six WHO regions to reinforce the operations in the COVID 19 response as well as provide technical support, revisit training needs and support the integration and adaptation of the EMT methodology at sub-national level.

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 3.2 million course enrolments, including 2.6 million enrolments in COVID-19 courses, and has issued 690 000 certificates. Free trainings are available on 12 different topics translated across 29 languages to support the coronavirus response, for a total of 90 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 and environmental cleaning.

Global Research Highlights
Solidarity trial I Update on Hydroxychloroquine as of June. It has been reinstated to the trial; safety concerns addressed and dismissed. Available at: “Solidarity I” clinical trial for COVID-19 treatments
Releases

‘Asks’ to the private sector in the response to COVID-19
Supply & markets working group notes for the record 29 May
Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19
Technical for specifications Pressure Swing Adsorption (PSA) Oxygen Plants

WHO has published 14 new community and risk engagement posters on parenting for use during the pandemic (see box).

Read all releases here.

Strategic Supply Chain

Personal protective equipment supplies
To date, WHO has shipped more than 5 million items of personal protective equipment (PPE) to 112 countries. Through the PPE purchasing consortium, WHO has secured large volumes of PPE and is currently in the process of shipping more than 149 million additional items to 138 countries, including a donation of 100 million medical masks and one million N95 respirators from the Jack Ma Foundation.

With South America and the Caribbean emerging as new centers of the COVID-19 pandemic, WHO is prioritizing shipping a massive volume of PPE (6,000 m3) to its Regional Office for the Americas for distribution to countries in the region. About 24.7 million PPE items procured by WHO are being allocated for shipment to the Region, along with 26 million medical masks and over 420,000 N95 respirators donated by the Jack Ma Foundation. For the Eastern Mediterranean Region, 16.7 million PPE items are being prepared for shipping to countries in the Region. In the European Region, 6.8 million PPE items are being shipped urgently to the priority countries of Ukraine and Belarus.

Diagnostics
Through the diagnostics purchasing consortium, WHO has received commitments from suppliers for 16 million manual PCR tests. To date, WHO has placed orders for 4 million manual PCR tests and 5.3 million sample collection kits. These are currently being produced and prepared for shipment. Shipments have begun last week, with the remaining quantities to be dispatched over the coming weeks. Through the same consortium, suppliers have made available 3.8 million automated tests for UNICEF to procure. To date, UNICEF has placed orders for more than one million tests and delivered 216,000 tests to 34 countries. Another 226,000 tests are enroute to 30 countries.

Biomedical Equipment
Through the BioMed consortium, WHO has placed orders for 14,000 oxygen concentrators and 9,700 pulse oximeters, which are being prepared for shipment. Also, through the consortium, UNICEF has placed orders for 10,000 oxygen concentrators, with 6,000 being prepared for shipment. The World Food Programme, which is leading the distribution and shipment of supplies for the United Nations COVID-19 Supply Chain, has to date shipped 11,478 m3 of supplies to support the COVID-19 response for 27 organizations in 121 countries.
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$ 1.1 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.
Increasing the knowledge base and country uptake of WHO tools

- 70% of countries have COVID-19 vaccination programs.
- 71% of countries have a clinical case management system.
- 98% of countries have COVID-19 laboratory testing capacity.
- 24% of countries have a health care worker safety plan for health care workers.

World Health Organization

COVID-19 Global Preparedness and Response Summary Indicators
REGIONAL UPDATES

African Region (AFR)

WHO is supporting the response to a new Ebola outbreak in northwest Democratic Republic of the Congo. The new outbreak comes as the country continues to respond to the complex Ebola outbreak in the eastern part of the country, as well as the COVID-19 pandemic, the world’s largest measles outbreak, and a complex and long-standing humanitarian crisis. The update of the WHO AFRO COVID-19 Strategic Response Plan (SRP), February - December 2020, has been finalized. The total cost of the SRP is US$ 455 910 114, with US$ 40 436 494 for supporting Regional Office activities and US$ 415 473 620 to support critical interventions in Member States in the region.

During the reporting week, technical support was provided to many countries. Data management training (Go. Data, Open Data Kit, EWARs) was conducted and technical support was offered to Algeria, Eswatini, Democratic Republic of the Congo, Liberia, Sierra Leone, South Africa, South Sudan and Zimbabwe. Virtual meetings were held with staff from the Ministries of Health and WHO Country Offices in Botswana, Eritrea, Mauritius, Sierra Leone, South Sudan and Tanzania to strengthen COVID-19 surveillance, including alert management system, contact tracing, reporting and data analysis. Technical support was provided to Niger, Senegal and Burkina Faso on contact tracing, data entry, quality control and analysis.

The IPC monitoring and evaluation framework was developed and will start receiving data from 45 of 47 countries next week. The team provided guidance on certification and quality check of personal protective equipment (PPE) to countries and guidance on use of cloth masks. 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, 9 381 health workers were trained in IPC so far.

A comprehensive document, Technical Guidance on Laboratory Operations for Coronavirus Disease (COVID-19) Testing in the WHO African Region, prepared to support countries in providing streamlined laboratory actions for COVID-19 was published in French, Portuguese and English and disseminated regionally. A laboratory reporting platform was launched during the reporting week. This is a data reporting tool to monitor, at a regional level, the number of specimens tested, stock levels and other laboratory performance parameters.

The team participated in AFTCOR meeting on 2 June 2020, AFTCOR to discuss on strategies to improve COVID-19 response across Africa with a focus on the PACT Initiative module for training health workers across the continent. The roll out of PACT initiative (Partnership to Accelerate Testing in Africa) was supported, with aim to increase testing, trace and treat through training of 100 000 health workers to support COVID-19 response, increase testing to 15 million per month for the next six months and support provision of supportive care to patients.

Community health mobilizers are on the frontlines of Angola’s COVID-19 response, increasing awareness of COVID-19 among the general population by conducting home visits and social mobilization campaigns in local markets and other busy communal areas. Guidance for physical and social distancing is being disseminated within the region. The Senegal hub had in-depth discussions with Algeria, Cameroon, Benin, Togo and the Democratic Republic of the Congo country teams to support them in strategies to improve capacity. Key messages were developed for health workers working in quarantine facilities and guidance on stigma reduction was also developed. Over 200 participants attended a virtual training on monitoring and evaluation of RCCE.
Americas (AMR)
In collaboration with WHO, Harvard University, and the Epimos GmbH and ExploSYS BmbH projects, PAHO developed and disseminated tools for countries to analyze and visualize the virus' effective reproductive rate (using EpiEstim) and project how the virus will spread considering implemented public health measures and its health system (using CovidSIM). This tool has given nine countries* important information for estimating needs for their health systems.
* Argentina, Bolivia, Chile, Colombia, Dominica, Guatemala, Guyana, Saint Lucia, and Suriname
In Peru, AMR worked with the Ministry of Health to donate two oxygen concentrators for use in intensive care units which were set up to support the country's indigenous populations. This support was complemented with donations of personal protection equipment (PPE) for the surveillance personnel in the La Libertad department.
The WHO Regional Office for the Americas stated that traditional markets, particularly those that sell live animals, may represent a risk of zoonotic disease transmission, and that appropriate regulations and inspections for the production and sale of live animals are needed to prevent the spread of emerging diseases

Traditional Food Markets and Their Central Role in Achieving Food Safety

Guidance to reduce COVID-19 transmission among indigenous, afro-descendant groups

Given the region's multi-ethnic and multicultural heritage, AMR has targeted its intervention to Afro-descendants, indigenous populations, and other ethnic groups to eliminate inequalities they face in accessing health care. This included the issuance of recommendations for these groups to reduce exposure to COVID-19, as well as for community leaders, health workers, and governments who provide health services to them

Director Statement: Preparations needed to combat effects of winter, hurricanes on COVID-19 response

WHO and the Andean Disease Committee collaborate on transmissible progress in the Region

WHO and ORAS-CONHU work on improving laboratory diagnosis and detection, COVID-19
REGIONAL UPDATES

Eastern Mediterranean Region (EMR)

A regional COVID-19 Supply working group was established with the aim of better coordination of supplies for COVID in terms of avoiding duplication and covering as many gaps as possible.

A bilateral meeting between the regional Surveillance support team and the International Federation of the Red Cross was conducted to discuss common approaches towards community based surveillance.

The 9th interagency situation report on COVID-19 among refugees and migrants is developed and disseminated.

The Eastern Mediterranean Risk Communications and Community Engagement (RCCE) Working Group, an inter-agency coordination platform established to provide technical support to COVID-19 preparedness and response in the region, launched a set of practical guidelines that explain the vulnerability of different marginalized groups to the pandemic and how national and local efforts can address them so that no one is left behind.

As points of entry re-open, EMRO is organizing a webinar with the International Maritime Organization (IMO) to raise awareness of seafarers.

A joint plan on supporting countries amid opening points of entry is being developed through an Interagency regional working group. EMRO is working with gulf countries to review and update their national public health preparedness and response plan after COVID.

EMRO is following up with all countries in the region on the National External Quality Assessment (EQA) from Hong Kong to improve the laboratory capacity for the detection of viruses. Distribution and reporting back are ongoing, with so far 11 labs in the region reporting results.

A COVID-19 critical/intensive care unit (ICU) case management training course for non-ICU doctors and nurses has been launched in Pakistan and Jordan. Pakistan is to finish the first batch of training (including hands-on skill set training) in 3 provinces this month.

WHO collaborating centre in Saudi Arabia has developed educational videos in both Arabic and English on infection prevention and control.

WHO in Iraq is also working with UNICEF and UNFPA to develop joint reproductive, maternal, child and adolescent health core indicators to assess continuity of services and establishment of a response plan. Technical support on reproductive, maternal, child and adolescent health services was offered to Somalia, Tunisia and the United Arab Emirates in the context of COVID-19.


Iran: http://www.emro.who.int/irn/iran-news/who-delivers-3-tons-of-personal-protective-equipment-to-islamic-republic-of-iran.html

REGIONAL UPDATES

European Region (EURO)

Capacity Building in Armenia, Kazakhstan and Albania.
Since the beginning of the COVID-19 pandemic, WHO/EURO has been carrying out a series of webinars with healthcare workers providing clear, step-by-step approaches to infection prevention and control (IPC) strategies for COVID-19. The webinars have reached just under half the countries in the Region and nearly 10,000 healthcare workers. In Week 23, IPC capacity building webinars were carried out in Armenia with a focus on primary healthcare; in Kazakhstan focused on long-term care facilities; and in Albania with the Mother Teresa University Hospital. Read more about the webinars Here.

WHO European Healthy Cities Network interregional webinar with PAHO.
Cities can be considered as national epicentres in the COVID-19 pandemic, providing support to increase surge capacity, risk communication and community engagement, and upholding public health measures for COVID-19 response. The WHO European Healthy Cities Network, a Network comprised of 1500 cities in the Region, participated in an interregional webinar with the city of Sao Paolo, the Brazil WHO Country Office, representatives from PAHO and cities from Portugal and the Netherlands, focusing on the COVID-19 response among cities and transition phases.

WHO COVID-19 response operation with Polish EMT in Tajikistan.
Following the WHO mission to Tajikistan, WHO EURO is supporting the deployment of the Emergency Medical Team from the Polish Center for International Aid. 23 experts, were deployed for 3-weeks to Tajikistan with support of the Government of Poland. The EMT will work hand in hand with Tajik peers to provide support in intensive care, triage and referral systems, and share best practice on the treatment of severe cases of COVID-19. Read more about the mission Here. Accompanying the EMT were 3 WHO experts to further support, surveillance and response operations and risk communication in Tajikistan, further support is being mobilised.

Strengthening essential response capacities in Azerbaijan
In collaboration with international partners, WHO EURO continues to support the implementation of the REACT-C19 project in Azerbaijan. Using the WHO Hospital Readiness Checklist, a team of doctors have assessed select capacities in hospitals, developing joint action plans with hospital management and initiating activities to address them. As part of the second phase of implementation, more than 400 healthcare workers in hospitals attended hands-on training activities delivered by REACT-C19 teams.

WHO joins forces with 17 central European countries to step up tailored COVID-19 response.
Comprising key health officials from the 17 CEI member states, the task force will serve as a strategic platform for updating member states, exchanging information, and sharing experiences, best practices and training. The goal of the task force is to encourage a coherent response and anticipate any unfavorable consequences that may stem from the pandemic, while shifting towards easing of restrictions and recovery.

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)
REGIONAL UPDATE

South-East Asia Region (SEAR)

WHO is supporting the MoH of Indonesia in a virtual review of provincial (sub-national) operational response plans from 28 May to 10 June. These video conferences have facilitated discussions between central and provincial levels; the provinces presented their response plans and reported best practices, innovations as well as challenges they face while implementing COVID-19 response activities. WHO presented updated guidance on operational planning, highlighted the importance of monitoring and evaluation of the operational response plans and emphasized the necessity of maintaining the delivery of essential health services despite the increased demand for care of people with COVID-19. WHO technical officers from surveillance, laboratory, case management, and risk communication and community engagement provided inputs during the review process.

Some of the good practices as well as challenges identified during the review of provincial operational response plans are listed below:

In South Sulawesi, asymptomatic contacts of confirmed COVID-19 cases participate in a 14-day quarantine programme, during which they are provided with COVID-19 prevention training and education that they can then share with their communities once the quarantine period is completed – this is known as the Duta COVID-19 (COVID19 Ambassador) programme; in South Sulawesi, the laboratories have collaborated with animal health laboratories to expand the testing capacity for COVID-19; most other provinces have expanded the testing capacity using university, hospital or the Indonesian Food and Drug Administration (BPOM) laboratories; In South Kalimantan, villages engaged in cross-sectoral collaborations and community empowerment activities for raising awareness through distribution of information, education and communication materials.

The testing capacity built with WHO support is critical for rapidly detecting and rolling out timely response to COVID-19 cases. Maldives can now test COVID-19 samples in its laboratories and no longer needs to ship them out of the country. Anticipating a rise in cases, WHO and the ministry focused on training laboratory staff in testing protocol, coordinating quality assurance, ensuring availability of enough lab kits and ramping up capacity at the Indira Gandhi Memorial Hospital (IGMH), which is at the forefront of the pandemic response. WHO has been focused on development in the field of diagnostics, one of the most critical factors in effectively dealing with COVID-19 cases. As early as end February 2020, WHO had introduced RT-PCR, a test that ensured high level of accuracy and minimal chance of missing any case of infection. As a result, within weeks of the outbreak, Maldives could test and diagnose more than 700 cases a day. This was a significant milestone for the country, given the importance of timely and quality testing in a fast-evolving pandemic situation like COVID-19 with the added risk of community transmission and an overwhelmed public health situation.


Heroes of safe motherhood during COVID-19 in Cox’s Bazar Rohingya camps

COVID-19 Academy: Enabling learning and knowledge exchange for an informed response

WHO helps build laboratory capacity to test COVID-19
REGIONAL UPDATES

Wester Pacific Region (WPR)

Country dialogues have been conducted with Viet Nam, Lao PDR, Federated States of Micronesia and Papua New Guinea on the implementation progress and support needs on COVID-19, as well as health system strengthening. Two guidance notes on repurposing isolation facilities and hospital preparedness on WPRO Iris were published and disseminated accordingly. ADB’s COVID health intervention planning has been reviewed to make best alignment with WHO IMST support to countries.

The development of regional polling for priority countries to track community feedback is ongoing and priority countries were reached out for comments on the survey and strategy. Country consultations with a specific focus on ToRs, plans and work on Community Engagement (CE) are moving forward.

Successful experiences of CE from countries have been collected and will be shared in a “lessons learned” document to build capacity across countries.

IPC and clinical management virtual consultations were provided with and Bach Mai Hospital in Vietnam. An Information Note on Hand Hygiene in Community Settings was published online: https://iris.wpro.who.int/handle/10665.1/14533.

The regional IPC network webinar #8 “IPC in Dental/Oral Health” by Kylie Robb (Australia) involved more than 200 participants. WPRO IPC activities and strategy were presented to WASH regional network meeting. A briefing note for WRs on the use of Antigen RDT was developed and shared with WRs and WHO country focal points. A report on the comparative analysis of molecular POC assays as alternatives to GeneXpert for the Pacific Island Countries was finalized and an update on GeneXpert testing laboratories in the Pacific was presented. An order of 20,000 sample collection kits from Australia has been finalized. The kits will be distributed to the Pacific Island Countries (PICs) and used with GeneXpert. Per request from Mongolia, and in collaboration with HQ, a case studies for lab training on COVID-19 has been developed and it is currently under review. This week saw the implementation of the first week of the regional communication plan on Mental Health and Psychosocial Support MHPSS promoting a mentally healthy workplace for frontline and other essential workers. An agreement with Sydney Institute of technology (Australia – WHO-CC) has been finalized for the proposed collaboration on contextualizing the IASC “Basic Psychosocial Skills: A Guide for COVID-19 Responders”, an illustrated guide to support building basic psychosocial skills among all essential workers responding to COVID-19. The IHR subteam is working with the Information and Planning team to include actions on the use of contact tracing, multisource surveillance, and sharing of information between countries to allow decision making in opening up borders. International travel measures are being updated for the global Event Information Site (EIS) as well as the Regional Dashboard. IHR subteam continues to consolidate technical comments from WPRO for HQ to finalize international travel recommendations.

Children’s book released to help children cope with COVID-19


Key links
- COVID-19 web page
- Case dashboard
- Daily situation reports
- Surveillance Report
- Donors and partners
- Response in countries
- Regional updates (AFR, EMR, EUR, AMR, SEAR, WPR)
- Rolling updates