Weekly operational update on COVID-19
July 10-17, 2020

As of 17 of July 2020

<table>
<thead>
<tr>
<th>Confirmed cases</th>
<th>Confirmed deaths</th>
<th>Countries &amp; territories affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 575 158</td>
<td>584 940</td>
<td>216</td>
</tr>
</tbody>
</table>

Public health response and coordination highlights

Coordination – United Nations Crisis Management Team (UNCMT)

During the United Nations Crisis Management Team (UN CMT) meeting on 15 July 2020, WHO briefed on the epidemiological situation and noted that the Americas remain the epicenter of the pandemic, while also expressing concerns for north-west Syria, South Africa, Israel and the occupied Palestinian Territories.

WHO highlighted that the importance of scaling public health and social measures. WHO reiterated the need to ensure communities are empowered and for authorities to find better ways to communicate with citizens effectively. WHO informed that vaccine trials are moving forward and there are some positive signs from some trials, though there will still be challenges moving forward. In this regard, the work of the Access to COVID-19 Tools (ACT) Accelerator and related COVAX Facility is vital to ensure equitable distribution.

The WHO Regional Emergency Director for the Western Pacific Region briefed on the situation in the region highlighting the positive impact of early response and vigilant surveillance.

Key numbers

- WHO-led UN Crisis Management Team coordinating 23 UN entities across nine areas of work
- Incident – management support teams set up in 147 WHO Country Offices and six Regional Offices
- Rapid publication of more than 140 technical documents including in >30 languages
- More than 3.9 million people registered on OpenWHO and able to access 100 COVID-19 online training courses in >30 languages
- More than 50 Emergency medical team deployment to national COVID-19 response across all six WHO regions
- >135 countries active on the Partners Platform, with over 108 COVID-19 national plans uploaded and almost 600 donor contributions
- Global roadmap to accelerate priority research
- More than 3500 patients in over 100 countries enrolled in the global Solidarity clinical trial to assess the effectiveness of treatment for COVID-19
- Access to COVID-10 Tools (ACT) Accelerator launched to accelerated the development of medical countermeasures and ensure equitable access
Weekly operational update on COVID-19
July 11-17, 2020

Public health response and coordination highlights

**WHO and UNICEF** warn of a decline in vaccinations during COVID-19
According to new data by WHO and UNICEF, these disruptions threaten to reverse hard-won progress to reach more children and adolescents with a wider range of vaccines, which has already been hampered by a decade of stalling coverage. 15 July 2020

**WHO, UNICEF, ILO** to launch new policy paper on social protection in Europe and central Asia
This paper includes safeguarding health, well-being and livelihoods in response to, and during recovery from, the COVID-19 pandemic and the impacts of containment measures.

**WHO pays tribute to Spain’s sacrifices and leadership to confront COVID-19**
Spain was among the countries impacted most by COVID-19. At the outbreak’s peak, close to 10,000 new cases were reported in a single day in Spain. Since then, intensive efforts, led by robust surveillance, testing, contact tracing, treatment and isolation, have managed to suppress transmission

**Partners platform**

Globally, 75% 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 72 donors have entered their contributions, totaling USD4.9 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.

**Key links**
- COVID-19 web page
- Case dashboard
- Daily situation reports
- Surveillance Report
- Donors and partners
From the field:

A doctor, cultural mediator and migrant leading the COVID-19 response in refugee centres

Aref moved to Serbia over 26 years ago to study medicine. He joined the SCRM about five years ago, working as a cultural mediator and interpreter to help refugees and migrants access health care. During the COVID-19 outbreak, he was appointed as the lead of the COVID-19 response in refugee and migrant centres. Link to story
WHO held a virtual summit this week, to take stock of the evolving science on COVID-19 and examine the progress made so far in developing effective health tools to improve the global response.

The meeting reviewed the 17 vaccines in stage I, II or III clinical trials. All major research institutes carrying out trials shared their data with a view to speeding up scientific discovery and implementation of solutions. Meanwhile, PAHO has released a report that presents an overview of its response to the COVID-19 pandemic.

The report also provides an analysis of the epidemiological situation in the Americas and the impact of the spread of the virus on health systems in Latin America and the Caribbean.

The Health Cluster Dashboard as of June 2020 includes COVID-19 figures when Country Health Clusters have made these publicly available.

The Health Clusters are targeting 52 million people through Humanitarian Response Plans (HRP), 32 million people through country COVID-19 plans and 23 million through updated HRPs including COVID-19 figures.

Please visit Global Health Cluster site to learn about the plan, response, partnership and capacity building surrounding COVID-19.

As of 17 July 2020, the EMT network has completed a total of 33 international deployments with over half of which are still ongoing. ALIMA is supporting operations in Senegal, Burkina Faso and Cameroon as well as Malteser Germany that have finalized the assessment in Yaounde and Douala. In addition to this, EMT network also continues to operate and support the Burkina Faso, Chad, Senegal, Ghana, South Sudan, and Zambia.

For the European Region., the EMT Regione Piemonte (Italy) has completed two weeks of support to the national surge capacity of Armenia. To ensure continuity, ISAR Germany have arrived to support and continue the work in country.

In the America Regions national operations continue to be key in the response with almost 180 EMTs deployed using the EMT methodology and ESCRIM France continue to operate in French Guiana.
WHO Infodemic Management pillar (COVID-19) launched its Webinar Series, *Fundamentals of Risk Communication and Community Engagement* (FoRRCE) on 8th July, to build capacity among RCCE staff and enhance appreciation for RCCE among all responders. This series will highlight the latest issues in managing infodemics through RCCE, designed for regional, national and sub-national RCCE response officers from WHO, partner organizations, national Ministries of Health and their local response officers. The current proposal includes an ongoing series addressing current topics and a Masterclass series to introduce cutting edge perspectives from top experts in the field of RCCE. The first of this webinar series will focus on the current stage of changing restrictions with a series of three webinars:

- Webinar 2: Influencing Risk Perception through RCCE – July 22
- Webinar 3: Creating New Norms and Sustaining Behavior Change – Aug 5

**Health learning**

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](http://OpenWHO.org). The COVID-19 courses cover the following subjects:

- an introduction to COVID-19
- health & safety
- Hand hygiene
- decontamination of medical devices
- the Go.Data tool
- PPE
- treatment facility design
- environmental cleaning and injection safety
- waste management
- country capacitation
- infection prevention & control
- clinical care

### 3.9 million course enrolments

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 courses</td>
<td>108</td>
</tr>
<tr>
<td>Certificates issued</td>
<td>950,000</td>
</tr>
<tr>
<td>Free trainings available</td>
<td>13</td>
</tr>
<tr>
<td>Number of languages used</td>
<td>36</td>
</tr>
</tbody>
</table>
Technical Guidance and Latest Publications

- WHO Mass Gathering COVID-19 Risk Assessment Tool - Generic events
- WHO Mass Gathering COVID-19 Risk Assessment Tool - Religious Events
- An updated Scientific Brief on the modes of transmission of COVID-19, Q&A [here](#).
- Global COVID-19 Clinical Platform: Rapid core case report form (CRF)
- Global COVID-19 Clinical Platform with pregnancy module - CRF-P

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.

<table>
<thead>
<tr>
<th>Shipped items per 8 July 2020</th>
<th>LAB</th>
<th>PPE</th>
</tr>
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<tbody>
<tr>
<td><strong>Regions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>1,013,659</td>
<td>244,986</td>
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<tr>
<td>Americas (AMR)</td>
<td>6,528</td>
<td>2,085,600</td>
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<tr>
<td>Eastern Mediterranean (EM)R</td>
<td>382,417</td>
<td>712,432</td>
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<tr>
<td>Europe (EUR)</td>
<td>23,287</td>
<td>353,503</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>17,691</td>
<td>1,205,735</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>51,000</td>
<td>240,288</td>
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</table>
**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.

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 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.

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 analyze 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;

- 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 Funding Mechanisms**

**COVID-19 Solidarity Response Fund**

To date, the COVID-19 Solidarity Response Fund has more than $223 million raised or committed from more than 534,000 individual donors, corporations, and foundations. New allocations from the Solidarity Fund included $5 million to UNRWA to reduce the risk of infection with COVID-19 and morbidity including

- protecting front line health workers through the provision of PPE and enhanced hygiene and cleaning practice,

- maintaining access to life-saving primary health care and essential medicines throughout the crisis,

- maintaining the medical waste management to ensure the proper infection prevention and control.

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**The WHO Contingency Fund for Emergency (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.
**UNITY STUDIES**  
*Transmission dynamics, severity & sero-prevalence*

**CLINICAL PLATFORM**  
*Clinical characterization*

**SURVEILLANCE PLATFORM**  
*Sentinel surveillance*

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**Percentage of countries with COVID-19 national plan**  
87.7% (195/228)

**Countries with a functional multi-sectoral, multi partner coordination mechanism for COVID 19**  
96.4% (195/203)

**Percentage of countries which have a national COVID-19 RCCE plan**  
91.3% (195/214)

**Percentage of priority countries where a RCCE coordination mechanism is active and formally implemented (e.g. multi-sectoral RCCE team, working group, task force)**  
54.7% (64/118)

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**Percentage of countries with COVID-19 laboratory test capacity**  
99.5% (64/65)

**Percentage of countries with Long-Term Care Facilities (LCTF) that have a national policy and/or guidelines on IPC for COVID-19 in LCTF**  
33.8% (64/191)

**Percentage of countries where IMST has a focal point for contact tracing implementation & training**  
26.6% (64/241)

**Percentage of countries where the IMST has a focal point for IPC training**  
75% (64/85)

**Percentage of priority countries where IMST has a focal point for contact tracing implementation & training**  
22.6% (64/283)

**Percentage of priority countries where at least one VPD immunization campaign was affected (suspended or postponed, fully or partially) by COVID-19**  
45.3% (64/141)

**Percentage of priority countries where at least one IMST team member has been trained in the use of the Essential Supply Forecast Tool**  
81% (195/242)

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**Essential health services to be maintained during COVID-19 pandemic**  
34.4% (195/576)

**Percentage of priority countries where at least one IMST team member has been trained in the use of the Essential Supply Forecast Tool**  
70.3% (64/91)

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**Percentage of countries with a clinical referral system in place to care for COVID-19 cases**  
81% (195/242)

**Countries with COVID-19 laboratory test capacity**  
99.5% (64/65)

**Percentage of countries which have Long-Term Care Facilities (LCTF) that have a national policy and/or guidelines on IPC for COVID-19 in LCTF**  
34.4% (195/576)

**Percentage of priority countries where the IMST has a focal point for IPC training**  
75% (64/85)

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**Percentage of优先 countries**  
54.7% (64/118)

**Percentage of priority countries where a RCCE coordination mechanism is active and formally implemented (e.g. multi-sectoral RCCE team, working group, task force)**  
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**COVID-19 Global Preparedness and Response Summary Indicators**  
Data as of 14 July 2020

- Intention confirmed: 94 countries (AFR 26, AMR 9, EMR 9, EUR 31, SEAR 7, WPR 12)  
- Implementation confirmed: 47 countries (AFR 12, AMR 4, EMR 3, EUR 17, SEAR 1, WPR 10)  
- Intention confirmed: 30 countries (AFR 5, AMR 6, EMR 4, EUR 10, SEAR 1, WPR 4)  
- Implementation confirmed: 15 countries (AFR 3, AMR 3, EMR 1, EUR 5, SEAR 1, WPR 2)  
- Surveillance reported 27 countries (AFR 2, AMR 13, EMR 1, EUR 5, SEAR 2, WPR 4)  
- Sentinel specimens tested in week 27: 71,869 (3% decrease) COVID-19 positive: 16%
Americas (AMR)

Country-level coordination, planning and Monitoring

- Given the region’s multi-ethnic and multicultural heritage, PAHO 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 to reduce exposure to COVID-19.

- Countries in the Americas pool efforts to ensure access to COVID-19 vaccines.

Risk Communication & Community Engagement:

- Brazil: Post Office launches stamps on COVID-19 in partnership with PAHO, in honour of the work to combat the pandemic of COVID-19.

- Schools of Public Health and PAHO offer virtual courses on COVID-19 for managers and professionals from 19 states.

- In Suriname, PAHO prioritized the safety and wellbeing of children during this pandemic by the Dutch children’s booklet “My Hero is You.”. The booklet is distributed to children in primary schools and in children’s home. This has been complemented with other materials designed to give critical information to parents and to care givers attending to older persons to reduce the risk of infection.

Maintaining Essential Health Services

Health technology assessments (HTAs) are invaluable in guiding health authorities to use technologies relevant to the COVID-19 pandemic. The Regional Database of Health Technology Assessment Reports of the Americas (BRISA) has 160 reports now available in its COVID-19 section.

PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies (PRAIS).

National Laboratories:

- PAHO has released Laboratory Guidelines for the Detection and Diagnosis of COVID-19 Virus Infection. These have been distributed to the National Influenza Centers (NICs) and National Public Health Laboratories across the Americas and provide countries with a quick and comprehensive overview on essential aspects of COVID-19 testing. Every country in the Americas has capacities for or access to molecular detection for diagnosing COVID-19.

- PAHO coordinated with seven recently trained Caribbean laboratories to participate in the WHO External Quality Assessment Program for COVID-19.

Operational support and Logistic:

- In close coordination with national governments and WHO, PAHO has delivered close to over one million face shields, 11.6 million surgical masks, over 2.6 million respirator masks, 259,300 gowns, and over 92,600 goggles to seven countries in the Region: Barbados, Belize, Ecuador, El Salvador, Paraguay, Peru, and Venezuela. These goods are expected to protect health care workers as they continue to treat COVID-19 cases. These shipments were made possible thanks also to the generous contributions of PAHO’s Member States, donors, and partners from across the globe.

- With the collaboration of the Government of Canada, PAHO/WHO delivers medical equipment.

- Venezuela: PAHO delivered more than 20 tons of protective equipment for health personnel at 31 hospitals.

Upcoming event

Losses and mourning in times of COVID-19
17 July 2020
REGIONAL UPDATES

Eastern Mediterranean Region (EMR)

Country-level coordination, planning and Monitoring

- The Regional Incident Management Support Team is finalizing a Skill Drill simulation exercises for Rapid Response Teams. Discussions are on going with HQ TLS (Training and Learning Solutions) and WHO AFRO on collaboration for future trainings and capacity building to train, engage and retain Rapid Response Teams.

- The Regional Incident Management Support Team participated in the panel of the weekly US Centre for Disease Control webinar titled “Optimizing PPE Use during COVID-19”. Two virtual meetings with Syria and Egypt were held to present the case-control and surveillance protocols for infected health care workers. The list of supplies shared by IOM to estimate the PPE for the national programs of HIV, TB and Malaria was reviewed.

- The 12th partners weekly situation report on health of refugees and migrants was finalised and disseminated. A meeting took place on 16 July with representatives from 11 UN agencies to finalize the Regional Joint Action Plan 2020-2021, which includes numerous joint actions related to COVID-19 response.

- Tunisia: Mobilization of funds received from the Government of Kuwait to support the COVID-19 response through WHO.

Surveillance, Rapid Response teams & Case investigation

The clinical management surge mission in Yemen is now underway. Continued coordination is taking place with Afghanistan, the occupied Palestinian territory, Pakistan, and Jordan regarding capacity building for intensive care unit. The Regional Incident Management Support Team is also contributing to finalization of the on-demand online training for primary healthcare providers.

Case Management

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National Laboratories:

Developing the building blocks of public health – strengthening laboratory capacity - 13 July 2020

- The WHO Somalia Representative Dr Mamunur Malik and the UN Secretary-General’s Special Representative for Somalia Mr James Swan visited the National Public Health Reference Laboratory in Mogadishu commended laboratory personnel for their dedication, hard work and professionalism in the response to the ongoing pandemic.

Maintaining Essential Health Services

Launch of An Arabic version of the mental health and psychosocial support platform

- A rapid assessment of impact of COVID-19 on mental health and psychosocial support services delivery has been completed. The data is being analyzed to develop a regional report. Mental health and psychosocial support working groups are active in all Level 3 countries in addition to Pakistan, Jordan, Lebanon.

Operational support and Logistic:

- 35 transport requests for delivery of supplies to countries have been submitted since 17 May, with 4 shipments taking place. New global shortages of examination gloves are impacting the ability to fill demand in the Region.
European Region (EUR)

Country-level coordination, planning and Monitoring

**EMT Coordination Cell in Armenia**
With the support of WHO EURO, the WHE South Caucasus Hub Coordinator, and the WHO Country Office in Armenia, an Emergency Medical Team (EMT) coordination cell has been activated within the Ministry of Health in Armenia. As part of the coordination cell, two WHO classified EMT teams have been deployed to support response operations in Armenia.

**Rapid Response mission to Kosovo**: 11-18 July
On 11 July, a team of WHO high-level staff and technical experts were deployed to Kosovo. The technical mission will engage the authorities from different sectors, to implement a single, whole-of-society response to the COVID-19 outbreak in Kosovo. The team will be supporting in the following areas: essential health services, hospital capacities, and public health measures.

**Surveillance, Rapid Response teams & Case investigation**

**Webinar on Health system needs for contact tracing**
WHO EURO held two webinars on contact tracing with 130 participants from countries in the Western Balkans, South Caucasus, and Central Asia.

The webinars examined the use of tools to estimate health workforce needs and the potential of digital tools for contact tracing. Country examples were given to further illustrate the use of these tools and each webinar was followed by a question and answer session.

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**Joint meeting on Human Rights Protection in Quarantine arrangements in Uzbekistan**
On 14 July, the Uzbekistan National Human Rights Centre, the UN Country Team, and the OSCE Project Co-Ordinator’s Office co-organized a national dialogue on Human Rights protection in the context of COVID-19, with a focus on quarantine facilities. Participants included Government officials, parliamentarians, diplomats and members of civil society.

A representative from the WHO EURO Regional Office presented an overview of best practices on quarantine arrangements, which supported discussions on lessons from Uzbekistan’s experience; priorities for enhancing the conditions in quarantine zones and the protection of the rights of people held there.

**National Laboratories: Ukraine Country Office international biosafety laboratory workshops**
The WHO Country Office in Ukraine invited Russian-speaking laboratory experts from across the Region to join the 4th International Biosafety Laboratory Workshop, on 10 July. This workshop, held on a weekly basis, aims to familiarize laboratory workers with biosafety measures during testing for COVID-19. The webinar focused on Personal Protective Equipment (PPE) and was followed by a question and answer session.
AFRO laboratory team contributed to the development of SARI treatment centre guidelines, participated in the training sessions and supported and coordinated implementation through partners.

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.

Infection prevention control:

- WHO and partners to control seasonal malaria infection and target 2 million children in ongoing campaign, amidst COVID-19

- The AFRO IPC team shared an IPC evaluation template with countries; only (55%) 26 of the 47 countries have provided data following a survey campaign that was concluded in June.

- The IPC team recognizes that one of the most important activity that improve IPC is increased awareness among health workers, therefore a total of 258 296 health workers (20% of target) have been trained in 24 countries. Poor data management for cross border infections has been highlighted as a key challenge. Further challenges faced by the IPC teams in countries include: lack of resources to organize training sessions, poor implementation of learned concepts and inefficient training due to physical distancing.

Case Management

- Seven countries received a boost in their oxygen production capacity; South Sudan –160 concentrators; Sierra Leone –seven PSA plants, Guinea Bissau –WHO/WFP procuring 200 cylinders of oxygen from Senegal.

- WHO currently facilitating oxygen production capacity in the Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan.

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**Regional Updates**

**Western Pacific Region (WPR)**

**Country-level coordination, planning and Monitoring**

**New Zealand takes early and hard action to tackle COVID-19**

Until 15 June, the country had gone more than three weeks without any new infections. By 2 July, New Zealand had recorded 1,180 confirmed cases with 22 deaths since the first case on 28 February.

**WHO, Australia and New Zealand provide additional laboratory supplies to scale up testing for COVID-19**

In partnership with the Governments of Australia and New Zealand, the World Health Organization provided additional laboratory supplies to Papua New Guinea to scale up testing for COVID-19 which consisted of 1,740 GeneXpert cartridges and 25,000 Universal Transport Medium (UTM).

WHO led the rapid development of socio-economic impact assessments (SEIAs) in ten Pacific countries in the Region: Federal States of Micronesia (FSM), Palau, Republic of the Marshal Islands (RMI), Fiji, Nauru, Kiribati, Tonga, Solomon Islands, Tuvalu, and Vanuatu. SEIAs were carried out in collaboration with UN agencies such as UNFPA, UNICEF, and World Bank with the objective to implement the UN framework for the immediate socio-economic response to COVID-19. The SEIAs are expected to position the UN in the policy dialogue with the governments, to provide insights on impacts of COVID-19 pandemic on societies, economies and vulnerable groups. SEIAs are also expected to support countries to develop tailored National Response/Recovery Plans and United Nations Country Teams (UNCT) Response Plans, to eventually support countries and partners to recover from the crisis, and ensure that no one is left behind.

**Risk Communication & Community Engagement:**

A series of editable graphics and animations for the New Normal - Phase 2 has been created. The new video on how to sustain your mental health during COVID-19 has been published on the WPRO Youtube, as part of our People of the Western Pacific project. The WPRO Facebook reached 1.2 million followers in June 2020 with an average of 2.8K new followers per day.

**Operational support and Logistic:**

Supplies to RITM and the MOH have been dispatched, including 11,016 bottles (60ml) of Alcohol Based Hand Rub (ABHR). The OSL team has received an in-kind donation of 15,000 bottles (60ml) of Alcohol Based Hand Rub.

GeneXpert cartridges (7,200) were successfully collected from the Cepheid’s manufacturing plant in California and have since reached the two staging areas in Honolulu and Brisbane. Cepheid has indicated they will continue to allocate cartridges on a weekly basis against the outstanding balance.

The OSL team has completed the market research for alternate Point of Care Assay. A comparative study has been done and is currently with laboratory focal points and the Pacific laboratory cell to make the technical selection. International SOS has agreed to help support WHO with flights for staff in the region where necessary.
REGIONAL UPDATES

South-East Asia Region (SEAR)

Country-level coordination, planning and Monitoring

WHO support laboratory strengthening and IPC in Nepal

WHO-Nepal has provided technical support for the development of ‘Dry Swab and direct PCR Protocol’ to validate the use of dry swab in sample collection.

The WHO country office for Nepal is also supporting a joint collaboration of the National Tuberculosis Control Center (NTCC) and the National Public Health Laboratory (NPHL) by providing technical support in the development of a protocol for kit verification and quality control of Xpert® Xpress SARS-CoV-2 testing using GeneXpert Dx System in Nepal and Standard Operating Protocol for Xpert Xpress SARS COV-2 test for diagnosis of COVID-19, Nepal, endorsed by the government.

WHO continues to support the National Quality Assessment (NQAS) of 20 designated laboratories for COVID-19 testing.

Following the completion of the Rapid Assessments on IPC, Curative care, Health Care Waste Management and Water, Sanitation and Hygiene (WASH) of all Level2 COVID-19 designated hospitals across the country.

WHO supported the Curative Services Division (CSD) to guide all provinces with the development of action plans to address the shortcomings as identified in the Rapid Assessments.

These relate mainly to readiness of infrastructure and HR, Health Care Waste Management systems, and availability of critical care equipment. Action Plans are now being developed by all provinces in Nepal.

Indonesia: WHO, the Directorate of Surveillance and Health Quarantine, the National Institute of Health Research and Development (NIHRD), and the COVID-19 Task Force had a meeting on optimizing testing capacity and strengthening surveillance system at the subnational level.

The three key recommendations were:

▪ enhancing laboratory testing capacity;

▪ (calculating the number of suspected cases that need to be tested in each district to meet the WHO target of testing 1 suspected case per 1,000 population per week;

▪ improving contact tracing as part of COVID-19 response plan

ICMR, WHO and ISCR jointly organized a webinar on ethics review for bio-medical projects during the pandemic in India

Indian Council of Medical Research (ICMR)-National Centre for Disease Informatics and Research (NCDIR), WHO Country Office for India, and Indian Society of Clinical Research (ISCR) jointly organized a Webinar on ethics review of biomedical projects during a pandemic, to bring the focus on the need of quality research outcomes and adopting new research methodologies to respond to humanitarian emergencies.

The webinar brought together 400 key stakeholders including ethics committee members, clinical research and healthcare professionals, patients, patient representative groups and students etc.

Responding to the ethical changes with the emerging times due to COVID-19, ICMR developed National Guidelines for Ethical committees reviewing biomedical and health research during COVID-19 pandemic to inform about the ethical conduct and review of research for ensuring participant safety and right at all time.