Weekly operational update on COVID-19
July 17-24, 2020

As of 24 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>15,257,287</td>
<td>628,240</td>
<td>216</td>
</tr>
</tbody>
</table>

Public health response and coordination highlights

HelpDesk Support – A customize service to address COVID-19 healthcare facility needs

A dedicated Helpdesk has been set up to support State Members, Ministries of health and other Ministries, WHO country and regional offices, UN agencies International and national organizations, health managers. It is an ad-hoc support service to better respond to specific needs in a customized way.

Together with Têchne, the Technical Science for Health – Network, the Helpdesk supports the designing process of new COVID-19 facilities, repurposing existing building into self-quarantine, screening and treatment centre as well as readapting existing healthcare facilities for the COVID-19 post-acute phase in order to make health structures more resilient and flexible.
Upon receiving a submitted request from applicants, the HelpDesk provides a complete technical document on the designing process and a short manual, based on WHO latest guidance. Specific diagrams are provided to explain staffs, patients and visitors’ flows, area distribution, ventilation minimum requirements, use of PPE by area and, if request, fluid dynamic simulation to better assess/recommend ventilation system.

Téchné, the Technical Science for Health – Network, is the backbone of the HelpDesk support and has been conceived and developed to meet the operational needs emerging with the COVID-19 pandemic.

Téchné members are recognised technical universities and institutions that, seen the critical phase the whole word is facing, decided to support WHO to implement its mandated work and achieve its current goal.

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 following IVDs are eligible for EUL submission:

- Assays for the detection of SARS-CoV-2 nucleic acid
- Immunoassays for the detection of SARS-CoV-2 specific antibodies
- Rapid diagnostic tests for the detection of SARS-CoV-2 antigens
- The WHO EUL list now includes 15 Nucleic Acid Test (NAT) assays as IVDs eligible for WHO procurement. The listing is based on compliance with WHO requirements for nucleic acid and antigen detection, as well as for antibody detection. The pipeline of IVDs under EUL assessment now includes seven IVDs for antibody detection and WHO is expecting eight additional submissions.
Public health response and coordination highlights

Prequalification of therapeutics against COVID-19 — Dexamethasone and Remdesivir

WHO Prequalification aims to ensure that in vitro diagnostics, medicines, vaccines and immunization-related equipment and devices, as well as vector control products for high burden diseases meet global standards of quality, safety and efficacy/performance, in order to optimize use of health resources and improve health outcomes. The prequalification process consists of a transparent, scientifically sound assessment, which includes dossier review, consistency testing or performance evaluation and site visits to manufacturers.

The first Invitation to Manufacturers of therapeutics against COVID-19 to submit an Expression of Interest (EOI) for Product Evaluation to the WHO Prequalification Unit was issued on the 10th of July, together with an updated Invitation to Manufacturers of active pharmaceutical ingredient (APIs), including Dexamethasone and Remdesivir. These are accompanied by guidance documents for manufacturers comprising recommended comparator product for therapeutics against COVID-19 as well as notes on the design of Bioequivalence (BE) Study for both Dexamethasone and Remdesivir.

Monitoring shortages and guidance on maintaining access to essential health services during the COVID-19 pandemic

Seventy-three countries have warned that they are at risk of stock-outs of antiretroviral (ARV) medicines as a result of the COVID-19 pandemic. A failure of suppliers to deliver ARVs on time and a shut-down of land and air transport services, coupled with limited access to health services within countries as a result of the pandemic, are among the causes cited for the disruptions. WHO has recently launched guidance on how to maintain access to essential health services during the pandemic.

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 over 50 donors have entered their contributions, totaling USD4.9 billion.

Accessing continuously updated guidance via the Partners Platform in the European Region

In the Republic of Moldova, the UN team utilized the Platform to establish a framework for coordination, when partners needed to be identified and collaboration mechanisms needed to be set up. The UN team coordinated the implementation of the SPRP through the Platform, and while met with some limitations within the interface, these were quickly fixed by the dedicated Partners Platform Team at headquarters, regional and country offices. Action Checklists were updated on the Platform in May, with new actions added to reflect the COVID-19 SPRP Strategy Update, which enabled countries to monitor up-to-date measures in a timely manner.

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.
From the field:

**Altnai Karakoishiyeva – Helping women give birth during the COVID-19 pandemic**

In March 2020, when the first cases of COVID-19 were detected in Nur-Sultan and Almaty, the WHO Country Office in Kazakhstan provided essential information to those health departments to help train health-care workers. These trainings helped to prepare health-care responders to provide the best possible care and to understand the steps to take when confronted with suspected COVID-19 infections.

“When I work with the infected patients at the maternity unit, I have no fear, but deep down, I worry about my family and my children. When we see that both the birthing mother and the newborn baby are well, it becomes easier to manage my worries.”

Full story [here](#)

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**From the Polio Programme to COVID-19 Pandemic – A dedicated Ethiopian Frontline Professional**

Mrs. Berhane Beyene is one of the many World Health Organization (WHO) Ethiopia workers who have been deployed to the COVID-19 outbreak preparedness and now response under WHO Incident Management System. She is assigned by WHO to coordinate the laboratory pillar, mainly supporting the establishment and expansion of COVID-19 testing laboratories at the national and regional levels throughout the country.

Reflecting on her 22 years’ experience, Berhane expressed how her expertise from the national polio laboratory and the work on other viral pathogens in the Laboratory helped her to support the establishment of COVID-19 laboratory testing capacity during the current pandemic. Full story [here](#)
The United Nations released the third update of the Global Humanitarian Response Plan (GHRP) for COVID-19 on 17 July with funding requirements of $10.3 billion. This update reconfirms the geographic coverage of 63 countries, provides updates on the needs and challenges faced at the country level and acknowledges funding received and remaining gaps.

The plan reasserts the principles of humanitarian response implementation and underlines the importance of funding the existing humanitarian response plans. There is an increased emphasis on changes at the country level and response progress monitoring throughout the GHRP and the annexes.

**Health Cluster Coordinator Webinars**

Regular webinars are held for Health Cluster Coordinators to share challenges or gaps related to the COVID-19 response at the country level. Webinars occur weekly or bi-weekly as needed, based on need and the topics requested by Health Cluster Coordinators. Information and operational insights captured during the webinars have informed the adaptation of COVID-19 guidance and tools.

To learn more please visit [webinars.info](#)

The EMT network is currently facilitating the deployment of teams to Chad, South Sudan, and Yemen. Clinical case management experts from the network are also being sent to the Occupied Palestinian Territory and Papua New Guinea to support the Ministries of Health in their response to the increasing cases of COVID-19, advising on patient management and adapting treatment protocols.

The WHO classified Australia Medical Assistance Team (AUSMAT) has already mobilized to support. A joint scoping mission was conducted at the UN Field Hospital in Addis Ababa, Ethiopia. This hospital will be used to establish the first Regional Emergency Medical Teams training centre for the African Region. The team was comprised of representatives from the EMT Headquarters Secretariat, the WHO Regional and Country Offices, the Ethiopian Ministry of Health and the World Food Program.

The EMT Network has issued a call out to EMTs following an official [Request for Assistance](#) from Papua New Guinea to support the country to prepare for and manage a surge in COVID-19 cases.
The first WHO infodemiology conference has taken place 29 June – 21 July 2020. Scientists can help all better address the infodemic. A complex epidemic of misinformation requires a multidisciplinary response and informed by the language of epidemiology. WHO will work with the broader scientific community to accelerate research and strengthen country capacity to diagnose and address the infodemic successfully. Stopping the infodemic requires both systems-level changes and responsible individual behavior. Break the chain of the pattern of infection of misinformation. Don’t share before you verify.

Out come from the conference:
- Draft public health research agenda for managing infodemics;
- Infodemiology glossary;
- 5 technical cooperation (US CDC, USAID, Sabin Institute, GAVI, BMGF) partners supporting the outcomes of the conference in final plenary;
- 4 scientific journals have come together for a call for papers on the infodemiology and the topics of the research agenda

Health learning

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

- Over 3.9 million course enrolments
- COVID-19 courses: 111
- Certificates issued: 968,000
- Free trainings available: 13
- Number of languages used: 36
Technical Guidance and Latest Publications

- **Practical actions in cities to strengthen preparedness for the COVID-19 pandemic and beyond July 17**
- **Emergency Global Supply Chain System (COVID-19) catalogue Tool 20 July 2020**
- **Guidance for conducting a country COVID-19 intra-action review (IAR) 23 July 2020**
- **Interim guidance for maintaining a safe and adequate blood supply during the pandemic outbreak of COVID-19**
  - WHO Guidance for National Blood Services on Protecting the Blood Safety During Infectious Disease Outbreaks.

**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 20 July 2020</th>
<th>LAB</th>
<th>PPE</th>
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<tbody>
<tr>
<td></td>
<td>Swab</td>
<td>Test (Manual PCR)</td>
</tr>
<tr>
<td><strong>Regions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>3,492,088</td>
<td>1,090,315</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td></td>
<td>19,584</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>1,147,251</td>
<td>2,314,686</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>69,861</td>
<td>1,032,189</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>112,189</td>
<td>3,617,621</td>
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<tr>
<td>Western Pacific (WPR)</td>
<td>157,000</td>
<td>721,440</td>
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 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 funding for the COVID-19 response against the SPRP since early February.

- WHO estimates that a total of US$ 1.74 billion is needed to respond to COVID-19 across the three levels of the organization through till December 2020;

- The US$ 1.74 billion required under the updated SPRP takes into account funds that WHO has received to date against the SPRP. WHO’s current funding gap against funds received stands at US$ 890 million.

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


- US$10.3 billion are required by UN partners and NGOs until end December 2020 for additional humanitarian interventions, above and beyond existing humanitarian needs, due to COVID-19. The update includes US$2.9 billion for health and a US$300 million NGO supplemental envelope.

- WHO’s financial requirement under the GHRP is US$ 550 million (included in WHO’s total requirement of US$ 1.74 billion). These funds are needed for operations in countries with ongoing or new humanitarian responses, where health systems if overwhelmed, are expected to experience a dramatic increase in both direct mortality from an outbreak and indirect mortality from untreated preventable and treatable conditions.

- WHO has received US$ 322 million against GHRP needs, leaving WHO with a funding gap of US$228 million for COVID-19 related 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 $225 million raised or committed from more than 562,000 individual donors, corporations, and foundations.

New allocations from the COVID19 Solidarity Response Fund included:

- $5 million for Contact tracing for COVID19 control
- $5 million for COVID19 R&D Blueprint
- $1.15 million for COVID19 MEDEVAC Medical Coordination for COVID-19 Control

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.
COVID-19 Global Preparedness and Response Summary Indicators

Data as of 23 July 2020

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Percentage of countries with COVID-19 national plan</td>
<td>1 March baseline: 91</td>
<td>87%</td>
</tr>
<tr>
<td>Percentage of countries that have national occupational safety &amp; health programmes for health workers</td>
<td>5 June baseline: 44</td>
<td>22.6%</td>
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<tr>
<td>Percentage of countries which have a national COVID-19 RCCE plan</td>
<td>1 March baseline: 37</td>
<td>91.3%</td>
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<tr>
<td>Percentage of priority countries where a RCCE coordination mechanism is active and formally implemented (e.g. multi-sectoral RCCE team, working group, task force)</td>
<td>5 June baseline: 35</td>
<td>54.7%</td>
</tr>
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<td>Percentage of priority countries with multi-sectoral mental health &amp; psychosocial support technical working group</td>
<td>5 June baseline: 29</td>
<td>45.3%</td>
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<td>Percentage of priority countries where IMST has a focal point for contact tracing, implementation &amp; training</td>
<td>5 June baseline: 13</td>
<td>26.6%</td>
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<tr>
<td>Percentage of countries with COVID-19 laboratory test capacity</td>
<td>5 June baseline: 100</td>
<td>99.6%</td>
</tr>
<tr>
<td>Percentage of countries with Long-Term Care Facilities (LTCF) that have a national policy and/or guidelines on IPC for COVID-19 in LTCF</td>
<td>5 June baseline: 43</td>
<td>33.8%</td>
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UNITY STUDIES
Transmission dynamics, severity & sero-prevalence

- Implementation started: 18 countries
  - AFR 3, AMR 4, EMR 1, EUR 7, SEAR 1, WPR 2
- Intention confirmed: 50 countries
  - AFR 7, AMR 8, EMR 7, EUR12, SEAR 12, WPR 4

CLINICAL PLATFORM
Clinical characterization

- Intention confirmed: 95 countries
  - AFR 26, AMR 10, EMR 9, EUR 31, SEAR 7, WPR 12
- Implementation started: 47 countries
  - AFR 12, AMR 4, EMR 3, EUR 17, SEAR 1, WPR 10

SURVEILLANCE PLATFORM
Sentinel surveillance

- Surveillance reported: 28 countries
  - AFR 2, AMR 13, EMR 1, EUR 6, SEAR 2, WPR 4

Sentinel specimens tested in week 28: 77,688
COVID-19 positive: 10.8%
Americas (AMR)

Country-level coordination, planning and Monitoring
- Three out of 10 people in the Americas are at increased risk of severe COVID-19 because of underlying conditions – PAHO Director
- Webinar - COVID-19 Resuming International Travel in the Caribbean
- PAHO calls on countries to intensify efforts to prevent further spread of COVID-19 among indigenous people in the Americas

Risk Communication & Community Engagement:
- PAHO continues to disseminate key COVID-19 messages across multiple platforms, and to respond to media enquiries. The Director of PAHO urged countries to take measures to reduce the spread of the virus particularly in the most vulnerable populations, and updated the world on progress towards new tools that could transforms the Region's response to COVID-19
- PAHO produced videos, infographics and media cards in different languages covering topics such as, key considerations for research what to avoid as restriction are relaxed
- During the weekly “Ask the Expert” session, PAHO specialists shared critical information on vaccination and mental health considerations for women during the pandemic
- In collaboration with the UN Suriname Office and a national partner, PAHO Suriname distributed flyers on COVID-19 preventative measures to increase awareness in communities. The team focused on mental health by supporting another information session “Jij bent niet alleen” (“You are not alone”) on national television. In Panama, the Virtual Campus of Public Health participated in the Conversation "Teaching in times of COVID-19" during the International Book by the Panamanian Chamber of Books with UN Panama. The team in Costa Rica prepared a poster depicting the correct use of masks, placed in shelters, accompanied by a donation of disinfecting products, masks and gloves for the staff. PAHO Cuba developed communication products on COVID-19 preventative measures targeting schools

National Laboratories:
PAHO supported the Cayman Island’s National Public Health Laboratory and its pathology laboratory to establish a mechanism for shipping samples to reference laboratories for quality assurance purposes. It provided troubleshooting sessions on diagnostic implementation to Antigua and Barbuda, Dominica, El Salvador, Guatemala, Haiti, and Saint Vincent and the Grenadines. PAHO has provided primers, probes and/or PCR kits for approximately 5.26 million reactions/tests. This includes approximately 28,500 swabs, enzymes for around 990,000 reactions and 150 extraction kits/reagents etc. PAHO’s Strategic Fund has enabled four countries (Brazil, Dominican Republic, Nicaragua, and Peru) to procure over 10 million COVID-19 tests for PCR. Jamaica received PAHO’s technical support to ensure its National Laboratory is prepared to participate in the WHO External Quality Assurance Program (EQAP). In Honduras, PAHO supported its National Virology Lab to devise an automated system for recording and coding lab samples. This measure aims to reduce wait times for results.

Operational support and Logistic:
- PAHO delivered 720 kits for COVID-19 Point of Care (POC) molecular testing to Barbados as part of a wider procurement effort to get PPE, medical equipment, and COVID-19 tests to health systems in the Americas.
- PAHO has shared its experience with building its internal COVID Supply Chain System (CSCS) platform and portal with Brazil, the Organization of Eastern Caribbean States, and Paraguay.
- PAHO shared recommendations with Mexico on strategies for streamlining procurement for medicines and vaccines to create efficiencies as it combats the COVID-19 pandemic.

Maintaining essential Health services
The Regional Database of Health Technology Assessment Reports of the Americas (BRISA) has 164 reports now available in its COVID-19 section
Eastern Mediterranean Region (EMR)

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

- An assessment on the impact of COVID-19 on reproductive, maternal, neonatal, child and adolescent health services (RMNCAH) has been launched as part of a project involving all the levels of WHO, UNICEF and UNFPA.
- The Regional Incident Management Support Team is working with Syria to finalize the testing strategy and COVID-19 procurement plan for next year. The team is also continuing to support countries to understand and clear items on the procurement catalogue.
- More than one million patients in countries in Region have successfully recovered. [Link](#)
- While COVID-19 response dominates community health concerns, every missed opportunity for vaccination puts fragile gains made against polio at risk of being undone. [Link](#)

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

A network of WHO-supported mobile medical clinics is delivering first-line health care services and helping to contain spread of COVID-19 in remote and conflict-affected areas. [Link](#)

**Case Management**

A surge support mission for clinical management is underway in Yemen, and a special webinar was conducted for Pakistan’s National Institute of Health on COVID-19 clinical management, with a focus on secondary bacterial infection, which was attended by more than 100 medical experts.

**Point of Entry**

- A few countries in the Region have announced reimposing restrictions during the upcoming holy feast of Eid Al Adha. Repatriation, cargo and medical evacuations are ongoing by all countries, and flights are resuming regularly in Egypt, Iran, United Arab Emirates, Lebanon, Afghanistan, and Libya. PCR testing is required for incoming travelers by United Arab Emirates, Iran, Sudan and Lebanon; and health insurance is required from all incoming travelers by Egypt, Lebanon and United Arab Emirates.
- The Regional Incident Management Support Team held meetings with Qatar, Afghanistan, Libya, and Jordan on the reopening of points of entry, and is developing a tool for countries on conducting risk assessments on reopening borders.

**Maintaining Essential Health Services**

20 countries have completed the rapid assessment of the impact of COVID 19 on mental health service delivery, and so far, 19 countries in the Region have Integrated the mental health and psychosocial support (MPHSS) component into their national response plans.

**Operational support and Logistic:**

To date, the Dubai hub has delivered more than 10 million surgical masks, 326,000 respirators, 7 million gloves, 78,000 goggles and 169,000 face shields as part of PPEs to all 6 WHO regions. The hubs also delivered more than 20,000 transport mediums and almost 300 oxygen concentrators to countries in the Eastern Mediterranean Region, with more than 700 more ready for delivery. Upcoming priority actions include distribution of the UAE-funded PCR kits, and charter flights to Libya and Yemen.

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The medical team of one WHO-supported mobile clinic in Mosul orients beneficiaries on COVID-19 prevention and protection measures. Photo: WHO/Iraq
**Regional Updates**

**European Region (EUR)**

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

**WHO Regional Director for Europe signs agreement for new centre of excellence, marking 60 years of cooperation with Turkey**

The centre will provide technical and operational expertise in the area and help strengthen the capacities of Member States in the Region to be prepared and equipped to respond to humanitarian and health emergencies such as COVID-19. [Link](#)

**WHO Concludes Technical Mission to Turkmenistan**

WHO/EURO deployed an expert team comprising five experts, including an expert deployed through WHO’s GOARN partner the Robert Koch Institute, to Turkmenistan with support of the Ministry of Health and the Ministry of Foreign Affairs made all arrangements for the team’s travel.

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

**Deployment of WHO Technical Mission to Azerbaijan** (WHO/EURO has sent a team of WHO experts to assess the current situation and provide recommendations to the Government on how to mitigate the negative effects of the pandemic within the currently. The team will support the overall response to COVID-19 in Azerbaijan by addressing critical response areas including: surveillance and contact tracing, essential health services, case management of COVID-19 patients

**Case Management – Infection Prevention & Control**

**Update - Strengthening Clinical and Health System Capacities Across the Region**

WHO/EURO has been holding virtual capacity-building webinars since the beginning of the outbreak in the areas of forecasting, calculating workforce and supply surge requirements, quality assurance, hospital readiness, infection prevention and control (IPC) and clinical management of patients with COVID-19. As of 22 July, the webinars have reached half the countries in the Region and over 11,310 health-care workers with the latest trainings focused on IPC and hospital readiness with clinicians in Georgia and the Essential Services Forecasting Tool with country counterparts in Tajikistan.

**Strengthening Laboratory Capacities in Kazakhstan:**

The WHO Country Office in Kazakhstan has continued to closely support the Government and Ministry of Health (MOH) in Kazakhstan in the response to COVID-19.

WHO EURO has deployed a laboratory expert for a 15-day mission to provide technical support to the Country Office, MOH and other partners in strengthening national laboratory capacity.
African Region (AFR)

**Country-level coordination, planning and Monitoring**
- The team at Dakar Hub held consultation meetings with WHO, World Bank and AFRO in the REDISSE Project Md-Term Review implementation in the context of COVID-19
- WHO, Africa CDD in joint push for COVID-19 traditional medicine research in Africa
- *Sierra Leone*: On the ready to reopen airport to passenger flights. [Link](#)
- WHO’s Actionables Manifesto for a healthy recovery from COVID-19. [Link](#)

**Risk Communication & Community Engagement:**
- WHO and the Nigerian government are scaling up strategies to demystify COVID-19 by working with traditional leaders. [Link](#)
- The WHO team at the Dakar Hub is supporting trans-border collaboration and experience exchange between Guinea and neighboring countries. In addition, Benin, Madagascar and Comoros were supported in RCCE training, particularly in community engagement and rumor management.
- The team at Nairobi Hub developed Fact sheets on case fatality rates of COVID-19 & status of research on therapies based on RCCE feedback to counteract the current rumors and misbeliefs on COVID-19

**Infection prevention control:**
- Investigations of health workers exposed to COVID-19 patients is underway in Sierra Leone. A protocol for health worker infections was developed and approved by the Ministry of Health
- Round-table discussion was held on IPC measures and the use of the AFRO KPI tool by six countries in the East and Southern Malawi). Major issues included: low uptake of the tool due to unfamiliarity and difficulty in navigating through and using the tool itself, short (weekly) reporting period that did not allow for reflection of change on the ground and difficulty in obtaining information from the health facilities within their countries.

**Case Management**
Ghana’s nurses are delivering child healthcare services to communities in need amidst the COVID-19 pandemic. [Link](#)

**Operational support and Logistic:**
- The AFRO logistics team is currently addressing issues regarding the use of the UN supply portal and also mapping out countries that are manufacturing supplies for COVID-19 and offering guidance to countries on how to procure supplies within the region.
- The deployment of a laboratory scientist to Lesotho was supported and there are ongoing arrangements for deployment of a laboratory expert to Equatorial Guinea and a bio medical engineer to Chad.
- Mapping of Eastern and Southern Africa countries’ laboratory capacities for testing COVID-19 is ongoing in collaboration with Africa CDC.
Indonesia: Since the beginning of June, WHO has been supporting the Ministry of Health to host webinars on medical waste management in Indonesia during the COVID-19 pandemic. The COVID-19 pandemic in Indonesia is continuing to have an impact on the country’s healthcare system and waste management system. There are increased volumes of discarded materials from health protection activities, medical diagnosis, treatment and scientific research. Safe and efficient disposal of this medical waste is a critical component of a comprehensive response effort. [Link]

Sri Lanka: Developing training modules for healthcare workers on COVID-19 infection prevention and control. [Link]

India: Community drug distribution at doorsteps: Essential health services decentralized to care for hypertensives under the IHCI initiative. [Link]

Maldives: Over 63,559 samples have been tested in Maldives and it has been 130 days since first case. A total of 2,801 confirmed cases of COVID-19 and 14 deaths have been reported. Since the outset, WHO has worked closely with the Ministry of Health to support health system response to COVID-19 pandemic in Maldives. WHO provided Technical guidance on COVID-19 response (case management, IPC, WASH, waste management etc.) supporting efforts in breaking transmission chain, enhancing capacity for diagnosis and case management, all while maintaining continuity of essential health services. WHO also supported the procurement of Diagnostic Kits, essential medicines, consumables, PPEs and expansion of laboratory capacity both in Male other atolls.

With the help of WHO, the operationalization of Medical Isolation facilities and set up of 2 Intensive Care Unit (ICU) in the Atoll level were made possible. WHO worked closely with MOH on strengthening country efforts at forecasting and making projections through the WHO applications (ESFT, HWF/bed capacity tool). Moreover, country capacity for case identification and surveillance was heightened through use of digital platforms such Go.Data. Maldives also enjoyed improvements for mitigating COVID-19 in Medical Preparedness of State Care Institutions; Homes for People with Special Needs (HPSN).

Provision of care items for Elderly and people with disabilities was also prioritized. WHO continued to advocate for hand hygiene practices through expansion of hand washing facilities, provision of PPE for support staff and training for routine disinfection and sanitization, including in schools. This was all made possible with resources of 2 million USD from WHO’s sources, 1 million USD from European Union and 192, 000 USD from The UN COVID-19 Response and Recovery Multi-Partner Trust Fund.