Weekly Operational Update on COVID-19

30 October 2020

Confirmed cases[a]
44 888 869

Confirmed deaths
1 178 475

Samoa uses community strength, local knowledge and collective memory to prepare for COVID-19

Family discussing COVID-19 with Nurse Max and Dr. Dyxon Hansell. Credit:WHO Samoa Savai'i, Samoa:

Samoa like some other Pacific Islands has yet to report a COVID-19 case. Should coronavirus arrive, health services could be overwhelmed due to high rates of non-communicable diseases that leave many people vulnerable to the virus.

Galvanised by a tragic 2019 measles outbreak that claimed many young lives, and the high mortality of the 1918 global influenza pandemic, the Ministry of Health supported by WHO developed a community engagement strategy to boost community resilience.

The multi-sectoral strategy engaged with customary village leaders, district nurses and grass roots committees. Educational toolkits based on WHO messages on COVID-19 were adapted to the Samoan context and translated. They reinforced the practical steps everyone should take to keep safe.

This has revived some old practices that are a living application of WHO guidance on hygiene in low-resource settings, to maximise the use of locally available resources and people's expertise to strengthen Samoa's population resilience.

For more info click here

Key Figures

- WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work
- 100 of GOARN deployments conducted to support COVID-19 pandemic response
- 17 102 625 respirators shipped globally
- 180 644 499 medical masks shipped globally
- 7 756 336 face shields shipped globally
- 3 846 748 gowns shipped globally
- 16 749 900 gloves shipped globally
- More than 4.5 million people registered on OpenWHO and able to access 137 COVID-19 online training courses across 17 topics in 42 languages

[a] For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

From the field:

COVID-19 spurs health innovation in Africa

COVID-19 has galvanized the development of more than 120 health technology innovations that have been piloted or adopted in Africa, a new WHO analysis finds. The study of 1000 new or modifications of existing technologies that have been developed worldwide to target different areas of the COVID-19 response finds that Africa accounts for 12.8% of the innovations.

Credit: WHO Africa Regional Office

The response areas include surveillance, contact tracing, community engagement, treatment, laboratory systems and infection, prevention and control. In Africa, 57.8% of the technologies were 'Information and Communication Technology' (ICT), 25% were based on 3D printing and 10.9% were robotics.

The innovations include WhatsApp Chatbots in South Africa, self-diagnostic tools in Angola, contact tracing apps in Ghana and mobile health information tools in Nigeria.

"COVID-19 is one of the most serious health challenges in a generation, but it is also an opportunity to drive forward innovation, ingenuity and entrepreneurship in life-saving health technologies," said Dr Matshidiso Moeti, WHO Regional Director for Africa.

"The pandemic has put a fresh impetus on the need to invest in innovation and to put the right policies and strategic frameworks in place to unleash African ingenuity on the world. We know that investing in innovation yields huge dividends. With COVID-19 and other health threats part of our daily life, there's no time to waste in creating the right environment for African innovators to flourish," said Dr Moeti.

WHO recommends greater investment in ICT infrastructure, robotics, artificial intelligence, drones and mechatronics as well as putting the right policies in place to boost creativity and entrepreneurship and to bolster university-led research.

The WHO Regional Office for Africa has created a global database of innovations to share knowledge, ideas and successes, as well as set up a COVID-19 technology access pool to share intellectual property and data.

From the field:

Training on COVID-19 response at points of entry in the Republic of Moldova

WHE Balkan Hub Coordinator Abebayehu Assefa MENGISTU during the Points of Entry training in the Republic of Moldova. ***Credit:*** *WHO Country Office in the Republic of Moldova*

From 21-22 October 2020, the WHO Regional Office for Europe conducted a training in Chisinau, Republic of Moldova, to train selected participants on the use of the relevant WHO guidance for the safe resumption of operations at points of entry (POEs) in the Republic of Moldova in the context of COVID-19, and to discuss the measures being put in place at airports and ground crossings across the country.

The activity targeted 14 selected participants from the health, transport, law enforcement and customs sectors, including national health authorities, in addition to authorities at airports and ground crossings in the Republic of Moldova.

During the two-day training, participants were presented with various WHO technical guidance on:

- how control COVID-19 at airports and ground crossings
- the process of designating POEs under the International Health Regulations (IHR 2005)
- WHO tools available to assess capacities at POEs for the prevention, preparedness and response of public health emergencies of international concern (PHEIC).

Participants in the training also reviewed and discussed the plans, protocols, standard operating procedures (SOPs) and public health and social measures implemented at POEs through a two table-top- exercises (TTX). The TTX simulated the arrival of a suspected case of COVID-19 both at the airport and at a ground crossing to test and review the measures in place and coordination mechanisms among the different sectors involved. The exercise resulted in the identification of priority actions to further strengthen response capabilities for COVID-19 – as well as other communicable diseases – at POEs in the Republic of Moldova.

In addition, different experiences on the control of COVID-19 in Poland and Germany were presented, thanks to the participation of a representative from the European Union Joint Action Healthy Gateways.

Infodemic Management

The first WHO Infodemic Management Training programme kicked off this week with participants coming together during eight sessions over the course of the next four weeks with a cohort of 270 trainees.
The training has been designed to be interactive, engaging and practical. By the end of the training, participants will have a thorough grounding in infodemic management. Participants who will successfully pass the assessment will join the WHO roster of infodemic managers to be deployed to countries, where they will be thrust into real-life situations.

The training programme has been driven by a recognition of the harm being caused by false and misleading health information circulating in online spaces, low quality news outlets and in peer to peer discussions. The course includes practical training on tools for monitoring rumors, fact-checking and verification, as well as learning how to respond effectively and testing interventions to slow down the spread of misinformation. There are also guest speakers from UNICEF, Google and Facebook and most importantly representatives from Ministries of Health who will be talking about current challenges with the infodemic and lessons learned.

At the first welcome event, 188 learners interacted over Zoom sharing experiences and hopes for the upcoming weeks. The session included an information ‘crisis’ simulation, where participants played the role of a public health communications officer in a major city where rumors were swirling on social media during a fictional public health incident.

- Would they hold a press conference?
- Or debunk rumors directly on the different social media platforms?
- Or would they wait for more information?

The simulation was designed to highlight the different challenges involved in infodemic management today, and to preview some of the key elements of the training programme.

The training has been co-sponsored by the US Centers for Disease Control and Prevention, Africa Centres for Disease Control and Prevention and RCCE collective service. Technical expertise is being provided by First Draft, a non-profit that works globally to tackle misinformation.

Medicines and Health Products

- The ACT-Accelerator is the only global framework for ensuring the fair and equitable allocation of COVID-19 tools. The COVAX Facility is a specially created financial instrument within the vaccines pillar of this global framework. The Facility constitutes an unprecedented global effort to ensure that each country in the world will have equitable access to a safe and effective vaccine as soon as this becomes available. As of October 12, over 180 countries and entities have signed up to the COVAX Facility. This includes both self-financing countries and 92 lower-income countries which are eligible for financial support. The COVAX Facility will give participating countries access to the world's largest and most diverse portfolio of vaccine candidates.

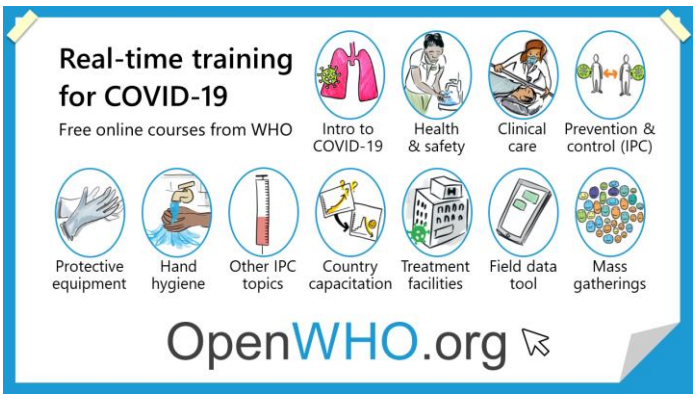
- The 9th meeting of the Member State Mechanism on Substandard and Falsified medical products will take place on October 28-30. Progress on the workplan and roles of regulatory authorities in designing and implementing policies that impact access – in particular in the context of COVID-19 – are expected to be discussed. WHO is investigating reports of suspected substandard and falsified in vitro diagnostics, as well as a suspect falsified vaccine for COVID-19, designed to imitate a vaccine that is currently under clinical trial phase.

- WHO requests that national regulatory authorities increase vigilance and monitor their markets (including internet and business-to-business platforms) for any substandard or falsified versions of therapeutics for Covid-19 which have recently been the subject of intense media coverage.

Health Learning

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

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



4 559 078
Course enrollments

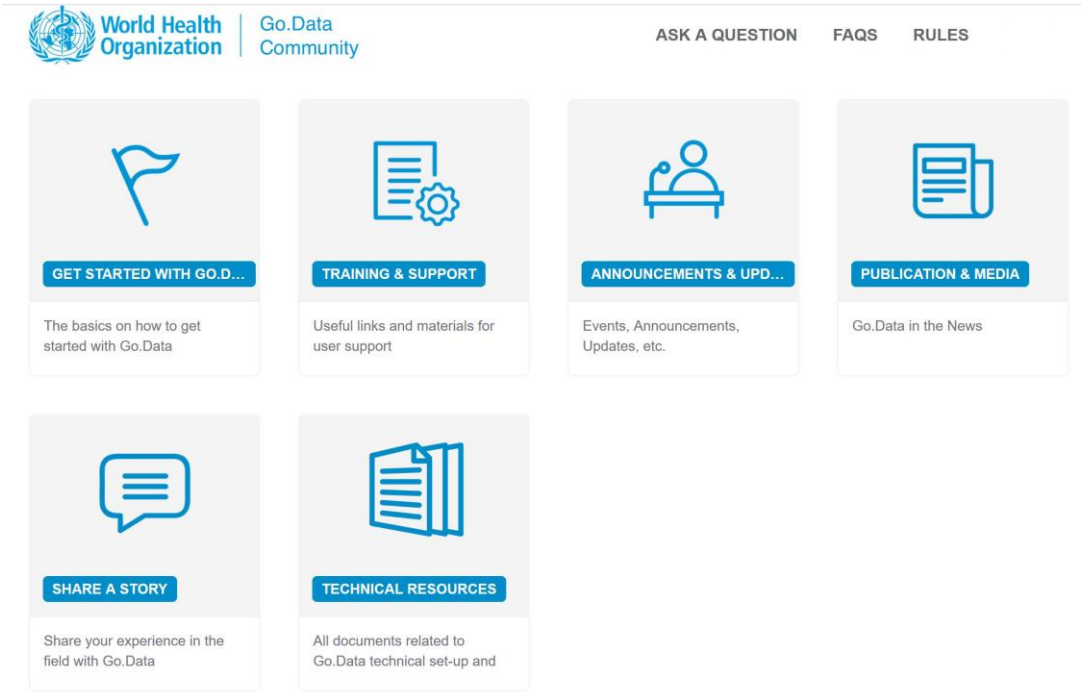
42 languages

Over 2.3 million certificates

137 COVID-19 courses

Partnerships

The Global Outbreak Alert and Response Network - GOARN



WHO and GOARN partners are supporting over 60 projects worldwide to implement Go.Data, including virtual trainings and briefings, providing direct user support and technical support for local responders for epidemiology, analytics, interoperability and IT. Go.Data is a software for contact tracing and outbreak response developed by WHO in collaboration with partners in the Global Outbreak Alert and Response Network (GOARN). It builds on standing collaboration between WHO and partners in design, development and rollout of the field data collection tools. Go.Data focusses on case and contact data including laboratory data, hospitalization and other variables though case investigation form, and on contact follow-up and visualisation of chains of transmission.

In addition, the Go.Data community of practice was recently launched and serves as the main point of communication users worldwide and a key resource for latest information and documentation. The online community of public health professionals and other interested parties using the Go.Data outbreak investigation and contact tracing software provides space to exchange with those running Go.Data deployments and get access to tips, training materials and guides.

The OpenWHO course, Introduction to Go.Data – Field data collection, chains of transmission and contact follow up, continues to support countries to increase knowledge of Go.Data. Since its launch earlier this year, this online learning course, available in English, Spanish and Mongolian, has just exceeded 100,000 users. Users benefitting from this course have joined from around the world, with largest user bases coming from the United States of America, India, Saudi Arabia, Islamic Republic of Iran, Iraq, Nigeria, Ethiopia, Pakistan and South Africa.

COVID-19 Preparedness

WHO Side Event at the margin of the GHSA Ministerial Meeting

Building better for the next Pandemic: Advancing Multisectoral and Whole-of-society Approaches to Health Security Preparedness

On 30th October, WHO hosted a side event on the margins of the Global Health Security Agenda (GHSA) Ministerial meeting on 'Building better for the next Pandemic: Advancing Multisectoral and Whole-of-society Approaches to Health Security Preparedness'.

The side event highlighted strategic perspectives, lessons learnt and best practices in strengthening multisectoral engagement for preparedness during COVID-19, and effective mechanisms for leveraging current progress and investments toward sustainable health security.

Speakers highlighted the need for sustainable multisectoral collaboration and whole of society approaches to better enable community engagement for preparedness especially in urban settings.

Participants also recognized the value of capacity building measures including regular preparedness assessments to enhance long-term health security and robust financing for preparedness.

Health Security Preparedness Department, WHO

The COVID-19 pandemic has spurred global momentum for preparedness and to ensure global solidarity in order to better mitigate the impact of health emergencies that all communities face.

COVID-19 Partners Platform

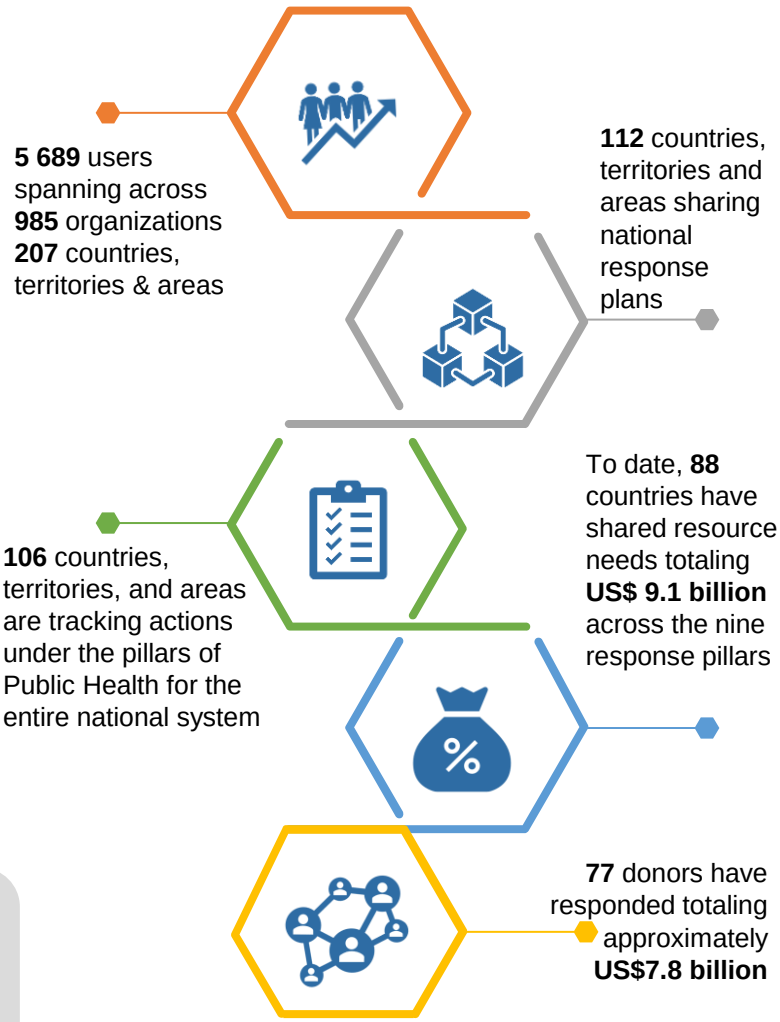
The COVID-19 Partners Platform, developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event.
Launched on 16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

QA/QC Processes and Data Automation
With 124 countries and 77 donors now actively using the Platform, ensuring the quality of the data uploaded to the tool is one of our main priorities as we move into the new year and the next wave of COVID-19 outbreaks. We are currently developing tools to ensure identification of data discrepancies and verify that project deliverables meet the defined quality standards.

Terms of Use and Privacy Policy

The Partners Platform team has consulted with WHO Legal Counsel to update the Platform's terms of use and privacy policy. These new terms of use do not make any changes to the way the Platform is used, but rather put in writing the same expectations that have been discussed with country users regarding use of the data for planning purposes.

In coming weeks all users will be prompted via a pop-up window to confirm agreement with the terms of use, linking to the privacy policy.



The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 29 October 2020.

Shipped items as of 29 October 2020	Laboratory supplies		Personal protective equipment					
Region	**Sample collection kits**	**Tests (Manual PCR)**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	2 483 665	1 106 676	1 034 364	983 300	147 639	1 012 048	45 148 789	1 655 314
Americas (AMR)	648 760	1 058 420	3 820 501	88 000	301 180	1 134 570	56 396 710	7 788 056
Eastern Mediterranean (EMR)	192 800	423 460	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)	1 012 212	10 452 294	1 704 850	7 190 100	374 720	985 048	38 631 500	5 126 950
South East Asia (SEAR)	1 301 800	1 639 800	87 336	1 895 500	81 550	218 050	5 406 300	535 075
Western Pacific (WPR)	90 800	240 864	319 200	1 682 000	105 167	98 510	10 369 650	971 235

For further information on the **COVID-19 supply chain system**, see here.

Appeals

***WHO** appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 30 October 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

US$1.74 BILLION

WHO's current funding gap against funds received stands under the updated SPRP

US$164 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

US$550 MILLION

WHO current funding gap

US$55 MILLION

Global WHO GHRP allocation as of October 2020

US$495 MILLION

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 30 October 2020, **The Solidarity Response Fund** has raised or committed more than US$ 236 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 633,000 individuals together contributed more than US$ 236 million in fully flexible funding to support the WHO-led global response effort

More than US$ 236 Million

633 000 donors

[individuals – companies – philanthropies]

This week, Solidarity Response Fund resources have been allocated to support four projects:

- *Global Youth Mobilization for generation disrupted* with the scope of building a global youth alliance to alleviate the negative impact of the COVID19 pandemic on young people and reinforce their positive contribution to addressing it in their health communities
- *Management of Child Health and Development in Humanitarian Settings affected by COVID19* to support the development of a WHO Digital Platform and Smart Guidelines
- *EMT Regional training and simulation center* to rapidly enhance the technical skills of Emergency Medical Team members and other clinical care management personnel in the management of severely sick and critical patients of COVID-19
- *Quitting tobacco during COVID-19 saves lives* to make tobacco cessation support available to millions of tobacco users to help them quit tobacco use and as a result to reduce their likelihood of getting severe COVID-19 and reduce transmission of COVID-19.

The WHO Contingency Fund for Emergency (CFE)

WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

COVID-19 Global Preparedness and Response Summary Indicators [a]

Countries have a COVID-19 preparedness and response plan

1 March baseline : 91

Countries have a clinical referral system in place to care for COVID-19 cases

1 March baseline: 73

Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]

1 March baseline: 37

Countries that have defined essential health services to be maintained during the pandemic

Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

Countries in which all designated Points of Entry (PoE) have emergency contingency plans

Countries with a national IPC programme & WASH standards within all health care facilities

Countries have an occupational safety plan for health workers

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

1 March baseline: 87

Countries have COVID-19 laboratory testing capacity

1 March baseline: 165

Yes **No** **Missing Data**

Notes:

[a] Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."

[b] Source: UNICEF and WHO

COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

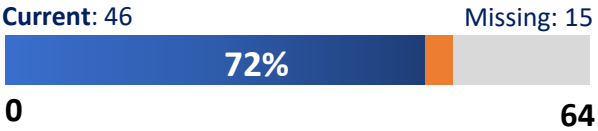
Priority countries with multisectoral mental health & psychosocial support working group

Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

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

Priority countries with an active & implemented RCCE coordination mechanism

Priority countries with a contact tracing focal point



Priority countries with an IPC focal point for training

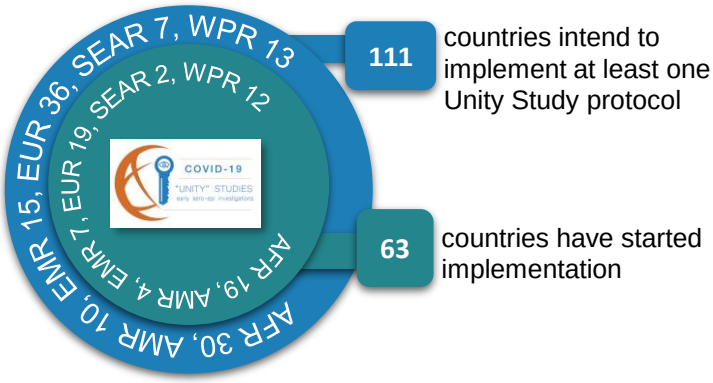
Notes:

[c] Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

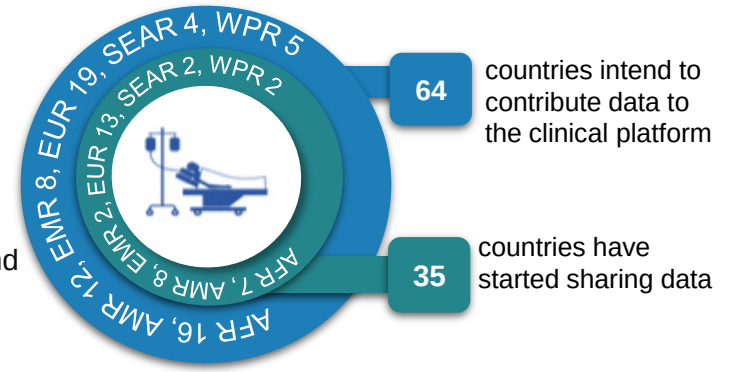
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



Global COVID-19 Clinical Data Platform

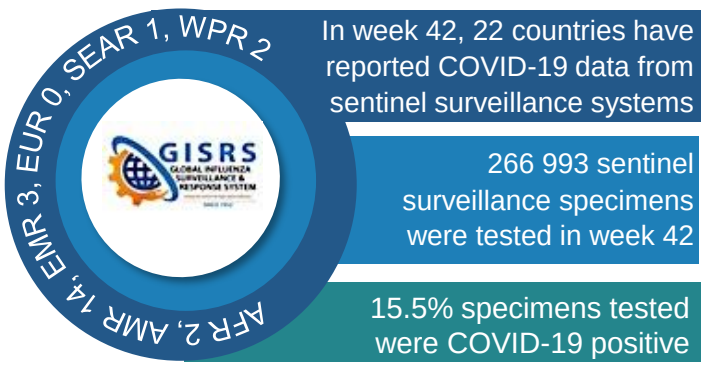
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- For EPI-WIN: WHO Information Network for Epidemics, click **here**
- For more information on COVID-19 regional response:
  - **African Regional Office**
  - **Regional Office of the Americas**
  - **European Regional Office**
  - **Eastern Mediterranean Regional Office**
  - **Southeast Asia Regional Office**
  - **Western Pacific Regional Office**
- For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click **here**
- For updated WHO Publications and Technical Guidance on COVID-19, click **here**
- For updated GOARN network activities, click here

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 25 October 2020, 10 am CEST

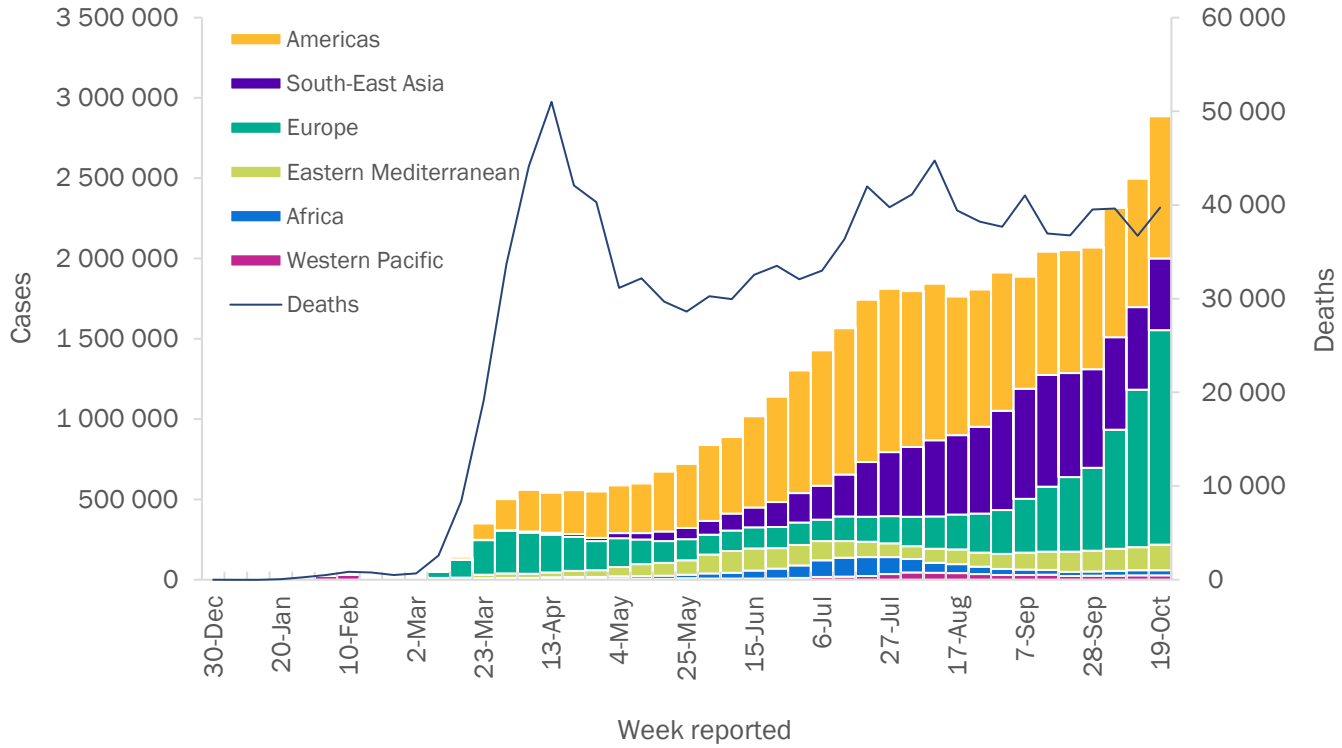
For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

In the past week the highest number of new COVID-19 cases have been reported globally, amounting to over 2 million new cases in the past 7 days (Figure 1), the shortest intervals for this exponential increase since the start of the pandemic, while the number of new deaths is comparable to previous weeks. As of 25 October, over 42 million cases and 1.1 million deaths have been reported globally, with over 2.8 million new cases and nearly 40 000 new deaths reported over the past week.

Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, 30 December 2019 through 25 October 2020**



**See data table and figure notes.

For the second consecutive week the European Region accounts for the greatest proportion of reported new cases, with over 1.3 million new cases reported this past week – a 33% increase in cases compared to the previous week – contributing nearly half of all new cases reported worldwide this week (46%) (Table 1). Similarly, the number of deaths continues to increase in the region with a 35% increase from last week and accounting for nearly one third of all new deaths globally. Although not as substantial, increases in reported new cases were also observed in the Region of the Americas, Eastern-Mediterranean and African regions. Declines in cases and deaths continued to be reported in the South-East Asia region while the Western Pacific region has shown a slight decline in new cases and deaths in the past 7 days.

Despite regional variations the countries reporting the highest number of cases in the past week remain the same as the previous 3 weeks: India, the United States of America, France, Brazil and the United Kingdom.

Additional Region-specific information can be found below: African Region, Region of the Americas, Eastern Mediterranean Region, European Region, South-East Asia Region, and Western-Pacific Region.

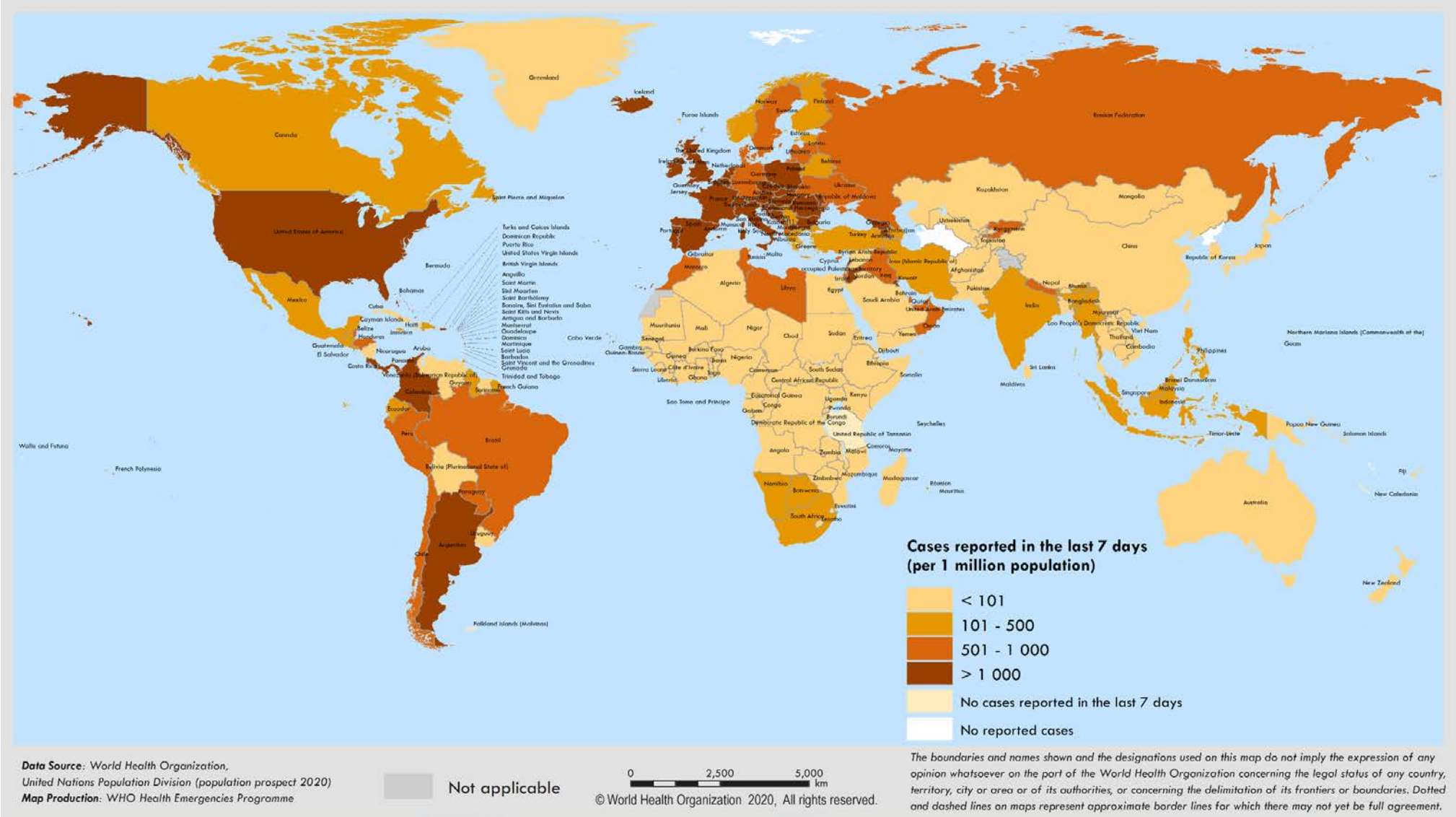
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 25 October 2020[**]

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	1 335 914 (46%)	36%	9 664 042 (22%)	11 733 (30%)	37%	270 972 (23%)
Americas	884 318 (31%)	11%	19 737 794 (46%)	16 918 (43%)	4%	625 973 (54%)
South-East Asia	445 886 (15%)	-13%	8 969 707 (21%)	5 756 (14%)	-16%	140 827 (12%)
Eastern Mediterranean	159 166 (6%)	11%	2 955 552 (7%)	4 035 (10%)	15%	75 133 (6%)
Africa	32 123 (1%)	2%	1 298 315 (3%)	832 (2%)	-21%	29 277 (3%)
Western Pacific	27 197 (1%)	-4%	715 300 (2%)	438 (1%)	-6%	15 314 (1%)
[†] Other	-	-	741 (<1%)	-	-	13 (<1%)
Global	**2 884 604 (100%)**	**16%**	**43 341 451 (100%)**	**39 712 (100%)**	**8%**	**1 157 509 (100%)**

**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.*

***See data, table and figure notes*

Figure 2. COVID-19 cases per million population reported in the last seven days by countries, territories and areas, 19 October through 25 October 2020**



**See data, table and figure notes

Situation by WHO Region

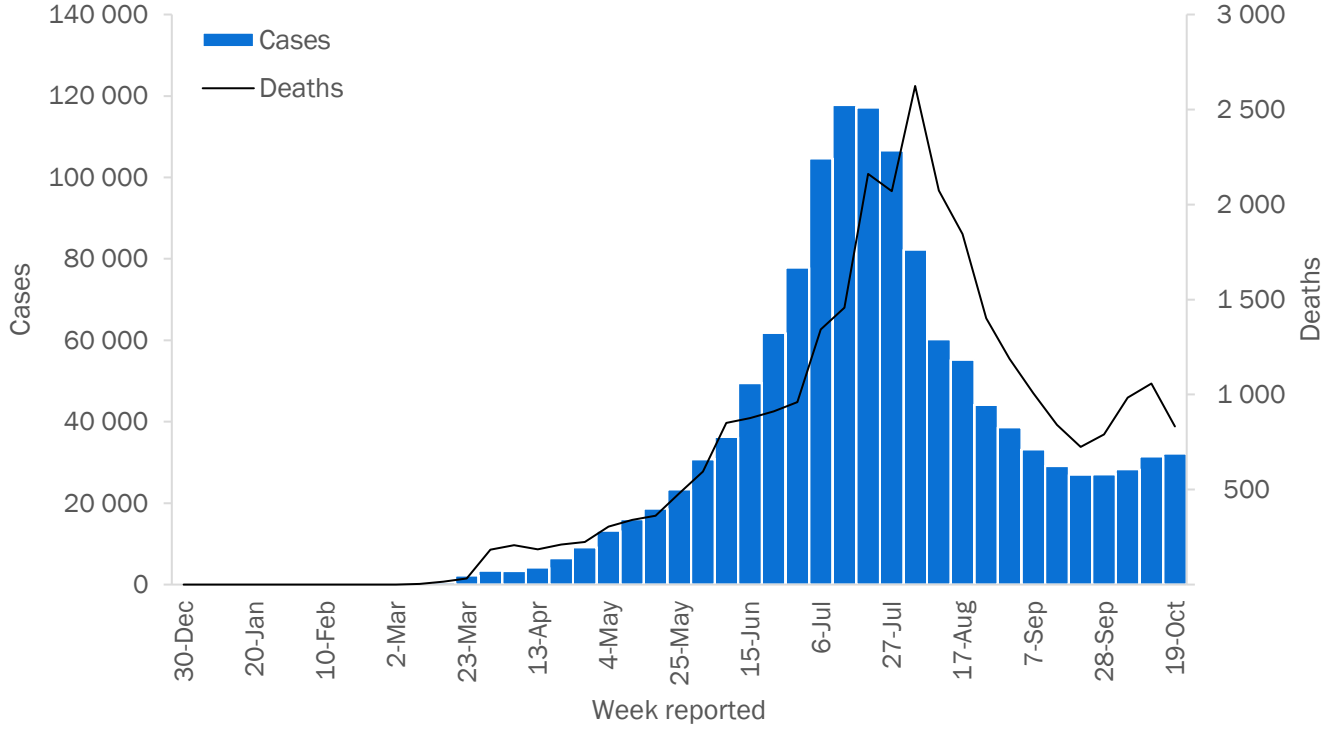
African Region

With 32 000 new cases and 800 new deaths over the past week, the Region accounts for around 1% of new global cases and 2% of new global deaths (Table 1). South Africa, Kenya, and Ethiopia continue to report the highest numbers of new cases. The Region shows a mixed pattern with countries at different epidemic stages and experiencing different outcomes. Despite this, COVID-19 continues to contribute an added burden to public health, strained already stretched health systems and caused socio-economic pressures.

Cases in Ethiopia have declined from peaks in August when there were over 10 000 cases a week, to just over 4 400 new cases reported in the past week (38 new cases per 1 million population), a 12% decrease compared to the previous 7 days. The number of new cases in Ethiopia are the third highest in the WHO African region. Deaths in the country have increased slightly (6%) in the past week although overall numbers remain low (n=73) and the rate of new deaths is less than one (0.6) per 1 million population. Ethiopia, as well as other countries in the Horn of Africa, are facing a triple threat of floods from unusually heavy rains, desert locust crop destruction and the impacts of COVID-19-all threatening food security.

With 4 594 new cases over the past week (85 new cases per 1 million population), a 51% increase from last week, Kenya is now reporting the second highest numbers of new cases in the Region and has witnessed a dramatic rise since the week of 28 September when there were only 1 000 new cases reported. It is just shy of its previous peak at the end of July, when there were 4 700 new cases Although deaths have increased at a much lower rate (9%) and new deaths are just over one per 1 million population (1.3). Oxygen is one of the most essential medicines for saving patients with COVID-19, as well as many other conditions. One of the main barriers to medical oxygen is the high transport costs of the cylinders to the health facilities. In Kenya, a private sector company has positioned oxygen plants near clusters of health facilities and uses a milk delivery system to deliver oxygen to more than 140 clinics. WHO is committed to working in solidarity with all governments, partners and the private sector to scale up sustainable oxygen supply.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 25 October 2020**



**See *data, table and figure notes*

Region of the Americas

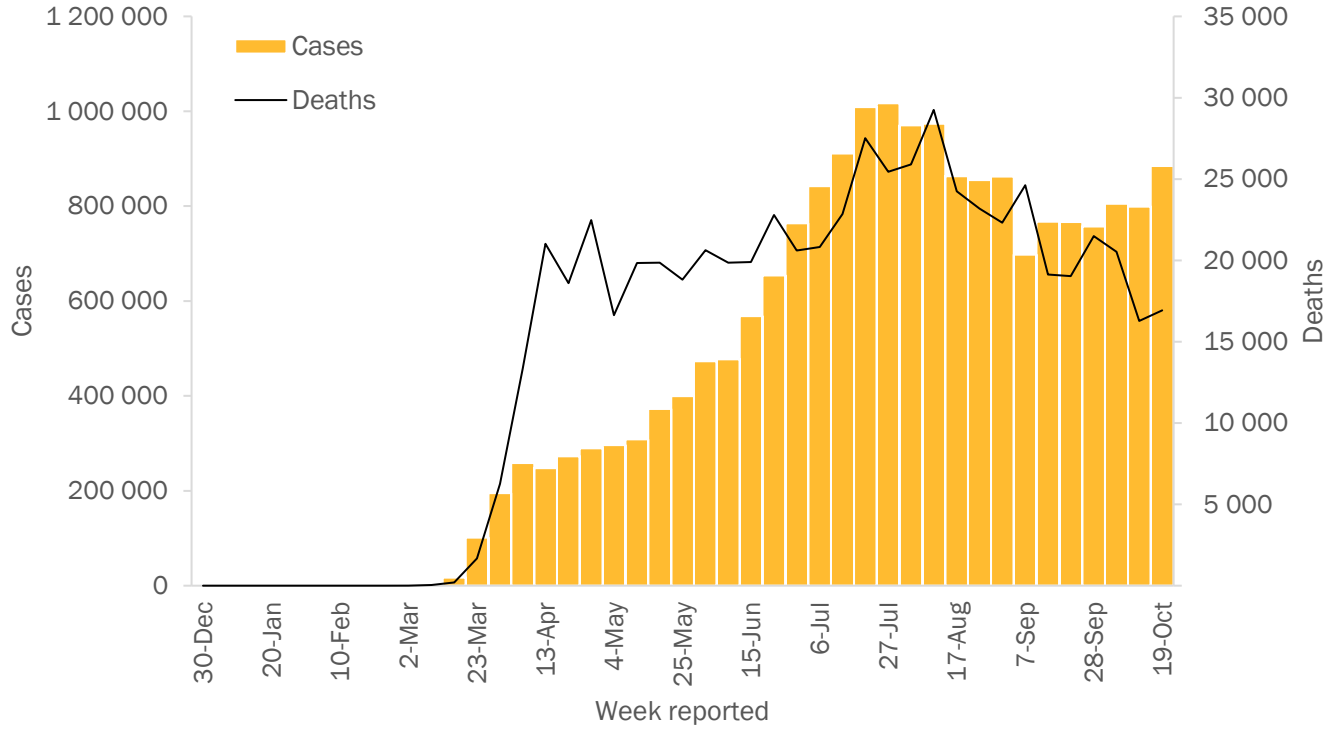
The Region of the Americas reported 880 000 new cases (31% of the global total) and 17 000 new deaths (43% of the global total) over the past week. The United States, Brazil, and Argentina continue to report the highest number of new cases (78% of regional new cases) and new deaths (67% of regional new deaths) in the Region.

The number of new weekly cases in the United States has risen since the week beginning 7 September, when there were 240 000 confirmed cases, to over 400 000 confirmed cases over the past week. Cases are now approaching the previous epidemic peak in July. At 1 318 new cases per million population, the incidence is lower in comparison to several European countries, such as the United Kingdom (2 200 cases per million) and France (3 300 cases per million). According to a US CDC report, the number of deaths from COVID-19 might underestimate the total impact of the pandemic on mortality, with an estimated 300 000 excess deaths occurring from late January through 3 October 2020, of which 200 000 excess deaths can be attributed to COVID-19.

Colombia has reported just over 1 million cumulative cases since the start of the pandemic, with the number of weekly new cases remaining stable with approximately 53 000 new cases (1 053 new cases per 1 million population) and 1 100 new deaths (23 new deaths per 1 million population) reported this week. Cases in Colombia peaked in the week of 10 August at 77 915 cases, dropping to 43 000 cases in the week of 28 September, but have risen in October.

In the week beginning 28 September, Canada exceeded its previous peak of roughly 12 000 new cases per week observed in late April. In October the number of cases has continued to rise, with over 17 000 new cases in the last week (467 new cases per 1 million population). The number of new deaths per week has also risen in October, with 166 deaths reported for the past week, although these numbers are far lower than they were in April and May when over 1 000 weekly new deaths were reported. Quebec and Ontario, which account for approximately 60% of the population of Canada, account for nearly 80% of cases. There have been reports suggesting that this rise may be partly attributable to social gatherings during Thanksgiving, which was celebrated in Canada on 12 October.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 25 October 2020**



**See data, table and figure notes

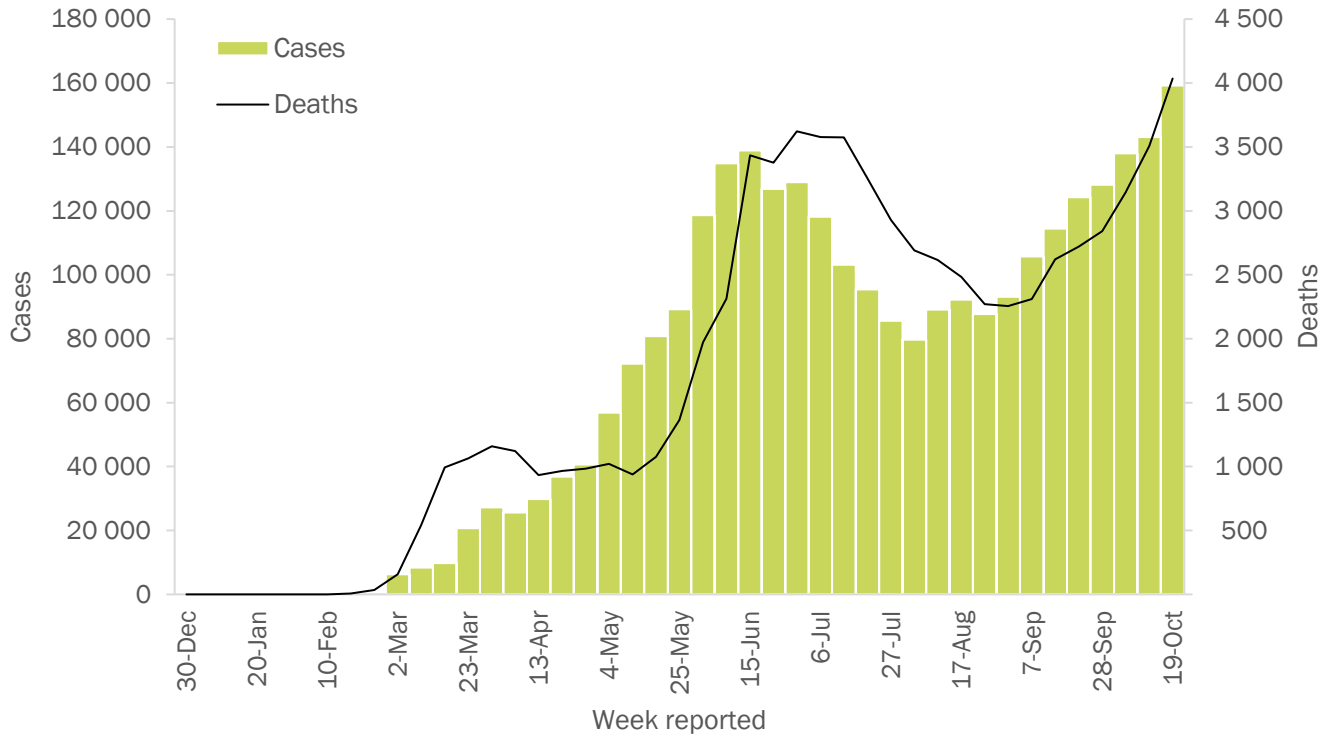
Eastern Mediterranean Region

In the past 7 days there have been 159 000 new cases and 4 000 deaths reported in the Eastern Mediterranean region. This represents a 6% increase in cases from last week and there has been a steady increasing trend seen in the region over the past two months. While Iran continues to report the highest number of new cases in the region, the highest number of new cases per 1 million population is seen in Jordan, while the highest new deaths and new deaths per 1 million population remain highest in Iran.

Jordan has reported an acceleration of new cases this past week and reached a peak of reported daily new cases in the past seven days. Bahrain reports the second highest new cases per 1 million population (1 413) and the highest cumulative cases of 47 001 per 1 million population. Increased public health and safety measures are seen throughout the country and the Ministry of Health for the Kingdom of Bahrain have recently published two new guidance documents, the first addressing health requirements to be applied in establishments serving shisha to contain and prevent the spread of the Coronavirus (COVID-19) and the other aims to establish health measures to be observed by restaurants and coffee shops to mitigate the spread of COVID-19.

While the number of new cases in Djibouti remains low, there has been an increasing trend in new cases for the past three weeks. New cases reported in the country last week showed a 480% increase (from 5 to 29) compared to three weeks ago, week beginning 28 September. This week Djibouti reported 78 new cases, a 169% increase from the previous week. These steady increases in new cases are not at previous peaks seen in June, when there were 975 cases in the first week of June, but are still of concern. As a result the Ministry of Health announced they will be closing land borders from 20 October for 15 days.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 25 October 2020**



**See data, table and figure notes

European Region

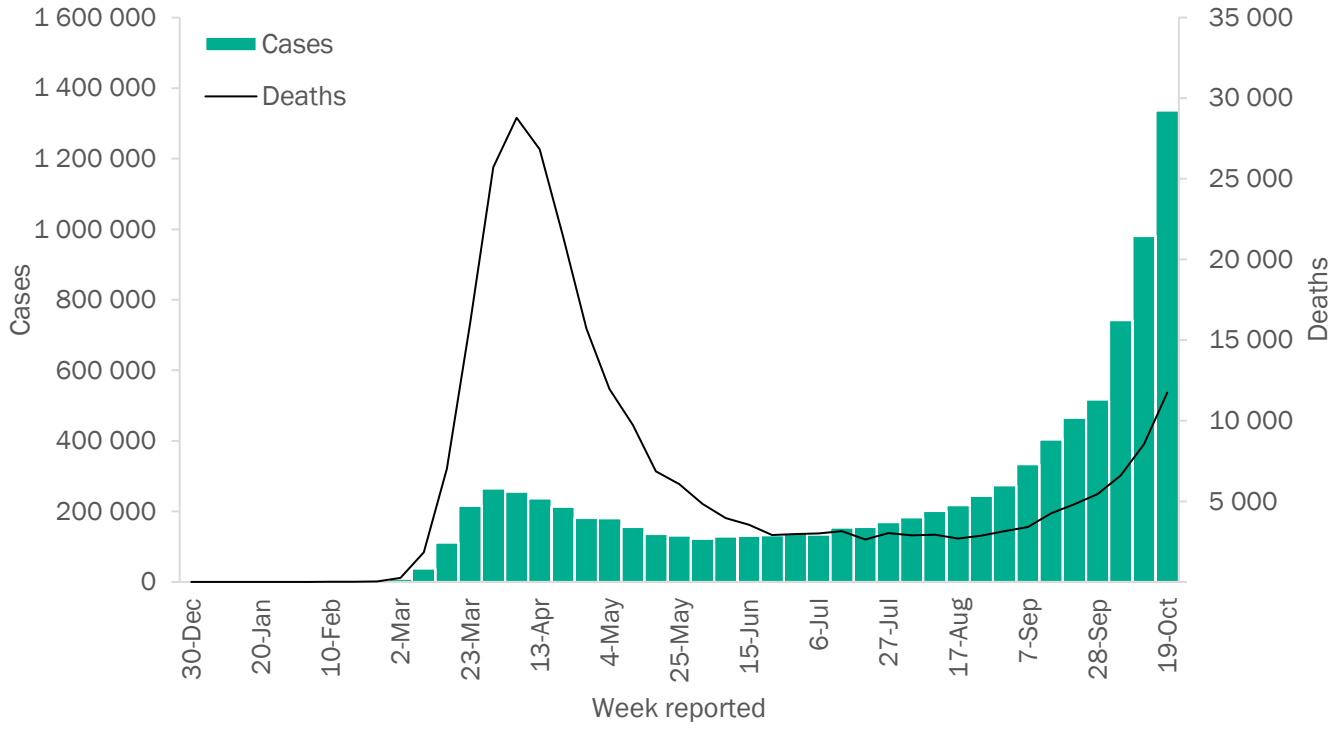
The number of new cases and deaths reported in the European region are increasing exponentially, with 36% and 37% increase in cases and deaths respectively compared to the previous week, the highest percentage increase reported in a single week in the region. Although the number of deaths is gradually increasing, the proportion of deaths to cases remains relatively low, compared to the early phase of the pandemic in the spring.

Approximately 1.3 million cases and 11 700 deaths were reported in the last 7 days, accounting for 46% and 30% respectively of the total number of cases and deaths reported globally. France accounted for the greatest number of new cases, over 200 000 cases, reported in the past 7 days. In the last week, hospitalizations due to COVID-19 and ICU occupancy increased in 21 countries across the region, compared to the previous week, however, current figures represent about 25% of the numbers reported during the peak level early in the pandemic. Based on surveillance data reported, an estimated 18% of reported COVID-19 cases have been hospitalized, with 7% of hospitalized patients requiring ICU and/or respiratory support.

In the United Kingdom, new cases have increased by 30% in the past week. The number of hospitalizations in Wales has sharply increased in the last week, increasing the pressure on frontline staff. There was also a steep increase in the number of ICU admissions among COVID-19 cases aged over 65 years old in England. Other countries reporting high hospitalization rates include Czechia, where new deaths per 1 million population are currently the highest (67)since the start of the pandemic and hospitals are expected to be at maximum capacity by mid-November and Italy where hospitals in Milan are stretched to capacity and temporary clinics have been reopened to manage the burden on the health system.

In the last week, Slovenia reported their highest daily increase in the number of new cases, 1 964, the rapid rise in cases has resulted in the health care system being stretched to capacity. To reduce transmission, the country was split into "red" and "orange" zones based on reported case numbers and Public Health and Social Measures were implemented accordingly..

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 25 October 2020**



**See *data, table and figure notes*

South-East Asia Region

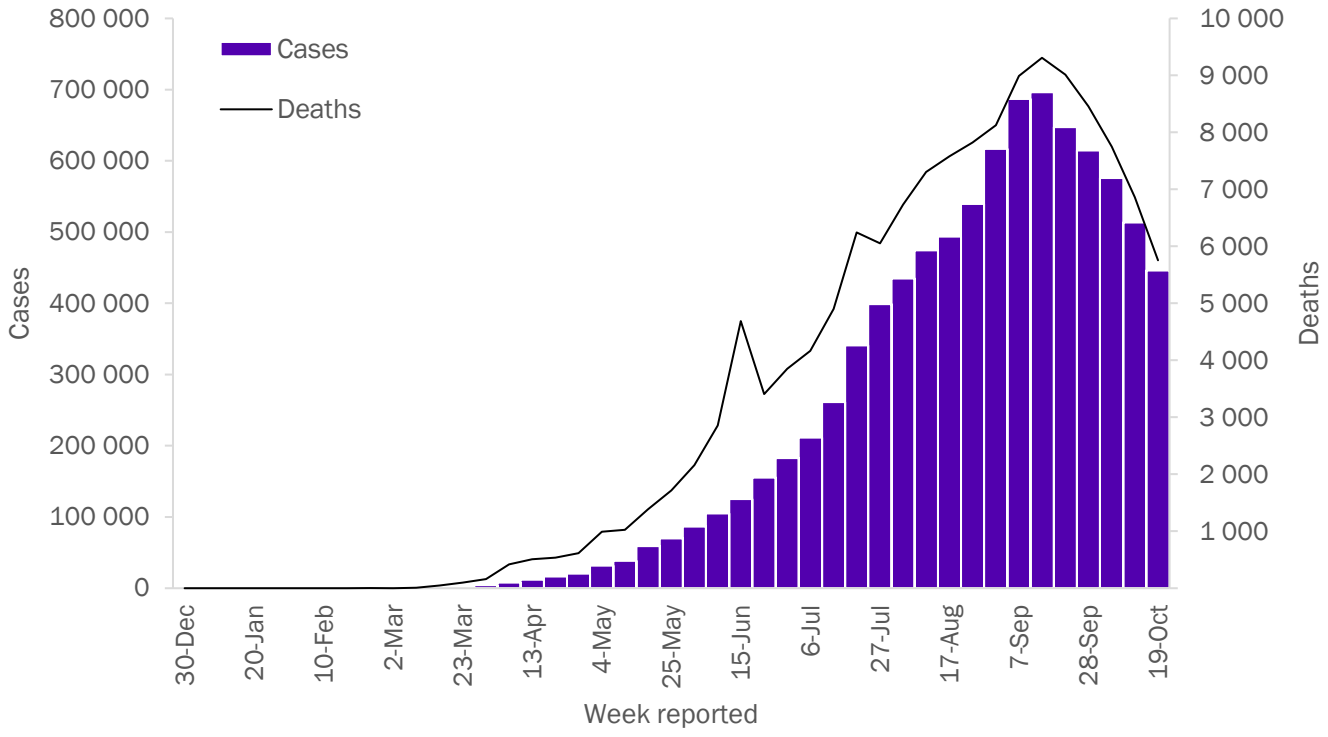
A continued declining trend in new cases and deaths was observed in the South-East Asia this week, this decline in new cases and deaths has been a weekly trend for the past five weeks with the largest decrease in new cases (decrease of 13%) and deaths (decrease of 16%) seen in the past 7 days. Steady decreases in cases have been seen in the past month in India, Indonesia, Myanmar, Maldives and Bhutan with other countries in the region continuing to fluctuate.

The only country in the region this week to report a substantial increase in new cases has been Sri Lanka reporting 2 046 new cases (96 new cases per 1 million population) compared to 847 new cases (40 new cases per 1 million population) last week. In an effort to decrease the burden at one of its largest hospitals, government authorities have decided to restrict the number of all outpatients patients visiting the Colombo National Hospital. As an alternative a landline and mobile service to obtain medicines at the clinics of the Colombo National Hospital.

While India is still reporting the highest number of new cases and deaths in the region, trends in these numbers for the country continue to decrease. India have reported 370 260 new cases (268 new cases per 1 million population) a decrease of 16% in the past week. 4 503 new deaths (3.3 new deaths per 1 million population) were reported this week amounting to a 21% decrease in new deaths compared to the previous 7 days. With upcoming cultural events such as Diwali, the Ministry of Culture issued a detailed standard operating procedure (SOP) for cultural functions to facilitate organization of cultural events during the COVID-19 pandemic.

Sustained declining trends have also been observed in the Maldives, with new cases down 24% from last week and continuing to be seen mostly from Greater Malé region. Additionally nearly all cases belong to known and existing clusters

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 25 October 2020[**]



[**]*See data, table and figure notes*

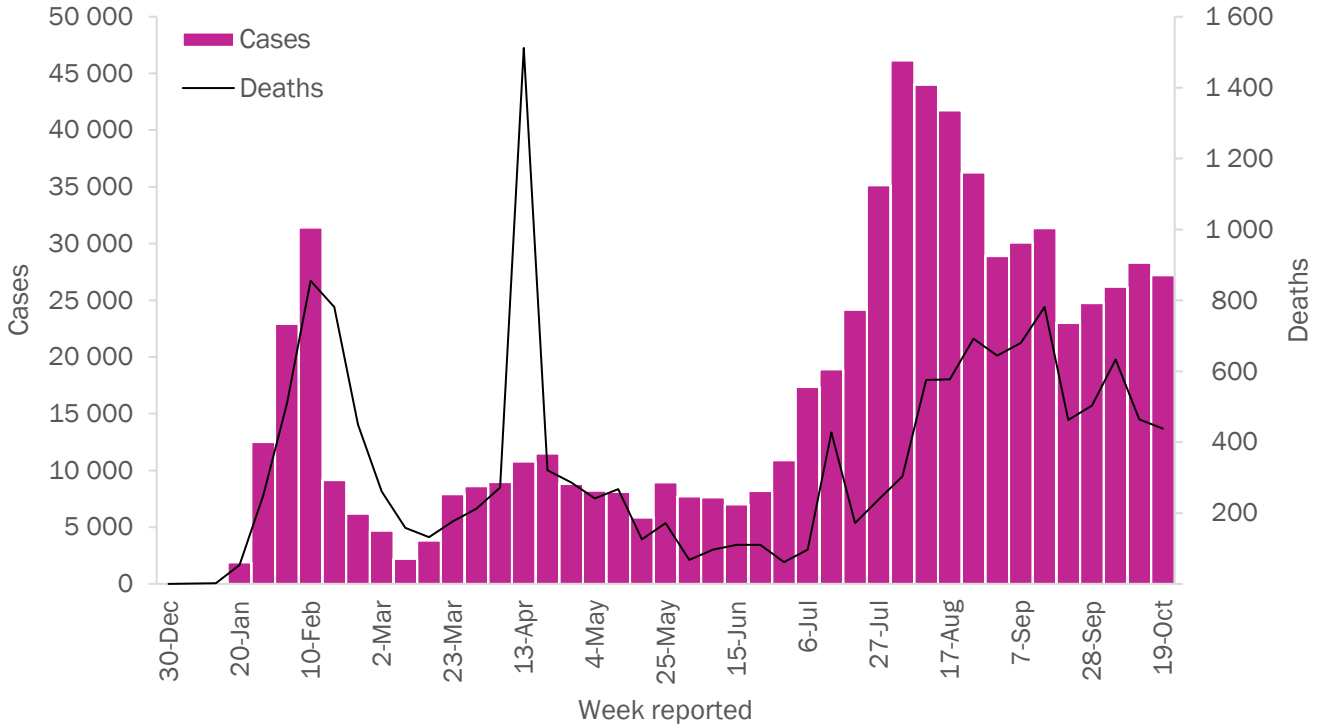
Western Pacific Region

Following a three-week increase in the number of cases reported in the Western Pacific region, the number of weekly new cases decreased by 4% in the last 7 days. The decrease in the number of cases observed was predominantly driven by the decrease reported in Papua New Guinea (94% decrease) and the Philippines (23% decrease). Similarly, the number of deaths reported in the last 7 days decreased by 6%. Approximately 27 000 cases and 430 deaths were reported in the region, accounting for just 1% of the total number of cases and deaths reported globally.

The number of cases and deaths in Malaysia has consistently increased in recent weeks, and in the last 7 days, an average of 873 cases and 6 deaths were reported daily, amounting to 189 new cases and 1.3 new deaths per 1 million population. This resulted in an increase of 35% and 64% of cases and deaths respectively compared with the previous week. The rapid increase in cases and deaths is putting the public health system under immense pressure.

Despite the decrease in cases reported in the Philippines, the country accounted for about 50% of the total number of cases and 75% of the total number of deaths reported in the region in the last 7 days. Relative to the country's population, new cases (123) and new deaths (3) per 1 million population remain low compared to other countries in the region. Heavy flooding, affecting over 35 000 households have been reported in the island of Mindanao, resulting in the evacuation of more than 12 000 people. This could affect COVID-19 response measures in the region as many displaced families are staying in makeshift tents. Mindanao also continues to report new health worker infections and an overall increasing trend in COVID-19 cases.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 25 October 2020[**]



[**]*See data, table and figure notes*

Key weekly updates

- "We are at a critical juncture in this pandemic…We urge leaders to take immediate action, to prevent further unnecessary deaths, essential health services from collapsing and schools shutting again." stressed the WHO Director-General Dr Tedros as part of the regular press briefing on COVID-19 on 23 October. Dr Tedros expanded that as the northern hemisphere enters winter, cases are accelerating, particularly in Europe and North America. The next few months are going to be very tough and some countries are on a dangerous track. WHO is calling on governments to carry out five key actions:

    1. Assess the current outbreak situation in your country based on the latest data
    2. For those countries where cases, hospitalizations and ICU rates are rising, make the necessary adjustments and course correct as quickly as possible.
    3. Be clear and honest with the public about the status of the pandemic in your country and what is needed from every citizen to get through this pandemic together.
    4. Put systems in place to make it easier for citizens to comply with the measures that are advised.
    5. Improve contact tracing systems and focus on isolating all cases and quarantining contacts, to avoid mandatory stay at home orders for everyone.

- WHO has updated its draft landscape of COVID-19 candidate vaccines, which lists 44 candidate vaccines in clinical evaluation. At a press briefing last week, Dr Soumya Swaminathan, WHO Chief Scientist, said "We're looking at the beginning of next year really to start seeing data for many of the trials though we may see one or two before the end of the year but the majority will start reporting in early 2021.Manycompanies are already manufacturing several million doses so as soon as the results are out, if it's promising, companies will be able to start providing those doses to the COVAX facility which will then distribute based on the fair allocation framework that we have developed…"

- WHO has published an assessment tool for laboratories implementing SARS-CoV-2 testing to assess the capacity of laboratories that have implemented or intend to implement testing for SARS-CoV-2, the virus that causes coronavirus disease (COVID-19).

- The 10th annual global celebration of Global Media and Information Literacy (MIL) Week will take place from 24 to 31 October 2020, under the theme "Resisting Disinfodemic: Media and Information Literacy for everyone and, by everyone". Through Global MIL Week, UNESCO and WHO are joining forces to tackle disinformation and misinformation. WHO and the Wikimedia Foundation, the nonprofit that administers Wikipedia, also announced a collaboration to expand the public's access to the latest and most reliable information about COVID-19.

- The World Health Summit, a leading global health conference and network of civil society, academia, politics and the private sector, will take place this week as a fully digital, interactive conference with a free-to-view programme. As part of this, a new book, Health: A Political Choice – Act Now, Together, has been launched that calls on world leaders and politicians to unite in their response to the COVID-19 pandemic and other threats to health and the global economy.

- As many countries prepare to celebrate the Day of the Dead or All Souls Day on 2 November, WHO reminds people of the importance of physical distancing, mask wearing, hand hygiene, coughing safely into your arm, avoiding crowds and meeting people outside where possible and when you have to be inside with others open windows and ensure good ventilation with non-recirculating air.

Table 2. Number of COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, as of 25 October 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	**32 123**	**1 298 315**	**1 157**	**832**	**29 277**	**26**	
South Africa	12 115	716 759	12 085	536	19 008	320	Community transmission
Kenya	4 594	49 997	930	71	920	17	Community transmission
Ethiopia	4 424	93 707	815	73	1 437	12	Community transmission
Angola	1 564	9 644	293	26	270	8	Community transmission
Algeria	1 427	55 630	1 269	51	1 897	43	Community transmission
Mozambique	1 188	12 161	389	11	88	3	Community transmission
Uganda	842	11 557	253	3	101	2	Community transmission
Cabo Verde	684	8 423	15 150	9	94	169	Community transmission
Botswana	681	5 923	2 519	1	21	9	Community transmission
Nigeria	623	62 111	301	6	1 132	5	Community transmission
Ghana	517	47 690	1 535	6	316	10	Community transmission
Zambia	328	16 200	881	2	348	19	Community transmission
Namibia	316	12 675	4 988	2	133	52	Community transmission
Guinea	191	11 669	889	1	71	5	Community transmission
Senegal	175	15 565	930	4	322	19	Community transmission
Zimbabwe	159	8 303	559	5	242	16	Community transmission
Madagascar	154	16 968	613	6	244	9	Community transmission
Côte D'Ivoire	130	20 470	776	0	122	5	Community transmission
Cameroon	129	21 793	821	2	426	16	Community transmission
Democratic Republic of The Congo	122	11 173	125	2	305	3	Community transmission
Togo	113	2 187	264	1	52	6	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Lesotho	101	1 940	906	1	43	20	Clusters of cases
Congo	97	5 253	952	0	92	17	Community transmission
Mali	93	3 499	173	0	133	7	Community transmission
Rwanda	89	5 073	392	0	34	3	Clusters of cases
Eswatini	82	5 863	5 054	1	116	100	Community transmission
Burkina Faso	70	2 459	118	0	67	3	Community transmission
Chad	69	1 441	88	3	96	6	Community transmission
Benin	61	2 557	211	0	41	3	Community transmission
Mauritania	59	7 663	1 648	0	163	35	Community transmission
South Sudan	41	2 890	258	1	56	5	Community transmission
Gabon	38	8 937	4 015	0	54	24	Community transmission
Eritrea	36	461	130	0	0	<1	Sporadic cases
Malawi	35	5 894	308	2	183	10	Community transmission
Mauritius	28	439	345	0	10	8	Sporadic cases
Comoros	21	517	595	0	7	8	Community transmission
Liberia	18	1 416	280	0	82	16	Community transmission
Sierra Leone	18	2 346	294	1	74	9	Community transmission
Burundi	14	558	47	0	1	<1	Clusters of cases
Guinea-Bissau	14	2 403	1 221	0	41	21	Community transmission
Gambia	10	3 660	1 514	1	119	49	Community transmission
Equatorial Guinea	9	5 079	3 620	0	83	59	Community transmission
Sao Tome and Principe	8	941	4 294	0	15	68	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Central African Republic	7	4 863	1 007	0	62	13	Community transmission
Niger	6	1 215	50	0	69	3	Clusters of cases
Seychelles	4	152	1 546	0	0	<1	Sporadic cases
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories[ii]							
Réunion	373	5 361	5 988	3	22	25	Clusters of cases
Mayotte	246	4 321	15 839	1	44	161	Clusters of cases
Americas	**884 318**	**19 737 794**	**19 298**	**16 918**	**625 973**	**612**	
United States of America	436 392	8 548 111	25 825	5 436	223 699	676	Community transmission
Brazil	153 356	5 394 128	25 377	3 257	157 134	739	Community transmission
Argentina	103 759	1 090 589	24 130	2 615	28 896	639	Community transmission
Colombia	53 588	1 015 885	19 965	1 186	30 154	593	Community transmission
Mexico	39 114	891 160	6 912	2 608	88 924	690	Community transmission
Peru	20 699	888 715	26 954	385	34 149	1 036	Community transmission
Canada	17 626	216 104	5 726	166	9 946	264	Community transmission
Chile	10 539	503 598	26 344	304	14 003	733	Community transmission
Costa Rica	7 478	103 088	20 237	97	1 282	252	Community transmission
Ecuador	7 192	161 635	9 161	167	12 553	711	Community transmission
Honduras	5 191	93 214	9 411	56	2 623	265	Community transmission
Paraguay	4 777	59 594	8 355	112	1 309	184	Community transmission
Panama	4 368	129 200	29 944	76	2 633	610	Community transmission
Guatemala	3 604	104 894	5 855	94	3 651	204	Community transmission
Dominican Republic	3 093	124 843	11 508	25	2 225	205	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Venezuela (Bolivarian Republic of)	2 658	89 565	3 150	34	773	27	Community transmission
El Salvador	1 129	32 925	5 076	27	953	147	Community transmission
Bolivia (Plurinational State of)	1 050	140 853	12 067	169	8 645	741	Community transmission
Bahamas	640	6 466	16 443	14	132	336	Clusters of cases
Jamaica	475	8 749	2 955	18	192	65	Community transmission
Cuba	364	6 595	582	3	128	11	Clusters of cases
Belize	322	3 145	7 909	4	50	126	Community transmission
Uruguay	309	2 851	821	2	53	15	Clusters of cases
Guyana	288	4 023	5 115	10	119	151	Clusters of cases
Trinidad and Tobago	246	5 511	3 938	9	105	75	Community transmission
Haiti	90	9 026	792	0	232	20	Community transmission
Nicaragua	65	4 362	658	1	155	23	Community transmission
Suriname	42	5 170	8 813	0	109	186	Community transmission
Saint Lucia	19	54	294	0	0	<1	Sporadic cases
Antigua and Barbuda	9	124	1 266	0	3	31	Sporadic cases
Barbados	8	233	811	0	7	24	Clusters of cases
Saint Vincent and the Grenadines	6	73	658	0	0	<1	Sporadic cases
Dominica	5	38	528	0	0	<1	Clusters of cases
Grenada	0	28	249	0	0	<1	No cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Territories[ii]							
Puerto Rico	4 630	63 135	22 069	33	804	281	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Martinique	528	2 800	7 461	2	27	72	Community transmission
Guadeloupe	207	7 474	18 679	4	127	317	Community transmission
French Guiana	137	10 385	34 769	0	69	231	Community transmission
Curaçao	130	858	5 229	0	1	6	Community transmission
Aruba	104	4 420	41 399	4	36	337	Community transmission
Sint Maarten	39	784	18 283	0	22	513	Community transmission
United States Virgin Islands	17	1 348	12 909	0	21	201	Community transmission
Saint Martin	7	542	14 020	0	8	207	Community transmission
Cayman Islands	6	239	3 637	0	1	15	Sporadic cases
Bermuda	5	190	3 051	0	9	145	Sporadic cases
Saint Barthélemy	5	83	8 397	0	0	<1	Sporadic cases
Turks and Caicos Islands	2	701	18 105	0	6	155	Clusters of cases
Anguilla	0	3	200	0	0	<1	No cases
Bonaire, Sint Eustatius and Saba	0	150	5 721	0	3	114	Sporadic cases
British Virgin Islands	0	72	2 381	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	13	3 732	0	0	<1	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saint Pierre and Miquelon	0	16	2 761	0	0	<1	Sporadic cases
Eastern Mediterranean	**159 166**	**2 955 552**	**4 044**	**4 035**	**75 133**	**103**	
Iran (Islamic Republic of)	36 215	574 856	6 844	2 197	32 953	392	Community transmission
Iraq	25 629	455 398	11 322	370	10 671	265	Community transmission
Morocco	23 550	199 745	5 412	377	3 373	91	Clusters of cases
Jordan	14 629	55 055	5 396	210	624	61	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Tunisia	9 863	52 399	4 434	251	983	83	Community transmission
United Arab Emirates	9 377	126 234	12 763	16	480	49	Community transmission
Lebanon	8 959	72 186	10 576	45	579	85	Community transmission
Libya	5 584	57 223	8 328	65	801	117	Community transmission
Kuwait	5 444	122 317	28 642	50	749	175	Community transmission
Pakistan	4 037	328 602	1 488	73	6 739	31	Clusters of cases
Oman	3 541	113 354	22 197	76	1 190	233	Community transmission
Saudi Arabia	2 698	345 232	9 917	116	5 313	153	Sporadic cases
Bahrain	2 404	80 533	47 329	19	316	186	Clusters of cases
Qatar	1 738	131 432	45 619	6	230	80	Community transmission
Egypt	1 100	106 707	1 043	78	6 211	61	Clusters of cases
Afghanistan	482	40 937	1 052	15	1 518	39	Clusters of cases
Syrian Arab Republic	326	5 461	312	22	272	16	Community transmission
Djibouti	78	5 541	5 608	0	65	66	Sporadic cases
Somalia	33	3 941	248	3	104	7	Sporadic cases
Sudan	31	13 747	314	1	837	19	Community transmission
Yemen	5	2 064	69	3	600	20	Community transmission
Territories[ii]							
Occupied Palestinian territory	3 443	62 588	12 269	42	525	103	Community transmission
Europe	**1 335 914**	**9 664 042**	**10 353**	**11 733**	**270 972**	**290**	
France	217 797	1 134 296	17 378	1 243	34 721	532	Community transmission
The United Kingdom	148 582	894 694	13 179	1 166	44 998	663	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Russian Federation	114 543	1 547 774	10 606	1 863	26 589	182	Clusters of cases
Italy	101 973	542 789	8 977	736	37 479	620	Clusters of cases
Belgium	90 817	333 624	28 786	390	10 899	940	Community transmission
Czechia	81 970	268 370	25 060	725	2 365	221	Community transmission
Spain	78 180	1 046 132	22 375	706	34 752	743	Community transmission
Poland	74 716	263 929	6 974	827	4 483	118	Community transmission
Germany	67 207	449 275	5 362	255	10 098	121	Clusters of cases
Netherlands	60 936	301 249	17 581	281	7 062	412	Community transmission
Ukraine	38 538	355 601	8 131	682	6 590	151	Community transmission
Romania	29 325	212 492	11 046	506	6 470	336	Community transmission
Switzerland	29 096	120 680	13 944	54	1 913	221	Community transmission
Portugal	18 054	121 133	11 880	135	2 343	230	Clusters of cases
Austria	15 275	85 048	9 443	71	988	110	Community transmission
Turkey	14 106	363 999	4 316	503	9 874	117	Community transmission
Armenia	13 143	80 410	27 136	99	1 222	412	Community transmission
Hungary	12 957	63 642	6 588	283	1 535	159	Community transmission
Slovakia	12 533	45 155	8 271	77	165	30	Clusters of cases
Georgia	10 954	32 127	8 054	65	238	60	Community transmission
Croatia	9 198	37 208	9 063	74	452	110	Community transmission
Slovenia	8 861	24 080	11 583	28	188	90	Clusters of cases
Bulgaria	8 454	40 132	5 776	116	1 136	163	Clusters of cases
Ireland	7 430	58 067	11 760	33	1 885	382	Community transmission
Israel	6 852	310 105	35 827	181	2 435	281	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Sweden	5 216	110 594	10 951	2	5 933	587	Community transmission
Greece	5 060	31 496	3 022	64	581	56	Clusters of cases
Bosnia and Herzegovina	4 939	40 894	12 465	85	1 086	331	Community transmission
Azerbaijan	4 696	50 486	4 979	41	679	67	Clusters of cases
Denmark	4 470	41 412	7 150	21	708	122	Community transmission
Republic of Moldova	4 437	71 811	17 802	100	1 700	421	Community transmission
Belarus	4 104	93 707	9 917	20	961	102	Community transmission
Kyrgyzstan	3 706	56 738	8 697	23	1 136	174	Clusters of cases
Luxembourg	3 242	14 399	23 002	11	147	235	Community transmission
North Macedonia	3 193	27 199	13 055	73	934	448	Community transmission
Serbia	2 926	39 827	5 719	15	793	114	Community transmission
Lithuania	2 309	10 949	4 022	16	136	50	Community transmission
Albania	2 084	19 445	6 757	25	480	167	Clusters of cases
Uzbekistan	2 076	65 765	1 965	22	554	17	Clusters of cases
Kazakhstan	1 990	147 615	7 862	41	2 219	118	Clusters of cases
Finland	1 519	14 970	2 702	2	354	64	Community transmission
Montenegro	1 138	16 950	26 988	30	270	430	Clusters of cases
Norway	1 096	17 908	3 303	1	279	51	Clusters of cases
Malta	1 091	5 373	12 169	5	50	113	Clusters of cases
Latvia	1 075	4 757	2 522	12	60	32	Clusters of cases
Cyprus	1 065	3 636	3 012	0	25	21	Clusters of cases
Andorra	661	4 325	55 976	10	72	932	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Iceland	396	4 504	13 199	0	11	32	Community transmission
Estonia	299	4 428	3 338	5	73	55	Clusters of cases
Tajikistan	281	10 819	1 134	1	81	8	Pending
Liechtenstein	123	413	10 829	0	1	26	Sporadic cases
Monaco	36	310	7 899	0	2	51	Sporadic cases
San Marino	35	852	25 105	0	42	1 238	Community transmission
Holy See	0	26	32 138	0	0	<1	Sporadic cases
Territories[ii]							
Kosovo[1]	1 003	18 105	9 732	9	656	353	Community transmission
Gibraltar	97	667	19 798	0	0	<1	Clusters of cases
Jersey	39	530	4 871	0	32	294	Community transmission
Faroe Islands	7	490	10 028	0	0	<1	Sporadic cases
Guernsey	7	266	4 209	0	13	206	Community transmission
Greenland	1	17	299	0	0	<1	No cases
Isle of Man	0	348	4 093	0	24	282	No cases
South-East Asia	**445 886**	**8 969 707**	**4 437**	**5 756**	**140 827**	**70**	
India	370 260	7 946 429	5 758	4 503	119 502	87	Clusters of cases
Indonesia	28 218	392 934	1 437	774	13 411	49	Community transmission
Nepal	25 929	159 830	5 486	115	862	30	Clusters of cases
Bangladesh	10 212	400 251	2 430	134	5 818	35	Community transmission
Myanmar	8 913	46 200	849	228	1 122	21	Clusters of cases
Sri Lanka	2 046	8 413	393	1	16	1	Clusters of cases
Maldives	243	11 532	21 334	1	37	68	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Thailand	50	3 746	54	0	59	1	Clusters of cases
Bhutan	15	342	443	0	0	<1	Sporadic cases
Timor-Leste	0	30	23	0	0	<1	Sporadic cases
Western Pacific	**27 197**	**715 300**	**364**	**438**	**15 314**	**8**	
Philippines	13 481	371 630	3 391	331	7 039	64	Community transmission
Malaysia	6 115	27 805	859	41	236	7	Clusters of cases
Japan	3 878	97 498	771	41	1 725	14	Clusters of cases
Republic of Korea	637	26 043	508	13	460	9	Clusters of cases
China	185	91 725	62	0	4 746	3	Clusters of cases
Australia	116	27 527	1 079	1	905	35	Clusters of cases
Singapore	61	57 973	9 909	0	28	5	Clusters of cases
New Zealand	49	1 585	329	0	25	5	Clusters of cases
Viet Nam	34	1 169	12	0	35	<1	Clusters of cases
Mongolia	17	339	103	0	0	<1	Sporadic cases
Cambodia	4	288	17	0	0	<1	Sporadic cases
Papua New Guinea	2	588	66	0	7	1	Community transmission
Brunei Darussalam	1	148	338	0	3	7	Sporadic cases
Fiji	1	33	37	0	2	2	Sporadic cases
Lao People'S Democratic Republic	1	24	3	0	0	<1	Sporadic cases
Solomon Islands	1	4	6	0	0	<1	Sporadic cases
Territories[ii]							
French Polynesia	2 062	6 493	23 114	6	26	93	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guam	549	4 308	25 525	5	75	444	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	2	92	1 598	0	2	35	Pending
Wallis and Futuna	1	1	89	0	0	<1	Sporadic cases
New Caledonia	0	27	95	0	0	<1	Sporadic cases
Subtotal for all regions	**2 884 604**	**43 340 710**		**39 712**	**1 157 496**		
Other[†]	0	741		0	13		
Grand total	**2 884 604**	**43 341 451**	**5 560**	**39 712**	**1 157 509**	**148**	

[**]*See data, table and figure notes*

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Updates from WHO regions
  - African Region
  - Eastern Mediterranean Region
  - European Region
  - Region of the Americas
  - South-East Asia Region
  - Western Pacific Region
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines

on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

[ii] "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

[†] Other: includes cases reported from international conveyances.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the log of major changes and errata for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Weekly Operational Update on COVID-19

23 October 2020

Confirmed cases[a]
41 570 883

Confirmed deaths
1 134 940

Lao People's Democratic Republic: Accurate and timely data are crucial to identify risks early

The COVID-19 response in Lao People's Democratic Republic has greatly benefited from earlier investment in a national health information system, the District Health Information System (DHIS2) with technical support from WHO. Based on this system, Lao People's Democratic Republic developed and implemented a new COVID-19 tracker within three weeks of activation of the emergency response in March 2020.

The system can manage data on suspected cases, positive cases, contacts and migrant worker returnees. Several dashboards facilitate easy visualization for active monitoring, surveillance and quality control. The Ministry of Health (MoH) is able to constantly monitor the utilization of ICU beds, ventilators and human resources in in COVID-19 treatment hospitals and thereby plan ahead.

An ICU nurse at one of the COVID-19 treatment hospitals entering data on a tablet PC. Photo credit: S. KhounpaseuthPC

The MoH also uses the system for monthly monitoring of key essential health service indicators to identify changes in the delivery or uptake of essential health services and to take quick remedial action as needed, increasing outreach activities for immunization for example. For more information, see here

Key Figures

WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work

16 495 025 respirators shipped to 173 countries across all six WHO regions

177 019 499 medical masks shipped to 173 countries across all six WHO regions

7 737 536 face shields shipped to 173 countries across all six WHO regions

6 634 348 gowns shipped to 173 countries across all six WHO regions

14 055 900 gloves shipped to 173 countries across all six WHO regions

1 124 116 goggles shipped to 173 countries across all six WHO regions

More than **4.5**million people registered on OpenWHO and able to access **134** COVID-19 online training courses across 18 topics in **41** languages

[a] For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

Public health response and coordination highlights

- During the United Nations (UN) Crisis Management Team (CMT) meeting on 23 October 2020, WHO briefed on the epidemiological situation noting the increasing trends in parts of Europe and Asia.

- WHO cautioned that previous success in controlling COVID-19 transmission is no guarantee of future success and that continued vigilance is required.

- WHO also stressed that we are still learning about the long-term impact of the disease, and the importance of research and follow-up. Recent developments under the Access to COVID-19 Tools (ACT) Accelerator were presented, highlighting the release of a status report and investment case with finance requirements, warning that financial challenges now outweigh the technical, operational and political challenges.

- The Supply Chain Task Force is currently reviewing supply aspects with continued disruption, and the need to evolve from rapid response to larger and longer term systems.

- On mass gatherings, WHO informed that the work is shifting from the assessment of risk associated with large international events to providing tools and guidance for mitigating the risk associated with smaller events and sporting competitions.

- Regarding external communications, UNESCO and WHO shared information about a webinar to scope how UN communicators can supplement the initiatives of the *Verified* campaign.

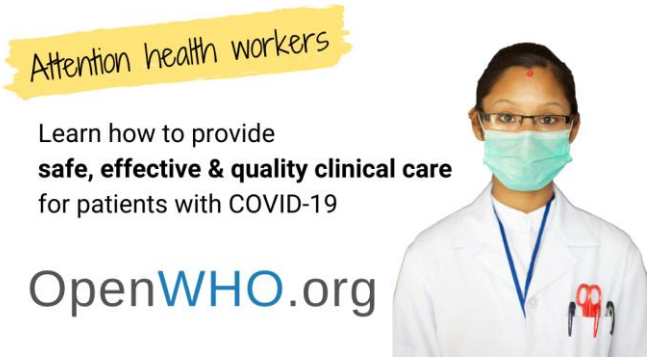
Health Learning

41 languages

Over 2.3 million certificates

134 COVID-19 courses

4 539 423
Course enrollments



New course for safe, effective and quality clinical care for patients with COVID-19.

The Clinical Management of Patients with COVID-19 course series has been developed for healthcare workers during the COVID-19 pandemic. The course provides crucial knowledge necessary to provide safe, effective quality patient care.
Presentations address all aspects of clinical management, including facility preparation and surge planning; health worker infection prevention and control; interfacility transfer; clinical management of mild, moderate, and severely ill patients with COVID-19; special considerations for geriatric, pregnant, and pediatric patients with COVID-19; rehabilitation; and ethics and palliative care.

The course series consists of 6 courses, which include video lectures and downloadable presentations that have been updated with the latest guidance and evidence. Each module contains 5-8 lectures, and each lecture includes a quiz to evaluate knowledge acquisition.
The first course of the 6 course series,*Clinical management of patients with COVID-19 - General considerations*, was published on OpenWHO site this week. It provides background on the pandemic and discusses facility operations and preparation, referral systems and interfacility transfer, infection prevention and control, and the role for palliative care for patients.

This course also includes discussion of the ethical issues arising during COVID-19 care, including the principles of allocating critical care resources and pandemic preparedness at all levels of healthcare provision. It is estimated to take approximately 3 hours to complete.
You can access the course here

Partnerships

The Global Outbreak Alert and Response Network - GOARN

Rapid Response Mobile Laboratory (RRML/GOARN) Deployment to Lesvos, Greece

A rapid response mobile laboratory (RRML) has been deployed to the island of Lesvos, Greece, as part of the COVID-19 response coordinated by the WHO Regional Office for Europe.

Meike Pahlmann, BNITM and Julia Hinzmann, BNITM. Credit: WHO

The RRML from the Bernhard-Nocht Institute for Tropical Medicine (BNITM) arrived at the refugee camp in Kara Tepe, newly constructed following a fire at the Moria camp.

The RRML was deployed at the request of the Greek authorities with financial support from WHO/Europe, through the Global Outbreak Alert and Response Network (GOARN).

The RRML team is currently deployed alongside the Norwegian and German Emergency Medical Teams (EMTs). Since operations began on 20th October, the RRML team has greatly increased the number of samples that can be tested daily. The RRML aims to support strengthening COVID-19 response and essential primary health care activities for camp residents and for the host population of Lesvos island. Turnaround time and quality measures for COVID-19 test results have been optimized, subsequently improving quality of patient care. These actions are also building the basis for the establishment of a surveillance system in Kara Tepe.

For at least the next 2 months, specialists from the BNITM, the Robert Koch Institute and other partners will support national authorities in Greece to test for COVID-19 and to support diagnosis of priority diseases and treatment in Kara Tepe. RRMLs are a key component of the laboratory response to outbreaks, and have demonstrated their capability to cover essential diagnostic support in humanitarian settings.

“The COVID-19 pandemic has demonstrated yet again that collaborative outbreak response is imperative to meet the health needs of vulnerable populations across the globe.” elaborates Pat Drury, GOARN manager. “We acknowledge the contributions of long standing GOARN partners – BNITM and RKI - and thank them for their solidarity in this time of need”.

For more information on GOARN and international deployments supporting COVID-19 pandemic response, see here.

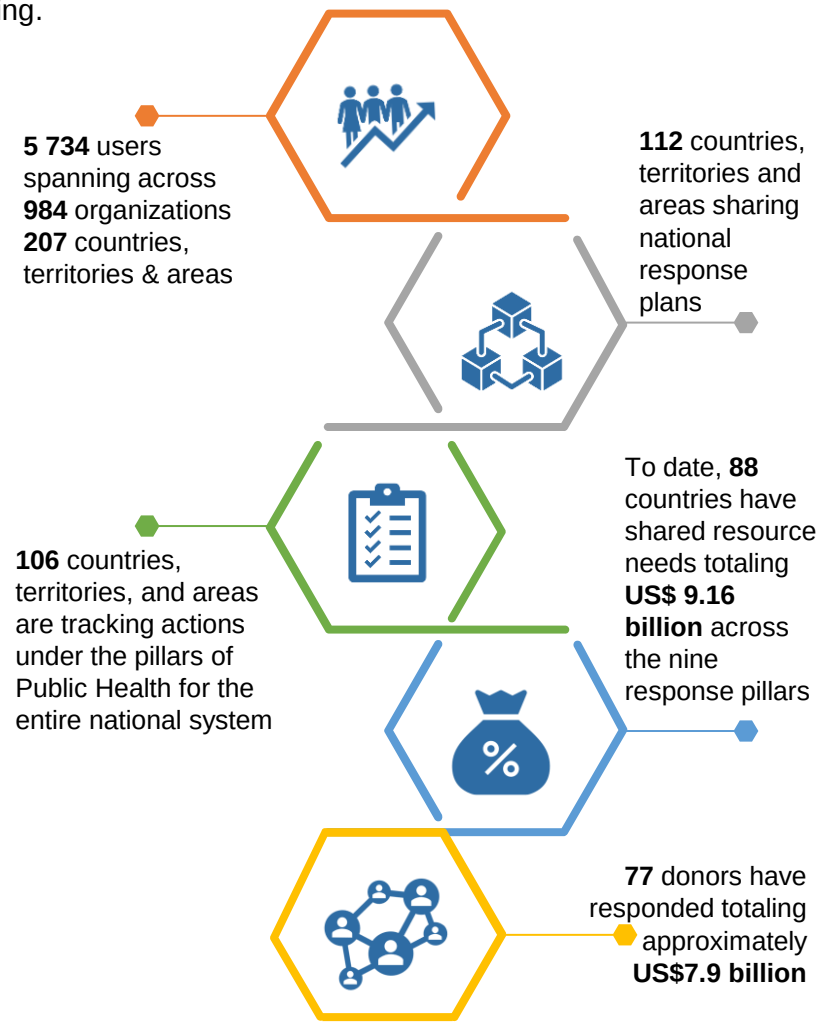
COVID-19 Partners Platform

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

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

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

The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.



Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies to 173 countries across all WHO regions.

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

Shipped items as of 9 October 2020	Laboratory supplies		Personal protective equipment					
Region	**Sample collection kits**	**Tests (Manual PCR)**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	2 490 455	1 099 246	1 034 364	754 300	147 639	1 012 048	45 148 789	1 655 314
Americas (AMR)	1 010 212	10 352 678	3 820 501	88 000	301 180	1 134 570	56 396 710	7 788 056
Eastern Mediterranean (EMR)	649 340	1 058 420	790 085	4 911 000	116 260	398 522	24 691 550	1 207 995
Europe (EUR)	190 960	421 460	1 704 850	7 190 100	374 720	985 048	37 292 100	5 126 950
South East Asia (SEAR)	1 301 800	1 639 800	87 336	1 852 500	81 550	218 050	5 406 300	353 075
Western Pacific (WPR)	90 800	240 864	319 200	1 238 000	105 167	98 510	10 369 650	971 235

For further information on the **COVID-19 supply chain system**, see here.

Appeals

***WHO** appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 23 October 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

US$1.74 BILLION

WHO's current funding gap against funds received stands under the updated SPRP

US$164 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

US$550 MILLION

WHO current funding gap

US$55 MILLION

Global WHO GHRP allocation as of Oct 2020

US$495 MILLION

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 23 October 2020, **The Solidarity Response Fund** has raised or committed more than US$ 236 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 618,000 individuals together contributed more than US$236 million in fully flexible funding to support the WHO-led global response effort.

More than US$ 236 Million

633 000 donors

[individuals – companies – philanthropies]

The WHO Contingency Fund for Emergency (CFE)

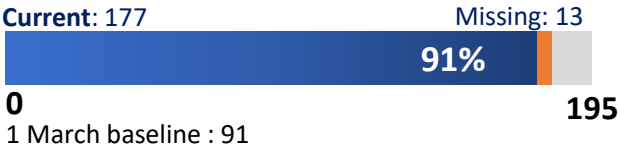
WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

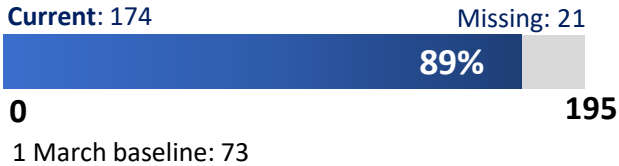
COVID-19 Global Preparedness and Response Summary Indicators [a]

Countries have a COVID-19 preparedness and response plan



1 March baseline : 91

Countries have a clinical referral system in place to care for COVID-19 cases



1 March baseline: 73

Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]

1 March baseline: 37

Countries that have defined essential health services to be maintained during the pandemic

Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

Countries in which all designated Points of Entry (PoE) have emergency contingency plans

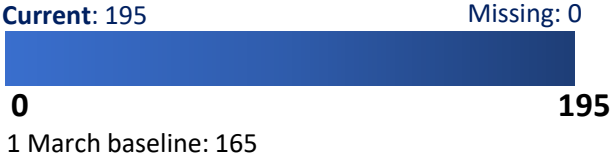
Countries with a national IPC programme & WASH standards within all health care facilities

Countries have an occupational safety plan for health workers

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

1 March baseline: 87

Countries have COVID-19 laboratory testing capacity



1 March baseline: 165

Yes **No** **Missing Data**

Notes:

[a] Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."

[b] Source: UNICEF and WHO

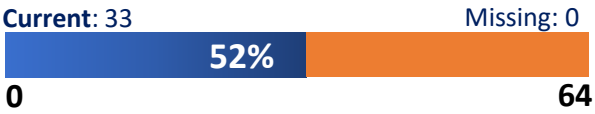
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

Priority countries with multisectoral mental health & psychosocial support working group

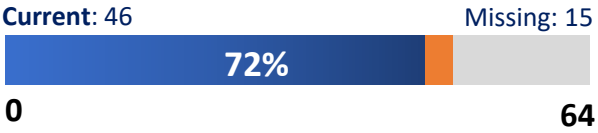
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

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



Priority countries with an active & implemented RCCE coordination mechanism

Priority countries with a contact tracing focal point



Priority countries with an IPC focal point for training

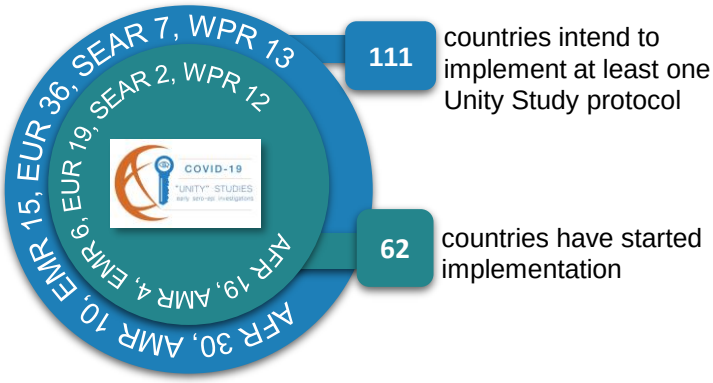
Notes:

[c] Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

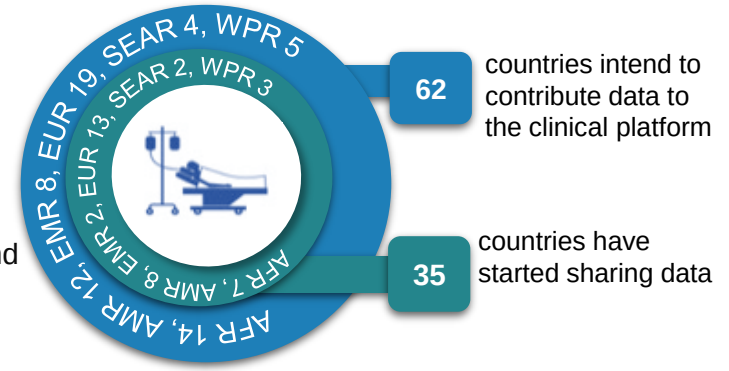
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



Global COVID-19 Clinical Data Platform

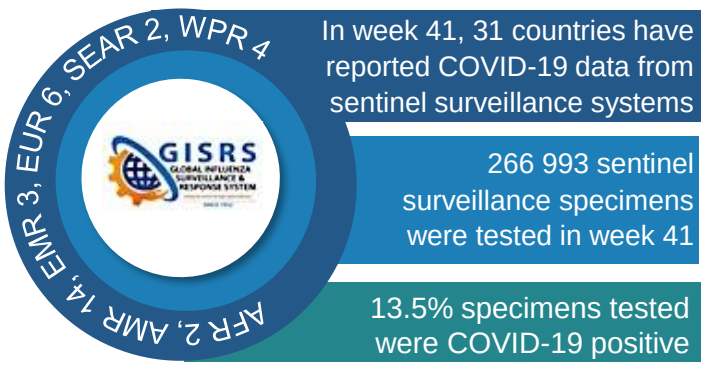
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- For EPI-WIN: WHO Information Network for Epidemics, click **here**
- For more information on COVID-19 regional response:
  - **African Regional Office**
  - **Regional Office of the Americas**
  - **European Regional Office**
  - **Eastern Mediterranean Regional Office**
  - **Southeast Asia Regional Office**
  - **Western Pacific Regional Office**
- For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click **here**
- For updated WHO Publications and Technical Guidance on COVID-19, click **here**
- For updated GOARN network activities, click here

World Health Organization

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 18 October 2020, 10 am CEST

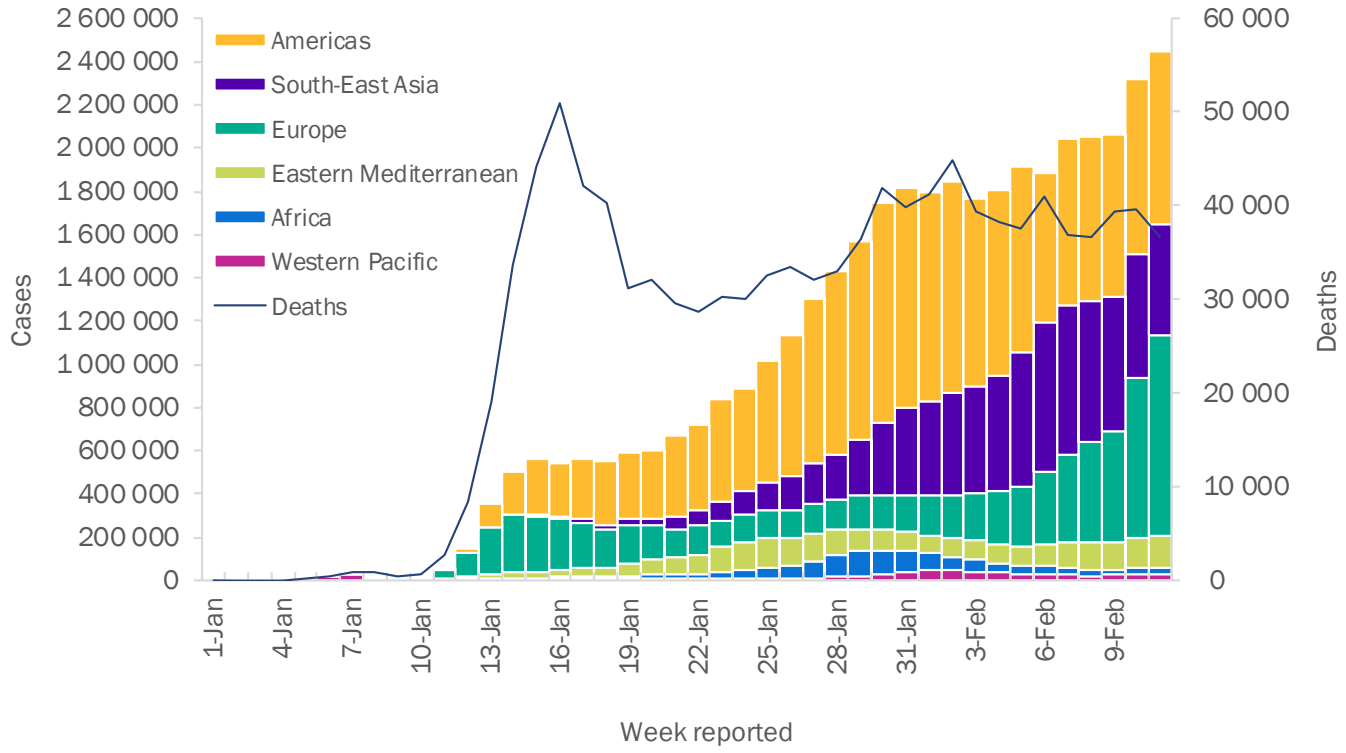
For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

The incidence of new COVID-19 cases has continued to accelerate, while the incidence of new deaths has remained relatively stable (Figure 1). As of 18 October, over 40 million cases and 1.1 million deaths have been reported globally, with over 2.4 million new cases and 36 000 new deaths reported over the past week.

Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, 30 December 2019 through 18 October 2020**



**See data table and figure notes.

The European Region has continued to report a rapid increase in cases and deaths, with over 927 000 new cases reported this past week – a 25% weekly increase in cases compared to the previous week – contributing 38% of all new cases reported worldwide (Table 1). Similarly, the number of deaths continues to climb with a 29% increase from last week. Increases, although more gradual, were also observed in the African, Eastern-Mediterranean and Western Pacific Regions. Declines continued to be reported in the Region of the Americas and the South-East Asia Region; although the incidence of new infections remains high, and collectively these two regions contribute over half of new cases and deaths observed globally.

The countries reporting the highest number of cases in the past week remain the same as last week: India, the United States of America, France, Brazil and the United Kingdom.

Additional Region-specific information can be found below: African Region, Region of the Americas, Eastern Mediterranean Region, European Region, South-East Asia Region, and Western-Pacific Region.

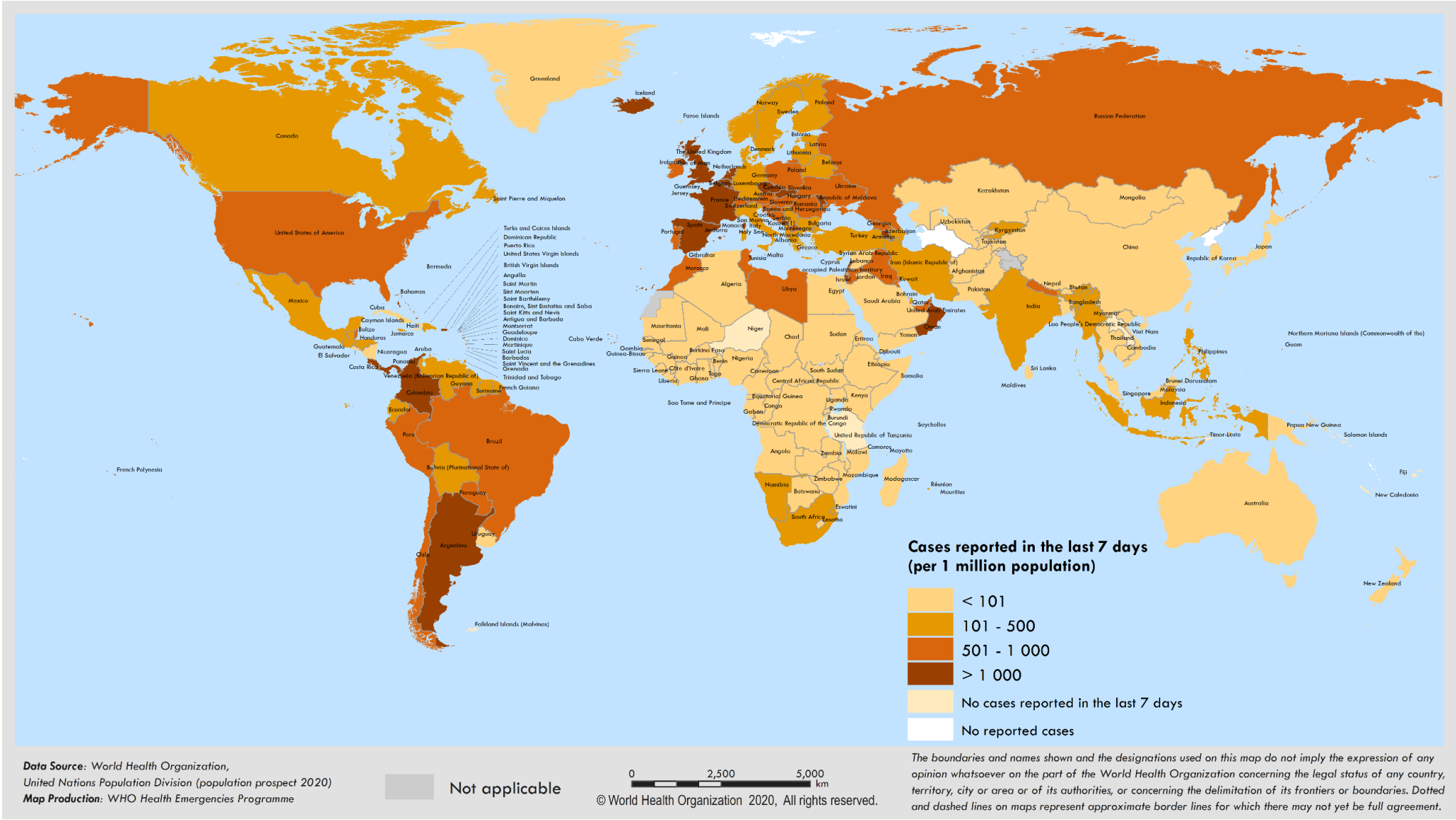
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 18 October 2020[**]

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Europe	927 433 (38%)	25%	8 027 954 (20%)	8 386 (23%)	29%	256 540 (23%)
Americas	798 794 (33%)	-1%	18 800 094 (47%)	16 283 (45%)	-21%	608 727 (55%)
South-East Asia	513 444 (21%)	-11%	8 546 666 (21%)	6 864 (19%)	-11%	135 275 (12%)
Eastern Mediterranean	144 133 (6%)	4%	2 786 477 (7%)	3 492 (10%)	10%	70 902 (6%)
Africa	31 473 (1%)	11%	1 267 664 (3%)	1 058 (3%)	8%	28 469 (3%)
Western Pacific	28 317 (1%)	8%	688 737 (2%)	464 (1%)	-27%	14 823 (1%)
[†] Other	-	-	741 (<1%)	-	-	13 (<1%)
Global	**2 443 594 (100%)**	**6%**	**40 118 333 (100%)**	**36 547 (100%)**	**-8%**	**1 114 749 (100%)**

**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.*

***See data, table and figure notes*

Figure 2. COVID-19 cases per million population reported in the last seven days by countries, territories and areas, 12 October through 18 October 2020**



**See data, table and figure notes

Situation by WHO Region

African Region

Continuing trends in the previous week, the Region reported an increase in both cases and deaths in the last 7 days, with an 11% increase in new cases and an 8% increase in new deaths (Figure 3). The pattern of increasing cases continues to be driven by South Africa and Ethiopia, with Kenya, and Botswana also reporting notable increases.

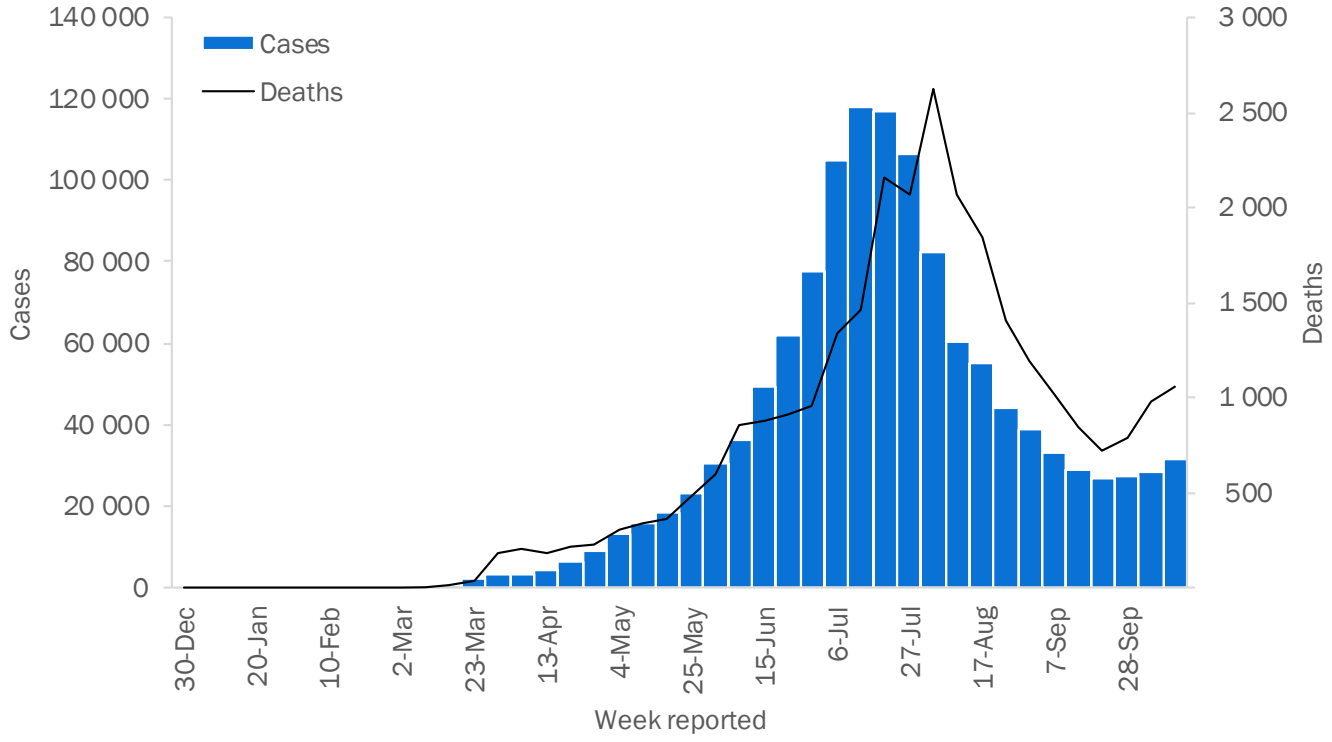
The majority of countries in the region are reporting community transmission of COVID-19 (n=39; 78%), with a further 7 (14%) classifying transmission as clusters of cases (n=7; 14%), 3 (6%) as sporadic cases, and 1 (2%) as reporting no active cases.

An unusually high number of cases was reported from Botswana this week, with over 1800 cases reported in one day. This was largely attributed to a backlog of tests administered from 2–13 October, mostly from in and around the capital city of Gaborone.

South Africa has accounted for approximately 70% of deaths in the Region in the past week. The high number of deaths being reported is partially attributed to a mortality audit, and many of these deaths are retrospectively reported.

Mauritania reported a large increase from last week (12 to 80 cases), all reported from the capital, Nouakchott. Although this is a higher number of cases than Mauritania has reported in recent weeks, it remains lower than the daily numbers reported in July.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 18 October 2020**



**See *data, table and figure notes*

Region of the Americas

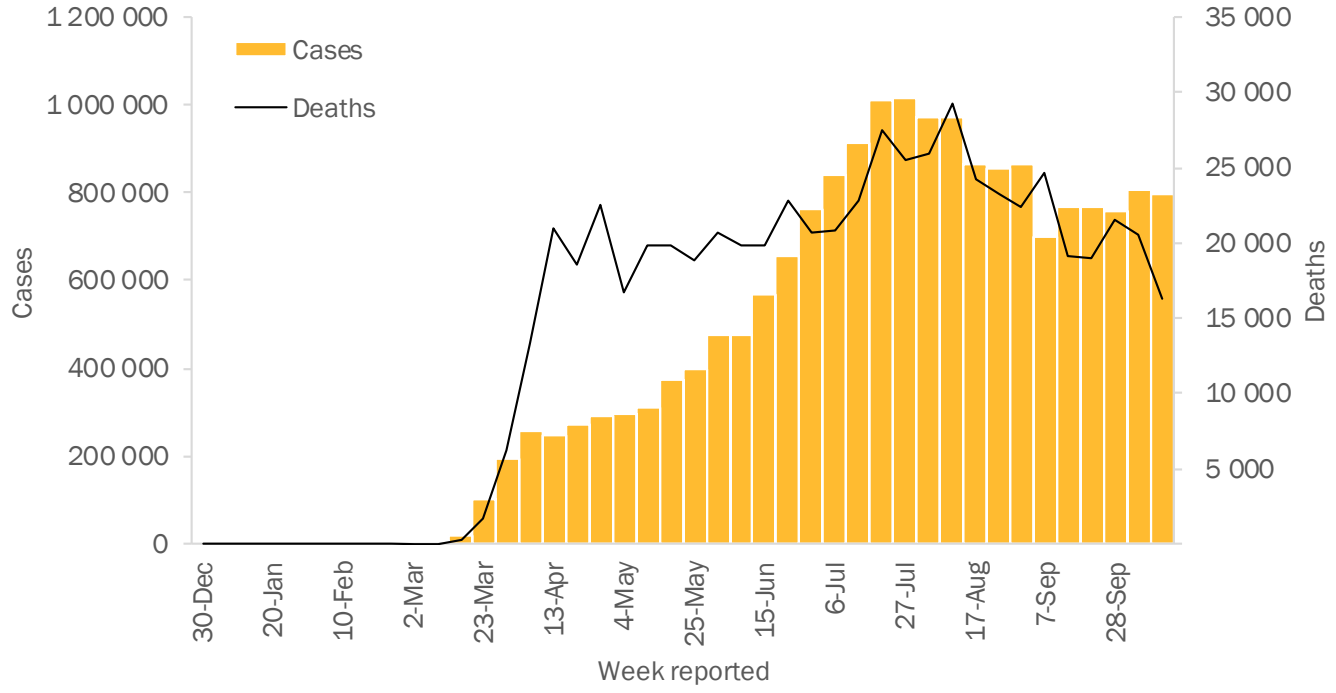
A slight decrease in new cases was reported across the Region over the past week (Figure 4) in comparison to the previous week. The United States of America, Brazil, Argentina, Colombia and Mexico continue to register the highest number of weekly new cases in the region, while the highest incidence of new cases per million population was reported in Argentina, Bahamas, Costa Rica and Saint Martin, all with more than 1600 cases per million in the past 7 days. A marked decline in the incidence of deaths in the region continued this past week with just over 16 000 new deaths, compared with 20 000 new deaths last week. The Region, accounts for a third (n=798 794, 33%) of new cases and almost half (45%) of new deaths reported globally in the past week. Most countries and territories in the region self characterize their current transmission pattern as community transmission (n=34, 64%), with 8 (15%) classified as clusters of cases, 7 (13%) as sporadic cases, and 5 (9%) as no cases.

Argentina remains the country in the Region with the highest number of new cases and new deaths per million population with over 2000 new cases per million inhabitants in the past week. Even though the weekly incidence of new COVID-19 cases is increasing gradually, a decreasing trend in the number of new deaths has been reported in the past two weeks, dropping from 6000 deaths per week at the end of September to less than 2500 deaths in the past week.

Guatemala continues to register a gradual decline in the incidence of new cases, however, an 88% increase in new deaths (from 80 to 150 deaths) was reported the past 7 days. COVID-19 test positivity rates have also remained relatively high for the last 12 weeks with over 10% of samples testing positive. The highest incidence of cases and deaths was reported in the capital, Guatemala City, and has reached over 530 deaths per million population.

Peru has the second-highest rate of deaths per 1 million population in the Region with 1021 deaths per million inhabitants. However, in the last week, modest decreases in case and death rates continued. Some regions have reported declines of 50% and the regions of Puno, Madre de Dios, Amazonas and Moquegua registered declines of 70% in the weekly incidence of COVID-19.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 18 October 2020**



**See data, table and figure notes

Eastern Mediterranean Region

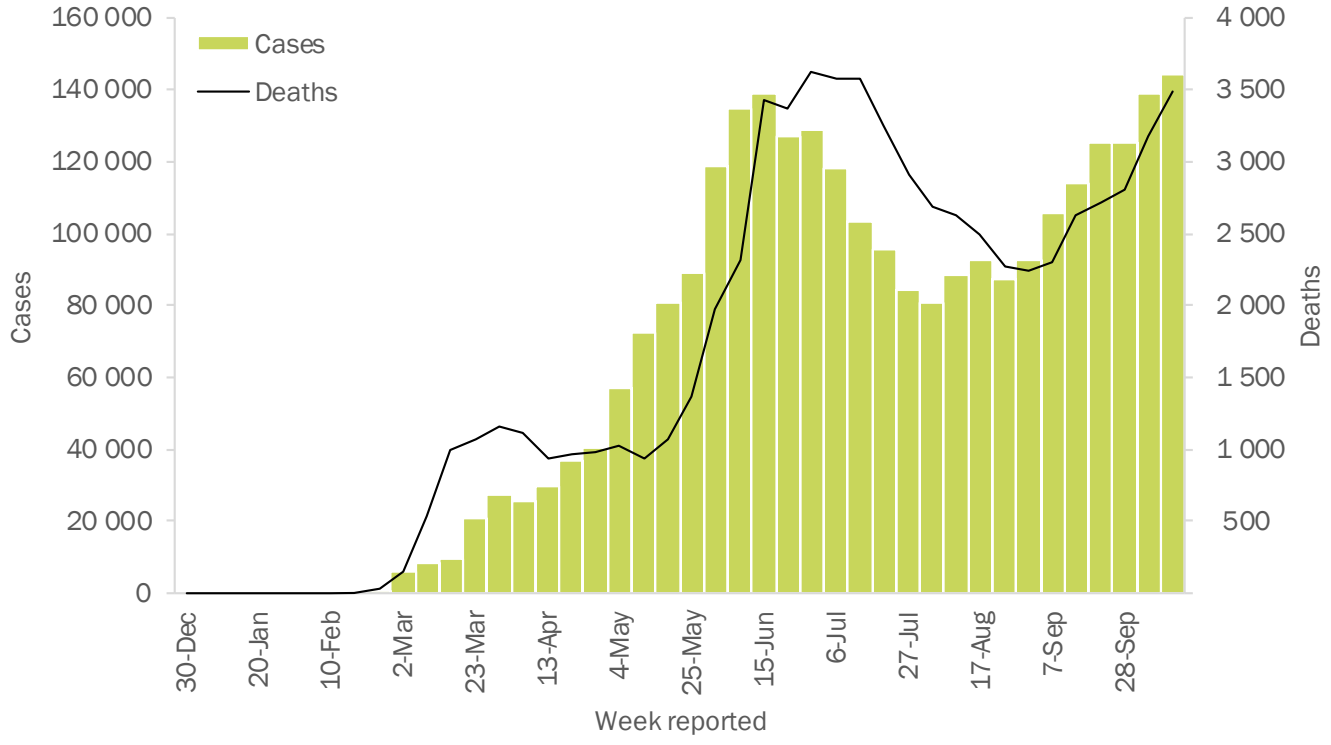
A gradual increase of new cases and deaths was reported by the Eastern Mediterranean Region over the past week (Figure 5), reaching the highest weekly incidence reported since the beginning of the pandemic, with almost 150 000 new confirmed cases from 22 countries. In the past week, The Islamic Republic of Iran, Iraq and Morocco are reported the highest number of new cases while Bahrain, Lebanon and Jordan report the highest incidence, with over 1500 new cases per million population.

A majority of the countries in the region continue to self-characterise their current transmission pattern as community transmission (n=14, 64%), with 5 countries reporting clusters of cases and sporadic cases being reported in Somalia, Djibouti and Saudi Arabia. During the past week, Tunisia updated their classification from clusters of cases to community transmission.

The Islamic Republic of Iran remains the most affected country in the region with Tehran, the capital city, being the most affected area. In this reporting period, Iran has recorded new weekly records, with over 30 000 new cases (360 cases per million population) and over 1,800 deaths (22 new deaths per million population) reported, bringing cumulative counts in the country to over 534 000 cases and 30 000 deaths.

Libya has shown a surge in cases, recording over 6,000 new cases (900 cases per million population). Test positivity rates also continue to gradually increase, with approximately 1 in 4 samples tested returning a positive result.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 18 October 2020**



**See data, table and figure notes

European Region

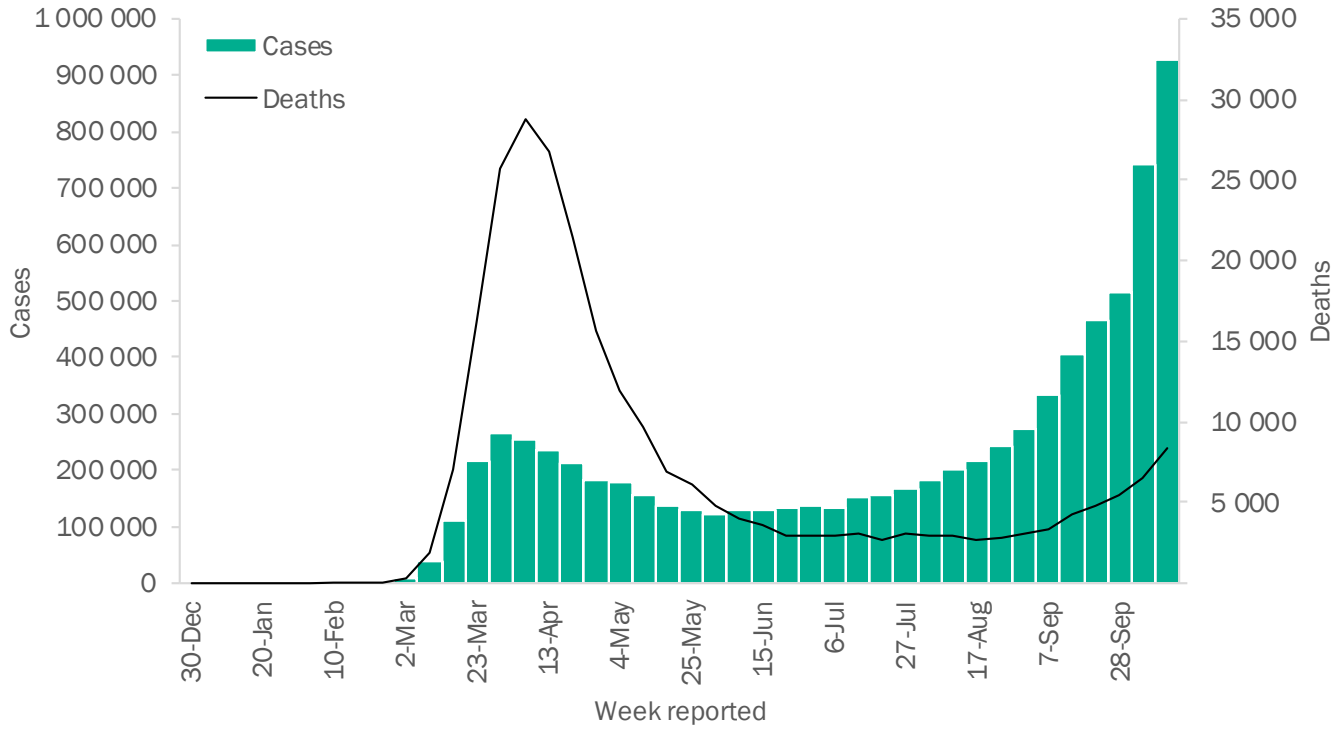
This week, the European Region again reports the highest increase in cases and deaths thus far – 25% and 29%, respectively compared to the previous week. In addition, the Region reported the greatest proportion of new cases globally (38%, n=927 433). A media briefing by WHO Regional Director for Europe highlighted that the region is currently reporting over three times more cases per day compared to the April peak, with hospital admissions rising, although the number of daily deaths remains five times lower than they were in April.

France, the United Kingdom, the Russian Federation, Czechia and Italy continue to report a high incidence of new cases. Collectively, these five countries contribute to over half of all reported cases this week in the Region.

A majority of the countries in the region self-characterise their current transmission pattern as community transmission (n=34, 55%), with a further 20 (33%) countries reporting clusters of cases, 4 (6%) clusters of cases, 3 (<1%) no cases, and one pending classification. During the past week North Macedonia updated their classification from clusters of cases to community transmission.

Slovenia reported a 150% increase in cases this week (n=4890) – the highest one-week increase the country has experienced so far. In addition, Slovenia reported 1924 deaths, compared to only one death last week. In response to this recent increase in cases and deaths, as of 19 October, the Slovenian government has declared a 30-day state of emergency with a daily curfew.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 18 October 2020**



**See data, table and figure notes

South-East Asia Region

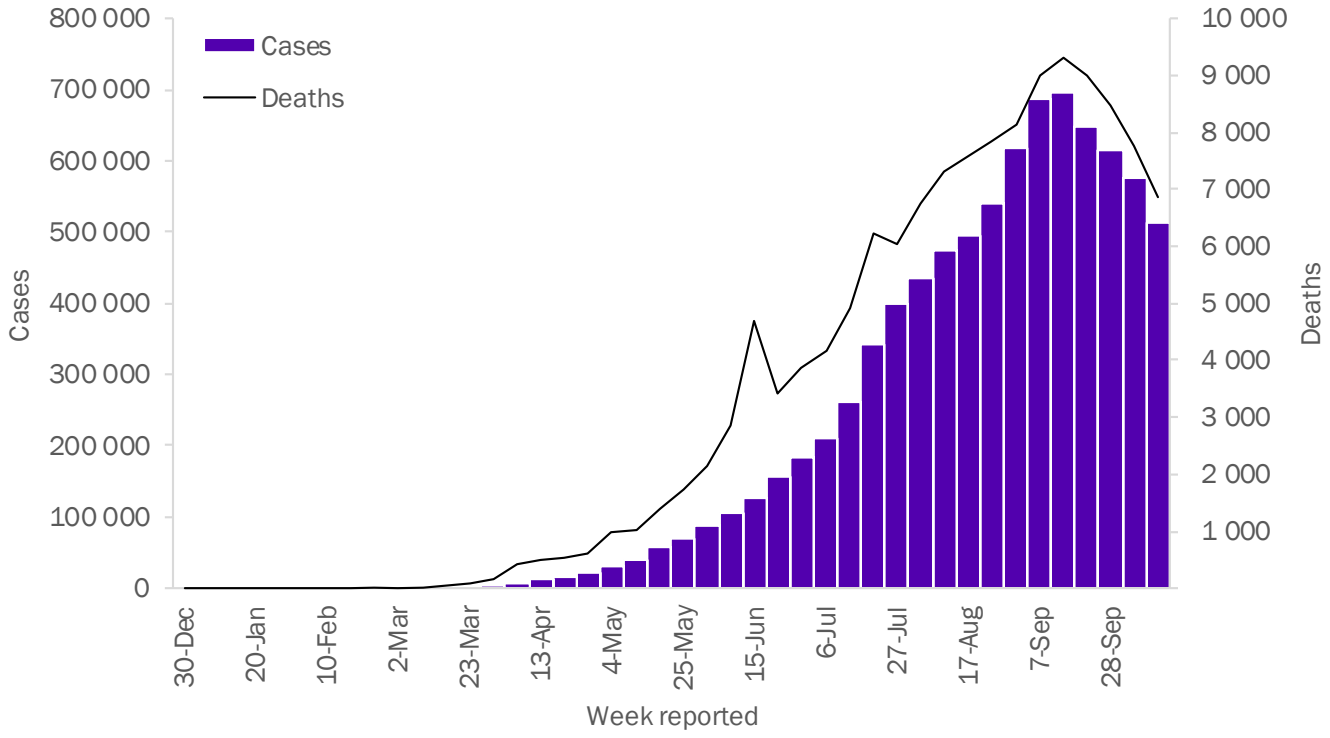
Overall, the region continues to show a decline in cases and deaths (Figure 7), with Nepal being the only country which reported an increase in both new weekly cases (12%) and new deaths (31%) in comparison to the previous week. Nepal reported 810 new cases per one million population, the highest in the region, followed by the Maldives (590) and India (319). Most countries in the region self-characterise their current transmission pattern as cluster of cases (n=6, 55%), with two countries reporting community transmission and a further two reporting sporadic cases.

Bangladesh reported an 8% increase in new weekly cases. Among the 386 086 cases reported as of 16 October, the majority (81%) were adults aged 21–60 years, and almost three-quarters (72%) were male. During the same timeframe, the country has conducted 2.13 million diagnostic tests, or 12 900 tests per million population.

Myanmar reported a 6% increase in new weekly deaths compared to last week. The majority of the cases and deaths continue to be reported from Yangon Region. Here, the Government has further extended stay at home orders for 44 townships from 8–21 October. On 3 October, Myanmar published standard operating procedures for testing of COVID-19 with antigen-based rapid diagnostic kits, and began using these in Yangon Region on 29 September, followed by other regions and states.

Thailand continues to report relatively low numbers of cases. The country has become one of the first countries in the world to complete an assessment of how its health system has so far responded to COVID-19. The review highlights success factors and provides recommendations across nine areas, or "pillars" of the national response.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 18 October 2020**



**See data, table and figure notes

Western Pacific Region

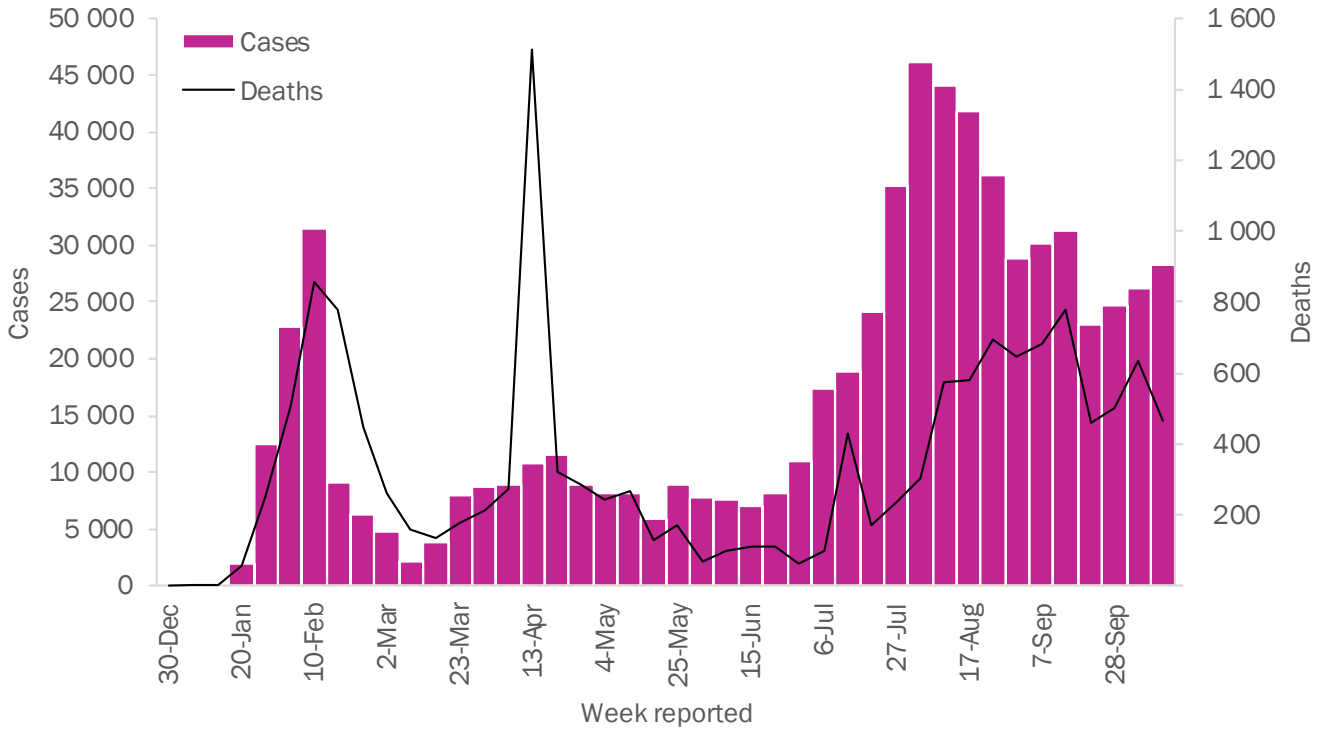
Overall, one percent of all new weekly cases and deaths were reported from the Western-Pacific Region. The region reported an 8% increase in new weekly cases and 27% decrease in new weekly deaths as compared to the previous week. The majority of new cases continue to be reported from the Philippines, Malaysia and Japan. Whereas French Polynesia and Guam reported the highest incidence of new cases – 3713 and 3258 new cases per one million inhabitants, respectively. Papua New Guinea reported an increase of over 200% in weekly cases as compared to the previous week, with 31 new cases and 581 total confirmed cases.

Only two out of countries and territories in the region self-characterize their current transmission pattern as community transmission, with a further 9 (24%) countries reporting clusters of cases, and 7 (18%) countries reporting sporadic cases. The majority (n=19, 50%) of countries and territories report no active cases, and one territory is pending classification.

Malaysia reported a 51% increase in cases and deaths as compared to last week, with the majority of cases reported from Sabah State. The Ministry of Health have taken several measures reduce transmission and increasing test capacity in the state – daily RT-PCR tests increased from 1350 in July to 2600 as of 17 October.

Wallis and Futuna, reported its first positive case of COVID-19 to WHO on 19 October. As this falls outside of the reporting period of this update, the island territory will be reflected in next week's update.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 18 October 2020**



**See *data, table and figure notes*

Key weekly updates

- **Therapeutics**: The Solidarity Therapeutics Trial have produced conclusive evidence on whether selected repurposed drugs are effective for COVID-19. Interim results from the Solidarity Therapeutics Trial, coordinated by WHO, indicate that remdesivir, hydroxychloroquine, lopinavir/ritonavir and interferon regimens appear to have little or no effect on 28-day mortality or the in-hospital course of COVID-19 among hospitalised patients.
- **A call of Solidarity**: Kim Sledge and the World We Want have partnered with WHO Foundation to re-record the unity anthem, "We Are Family", in response to COVID-19 and to bring focus on global public health needs. A special edition cover of Sister Sledge's hit "We Are Family" will be released in a new and inspiring call for global solidarity to respond to the COVID-19 pandemic and to generate proceeds to address the most pressing global health challenges of our time. In support of the song's release, people worldwide are invited to submit videos of themselves singing We Are Family for inclusion in a compilation video for release on 7 December 2020.
- **Briefings**: WHO Director-General Dr Tedros, in his regular media briefing on 12 October, expressed concern around the concept of reaching so-called "herd immunity" by the letting the virus spread – "never in the history of public health has herd immunity been used as a strategy for responding to an outbreak, let alone a pandemic. It is scientifically and ethically problematic". Furthermore, in a media briefing on 16 October, Dr Tedros highlighted the rising number of cases of COVID-19 globally, especially in Europe where, although the number of deaths reported is much lower than in March, hospitalisations are increasing.
- **Health System Strengthening**: WHO published a Handbook for public health capacity-building at ground crossings and cross-border collaboration. The objectives of the handbook are to introduce principles of strategic risk assessment for prioritizing preparedness and response capacity building; highlight issues to consider when selecting ground crossings for designation under the International Health Regulations (2005, IHR); and, support the establishment and maintenance of cross-border collaboration to improve coordination and communication.
- **Food security, public health and livelihoods**: On 13 October, WHO with the International Labour Organization (ILO), Food and Agriculture Organization (FAO), and the International Fund for Agriculture Development (IFAD) released a joint statement on the Impact of COVID-19 on people's livelihoods, their health and our food systems. The pandemic has been affecting the entire food system and has laid bare its fragility. Border closures, trade restrictions and confinement measures have been preventing farmers from accessing markets, including for buying inputs and selling their produce, and agricultural workers from harvesting crops, thus disrupting domestic and international food supply chains and reducing access to healthy, safe and diverse diets. According to the policy brief published by the United Nations, in the long run, we face possible disruptions to the functioning of food systems, with severe consequences for health and nutrition.

Table 2. Number of COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, as of 18 October 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Africa	**31 473**	**1 267 664**	**1 130**	**1 058**	**28 469**	**25**	
South Africa	11 235	705 254	11 891	735	18 492	312	Community transmission
Ethiopia	5 005	89 860	782	69	1 365	12	Community transmission
Kenya	3 038	45 076	838	65	839	16	Community transmission
Botswana	2 023	5 242	2 229	2	20	9	Community transmission
Algeria	1 263	54 616	1 245	51	1 865	43	Community transmission
Angola	1 216	7 829	238	23	248	8	Community transmission
Nigeria	1 204	61 558	299	8	1 125	5	Community transmission
Uganda	917	10 691	234	10	97	2	Community transmission
Mozambique	863	11 080	354	4	75	2	Community transmission
Cabo Verde	725	7 800	14 029	11	87	156	Community transmission
Guinea	482	11 518	877	1	70	5	Community transmission
Zambia	374	15 897	865	10	346	19	Community transmission
Namibia	372	12 326	4 851	3	131	52	Community transmission
Cameroon	281	21 570	813	3	425	16	Community transmission
Côte D'Ivoire	239	20 324	770	1	121	5	Community transmission
Ghana	186	47 372	1 525	4	310	10	Community transmission
Democratic Republic of The Congo	159	11 051	123	26	303	3	Community transmission
Senegal	155	15 432	922	4	319	19	Community transmission
Burkina Faso	133	2 387	114	5	65	3	Community transmission
Zimbabwe	116	8 159	549	2	232	16	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Togo	114	2 071	250	2	51	6	Community transmission
Madagascar	112	16 810	607	1	238	9	Community transmission
Mali	106	3 407	168	0	132	7	Community transmission
Eswatini	105	5 788	4 989	2	116	100	Community transmission
Benin	85	2 496	206	0	41	3	Community transmission
Mauritania	80	7 621	1 639	2	163	35	Community transmission
Rwanda	79	4 992	385	4	34	3	Clusters of cases
Chad	74	1 390	85	1	93	6	Community transmission
Gabon	66	8 884	3 991	0	54	24	Community transmission
Lesotho	66	1 833	856	2	42	20	Clusters of cases
South Sudan	65	2 847	254	0	55	5	Community transmission
Congo	38	5 156	934	2	92	17	Community transmission
Malawi	31	5 860	306	1	181	9	Community transmission
Sierra Leone	27	2 331	292	1	73	9	Community transmission
Gambia	21	3 655	1 512	1	118	49	Community transmission
Burundi	18	550	46	0	1	<1	Clusters of cases
Liberia	14	1 381	273	0	82	16	Community transmission
Mauritius	12	407	320	0	10	8	Sporadic cases
Eritrea	11	425	120	0	0	<1	Sporadic cases
Sao Tome and Principe	10	933	4 257	0	15	68	Clusters of cases
Niger	9	1 211	50	0	69	3	Clusters of cases
Equatorial Guinea	7	5 074	3 617	0	83	59	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Comoros	5	502	577	0	7	8	Community transmission
Guinea-Bissau	4	2 403	1 221	1	41	21	Community transmission
Central African Republic	1	4 858	1 006	0	62	13	Community transmission
Seychelles	1	148	1 505	0	0	<1	Sporadic cases
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories[ii]							
Réunion	285	4 921	5 496	1	17	19	Clusters of cases
Mayotte	41	4 159	15 245	0	43	158	Clusters of cases
Americas	**798 794**	**18 800 094**	**18 381**	**16 283**	**608 727**	**595**	
United States of America	382 981	8 065 615	24 367	4 842	218 131	659	Community transmission
Brazil	144 412	5 235 344	24 630	3 575	153 905	724	Community transmission
Argentina	94 141	989 680	21 898	2 498	26 267	581	Community transmission
Colombia	51 054	959 572	18 858	1 121	28 970	569	Community transmission
Mexico	31 910	851 227	6 602	2 197	86 167	668	Community transmission
Peru	19 062	868 675	26 346	490	33 759	1 024	Community transmission
Canada	15 989	198 148	5 250	137	9 760	259	Community transmission
Chile	10 408	493 305	25 806	316	13 676	715	Community transmission
Costa Rica	8 295	95 514	18 750	113	1 183	232	Community transmission
Ecuador	5 594	153 423	8 696	187	12 395	703	Community transmission
Paraguay	5 207	54 724	7 672	121	1 188	167	Community transmission
Panama	4 657	124 745	28 911	72	2 564	594	Community transmission
Honduras	4 139	88 435	8 929	64	2 568	259	Community transmission
Venezuela (Bolivarian Republic of)	4 062	86 636	3 047	41	736	26	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Guatemala	3 484	101 599	5 671	150	3 541	198	Community transmission
Dominican Republic	2 911	121 667	11 216	28	2 203	203	Community transmission
El Salvador	1 505	31 666	4 882	30	926	143	Community transmission
Bolivia (Plurinational State of)	1 336	139 771	11 974	177	8 481	727	Community transmission
Bahamas	673	5 773	14 680	10	123	313	Clusters of cases
Jamaica	636	8 321	2 810	30	173	58	Community transmission
Guyana	314	3 734	4 747	7	109	139	Clusters of cases
Belize	301	2 813	7 074	8	44	111	Community transmission
Cuba	222	6 258	553	2	127	11	Clusters of cases
Uruguay	199	2 531	729	2	51	15	Clusters of cases
Trinidad and Tobago	198	5 297	3 785	5	96	69	Community transmission
Suriname	95	5 130	8 745	3	109	186	Community transmission
Nicaragua	72	4 297	649	1	154	23	Community transmission
Haiti	65	8 925	783	1	231	20	Community transmission
Barbados	14	222	773	0	7	24	Clusters of cases
Saint Lucia	4	36	196	0	0	<1	Sporadic cases
Grenada	3	27	240	0	0	<1	No cases
Saint Vincent and the Grenadines	3	67	604	0	0	<1	Sporadic cases
Antigua and Barbuda	2	119	1 215	0	3	31	Sporadic cases
Dominica	1	33	458	0	0	<1	Clusters of cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Territories[ii]							

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Puerto Rico	3 286	57 950	20 256	33	768	268	Community transmission
Guadeloupe	639	7 122	17 799	16	111	277	Community transmission
Martinique	415	2 266	6 038	3	25	67	Community transmission
Curaçao	141	744	4 534	0	1	6	Community transmission
Aruba	135	4 322	40 481	1	34	318	Community transmission
French Guiana	95	10 268	34 378	0	69	231	Community transmission
Saint Martin	65	531	13 735	0	8	207	Community transmission
Sint Maarten	38	753	17 560	0	22	513	Community transmission
Cayman Islands	13	233	3 545	0	1	15	Sporadic cases
Saint Barthélemy	7	72	7 284	0	0	<1	Sporadic cases
United States Virgin Islands	5	1 335	12 784	1	21	201	Community transmission
Bonaire, Sint Eustatius and Saba	2	150	5 721	1	3	114	Community transmission
Turks and Caicos Islands	2	698	18 028	0	6	155	Clusters of cases
Bermuda	1	185	2 971	0	9	145	Sporadic cases
British Virgin Islands	1	72	2 381	0	1	33	Clusters of cases
Anguilla	0	3	200	0	0	<1	No cases
Falkland Islands (Malvinas)	0	13	3 732	0	0	<1	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saint Pierre and Miquelon	0	16	2 761	0	0	<1	Sporadic cases
Eastern Mediterranean	**144 133**	**2 786 477**	**3 813**	**3 492**	**70 902**	**97**	
Iran (Islamic Republic of)	30 237	534 631	6 365	1 830	30 712	366	Community transmission
Iraq	23 400	430 678	10 707	408	10 317	256	Community transmission
Morocco	21 070	175 749	4 761	306	2 976	81	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Jordan	12 055	38 937	3 816	149	380	37	Community transmission
Tunisia	9 283	40 542	3 430	170	626	53	Community transmission
United Arab Emirates	9 254	116 517	11 781	16	466	47	Community transmission
Lebanon	8 726	62 944	9 222	62	526	77	Community transmission
Libya	6 159	49 949	7 269	76	732	107	Community transmission
Kuwait	4 915	116 832	27 357	39	710	166	Community transmission
Oman	4 167	110 594	21 657	62	1 114	218	Community transmission
Pakistan	3 520	323 459	1 464	68	6 659	30	Clusters of cases
Saudi Arabia	2 910	342 583	9 840	147	5 201	149	Sporadic cases
Bahrain	2 284	78 224	45 972	20	302	177	Clusters of cases
Qatar	1 449	129 671	45 008	4	224	78	Community transmission
Egypt	910	105 547	1 031	69	6 130	60	Clusters of cases
Syrian Arab Republic	360	5 134	293	24	251	14	Community transmission
Afghanistan	342	40 287	1 035	11	1 497	38	Clusters of cases
Djibouti	29	5 469	5 535	0	61	62	Sporadic cases
Somalia	17	3 864	243	0	99	6	Sporadic cases
Sudan	26	13 724	313	0	836	19	Community transmission
Yemen	4	2 060	69	1	599	20	Community transmission
Territories[ii]							
Occupied Palestinian territory	3 016	59 082	11 581	30	484	95	Community transmission
Europe	**927 433**	**8 027 954**	**8 601**	**8 386**	**256 540**	**275**	
France	146 777	867 978	13 298	670	33 204	509	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
The United Kingdom	114 584	722 413	10 642	819	43 646	643	Community transmission
Russian Federation	100 616	1 415 316	9 698	1 590	24 366	167	Clusters of cases
Czechia	54 820	173 885	16 237	357	1 422	133	Community transmission
Italy	53 042	414 241	6 851	334	36 543	604	Clusters of cases
Netherlands	51 713	228 234	13 320	170	6 751	394	Community transmission
Spain	50 877	936 560	20 031	597	33 775	722	Community transmission
Belgium	47 949	222 160	19 169	199	10 413	898	Community transmission
Poland	45 592	175 766	4 644	552	3 573	94	Community transmission
Germany	39 110	366 299	4 372	162	9 789	117	Clusters of cases
Ukraine	37 837	303 638	6 943	635	5 673	130	Community transmission
Romania	24 065	180 388	9 377	454	5 872	305	Community transmission
Switzerland	13 997	74 227	8 577	29	1 822	211	Community transmission
Portugal	12 481	99 911	9 798	95	2 181	214	Clusters of cases
Israel	11 861	301 024	34 778	199	2 138	247	Community transmission
Turkey	11 647	347 493	4 120	446	9 296	110	Community transmission
Austria	9 810	65 557	7 279	49	910	101	Community transmission
Slovakia	9 471	29 835	5 465	21	88	16	Clusters of cases
Hungary	8 626	47 768	4 945	188	1 173	121	Community transmission
Armenia	8 243	65 460	22 091	61	1 091	368	Community transmission
Ireland	6 964	49 962	10 118	28	1 852	375	Community transmission
Georgia	5 683	18 663	4 678	51	143	36	Community transmission
Bulgaria	5 237	29 503	4 246	81	986	142	Clusters of cases
Republic of Moldova	4 890	67 050	16 621	111	1 584	393	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Slovenia	4 890	13 683	6 582	12	161	77	Clusters of cases
Croatia	4 829	25 580	6 231	38	363	88	Community transmission
Belarus	4 040	87 698	9 281	34	929	98	Community transmission
Sweden	3 280	103 200	10 219	8	5 918	586	Community transmission
Bosnia and Herzegovina	3 218	34 120	10 400	60	984	300	Community transmission
Denmark	2 859	35 392	6 110	12	680	117	Community transmission
Greece	2 854	25 370	2 434	64	509	49	Clusters of cases
Kyrgyzstan	2 814	52 526	8 051	26	1 111	170	Clusters of cases
North Macedonia	2 646	23 628	11 341	39	834	400	Community transmission
Azerbaijan	2 565	44 964	4 435	15	626	62	Clusters of cases
Uzbekistan	2 230	63 430	1 895	22	529	16	Clusters of cases
Montenegro	1 746	15 730	25 045	32	236	376	Clusters of cases
Kazakhstan	1 733	145 473	7 748	42	2 178	116	Clusters of cases
Finland	1 553	13 424	2 423	5	351	63	Community transmission
Albania	1 543	17 055	5 926	32	451	157	Clusters of cases
Serbia	1 261	36 160	5 193	12	776	111	Community transmission
Luxembourg	1 111	10 646	17 007	3	133	212	Community transmission
Lithuania	1 078	7 726	2 838	9	113	42	Community transmission
Norway	915	16 136	2 976	3	278	51	Clusters of cases
Latvia	796	3 450	1 829	3	44	23	Clusters of cases
Andorra	681	3 377	43 707	4	59	764	Community transmission
Malta	601	4 282	9 698	4	45	102	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Iceland	538	4 055	11 883	1	11	32	Community transmission
Cyprus	393	2 644	2 190	0	25	21	Clusters of cases
Tajikistan	275	10 493	1 100	1	80	8	Pending
Estonia	206	4 078	3 074	0	68	51	Clusters of cases
Liechtenstein	79	224	5 874	0	1	26	Sporadic cases
Monaco	24	265	6 753	0	2	51	Sporadic cases
San Marino	18	784	23 101	0	42	1 238	Community transmission
Holy See	14	26	32 138	0	0	<1	Sporadic cases
Territories[ii]							
Kosovo[1]	624	16 848	9 056	7	643	346	Community transmission
Gibraltar	76	558	16 562	0	0	<1	Clusters of cases
Jersey	42	491	4 513	0	32	294	Community transmission
Faroe Islands	6	485	9 925	0	0	<1	Sporadic cases
Isle of Man	3	348	4 093	0	24	282	No cases
Greenland	0	16	282	0	0	<1	No cases
Guernsey	0	258	4 083	0	13	206	Community transmission
South-East Asia	**513 444**	**8 546 666**	**4 228**	**6 864**	**135 275**	**67**	
India	440 745	7 597 063	5 505	5 697	115 197	83	Clusters of cases
Indonesia	28 810	365 240	1 335	666	12 617	46	Community transmission
Nepal	23 620	136 036	4 669	113	757	26	Clusters of cases
Bangladesh	10 222	390 206	2 369	146	5 681	34	Community transmission
Myanmar	8 811	37 205	684	240	914	17	Clusters of cases
Sri Lanka	847	5 625	263	0	13	1	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Maldives	319	11 232	20 779	2	37	68	Clusters of cases
Thailand	50	3 700	53	0	59	1	Clusters of cases
Bhutan	19	330	428	0	0	<1	Sporadic cases
Timor-Leste	1	29	22	0	0	<1	Sporadic cases
Western Pacific	**28 317**	**688 736**	**351**	**464**	**14 823**	**8**	
Philippines	17 412	359 169	3 278	365	6 675	61	Community transmission
Malaysia	4 531	21 363	660	25	190	6	Clusters of cases
Japan	3 744	93 480	739	43	1 676	13	Clusters of cases
Republic of Korea	593	25 333	494	12	447	9	Clusters of cases
China	185	91 546	62	0	4 746	3	Clusters of cases
Australia	139	27 399	1 074	7	905	35	Clusters of cases
Singapore	38	57 915	9 899	1	28	5	Clusters of cases
Papua New Guinea	31	581	65	0	7	1	Community transmission
Viet Nam	19	1 140	12	0	35	<1	Clusters of cases
New Zealand	15	1 531	317	0	25	5	Clusters of cases
Mongolia	5	324	99	0	0	<1	Sporadic cases
Solomon Islands	2	3	4	0	0	<1	Sporadic cases
Brunei Darussalam	1	147	336	0	3	7	No cases
Cambodia	0	285	17	0	0	<1	Sporadic cases
Fiji	0	32	36	0	2	2	Sporadic cases
Lao People'S Democratic Republic	0	23	3	0	0	<1	Sporadic cases
Territories[ii]							

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
French Polynesia	1 043	4 610	16 411	4	16	57	Sporadic cases
Guam	550	3 742	22 172	7	66	391	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	9	86	1 494	0	2	35	Pending
New Caledonia	0	27	95	0	0	<1	Sporadic cases
Subtotal for all regions	**2 443 594**	**40 117 591**		**36 547**	**1 114 736**		
Other[†]	0	741		0	13		
Grand total	**2 443 594**	**40 118 332**	**5 147**	**36 547**	**1 114 749**	**143**	

[**] *See data, table and figure notes*

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Updates from WHO regions
  - African Region
  - Eastern Mediterranean Region
  - European Region
  - Region of the Americas
  - South-East Asia Region
  - Western Pacific Region
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines

on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

[ii] "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

[†] Other: includes cases reported from international conveyances.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the log of major changes and errata for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Weekly Operational Update on COVID-19

16 October 2020

Confirmed cases[a]
39 023 292

Confirmed deaths
1 099 586

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

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

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

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

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

For more information, see here

Key Figures

WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work

16 495 025 respirators shipped to 173 countries across all six WHO regions

177 019 499 medical masks shipped to 173 countries across all six WHO regions

7 737 536 face shields shipped to 173 countries across all six WHO regions

6 634 348 gowns shipped to 173 countries across all six WHO regions

14 055 900 gloves shipped to 173 countries across all six WHO regions

1 124 116goggles shipped to 173 countries across all six WHO regions

More than **4.5** million people registered on OpenWHO and able to access **134** COVID-19 online training courses across 18 topics in **41** languages

[a] For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

From the field:

WHO EURO mission supporting laboratory COVID-19 response in Uzbekistan

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

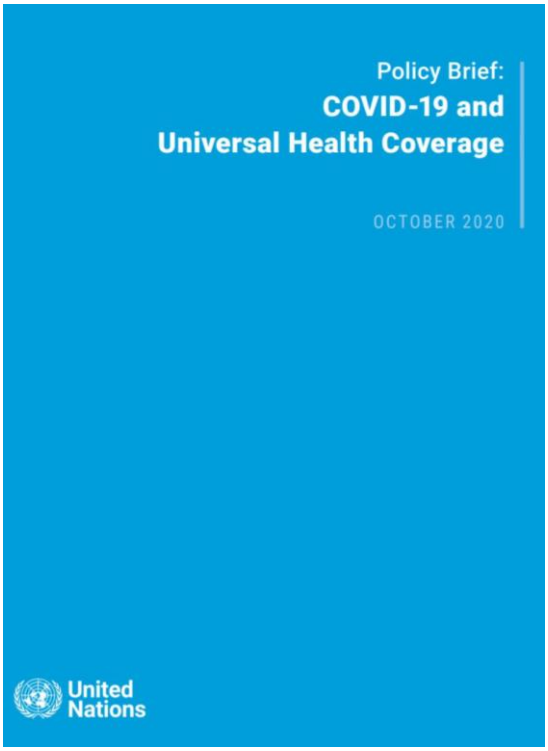
To further strengthen laboratory capacities in Uzbekistan, four trainings were conducted on:

- assessment using the WHO Laboratory Assessment Tool tailored to COVID-19
- training of trainers for laboratory quality management system based on ISO 15189
- laboratory quality management for regional laboratory staff
- training of national mentors.

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

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

Public health response and coordination highlights



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

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

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

Health Learning

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

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

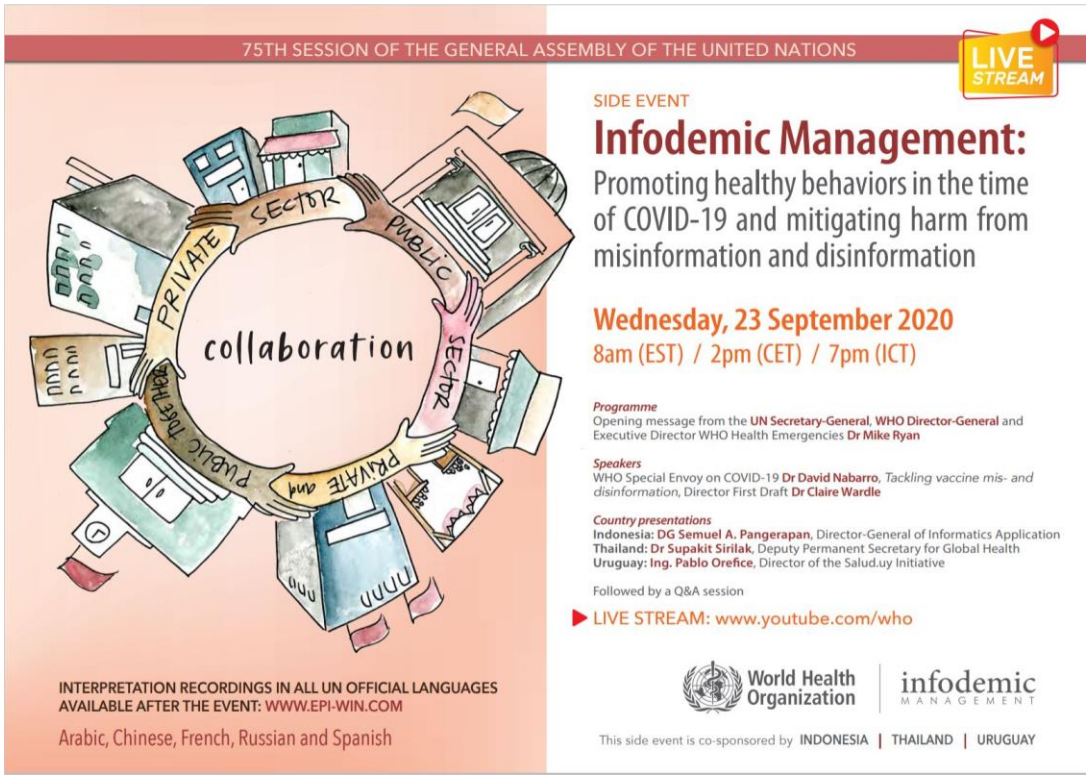
41 languages

4 518 960
Course enrollments

Over 2.3 million certificates

134 COVID-19 courses

Infodemiology Management



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

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

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

For more information on the UNGA side event, including country presentations and video recordings of the session in multiple UN languages, click here

COVID-19 Preparedness

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


Credit: WHO/P. Phutpheng

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

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

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

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

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

For more information on IDDR, click here:

- UNSG and WHO DG video message
- WHO launched special event page with DG's Video Message
- IANPHI published an interview with the Director/Health Security Preparedness and the head of global DRR/Public Health England on the global and local actions to reduce the disaster risks

Medicines and Health Products

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

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

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

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

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

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

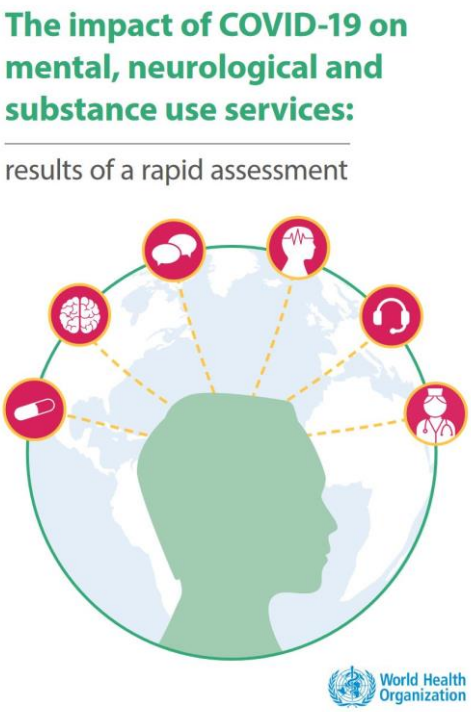
3. The final version of Target Product Profiles (TPP) for priority COVID-19 diagnostics have been published by WHO, and will be reviewed and updated as new information becomes available. These TPPs describe the desirable and minimally acceptable profiles for four tests:
    a. Point of care test for suspected COVID-19 cases and their close contacts to diagnose acute SARS-CoV-2 infection in areas where reference assay testing is unavailable, or turnaround times obviate clinical utility;
    b. Test for diagnosis or confirmation of acute or subacute SARS-CoV-2 infection suitable for low or high volume needs;
    c. Point of care test for prior infection with SARS-CoV-2;
    d. Test for prior infection with SARS-CoV-2 suitable for moderate to high volume needs.

Mental Health and Psychosocial Support

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

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

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



- WHO has assessed mental health and psychosocial (MHPSS) operations in countries during the period of June-August 2020. Out of 130 responding countries, 89% of countries reported that MHPSS is part of their national COVID-19 response plans.
  - 65% of countries have a multisectoral MHPSS coordination platform for COVID-19 response;
  - 17% reported full additional funding to implement their COVID-19 MHPSS plans

Of the responding countries with MHPSS coordination platforms:

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

COVID-19 Partners Platform

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

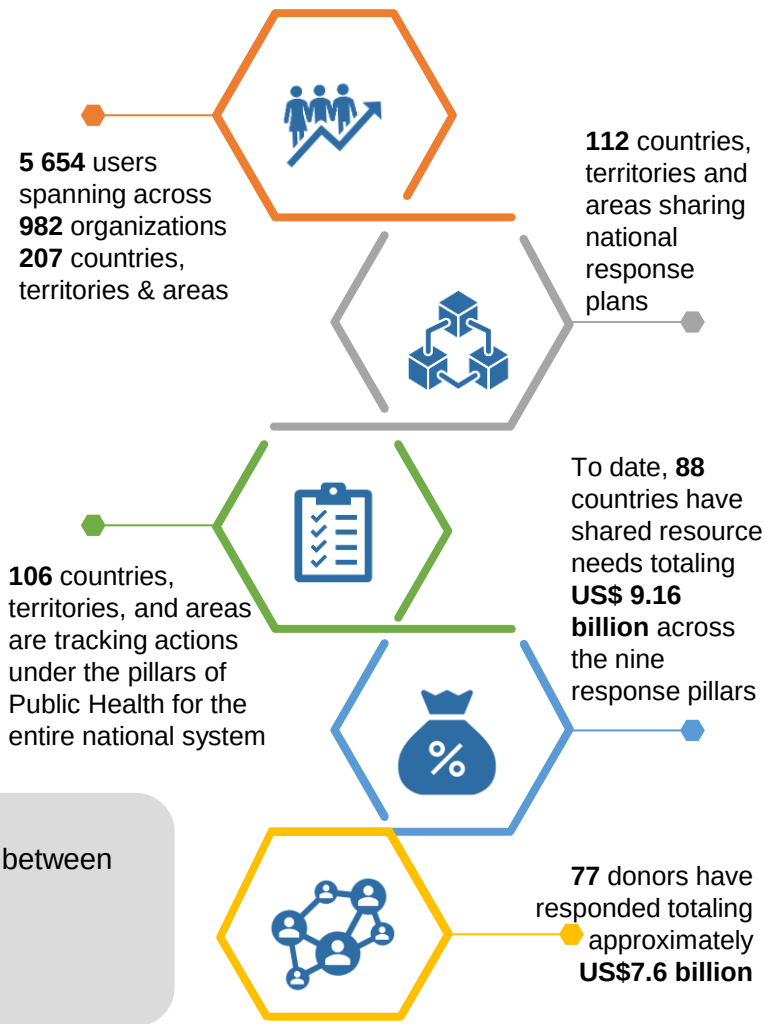
To further facilitate country-level planning, monitoring and advocacy, a dashboard for the Partners Platform has been created. The new feature provides:

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

What's New: Success Indicators

In order to be able to evaluate the Platform's performance, we are developing a set of critical indicators in three core areas: administration and management, users and data.

In principle, these indicators will be used for internal purposes; however, a selection of the proposed indicators might be included in the Dashboard to further strengthen transparency and accountability.



The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies to 173 countries across all WHO regions.

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

Shipped items as of 9 October 2020	Laboratory supplies		Personal protective equipment					
Region	**Sample collection kits**	**Tests (Manual PCR)**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	2 458 135	1 041 046	1 034 364	754 300	151 639	1 028 048	45 128 789	1 655 314
Americas (AMR)	12 180	10 352 294	3 820 501	88 000	301 180	3 918 770	54 175 110	7 225 456
Eastern Mediterranean (EMR)	643 360	1 275 340	790 085	4 911 000	116 260	398 522	24 677 550	1 207 995
Europe (EUR)	294 560	542 086	1 704 850	7 190 100	374 720	985 048	37 292 100	5 126 950
South East Asia (SEAR)	1 301 800	1 585 800	87 336	442 500	82 150	217 450	5 406 300	353 075
Western Pacific (WPR)	90 800	248 864	300 400	670 000	98 167	86 510	10 339 650	926 235

For further information on the **COVID-19 supply chain system**, see here.

Appeals

***WHO** appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 16 October 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

US$1.74 BILLION

WHO's current funding gap against funds received stands under the updated SPRP

US$163 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

US$550 MILLION

WHO current funding gap

US$55 MILLION

Global WHO GHRP allocation as of Oct 2020

US$495 MILLION

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

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

More than US$ 236 Million
631 000 donors
[individuals – companies – philanthropies]

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

The WHO Contingency Fund for Emergency (CFE)

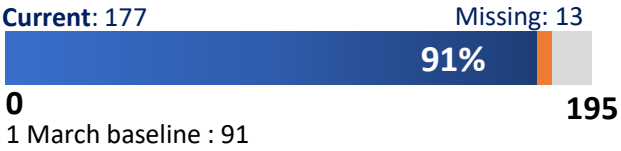
WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

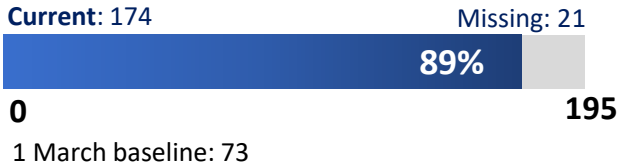
COVID-19 Global Preparedness and Response Summary Indicators [a]

Countries have a COVID-19 preparedness and response plan



1 March baseline : 91

Countries have a clinical referral system in place to care for COVID-19 cases



1 March baseline: 73

Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]

1 March baseline: 37

Countries that have defined essential health services to be maintained during the pandemic

Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

Countries in which all designated Points of Entry (PoE) have emergency contingency plans

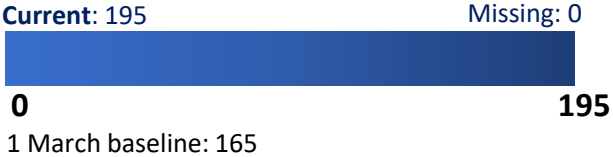
Countries with a national IPC programme & WASH standards within all health care facilities

Countries have an occupational safety plan for health workers

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

1 March baseline: 87

Countries have COVID-19 laboratory testing capacity



1 March baseline: 165

Yes No Missing Data

Notes:

[a] Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."

[b] Source: UNICEF and WHO

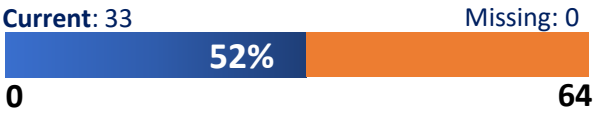
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

Priority countries with multisectoral mental health & psychosocial support working group

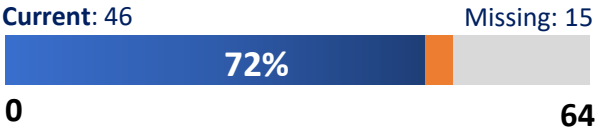
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

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



Priority countries with an active & implemented RCCE coordination mechanism

Priority countries with a contact tracing focal point



Priority countries with an IPC focal point for training

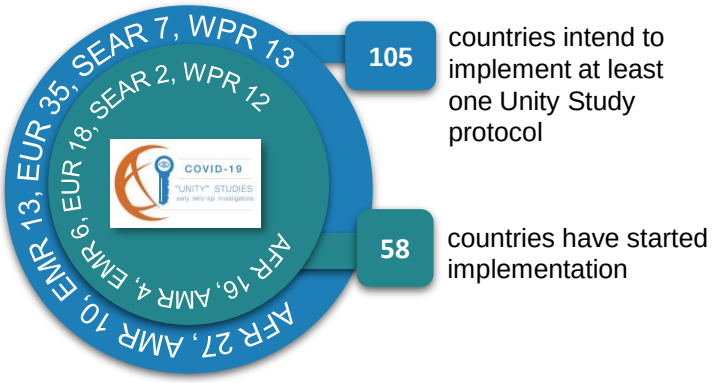
Notes:

[c] Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

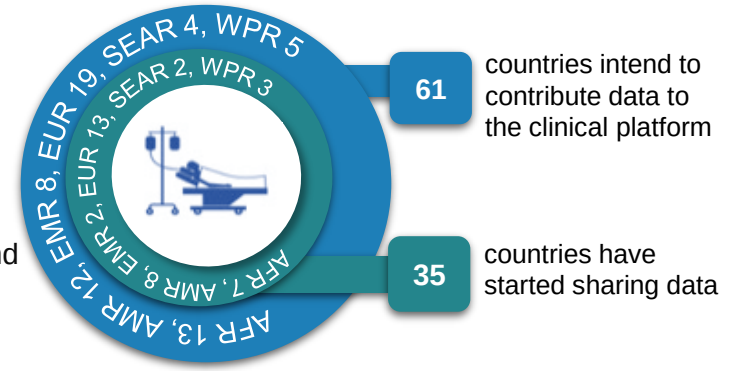
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



Global COVID-19 Clinical Data Platform

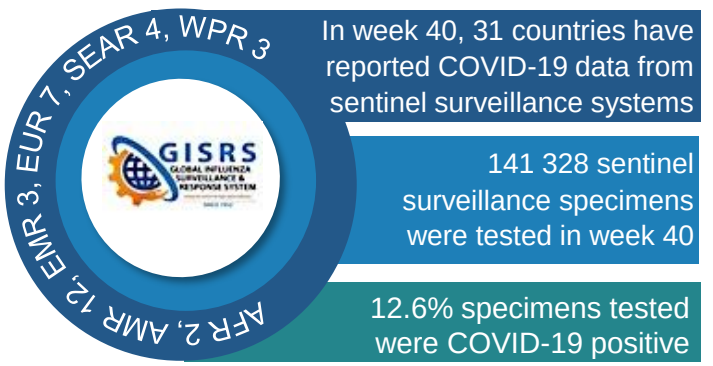
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- For EPI-WIN: WHO Information Network for Epidemics, click **here**
- For more information on COVID-19 regional response:
  - **African Regional Office**
  - **Regional Office of the Americas**
  - **European Regional Office**
  - **Eastern Mediterranean Regional Office**
  - **Southeast Asia Regional Office**
  - **Western Pacific Regional Office**
- For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click **here**
- For updated WHO Publications and Technical Guidance on COVID-19, click **here**

Coronavirus disease (COVID-19)

Data as received by WHO from national authorities, as of 11 October 2020, 10 am CEST

For the latest data and information on COVID-19, please see:

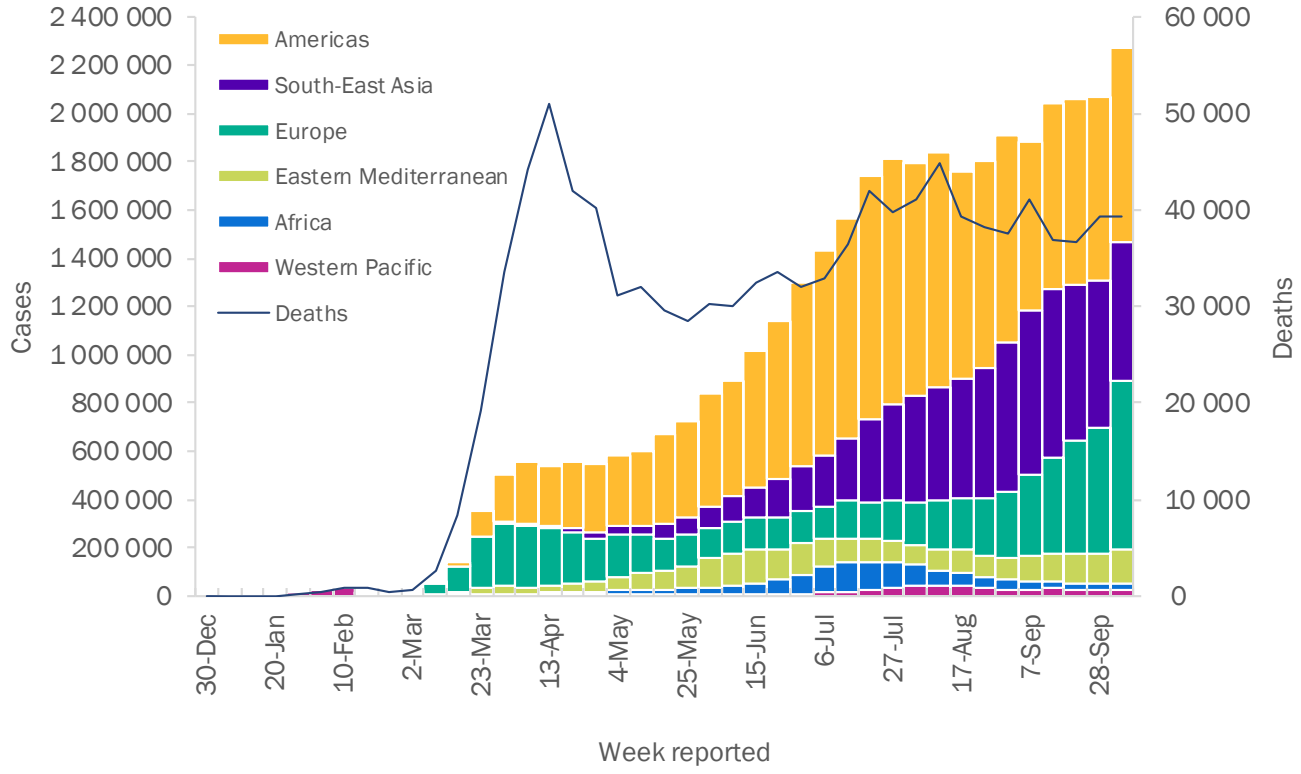
- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update
- This will be the final Weekly Epidemiology Update published on a Monday, beginning next week 20 October, these updates will be published on a Tuesday.

Global epidemiological situation

Since the last Weekly Epidemiological Update issued on 5 October, over 2.2 million new cases and 39,000 deaths of COVID-19 have been reported across all six WHO regions. This is the highest number of reported cases so far in a single week.

From 30 December through 11 October, over 37 million COVID-19 cases and 1 million deaths have been reported globally. Nearly half of these cases (48%) and deaths (55%) continue to be reported in the Region of the Americas with the United States of America, Brazil and Argentina accounting for the greatest numbers of new cases and deaths in the region.

Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, 30 December 2019 through 11 October 2020**



**See data table and figure notes.

By WHO region, the European Region reported the greatest increase (34%) in cases in the past week while the African Region reported a substantial rise in deaths, with a 27% increase compared to the previous week. Within the African Region, South Africa continues to register more than half (56%, 690 896) of all reported confirmed cases.

For the third week in a row, the South-East Asia Region reported a decline in new cases and deaths, 6% and 8% respectively, compared to the previous week. The decline is mainly due to decreases in reported cases in India and Bangladesh.

For the second week in a row, the Regions of the Eastern Mediterranean and the Western Pacific reported increases in cases and deaths.

Overall, during the reporting period, all the Regions showed an increase in cases except the South-East Asia Region.

Countries reporting the highest number of cases in the past seven days include; India, the United States of America, Brazil, the United Kingdom and France.

Additional Region-specific information can be found below: African Region, Region of the Americas, Eastern Mediterranean Region, European Region, South-East Asia Region, and Western-Pacific Region.

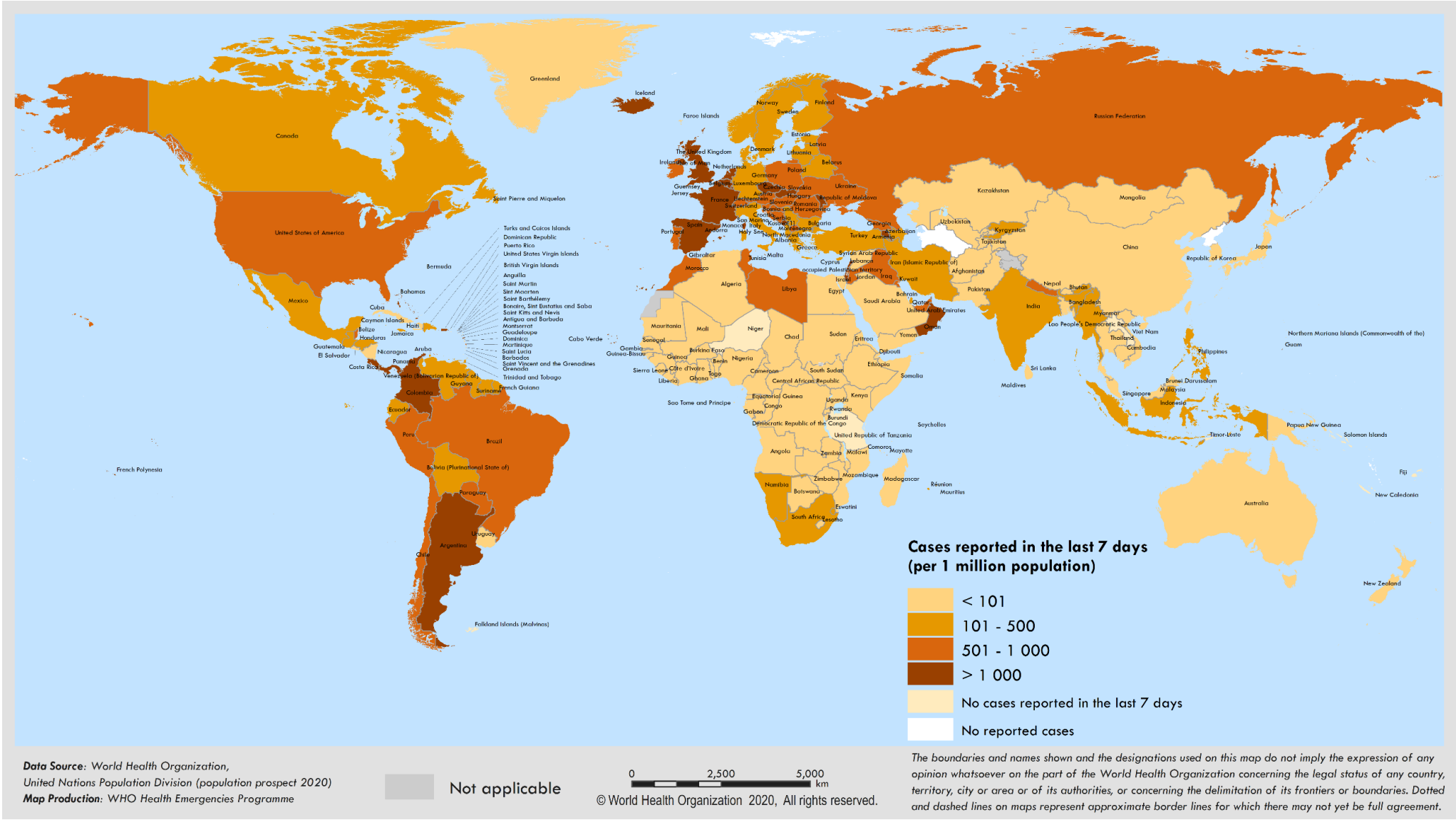
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 11 October 2020**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Americas	804 735 (35%)	6%	17 794 771 (48%)	20 509 (52%)	-5%	588 867 (55%)
South-East Asia	575 763 (25%)	-6%	7 911 036 (21%)	7 750 (20%)	-8%	126 917 (12%)
Europe	694 275 (31%)	34%	6 918 265 (19%)	6 172 (16%)	16%	246 709 (23%)
Eastern Mediterranean	138 751 (6%)	10%	2 605 478 (7%)	3 173 (8%)	13%	66 329 (6%)
Africa	29 169 (1%)	11%	1 227 719 (3%)	991 (3%)	27%	27 255 (3%)
Western Pacific	26 199 (1%)	6%	651 841 (2%)	633 (2%)	26%	14 265 (1%)
† Other	-	-	741 (<1%)	-	-	13 (<1%)
Global	**2 268 892 (100%)**	**10%**	**37 109 851 (100%)**	**39 228 (100%)**	**<1%**	**1 070 355 (100%)**

**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.*

***See data, table and figure notes*

Figure 2. COVID-19 cases per million population reported in the last seven days by countries, territories and areas, 5 October through 11 October 2020**



**See data, table and figure notes

Situation by WHO Region

African Region

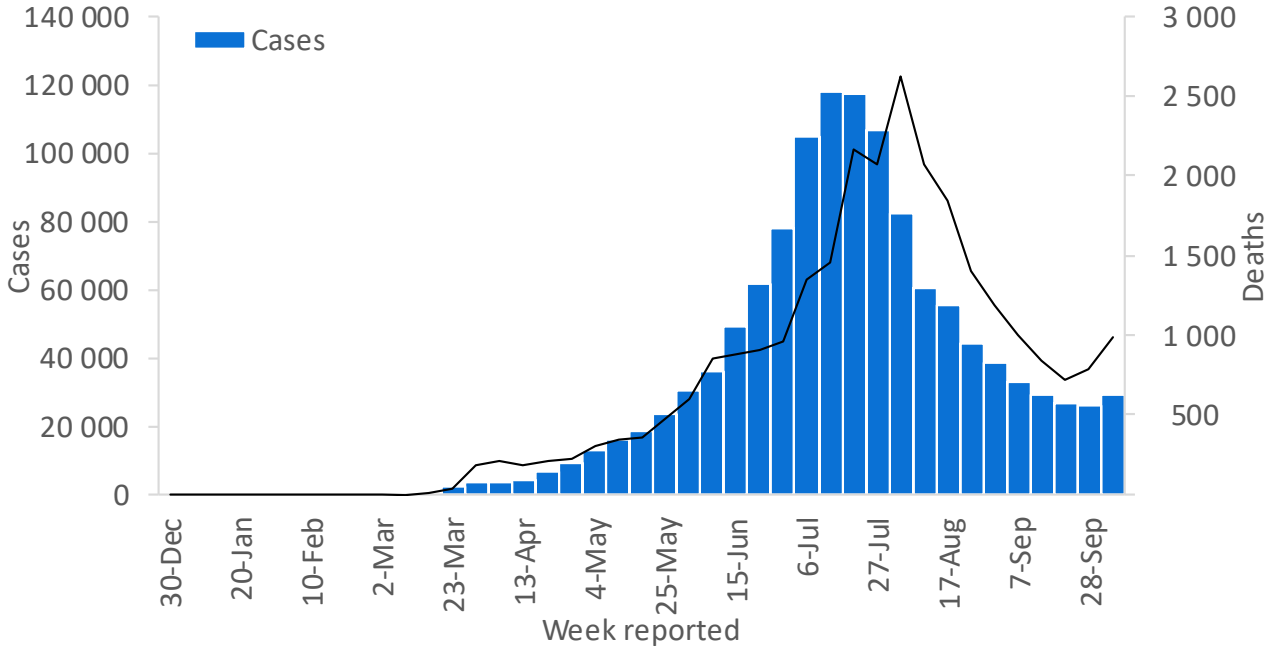
Although the Region had seen a slow but continuous decline in newly- reported cases since mid-July, there were 11% more cases reported in the last 7 days compared to the prior week, reaching a total of over 1 200 000 cases (Figure 1, Figure 3). The current figures in the region represent 1% of confirmed COVID-19 cases and 3% of deaths reported worldwide in the past week. The increase in the number of newly- confirmed cases is partially attributed to the higher number of countries reporting an increase in cases (21 countries), compared to the previous week (14 countries). Although there are a greater number of countries reporting increases, the pattern of increasing cases is driven by South Africa and Ethiopia, which continue to report the highest numbers of new cases in the last 7 days, followed by Kenya, Uganda, and Algeria. Continuing the trend from last week, the number of reported deaths increased this week with South Africa accounting for the majority of the new deaths in the Region (74%).

The current transmission pattern in the majority of the 47 Member States in the African Region is reported as community transmission (n=39, 83%), with five reporting clusters of cases, and only Seychelles, Mauritius and Eritrea currently reporting sporadic cases.

South Sudan has reported a decrease in the number of newly -reported cases with an epidemiological link, with 29% in the past week, compared to 67% the week prior. This is attributed to a decrease in the proportion of cases that have been detected at a border crossing, where a history of travel can inform an epidemiological link.

This past week, Mozambique registered 795 new cases (25 per million population) bringing the total figure to almost 10 000 cases. Nevertheless, the country has registered a gradual decline over the last three weeks including a 39 and 40% decrease in new cases and deaths respectively in the past week, suggesting the epidemic may be slowing down in the country. While the number of tests per 1000 inhabitants has remained quite stable at 0.3 over the last 10 weeks, the test positivity rate has dropped this week to 9%. Schools have reopened with special measures to prevent further spread of the virus.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 11 October 2020**



Region of the Americas

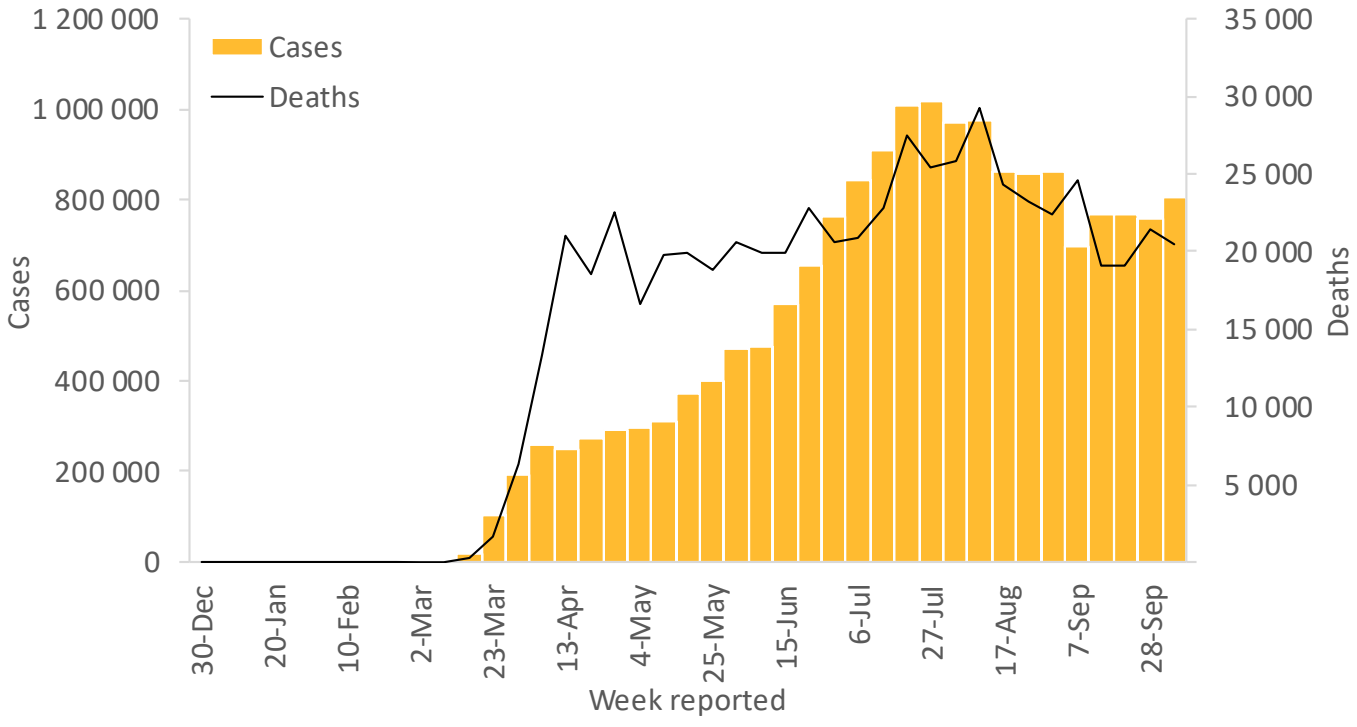
The Region of the Americas reported over 800 000 new cases in the last seven days, a 6% increase in the number of new cases in the past week which is a bigger increase than the increase reported in the previous week. greater change than the week prior. The United States of America, Brazil, Argentina, Mexico, and Colombia registered the highest number of newly- reported cases ik.
The Region also continues to account for a majority of all deaths reported globally in the past week (n=20 500, 52%). Mexico, the United States of America, Brazil, Argentina and Colombia registered the highest number of new deaths.

This past week, the United States of America reported the largest increase in newly -reported cases since early August, with over 327 000 cases reported. Ten of the 50 states reported the highest one-day increases in cases since their first reported case, including many in the Midwest and the Southwest, and three states reported their largest- ever one-day increase in new deaths.

The number of newly- reported cases has been increasing in Canada since mid-September, with an increase of 26.7% cases and 14.3% deaths in the past week. Most of the cases and deaths were reported in Québec and Ontario. Outbreaks in long-term care and retirement residences continue to account for most outbreaks in Canada to date. Since mid-July, incidence rates in those 20 to 39 years of age have remained consistently higher than all other age groups. Since mid-September, an increasing trend in the daily number of cases 20 to 39 years of age hospitalized has been observed.

Costa Rica, with the second- highest incidence of cases per million population in the Region s r, has now reached over 86 000 cases and over 1 000 deaths. During the last 5 weeks, the country had reached a plateau with comparable figures of reported cases and deaths. The country has reported over 107 COVID-19 hospitalizations per million inhabitants of which over a third of them are in intensive care units.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 11 October 2020**



**See data, table and figure notes

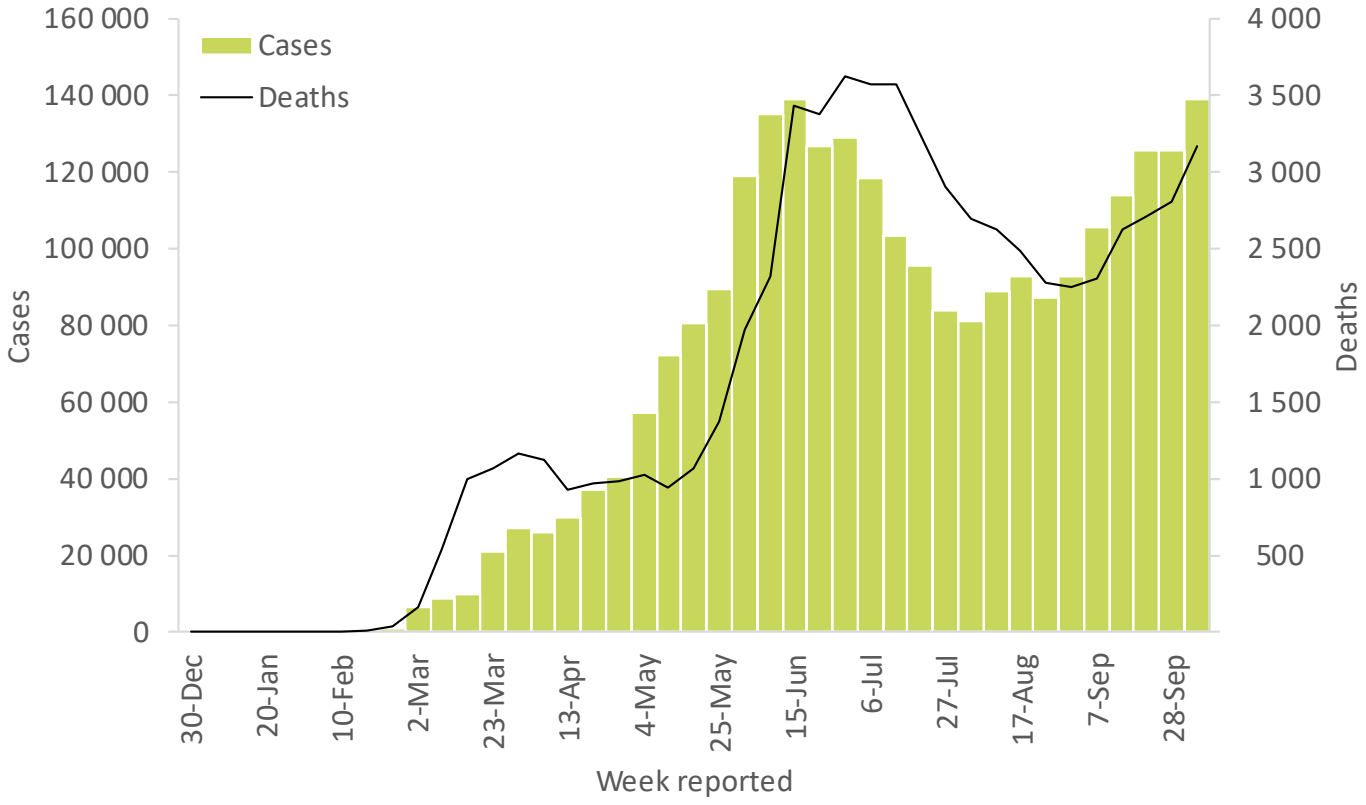
Eastern Mediterranean Region

In the Eastern Mediterranean region the weekly number of new cases and deaths have increased by 10% and 13% respectively in comparison to the previous week. The Islamic Republic of Iran is the worst affected country in the region, accounting for 20% of all new cases reported this week.

The number of new cases in Oman have more than doubled in the last week (from approximately 2 600 to over 5 500) amounting to an increase of more than 60%. This past week a 100 bed field hospital for COVID-19 patients along with an isolation center in the city of Sohar, the capital and largest city of the Al Batinah North Governorate and another isolation ward in Sur Hospital in the South Sharqiya region were opened to help mitigate the rising number of COVID-19 cases in the country.

In Tunisia, there have been peak new cases (over 2 500) and deaths (over 40) also reported this week and the country plans to impose increased public health and safety measures including bans on gatherings, cutting public sector work hours and imposing curfews in an effort to interrupt transmission.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 11 October 2020**



**See data, table and figure notes

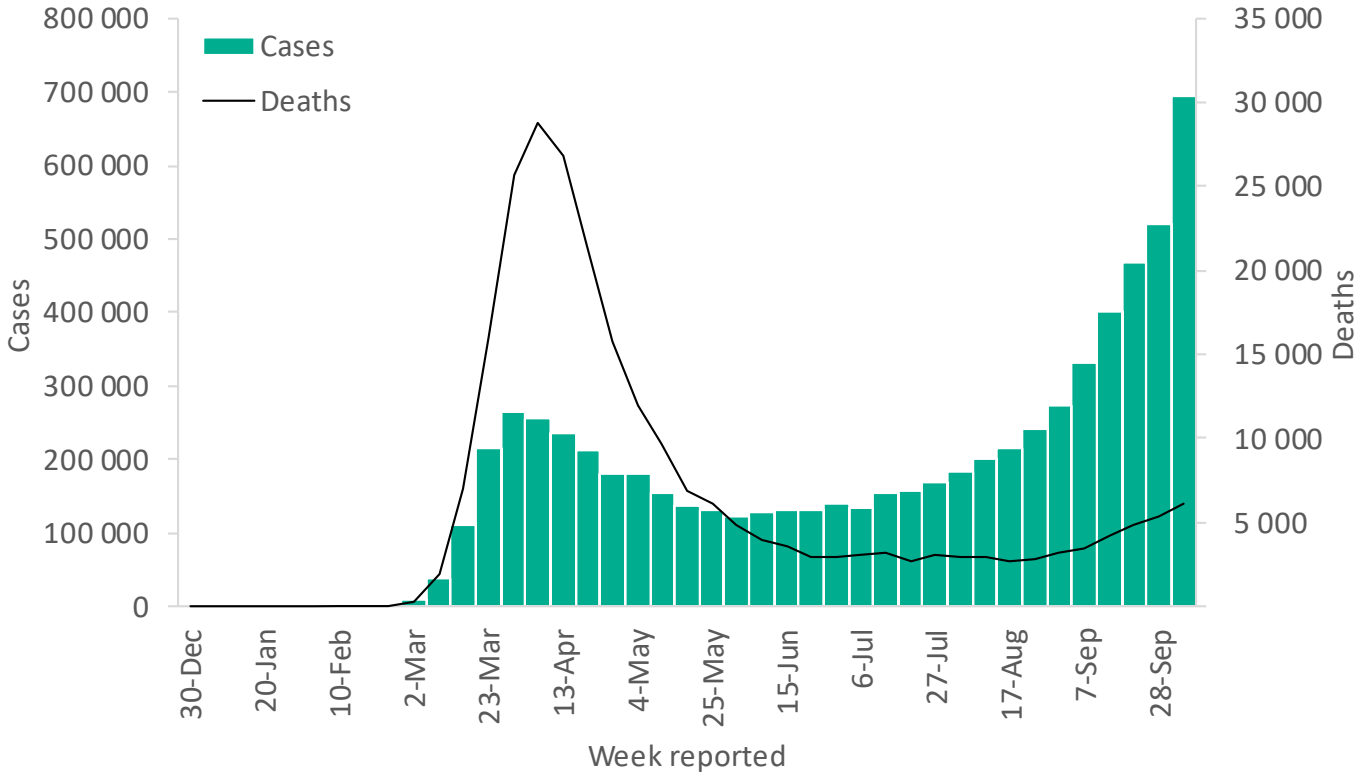
European Region

The Region registered the highest weekly incidence of COVID-19 cases since the beginning of the pandemic with almost 700 000 new cases reported. The weekly incidence in cases and deaths increased by 34% and 16% respectively in comparison to the previous week (Figure 6). The Region is the second most active, contributing almost a third (n=694 275, 31%) of new weekly cases reported globally. The United Kingdom, France, the Russian Federation and Spain account for over half of all new cases reported in the region (n= 355 455, 51%).

Latvia, Faroe Islands and Iceland have reported the greatest percentage increase in new cases in the past week while a marked decrease was reported in Isle of Man, Malta and Spain. The majority of the countries in the region self-characterise their current transmission pattern as community transmission (n=30, 56%) or clusters of cases (n=20, 37%) with only Liechtenstein, Monaco and the Holy See reporting sporadic transmission.

Spain, with over 50 000 cases reported in the past week, is showing a noticeable decline in the weekly incidence of cases and deaths of 24% and 19% respectively. In the past week, over 740 000 polymerase chain reaction (PCR) diagnostic tests were carried out (16 tests per 1000 inhabitants per week). As of 08 of October, the bed occupancy in intensive care unit ranged between 7% and 39% across all regions.
The incidence of cases and deaths in Poland increased this week by 93% and 104% respectively compared to the previous week, with almost 23 500 new cases and 370 deaths reported. Poland is tightening public health and social measures in response to these marked increases in an effort to avoid another lockdown. A coordination hospital will be created in each provide to manage the surge in COVID-19 patients.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 11 October 2020**



**See data, table and figure notes

South-East Asia Region

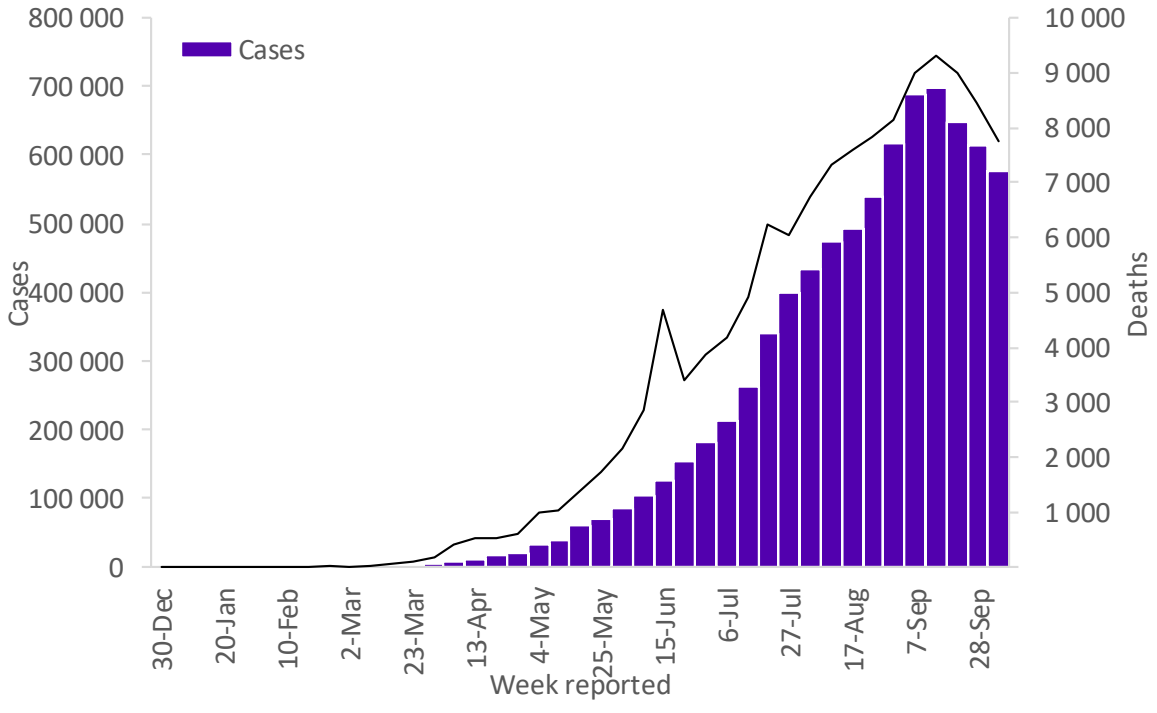
The gradual decline in incidence of cases and deaths in the South East Asia Region continued during the past week. The Region, nevertheless, remains among the most active, accounting for 25% of cases and 20% of deaths newly reported globally in the past seven days (Figure 7).

The countries reporting the highest number of new cases in the South-East Asia Region continue to be India, Indonesia and Nepal, while Sri Lanka and Bhutan are showing the highest increase in the proportion of new cases in the past week compared to the previous week. Across the ten countries in the region, only Myanmar and Nepal reported an increase in the number of new deaths in the past week compared to the previous week.The countries reporting the highest number of new deaths per million population are India and Myanmar, with 5 and 4 new deaths per million population respectively. In contrast to the other regions with currently high case incidence, most of the 10 Member States in the South-East Asian Region self-report their current transmission pattern as either clusters of cases (n=6) or sporadic cases (n=2), with only Bangladesh and Indonesia currently reporting community transmission.

Sri Lanka reported over 1200 new confirmed cases in the past epidemiological week, a substantial increase compared to the 46 cases confirmed the previous reporting week. In a recent development, a large cluster of cases (831 cases as on 7 October 2020) was reported in an apparel manufacturing factory in Gamphana district about 50 km from Colombo. The exact epidemiological link is currently under investigation

The reported number of cases increased rapidly in Nepal in the past week, with over 21 000 new cases and 86 new deaths reported. Although the test positivity rate has raised from 5 to 15% in just 8 weeks, there has also been an expansion in testing activity, which is currently around 3 samples tested / 1000 persons per week.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 11 October 2020**



**See data, table and figure notes

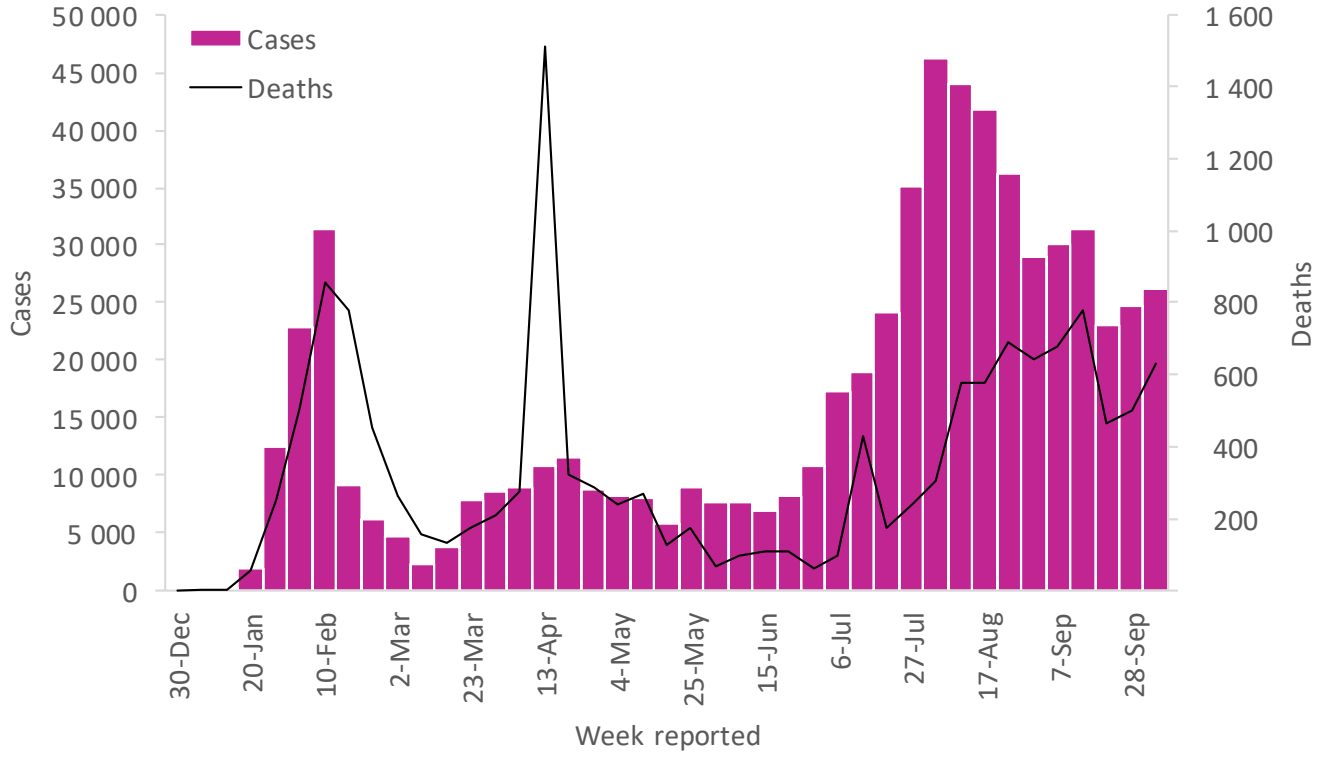
Western Pacific Region

The Western Pacific region accounts for the least number of reported cases globally this week, however the region has experienced an increase of 6% in newly- reported cases and a 26% increase in reported deaths in the past seven days.

New cases in the Philippines have stabilized over the past 3 weeks with around 18 000 cases reported weekly, lower than the peak of around 30 000 weekly new cases in early to mid- August however it does continue to account for the greatest number of new cases in the region. Reports suggest clustering of cases has occurred in several workplaces in Davao Region following the easing of lockdown restrictions under the modified general community quarantine and reopening of the economy measures, with most of the clusters reported in 12 establishments. As of October 12, the total number of cases in Davao Region is 3,743 with 686 cases reported in the past two weeks and Davao City (the capital) contributing 65% of the total cases in the region. There are also reports of near capacity utilization of ICU and Ward beds, in the major hospital in the region last week.

In French Polynesia, there were peak new cases this week, a 62% increase from last week, with reports suggesting most cases were detected from the main island of Tahiti, with cases spreading to adjacent islands of Moorea and even reaching several outer islands, including Raivavae, Arutua, and Nuku Hiva. Deaths in French Polynesia remain low and have not increased in the past week. The positivity rate of COVID-19 tests is currently high, at 26.3%, however only symptomatic persons are being tested.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 11 October 2020**



**See *data, table and figure notes*

Surveillance update of the impact of COVID-19 on health workers

Delivering the diagnostic, treatment, and vaccine interventions for COVID-19, while maintaining essential health services, requires a healthy, trained, competent, equipped, protected, well-managed, and appropriately staffed multi-disciplinary healthcare workforce. Health and social care workers both salaried and volunteer, face multiple challenges due to COVID-19, leading to either an increased workload or absences from work. Challenges include: pre-existing workforce shortages; repurposing of staff to the COVID-19 response;infections and deaths; quarantine and self-isolation requirements; stress and burn-out; shortages of critical equipment and supplies, such as personal protective equipment (PPE); inadequate training; labour disputes; and having to care for infected friends and family. A comprehensive assessment of the impact of COVID-19 on health and social care workers should utilize standardized measurements and reporting to adequately qualify the impact. Internationally agreed indicators exist, and they form part of WHO's ongoing surveillance and communications activities. Health and social workers, in contact with COVID-19 patients and/or who care for COVID-19 patients, are at a higher risk of infection than the general population. Mitigating and reducing this risk, and following WHO guidance (see below), is essential.

WHO collects case-based surveillance data from Member States using Case Report Forms (CRFs) via the WHO global surveillance for COVID-19. As of 14 September 2020, the CRF database contained 8 233 444 forms, representing 28.4% of the cases recorded globally by that date. The CRFs facilitate a descriptive analysis of infections, hospitalizations, clinical outcomes, and sub-population analysis (such as occupation notified as health worker).

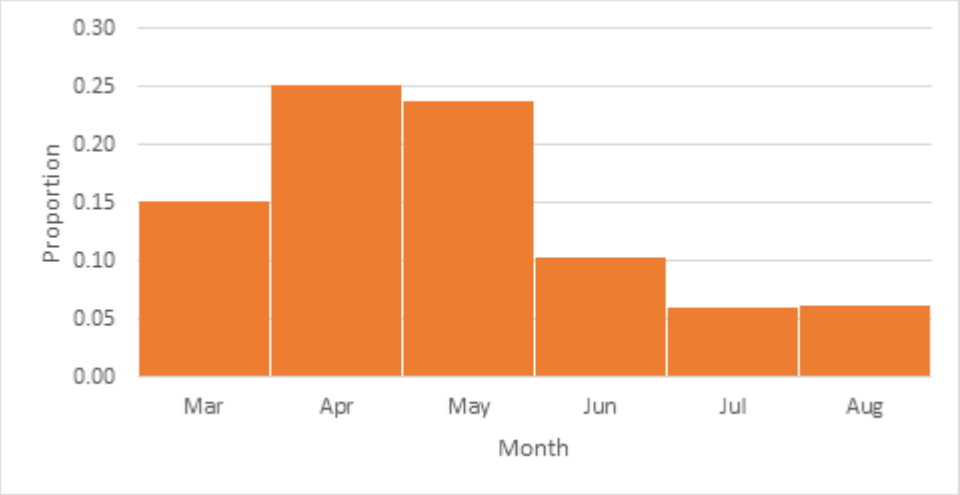
An analysis of health worker (HW) information was conducted on 281 083 HWs from amongst 1 932 941 CRFs that indicated HW[1] status (23.5% of all CRFs) from 83 countries. These data, covering primarily European and American countries, estimate that around 14% of COVID-19 cases reported to WHO are identified as occurring in health workers. There are wide differences in the reported proportion of HW affected between countries. The overall mean estimate of infections amongst HWs illustrates a clear over representation of cases, given that they represent less than 3% of the population, globally, and less than 8% on average in high income countries.

Encouragingly, the data indicate that there has been a substantial decline in HW infection since the beginning of the epidemic, independent of the overall change in incidence of cases. In many countries, this is likely due to the increased availability of PPE and better adherence to infection prevention and control (IPC) guidance. Figure 9 shows monthly trends in HW infection, using data from selected European countries[2]. The trends show that in the last 3 months prior to the analysis the proportion of cases amongst HWs was closer to their share of the general population.

[1] For the purposes of the case-based surveillance, 'health workers' were defined as those working "any job in a health care setting".

[2] Data covering only countries reporting at least 70% of cases in CRF, with at least 70% of CRFs having a known HW status, with at least 500 HW infections reported.

Figure 9. Share of health workers amongst total reported infections in selected countries, by month of reporting, March-August 2020



The mean age of COVID-19 cases of HWs was 40 years (IQR 31-49), lower than the mean age of non-HWs, 46 years (IQR 31-60). The distribution of HW infections in women (67%) and men (29%) (4% unknown sex) is proportionate to the global share of women and men in the health workforce. This is notably different from the ratio of infections in females versus males for the general population, where males account for 53% of cases.

WHO compared the proportions of COVID-19 case-patients with comorbidities, hospitalization and death as an outcome by age categories and sex in HWs and non-HWs, using information from five countries in the Americas and Europe with complete data. A total of 13% (n = 37 446) of HW case-patients reported underlying comorbidities (Figure 10), including diabetes and cardiovascular diseases, such as hypertension. Of HW case-patients, 5% (n = 15 141) required hospitalization (Figure 11), and of these, 5.3% (n = 799) required oxygen therapy. Overall, 0.5% (n = 1417) of the HW cases were fatal (Figure 12). As per the data analyzed, HWs showed a lower proportion of comorbidities, hospitalizations and deaths than non-HWs, even when accounting for age and sex differences between the two populations (see figures below). These differences were especially pronounced for those aged 50 years and above.

Further analyses are warranted to explain differences seen between infections in health-workers and the general public.

WHO guidance and resources:

To support health and social care workers and health-facilities in managing the COVID-19 pandemic, WHO has produced guidance on Risk assessment and management of exposure of health care workers, Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed, Advice on the use of masks in the context of COVID-19, Rational use of PPE for COVID-19 and considerations during severe shortages, IPC in long-term care facilities, Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health; the guidance is being continuously revised as new scientific information emerges. WHO has also produced a surveillance protocol targeting health workers who are found positive to COVID-19; as well as a WHO Academy online learning app for COVID-19.

Figure 10. Proportion of COVID-19 cases with comorbidities by age group and sex, amongst health workers and non-health workers (n=1 159 169)

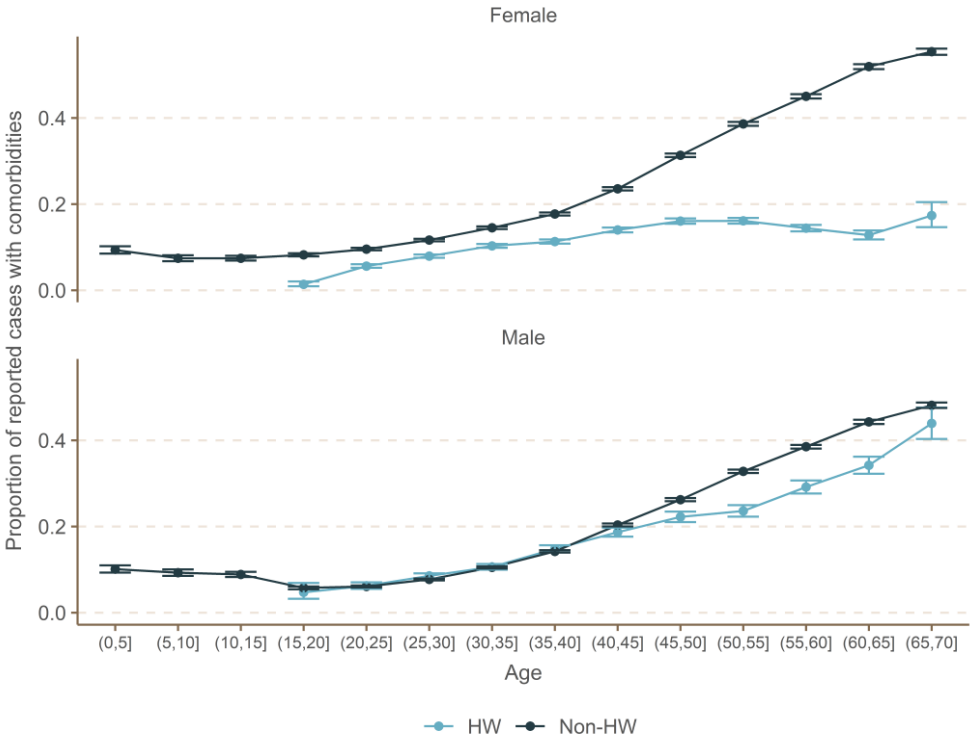


Figure 11. Proportion of hospitalized COVID-19 cases by age group and sex, amongst health workers and non-health workers (n=1 159 169)

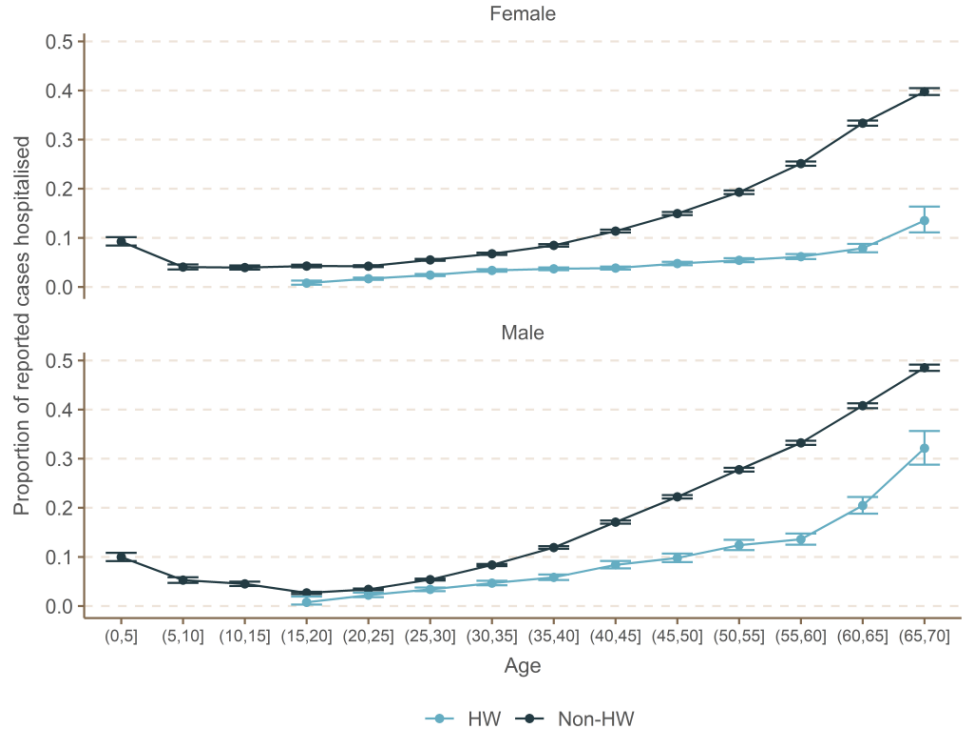
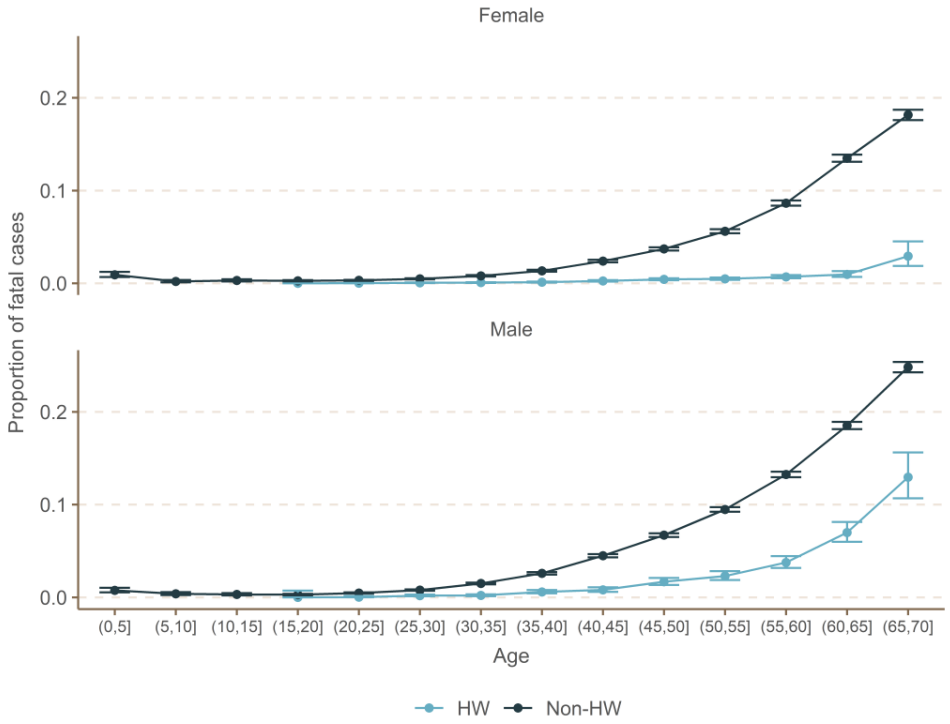


Figure 12. Proportion of fatal COVID-19 cases by age group and sex, amongst health workers and non-health workers (n=1 159 169)



Key weekly updates

- At WHOs Executive Board meeting, WHO Director-General Dr Tedros highlighted some of WHO's key actions over the course of the pandemic:
    - Declaring a Public Health Emergency of International (PHEIC) Concern on 30 January;
    - Publishing the first Strategic Preparedness and Response Plan 4 days later;
    - Developing and publishing the first protocol for developing a PCR test and assisting in the development of the first diagnostic test;
    - Producing and shipping the diagnostic tests within a month of declaring the outbreak, with millions of tests distributed to more than 150 countries since then;
    - Publishing more than 400 guidance documents for individuals, communities, schools, businesses, industries, health workers, health facilities and governments;
    - Building country capacity by providing free training in 133 COVID-19 courses on OpenWHO.org;
    - Working closely with governments to write national plans and identify needs, and to match those needs with more than 600 partners and 74 donors through the COVID-19 Partners Platform;
    - Sending expert missions to more than 130 countries to provide operational and technical support;
    - Sourcing, validating, purchasing and delivering masks, gloves, respirators, gowns, goggles, swabs, tests, reagents, thermometers, oxygen concentrators, ventilators and more, to 177 countries and territories;
    - Enrolling more than 12,000 patients in the WHO Solidarity Therapeutics Trial, in nearly 500 hospitals in 29 countries; and
    - Launching the Access to COVID-19 Tools Accelerator, which is working on diagnostics, treatment, vaccines and health system strengthening. It includes COVAX which is supporting the development of 9 vaccines, with more in the pipeline and aims to fairly distribute 2 billion vaccine doses by the end of 2021.

- "The pandemic must be a turning point for all of us; a catalyst for making universal health coverage a reality, and not just an aspiration", urged Dr Tedros at a side event of the 75th session of the United Nations General Assembly. According to the WHO global pulse survey, 90% of countries report disruptions to essential health services since COVID-19, with low- and middle-income countries reporting the greatest difficulties.

- Close to a billion people are living with a mental disorder and 1 person dies every 40 seconds by suicide. A recent WHO survey found that the COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing. To celebrate World Mental Health Day (Saturday 10 October), WHO, in collaboration with United for Global Mental Health and the World Federation for Mental Health, encouraged people from all countries to support a global movement calling for greater investment in mental health.

- More than 200,000 additional stillbirths could occur over the next 12 months in 117 low- and middle-income countries due to severe COVID-related disruptions in health care services according to the first ever joint report on stillbirth estimates. Around 2 million babies are stillborn every year, with the majority of these deaths avoided with high-quality care antenatally and during birth.

- The International Day of the Girl, celebrated on Sunday 11 October, focuses on the importance, power, and potential of girls around the world. COVID-19 represents a huge challenge for adolescents and young people, and especially for girls and young women. Young people need to be a key part of the solution to this global crisis, working jointly with their communities and health authorities to help break the chain of infection.

Table 2. Number of COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, as of 11 October 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Africa	**29169**	**1227719**	**1094**	**991**	**27255**	**24**	
South Africa	11 180	690 896	11 649	735	17 673	298	Community transmission
Ethiopia	6 441	83 429	726	70	1 277	11	Community transmission
Kenya	2 235	41 158	765	35	760	14	Community transmission
Uganda	1 047	9 538	209	7	86	2	Community transmission
Algeria	945	52 940	1 207	39	1 795	41	Community transmission
Angola	876	6 246	190	29	218	7	Community transmission
Nigeria	816	60 103	292	2	1 115	5	Community transmission
Mozambique	795	9 844	315	6	70	2	Community transmission
Cabo Verde	617	6 913	12 434	12	74	133	Community transmission
Zambia	585	15 415	839	3	336	18	Community transmission
Cameroon	322	21 160	797	2	420	16	Community transmission
Namibia	319	11 891	4 680	5	128	50	Community transmission
Guinea	261	10 996	837	3	69	5	Community transmission
Côte D'Ivoire	243	20 036	760	0	120	5	Community transmission
Ghana	219	46 987	1 512	5	306	10	Community transmission
Madagascar	173	16 702	603	5	237	9	Community transmission
Senegal	162	15 213	909	1	313	19	Community transmission
Burkina Faso	153	2 241	107	2	60	3	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Zimbabwe	136	7 994	538	1	229	15	Community transmission
Eswatini	130	5 660	4 879	2	113	97	Community transmission
Lesotho	128	1 767	825	2	40	19	Clusters of cases
Mali	103	3 273	162	1	132	7	Community transmission
Togo	95	1 935	234	1	49	6	Community transmission
Democratic Republic of The Congo	89	10 840	121	2	276	3	Community transmission
Chad	80	1 291	79	7	92	6	Community transmission
Benin	54	2 411	199	0	41	3	Community transmission
South Sudan	51	2 777	248	5	55	5	Community transmission
Botswana	47	3 219	1 369	2	18	8	Community transmission
Sierra Leone	41	2 300	288	0	72	9	Community transmission
Rwanda	40	4 892	378	1	30	2	Clusters of cases
Gambia	38	3 628	1 501	2	117	48	Community transmission
Malawi	38	5 821	304	1	180	9	Community transmission
Congo	29	5 118	927	1	90	16	Community transmission
Guinea-Bissau	23	2 385	1 212	1	40	20	Community transmission
Equatorial Guinea	18	5 063	3 609	0	83	59	Community transmission
Gabon	18	8 815	3 960	0	54	24	Community transmission
Eritrea	16	414	117	0	0	<1	Sporadic cases
Liberia	16	1 363	269	0	82	16	Community transmission
Mauritius	14	395	311	0	10	8	Sporadic cases
Mauritania	12	7 523	1 618	0	161	35	Community transmission
Burundi	11	524	44	0	1	<1	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Central African Republic	9	4 854	1 005	0	62	13	Community transmission
Sao Tome and Principe	9	922	4 207	0	15	68	Clusters of cases
Comoros	7	491	565	0	7	8	Community transmission
Seychelles	5	147	1 495	0	0	<1	Sporadic cases
Niger	0	1 200	50	0	69	3	Clusters of cases
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories[ii]							
Réunion	313	4 491	5 016	0	16	18	Clusters of cases
Mayotte	210	3 989	14 622	1	43	158	Clusters of cases
Americas	**804735**	**17794771**	**17399**	**20509**	**588867**	**576**	
United States of America	327 514	7 583 748	22 911	4 863	212 229	641	Community transmission
Brazil	175 365	5 055 888	23 786	4 251	149 639	704	Community transmission
Argentina	91 779	871 468	19 282	2 626	23 225	514	Community transmission
Mexico	56 661	809 751	6 280	5 015	83 507	648	Community transmission
Colombia	52 769	894 300	17 576	1 098	27 495	540	Community transmission
Peru	21 791	843 355	25 578	549	33 158	1 006	Community transmission
Canada	15 458	178 117	4 719	176	9 585	254	Community transmission
Chile	11 124	479 595	25 088	353	13 272	694	Community transmission
Costa Rica	8 224	86 053	16 893	125	1 055	207	Community transmission
Ecuador	6 477	146 828	8 322	591	12 188	691	Community transmission
Paraguay	5 591	48 275	6 768	155	1 045	147	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Panama	4 879	118 841	27 543	68	2 474	573	Community transmission
Venezuela (Bolivarian Republic of)	4 876	81 696	2 873	41	684	24	Community transmission
Honduras	4 283	82 552	8 335	106	2 492	252	Community transmission
Dominican Republic	4 088	118 014	10 879	39	2 167	200	Community transmission
Guatemala	3 796	97 544	5 445	80	3 365	188	Community transmission
Bolivia (Plurinational State of)	2 007	138 226	11 841	217	8 262	708	Community transmission
Jamaica	764	7 559	2 553	19	138	47	Community transmission
Bahamas	623	4 955	12 600	10	106	270	Clusters of cases
El Salvador	593	29 951	4 618	30	887	137	Community transmission
Guyana	390	3 358	4 269	15	100	127	Clusters of cases
Belize	347	2 427	6 104	7	35	88	Community transmission
Trinidad and Tobago	334	5 043	3 603	12	90	64	Community transmission
Cuba	168	5 948	525	1	123	11	Clusters of cases
Uruguay	154	2 251	648	1	49	14	Clusters of cases
Suriname	119	5 018	8 554	1	106	181	Community transmission
Nicaragua	79	4 225	638	2	153	23	Community transmission
Haiti	68	8 860	777	1	230	20	Community transmission
Barbados	9	205	713	0	7	24	Clusters of cases
Antigua and Barbuda	5	111	1 133	0	3	31	Sporadic cases
Saint Lucia	2	29	158	0	0	<1	Sporadic cases
Dominica	1	32	445	0	0	<1	Clusters of cases
Grenada	0	24	213	0	0	<1	No cases
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Saint Vincent and the Grenadines	0	64	577	0	0	<1	Sporadic cases
Territories[ii]							
Puerto Rico	2 989	53 364	18 653	47	728	254	Community transmission
Guadeloupe	580	6 483	16 202	2	77	192	Community transmission
Martinique	308	1 851	4 933	1	22	59	Community transmission
Aruba	152	4 150	38 870	4	31	290	Community transmission
Curaçao	133	532	3 242	0	1	6	Community transmission
French Guiana	115	10 144	33 963	2	69	231	Community transmission
Saint Martin	54	466	12 054	0	8	207	Community transmission
Sint Maarten	31	699	16 301	0	22	513	Community transmission
Bonaire, Sint Eustatius and Saba	24	148	5 644	1	2	76	Sporadic cases
Cayman Islands	7	220	3 348	0	1	15	Sporadic cases
Bermuda	3	184	2 955	0	9	145	Sporadic cases
Saint Barthélemy	3	65	6 576	0	0	<1	
Anguilla	0	3	200	0	0	<1	No cases
British Virgin Islands	0	71	2 348	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	13	3 732	0	0	<1	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saint Pierre and Miquelon	0	16	2 761	0	0	<1	Sporadic cases
Turks and Caicos Islands	0	695	17 950	0	6	155	Clusters of cases
United States Virgin Islands	- 2	1 324	12 679	0	20	192	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Eastern Mediterranean	**138751**	**2605478**	**3565**	**3173**	**66329**	**91**	
Iran (Islamic Republic of)	28 134	496 253	5 908	1 547	28 293	337	Community transmission
Iraq	24 193	400 124	9 948	443	9 790	243	Community transmission
Morocco	18 613	149 841	4 060	279	2 572	70	Clusters of cases
Tunisia	10 315	31 259	2 645	180	456	39	Clusters of cases
Jordan	9 249	23 998	2 352	93	181	18	Community transmission
Lebanon	9 078	52 558	7 700	57	455	67	Community transmission
United Arab Emirates	7 373	105 133	10 630	17	443	45	Community transmission
Libya	5 599	41 686	6 067	45	623	91	Community transmission
Oman	5 544	104 129	20 391	74	1 009	198	Community transmission
Pakistan	4 316	318 932	1 444	57	6 570	30	Clusters of cases
Kuwait	4 110	110 568	25 891	35	655	153	Community transmission
Bahrain	2 977	75 287	44 245	15	273	160	Clusters of cases
Saudi Arabia	2 947	338 944	9 736	168	5 018	144	Sporadic cases
Qatar	1 439	127 778	44 351	3	219	76	Community transmission
Egypt	812	104 387	1 020	70	6 040	59	Clusters of cases
Afghanistan	458	39 799	1 022	15	1 477	38	Clusters of cases
Syrian Arab Republic	344	4 673	267	17	221	13	Community transmission
Somalia	102	3 847	242	0	99	6	Sporadic cases
Sudan	12	13 670	312	0	836	19	Community transmission
Yemen	10	2 055	69	6	596	20	Community transmission
Djibouti	5	5 423	5 489	0	61	62	Sporadic cases
Territories[ii]							

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Occupied Palestinian territory	3 121	55 134	10 808	52	442	87	Community transmission
Europe	**694275**	**6918265**	**7412**	**6172**	**246709**	**264**	
The United Kingdom	110 827	590 848	8 704	443	42 760	630	Community transmission
France	110 665	691 368	10 592	480	32 449	497	Community transmission
Russian Federation	83 717	1 298 718	8 899	1 239	22 597	155	Clusters of cases
Spain	50 246	861 112	18 418	550	32 929	704	Community transmission
Netherlands	36 333	168 082	9 809	118	6 558	383	Community transmission
Ukraine	34 573	261 035	5 969	575	4 972	114	Community transmission
Czechia	28 769	109 374	10 213	194	905	85	Community transmission
Italy	26 743	349 494	5 780	172	36 140	598	Clusters of cases
Israel	23 808	286 109	33 055	201	1 877	217	Community transmission
Germany	23 627	322 864	3 854	86	9 615	115	Clusters of cases
Poland	23 498	121 638	3 214	368	2 972	79	Community transmission
Belgium	22 667	156 838	13 533	112	10 175	878	Community transmission
Romania	18 338	152 403	7 922	411	5 358	279	Community transmission
Turkey	11 017	334 031	3 961	394	8 778	104	Community transmission
Portugal	7 327	85 574	8 392	72	2 067	203	Clusters of cases
Austria	6 666	54 685	6 072	49	858	95	Community transmission
Slovakia	6 476	18 797	3 443	7	61	11	Clusters of cases
Hungary	6 021	36 596	3 788	111	933	97	Community transmission
Switzerland	5 967	60 230	6 959	10	1 793	207	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Republic of Moldova	5 874	61 762	15 311	105	1 458	361	Community transmission
Ireland	4 046	41 714	8 448	11	1 821	369	Community transmission
Armenia	3 955	56 451	19 050	43	1 020	344	Community transmission
Georgia	3 676	11 794	2 957	35	85	21	Community transmission
Belarus	3 171	83 023	8 786	40	891	94	Community transmission
Sweden	2 804	98 451	9 748	5	5 894	584	Community transmission
Denmark	2 780	32 082	5 539	13	667	115	Community transmission
Croatia	2 531	19 932	4 855	24	317	77	Community transmission
Uzbekistan	2 473	60 894	1 819	24	503	15	Clusters of cases
Greece	2 465	22 078	2 118	31	436	42	Clusters of cases
Bulgaria	2 353	23 871	3 435	46	887	128	Clusters of cases
Bosnia and Herzegovina	2 109	30 343	9 249	50	920	280	Community transmission
North Macedonia	1 953	20 555	9 866	32	785	377	Clusters of cases
Slovenia	1 924	8 254	3 970	1	141	68	Clusters of cases
Kyrgyzstan	1 802	49 230	7 546	19	1 085	166	Clusters of cases
Kazakhstan	1 788	143 632	7 649	0	2 106	112	Clusters of cases
Finland	1 336	11 580	2 090	1	346	62	Community transmission
Azerbaijan	1 191	41 752	4 118	13	608	60	Clusters of cases
Albania	1 114	15 231	5 293	24	416	145	Clusters of cases
Norway	1 072	15 221	2 808	0	275	51	Clusters of cases
Lithuania	882	5 963	2 190	9	103	38	Community transmission
Serbia	843	34 685	4 981	9	762	109	Community transmission
Montenegro	669	12 917	20 566	11	190	303	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Luxembourg	651	9 360	14 953	5	130	208	Community transmission
Iceland	588	3 460	10 139	0	10	29	Community transmission
Andorra	586	2 696	34 893	2	55	712	Community transmission
Latvia	577	2 596	1 376	2	40	21	Clusters of cases
Malta	542	3 681	8 337	4	41	93	Clusters of cases
Tajikistan	285	10 180	1 067	2	79	8	Pending
Estonia	269	3 846	2 899	1	68	51	Clusters of cases
Cyprus	175	1 986	1 645	3	25	21	Clusters of cases
San Marino	16	766	22 571	0	42	1 238	Community transmission
Liechtenstein	15	138	3 619	0	1	26	Sporadic cases
Monaco	11	233	5 937	0	1	25	Sporadic cases
Holy See	0	12	14 833	0	0	<1	Sporadic cases
Territories[ii]							
Kosovo[1]	372	16 087	8 647	15	635	341	Community transmission
Gibraltar	52	468	13 891	0	0	<1	Clusters of cases
Jersey	28	449	4 127	0	32	294	Community transmission
Faroe Islands	4	477	9 762	0	0	<1	Sporadic cases
Isle of Man	4	345	4 057	0	24	282	No cases
Greenland	2	16	282	0	0	<1	No cases
Guernsey	2	258	4 083	0	13	206	Community transmission
South-East Asia	**575763**	**7911036**	**3914**	**7750**	**126917**	**63**	

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
India	504 433	7 053 806	5 111	6 552	108 334	79	Clusters of cases
Indonesia	29 446	328 952	1 203	710	11 765	43	Community transmission
Nepal	21 114	105 684	3 627	86	614	21	Clusters of cases
Myanmar	9 561	26 064	479	227	598	11	Clusters of cases
Bangladesh	9 508	377 073	2 290	175	5 500	33	Community transmission
Sri Lanka	1 233	4 628	216	0	13	1	Clusters of cases
Maldives	394	10 859	20 089	0	34	63	Clusters of cases
Thailand	51	3 636	52	0	59	1	Clusters of cases
Bhutan	23	306	397	0	0	<1	Sporadic cases
Timor-Leste	0	28	21	0	0	<1	Sporadic cases
Western Pacific	**26199**	**651841**	**332**	**633**	**14265**	**7**	
Philippines	17 596	336 926	3 075	560	6 238	57	Community transmission
Japan	3 573	88 912	703	30	1 627	13	Clusters of cases
Malaysia	3 008	15 096	466	18	155	5	Clusters of cases
Republic of Korea	515	24 606	480	11	432	8	Clusters of cases
China	184	91 305	62	0	4 746	3	Clusters of cases
Australia	123	27 244	1 068	4	897	35	Clusters of cases
Singapore	66	57 866	9 891	0	27	5	Clusters of cases
New Zealand	17	1 515	314	0	25	5	Clusters of cases
Viet Nam	11	1 107	11	0	35	<1	Clusters of cases
Papua New Guinea	10	550	61	0	7	1	Community transmission
Cambodia	5	283	17	0	0	<1	Sporadic cases
Mongolia	2	315	96	0	0	<1	Sporadic cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths:	Cumulative deaths per 1 million population	Transmission classification
Brunei Darussalam	0	146	334	0	3	7	No cases
Fiji	0	32	36	0	2	2	Sporadic cases
Lao People'S Democratic Republic	0	23	3	0	0	<1	Sporadic cases
Solomon Islands	0	1	1	0	0	<1	Sporadic cases
Territories[ii]							
French Polynesia	728	2 754	9 804	2	10	36	Sporadic cases
Guam	357	3 056	18 107	8	59	350	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	4	77	1 338	0	2	35	Pending
New Caledonia	0	27	95	0	0	<1	Sporadic cases
Subtotal for all regions	**2 268 892**	**37 109 110**		**39 228**	**1 070 342**		
Other[†]	0	741		0	13		
Grand total	**2 268 892**	**37 109 851**	**4 761**	**39 228**	**1 070 355**	**137**	

See *data, table and figure notes*

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Updates from WHO regions
  - African Region
  - Eastern Mediterranean Region
  - European Region
  - Region of the Americas
  - South-East Asia Region
  - Western Pacific Region
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines

on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

[ii] "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

[†] Other: includes cases reported from international conveyances.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the log of major changes and errata for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Weekly Operational Update on COVID-19

9 October 2020

Confirmed cases[a]
36 361 054

Confirmed deaths
1 056 186

WHO launches COVID-19 clinical management online training in Jordan

This week WHO launched an online training course designed for Jordan's frontline clinicians and nurses managing COVID-19 cases in designated hospitals. The clinical management training will be conducted from 5 to 26 October 2020 and will include a series of 7 virtual sessions over a 1-month period.

The sessions aim to enhance the capacity of the frontline health care workforce in working as a multidisciplinary team on the management of mild, moderate, severe and critical COVID-19 disease, based on WHO guidelines and evidence-based international standards. The course is designed to share national and international clinical experiences and foster knowledge exchange and partnerships for strengthening clinical practices

"In order to maximize our efforts to support Jordan, WHO has worked across its three country, regional and headquarters levels as one WHO team to provide technical support to the Ministry of Health to develop this first pilot online course in the Region. We do hope that other countries will also benefit from this experience," said Dr Maria Cristina Profili, the WHO Representative in Jordan.

For more information on the training course and online training, click here.

Key Figures

WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work

16 495 025 respirators shipped to 173 countries across all six WHO regions

177 019 499 medical masks shipped to 173 countries across all six WHO regions

7 737 536 face shields shipped to 173 countries across all six WHO regions

6 634 348 gowns shipped to 173 countries across all six WHO regions

14 055 900 gloves shipped to 173 countries across all six WHO regions

1 124 116 goggles shipped to 173 countries across all six WHO regions

More than **4.4**million people registered on OpenWHO and able to access **133** COVID-19 online training courses across 18 topics in **41** languages

[a] For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

From the field:

Ministries of health from selected countries in the Region of the Americas begin preparations for the WHO Solidarity clinical trials for COVID-19 vaccines

The Solidarity Clinical Trial was presented to health authorities in the Americas, in a virtual meeting, held on 24 September 2020. The goal of the trial is to coordinate prompt, efficient, and reliable evaluation of candidate SARS-CoV-2 vaccines under development, to assess their safety and efficacy and to identify those that will be appropriate for deployment to influence the course of the pandemic. The six countries participating in the trial are Argentina, Brazil, Chile, Colombia, El Salvador and Mexico. PAHO will coordinate the extensive technical, political, and operational issues.

"The work done so far on COVID-19 has demanded efforts for scientists all over the world to stretch our capacity to innovate and collaborate to develop new solutions for the population that we serve," said Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme.

Topics covered included the general framework and characteristics of the Trial, and the selection criteria for participation, which include: a well established ethics committees with the required capacity, a National Regulatory Authority, a functional immunization program with disaggregated information at the subnational level, research centers with experience in vaccine trials, and epidemiological criteria according to the recommendations of the Trial Committee. The epidemiological criteria in the selection of the study sites allows determination of areas in which the incidence of COVID-19 is high, since the study seeks high recruitment rates.

However, it is noted that participation in the Solidarity Clinical Trial has no implication on eventual access to the vaccine via COVAX and the PAHO Revolving Fund.

For the full story please read here.

Institute of Epidemiological Diagnosis and Reference (InDRE), Mexico City, Mexico. Credit: WHO/ Blink Media – Lisette Poole

Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 8 October 2020, WHO briefed on the epidemiological situation and identified a number of key challenges continuing to impact the public health response to the pandemic including fatigue and strain on the public health infrastructure in many countries.

FAO updated the CMT on the "One Health" approach for inter-sectoral work needed at the human/animal interface. Discussions also acknowledged the importance of "One Health" in the context the environment including climate change. WHO advised that joint guidance on how to reduce the risk of trade in live animals in food markets was in the final stages of development.

With the current vaccine development pipeline, WHO highlighted the UN's role in supporting countries to be ready for the roll out of vaccines in due course to ensure that effective vaccines are complemented by effective vaccination.

Lastly, UN Department of Global Communication (UNDGC) informed the CMT that the UN Secretary-General launched his latest policy brief on 7 October 2020, "COVID-19 and Universal Health Coverage" (UHC) that called on all stakeholders to draw key lessons from the pandemic. The policy brief emphasizes that UHC, strong public health systems and emergency preparedness are essential to communities, to economies, to everyone.

COVID-19 Preparedness

France, Finland and Indonesia co-hosted a United Nations General Assembly side event on '*Sustainable preparedness for health security and resilience: Adopting a whole-of-society approach and breaking the "panic-then-forget" cycle*' with the WHO on 1 October 2020.

The event, attended by over 300 high-level participants, including Ministers and leaders of regional and international organizations, funders and partners, highlighted and advocated for long-term sustainable preparedness.

The side event paid special attention to the importance of applying a whole-of-society approach, including through effective multisectoral collaboration and community engagement. Member States spoke of their countries' experiences in COVID-19 and commitment to health emergency preparedness. Partners stressed the need for community engagement, the involvement of parliaments and local governments, adopting a multisectoral approach, and the important role that they can play in country and global preparedness and financing.

This side event marked a crucial dialogue among countries, donors and partners on building back better for future emergency preparedness during the current COVID-19 pandemic, and beyond.

The press release can be found here, and a meeting report will be published soon.

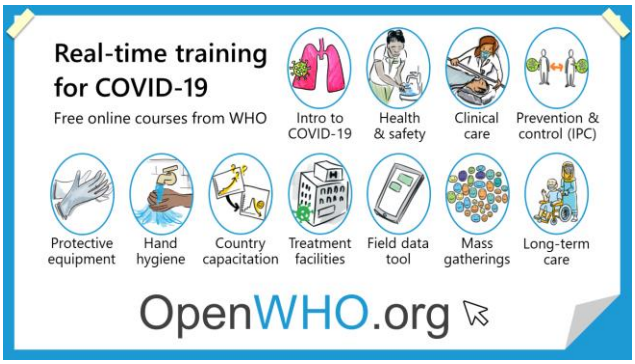
Health Learning

41 languages

Over 2.3 million certificates

133 COVID-19 courses

4 493 339
Course enrollments



Last week, the OpenWHO team launched a new course on **long-term care facilities in the context of COVID-19** together with the Western Pacific Regional Office.
care facilities (LTCF),

As the COVID-19 pandemic affects older people disproportionately, especially those living in long-term, concerted action is needed to mitigate the impact of COVID-19 by enhancing infection prevention and control (IPC) measures within LTCF.

The COVID-19 IPC course for LTCF consists of four training modules to be used in conjunction with the LTCF communication toolkit and preparedness checklist.

- Module 1: COVID-19 Infection Prevention and Control Package for Long-Term Care Facilities
- Module 2: Performing the COVID-19 Preparedness Checklist for Long-Term Care Facilities
- Module 3: Caring for Residents of Long-Term Care Facilities during COVID-19
- Module 4: Protection and Support of Staff of Long-Term Care Facilities during COVID-19

This training package can be used by facility administrators, IPC focal points or staff, and internal or external professionals. In the coming weeks, the course will be available in UN official languages as well as Portuguese, Indonesian, Malay, Mongolian and Vietnamese.

Partnerships

The Emergency Medical Teams - EMT

Classification of the Ulusal Medikal Kurtarma Ekibi (UMKE) Emergency Medical Team Photo credit: Ulusal Medikal Kurtarma Ekibi (UMKE) Emergency Medical Team

- On 23 September 2020, the Ulusal Medikal Kurtarma Ekibi (UMKE) Emergency Medical Team from Turkey was verified as an EMT type two in Istanbul, Turkey. Type two EMT have inpatient emergency care and surgical capacity. UMKE is the 30th team to join the global network of WHO classified Emergency Medical Teams and will continue to contribute to the nation response to COVID-19.

- On 1-2 October 2020 a remote simulation exercise was successfully completed on EMT Coordination. The simulation was a collaboration with partners Training in Aid and the Robert Koch Institute. This global pilot was a refresher course on the EMT Coordination Cell (EMTCC) methodology with participants from 15 countries worldwide who are on the EMTCC roster and currently work on the COVID 19 response. Participants came from government, NGOs, WHO and other partner agencies including OCHA.

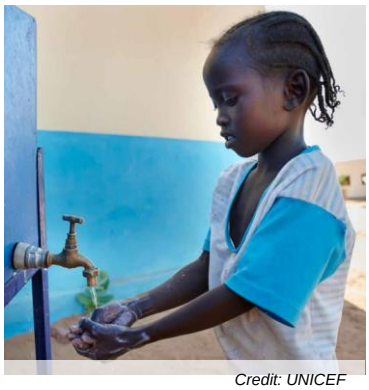
- As of 7 October 2020, over 50 International EMT missions have been conducted to response to the COVID 19 pandemic. A survey on EMT best practices and lessons in the COVID 19 response will be published next week.

- The EMT Network is still active to ensure access to essential health services in Lesbos, Greece (camp fire) and Beirut, Lebanon (explosion). Provision of these services were severely reduced following the events. In the meantime, the EMTs are also helping to manage the increase in the number of COVID 19 cases observed in Greece and Lebanon. While the Norwegian EMT will be completing its mission in Greece soon, the deployment of other classified teams is under discussion to ensure continuity.

Partnerships

The Global Health Cluster - GHC


Credit: WHO


Credit: UNICEF


Credit: OCHA

- The Global Health Cluster released news stories on the Sudan Health Cluster responding to multiple emergencies in the COVID-19 context and the need to prioritize essential health services in the current funding crises.

- The Global Health Cluster also published a partner profile showcasing the work of FHI 360 in strengthening health systems in Yemen and their timely commitment to fill the sub-national cluster coordination role in Aden shortly before the first COVID-19 cases in southern Yemen were reported. These news stories were also disseminated via the quarterly Health Cluster Updates


Credit: FHI 360


Credit: FHI 360

COVID-19 Partners Platform

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

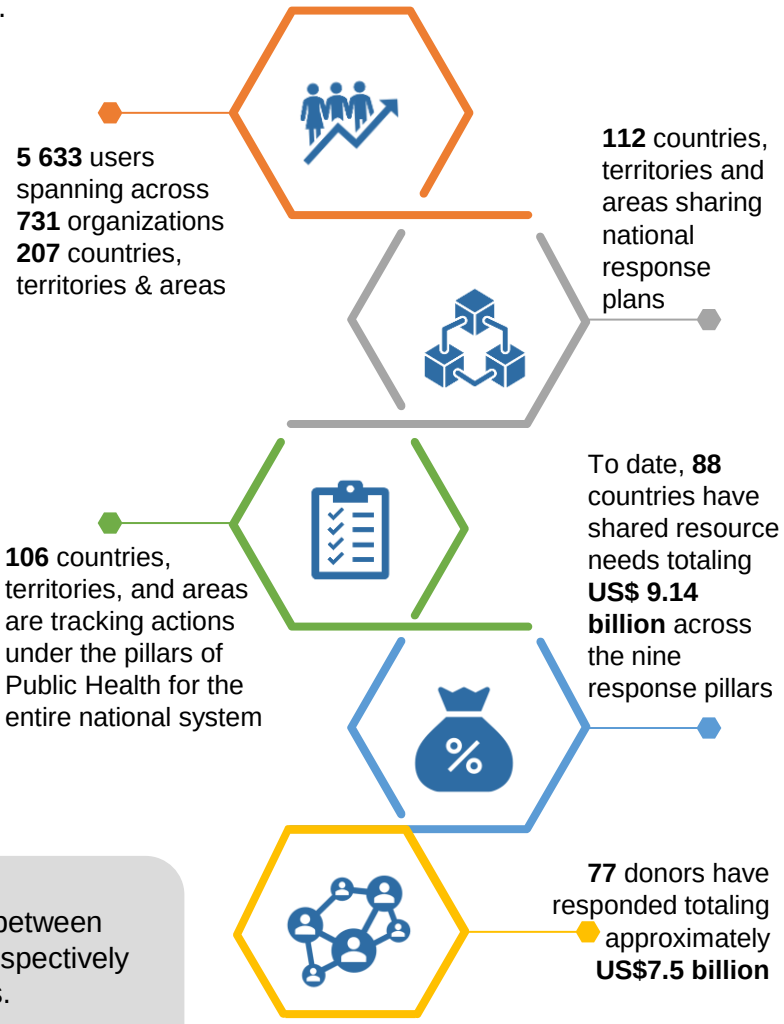
To further facilitate country-level planning, monitoring and advocacy, a dashboard for the Partners Platform has been created. The new feature provides:

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

Results Report

The Partners Platform has finalized a first Results Report to highlight key objectives and achievements of the Platform and present its short-term and long-term goals for expansion as an even more useful tool for countries and donors to respond efficiently to future outbreaks.

The Results Report will be available next week online. Please contact Erin Kannan at kannanp@who.int for inquiries about this publication.



The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies to 173 countries across all WHO regions.

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

Shipped items as of 9 October 2020	Laboratory supplies		Personal protective equipment					
Region	**Sample collection kits**	**Tests (Manual PCR)**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	2 458 135	1 041 046	1 034 364	754 300	151 639	1 028 048	45 128 789	1 655 314
Americas (AMR)	12 180	10 352 294	3 820 501	88 000	301 180	3 918 770	54 175 110	7 225 456
Eastern Mediterranean (EMR)	643 360	1 275 340	790 085	4 911 000	116 260	398 522	24 677 550	1 207 995
Europe (EUR)	294 560	542 086	1 704 850	7 190 100	374 720	985 048	37 292 100	5 126 950
South East Asia (SEAR)	1 301 800	1 585 800	87 336	442 500	82 150	217 450	5 406 300	353 075
Western Pacific (WPR)	90 800	248 864	300 400	670 000	98 167	86 510	10 339 650	926 235

For further information on the **COVID-19 supply chain system**, see here.

Appeals

***WHO** appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 9 October 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

US$1.74 BILLION

WHO's current funding gap against funds received stands under the updated SPRP

US$250 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

US$550 MILLION

WHO current funding gap

US$55 MILLION

Global WHO GHRP allocation as of Sept 2020

US$495 MILLION

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 9 October 2020, **The Solidarity Response Fund** has raised or committed more than US$ 236 million.

More than US$ 236 Million

618 000 donors

[individuals – companies – philanthropies]

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 618,000 individuals together contributed more than US$236 million in fully flexible funding to support the WHO-led global response effort

Among the latest allocations, the Solidarity Fund has supported a project to promote Civil Society Organizations (CSOs) engagement in the COVID19 response, for a total of US$5 million. This is an innovative initiative on prevention and control of COVID-19 through direct partnership with civil society and community organizations at the country level.

The project will provide grants to selected CSOs as a pilot, review priorities in governance mechanisms for engagement with CSOs, and establish networks at global and regional levels to support CSO engagement in health emergencies.

The WHO Contingency Fund for Emergency (CFE)

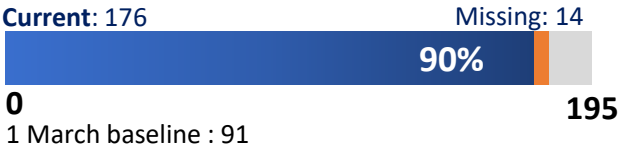
WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

COVID-19 Global Preparedness and Response Summary Indicators [a]

Countries have a COVID-19 preparedness and response plan



1 March baseline : 91

Countries have a clinical referral system in place to care for COVID-19 cases

1 March baseline: 73

Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]

1 March baseline: 37

Countries that have defined essential health services to be maintained during the pandemic

Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

Countries in which all designated Points of Entry (PoE) have emergency contingency plans

Countries with a national IPC programme & WASH standards within all health care facilities

Countries have an occupational safety plan for health workers

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

1 March baseline: 87

Countries have COVID-19 laboratory testing capacity

1 March baseline: 165

Yes **No** **Missing Data**

Notes:

[a] Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."

[b] Source: UNICEF and WHO

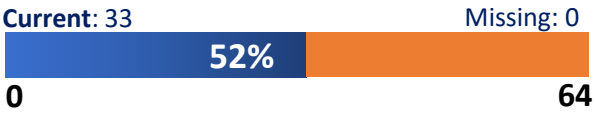
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

Priority countries with multisectoral mental health & psychosocial support working group

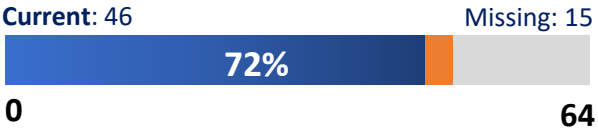
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

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



Priority countries with an active & implemented RCCE coordination mechanism

Priority countries with a contact tracing focal point



Priority countries with an IPC focal point for training

Notes:

[c] Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.

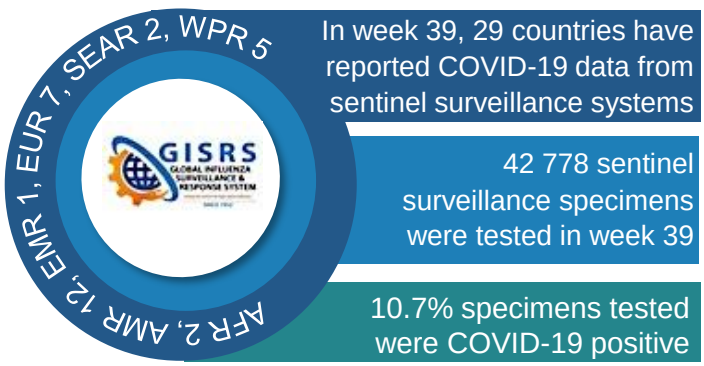
Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.

Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- For EPI-WIN: WHO Information Network for Epidemics, click **here**
- For more information on COVID-19 regional response:
  - **African Regional Office**
  - **Regional Office of the Americas**
  - **European Regional Office**
  - **Eastern Mediterranean Regional Office**
  - **Southeast Asia Regional Office**
  - **Western Pacific Regional Office**
- For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click **here**
- For updated WHO Publications and Technical Guidance on COVID-19, click **here**

Coronavirus disease (COVID-19)

Data as received by WHO from national authorities, as of 04 October 2020, 10 am CEST

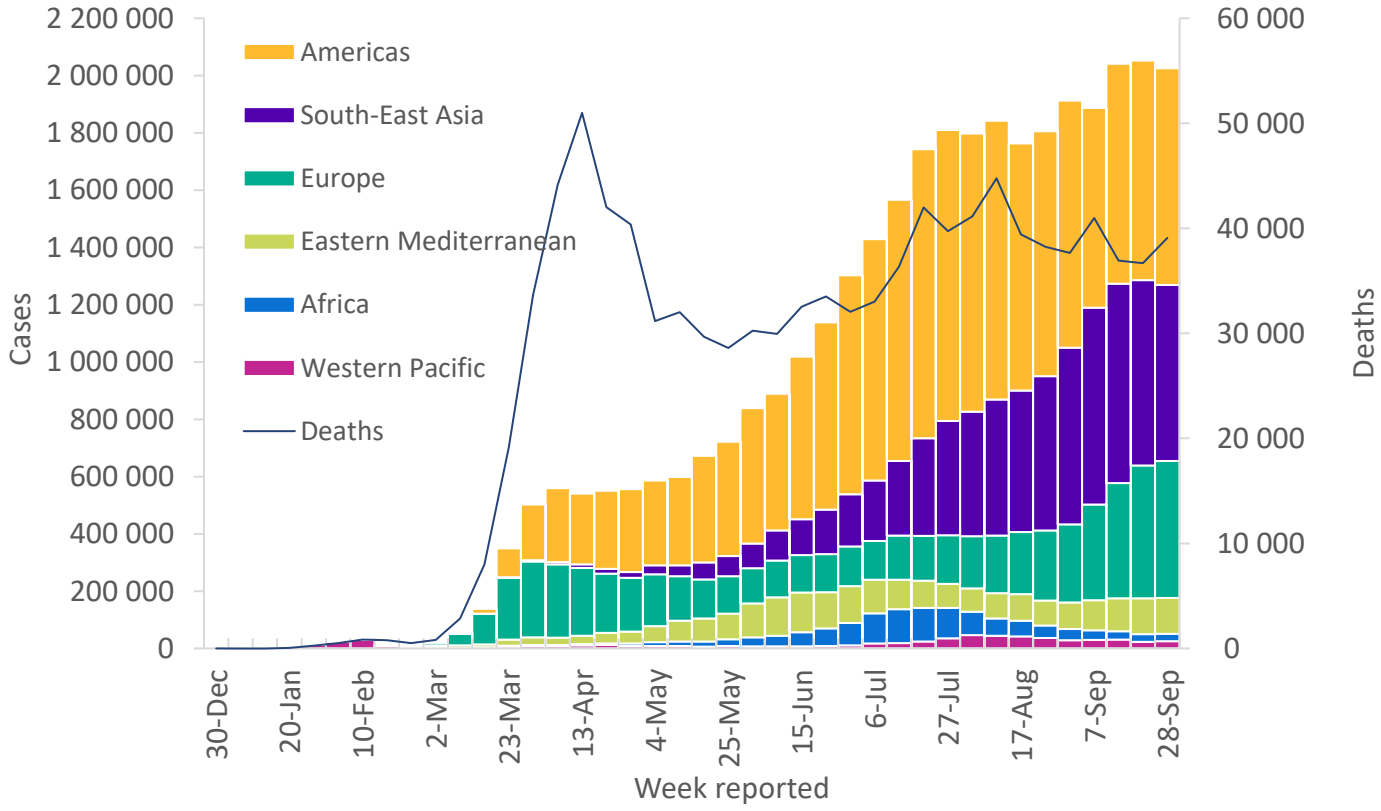
For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

The number of new cases per week has remained stable at 2 million for the past three weeks (Figure 1), with the cumulative total of over 34.8 million cases. Over 1 million deaths have now been reported globally, of which the majority were reported in the Region of the Americas (55%), followed by Europe (23%). In the past week, the regions of the Americas, South-East Asia, and Europe account for 91% of new cases. Five countries (namely India, the United States of America, Brazil, Argentina and France) reported 60% of new global cases this past week, while Israel registered the highest incidence (3717 new cases per 1 million population). Globally, the highest percentage of cases have been reported in the 25-39 age group, with approximately 50% of cases in the 25-64 age group. However, the percentage of deaths increases with age, and approximately 75% of deaths are in those aged 65 years and above.

Figure 1: Number of COVID-19 cases reported weekly by WHO Region, and global deaths, 30 December 2019 through 04 October 2020**



**See data table and figure notes.

Although globally the number of new cases was similar to the number of cases in the previous week, there is considerable variation on a country- by-country basis. In several countries, the number of new cases is rising again, and in many (most notably within the European Region) the second wave is exceeding previous peaks; this can be partly attributed to enhancements in surveillance capacities over time. In other countries we have seen a gradual decline in new cases from earlier peaks in August, for example in Brazil, Colombia and Peru. In India and the Philippines, the number of new cases appear to have stabilized, but they are still reporting high numbers. There are also examples of countries that have consistently shown an increasing incidence as their first wave continues; these include Indonesia, Iraq, and Myanmar, although Indonesia is reporting a slight drop this week. South Africa and Australia are examples of countries that have successfully managed to reduce the number of new cases and have seen large reductions from earlier peaks.

Additional region-specific information can be found below: African Region, Region of the Americas, Eastern Mediterranean Region, European Region, South-East Asia Region, and Western-Pacific Region.

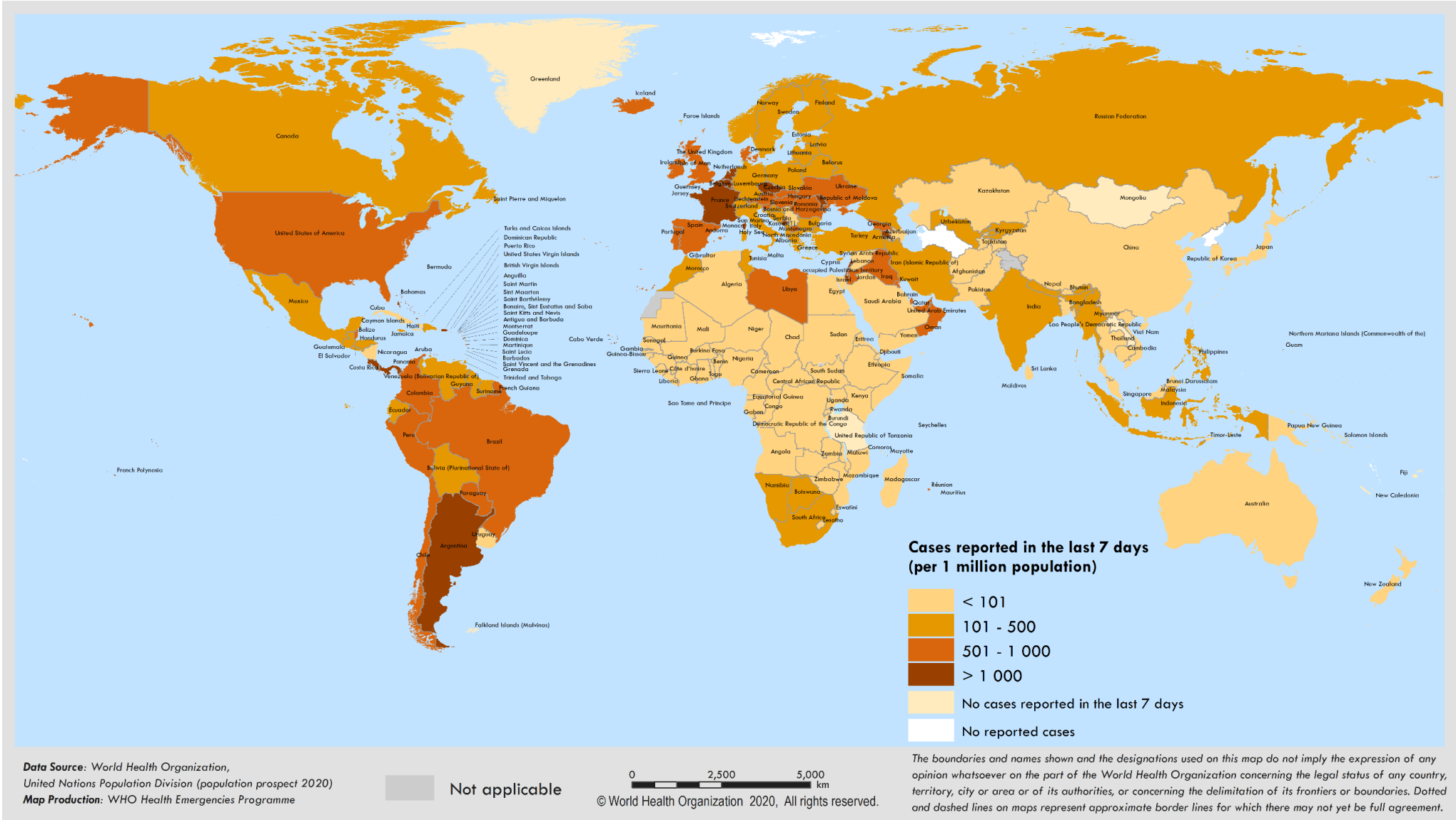
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 04 October 2020[**]

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days[*]	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days[*]	Cumulative deaths (%)
Americas	756 926 (37%)	-1%	16 990 036 (49%)	21 494 (55%)	13%	568 358 (55%)
South-East Asia	614 502 (30%)	-5%	7 335 273 (21%)	8 456 (22%)	-6%	119 167 (12%)
Europe	478 119 (24%)	3%	6 187 384 (18%)	5 039 (13%)	6%	240 148 (23%)
Eastern Mediterranean	125 567 (6%)	<1%	2 466 722 (7%)	2 804 (7%)	3%	63 156 (6%)
Africa	26 208 (1%)	-3%	1 198 550 (3%)	783 (2%)	8%	26 264 (3%)
Western Pacific	24 751 (1%)	8%	625 642 (2%)	503 (1%)	9%	13 632 (1%)
[†] Other	-	-	741 (<1%)	-	-	13 (<1%)
Global	**2 026 073 (100%)**	**-1%**	**34 804 348 (100%)**	**39 079 (100%)**	**7%**	**1 030 738 (100%)**

[*]Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.

[**]See data, table and figure notes

Figure 2. COVID-19 cases per million population reported in the last seven days by countries, territories and areas, 28 September through 4 October 2020**



**See data, table and figure notes.

Situation by WHO Region

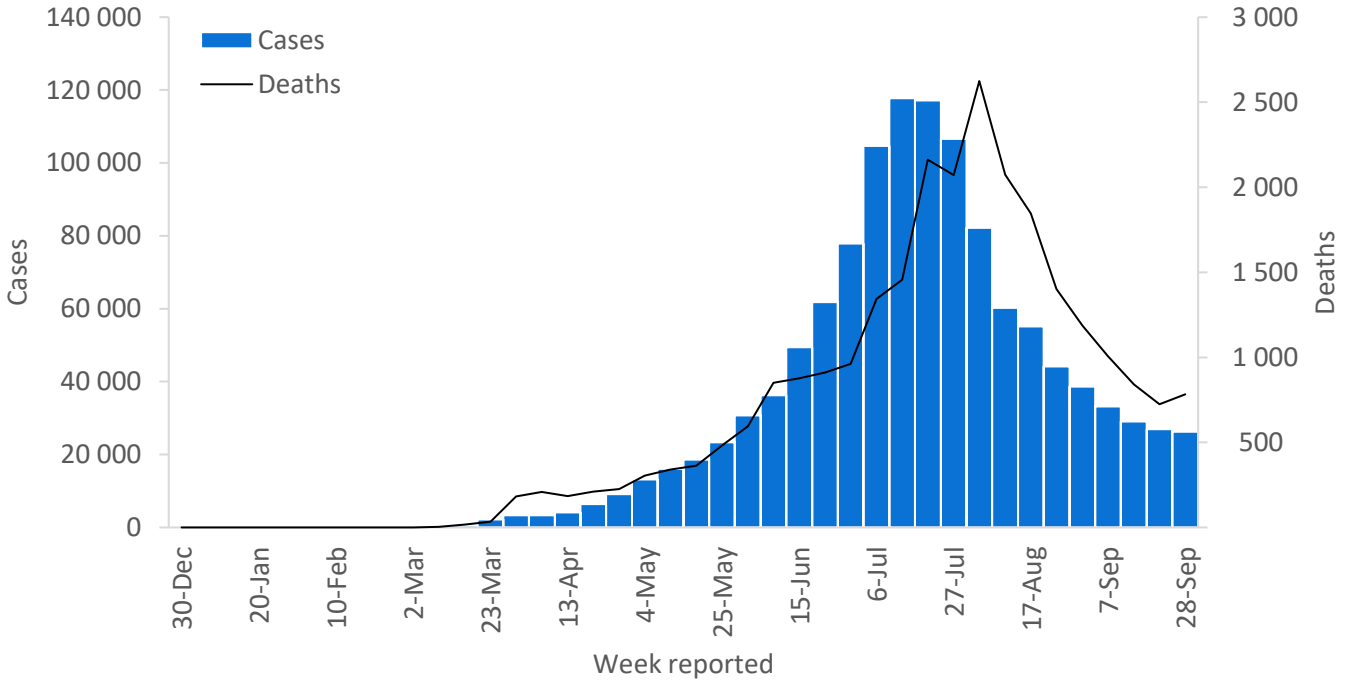
African Region

South Africa and Ethiopia continue to report the highest numbers of new cases in Africa, followed by Mozambique, Uganda, and Nigeria. Africa has seen a continuous decline in case incidence since mid-July; however, this trend is now slowing (Figure 3). For the first week since early August, the number of new deaths has risen – led by South Africa with a 29% increase in deaths in the past week.

South Africa also has the second- highest mortality rate in the Region – 11 461 deaths per 1 million population. The provinces of Gauteng and the Western Cape have reported the most cases and deaths to date; however, these regions, as well as the country itself, have maintained sustained declines in the daily incidence since the end of July. Despite this, weekly case numbers have continued to rise in less populated provinces. The country moved to Alert Level 1 as of 21 September (the least strigent of the five alert levels applied by the South African Goverment), with all sectors of the economy now open with strict adherence to public health protocols. A WHO surge team of experts, including infectious disease specialists and epidemiologists, is currently in South Africa, and is continuing to work with the National Department of Health.

New weekly cases have risen in Angola from 400 in the week of 7 September to 698 cases in the past week, a 74% increase, although the number of new cases has declined by 10% from the past week. Angola recently upgraded their self-reported transmission classification from 'clusters of cases' to 'community transmission'. Luanda province remains the epicentre with around 90% of all cases. A total of 16 out of the 18 provinces have reported confirmed cases. WHO has trained around 90 community health mobilizers now operating across Luanda.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 4 October 2020**



**See data, table and figure notes

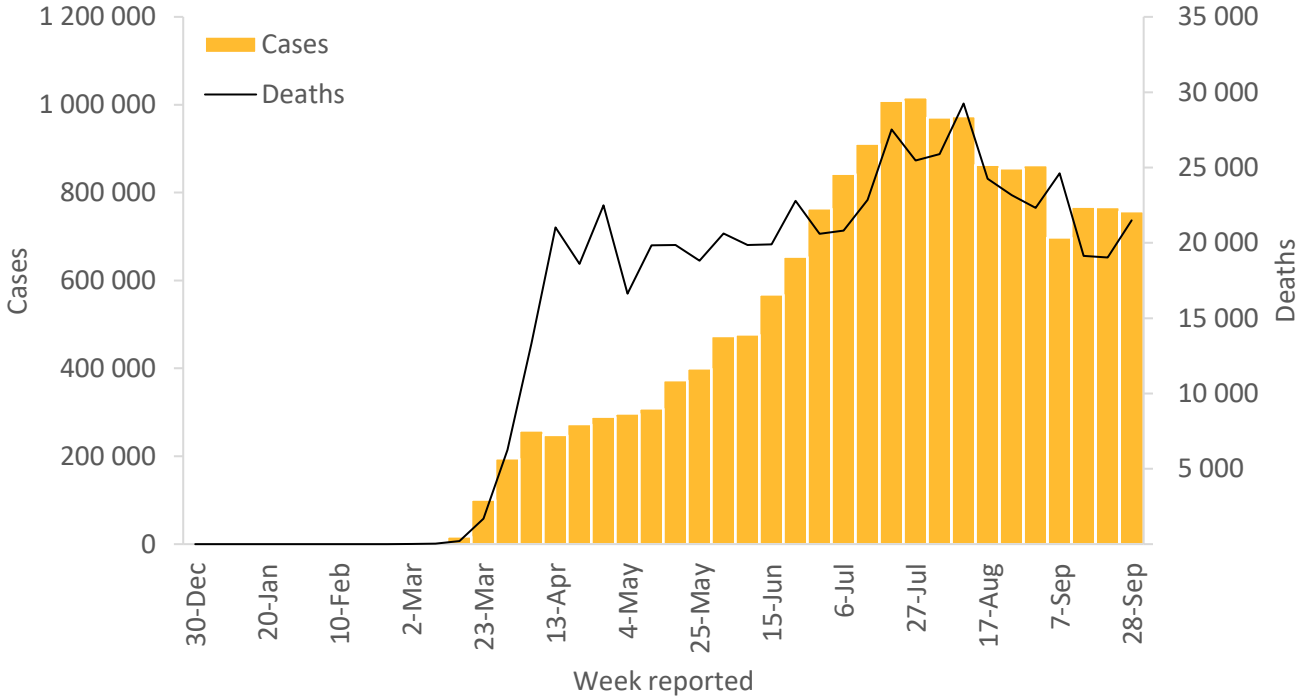
Region of the Americas

A similar incidence of new cases was reported across the Region over the past week (Figure 4) in comparison to previous week. The United States of America, Brazil, Argentina, Colombia, Mexico and Peru registered the highest number of weekly new cases.

The United States of America continues to record approximately 300 000 new cases per week (894 new cases per 1 million population). Declines observed over July and August have stagnated in recent weeks, with several states reporting sharp rises in case numbers – most notably in Midwest states. Canada is also showing a large increase in new cases and new deaths compared with last week, at 43% and 208% respectively. Likewise, Argentina continues to report an increase in cases and deaths, with cumulative deaths exceeding 20 000 last week after a backlog of over 3000 reported deaths from Buenos Aires. Since peaking at just over 300 000 new weekly cases in the week of 27 July, new cases in Brazil have fallen to 190 000 new cases in the past week (898 new cases per 1 million population). Weekly new cases have also fallen in Colombia and Peru.

In the Region of the Americas, as in other Regions, older persons are far more likely to experience severe disease following infection. Brazil reported that 76% of COVID-19 related deaths during February to September 2020 were in adults aged 60 years and older. In Peru, people over the age of 70 years had the highest COVID-19 mortality rates during March-May 2020 and estimates from Canada show that more than 80% of COVID-19 deaths have occurred in long-term-care facilities. WHO has published guidance on Preventing and managing COVID-19 across long-term care services with an annex providing a comprehensive set of actions for policymakers, national and local decision-makers and other actors.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 04 October 2020**



**See data, table and figure notes

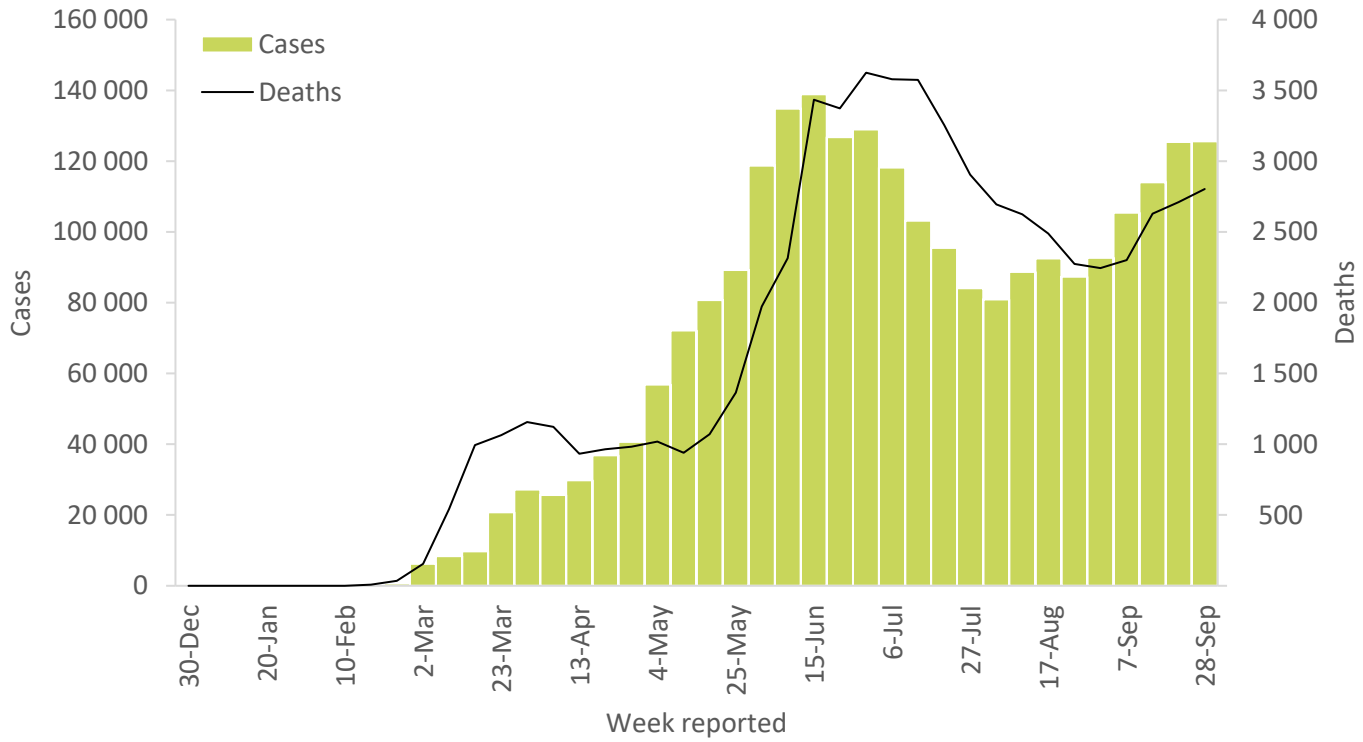
Eastern Mediterranean Region

A similar incidence of new cases was reported from the Eastern Mediterranean Region over the past week (Figure 5) in comparison to previous week. Iraq, Iran, Morocco, and Lebanon are reporting the highest numbers of new cases for the past week. Iraq has reported over 20 000 cases per week since the beginning of August and this week just under 30 000 cases new cases (745 cases per 1 million population) were reported. In Jordan, case incidence has almost doubled each week for the past five weeks, with over 6600 new cases (a 90% increase on the previous week) reported last week.

Since the start of September, the Islamic Republic of Iran has shown an upward trend in weekly new cases and is reporting their highest number of new cases – 25 000 new cases (298 cases per 1 million population) – since the beginning of the pandemic.

Lebanon reported a 19% increase in new cases compared with the previous week and has one of the highest rates of new cases in the Region (1209 new cases per 1 million population). On 29 September, WHO also launched an initiative to rebuild the Ministry of Public Health's Central Drug Warehouse in Qarantina, Lebanon, which was destroyed by the Beirut port blast on 4 August.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 04 October 2020**



**See *data, table and figure notes*

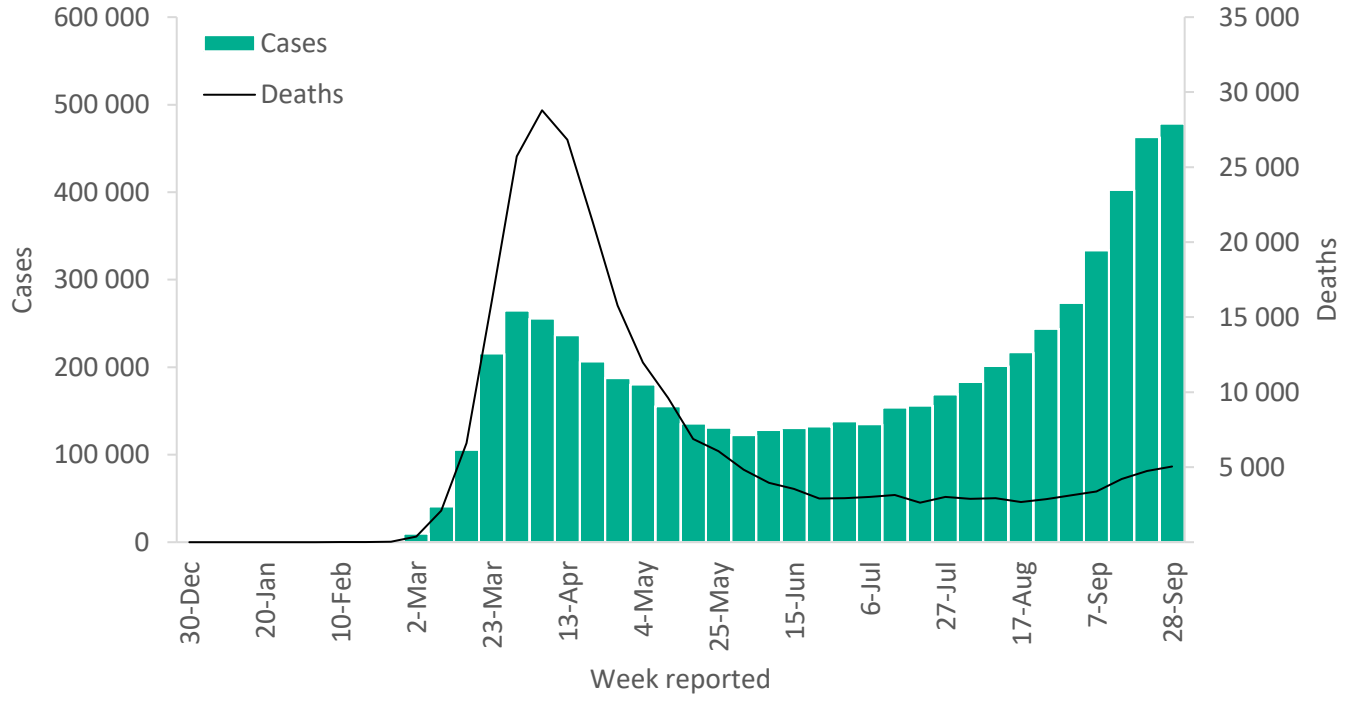
European Region

The incidence of new cases has continued to increase in the European Region overall (Figure 6). France, the Russian Federation, the United Kingdom, Spain, and Israel reported the highest numbers of new cases in the past week. The numbers of new cases and new deaths in the Russian Federation, the United Kingdom, Ukraine and several other countries in Europe are showing considerable increases compared with last week. The Netherlands, Czechia, Germany, and Italy have also reported sizable increases. Israel continues to have the highest incidence of new cases per 1 million population in the Region and globally, with over 32 000 cases reported in the past week (3717 new cases per 1 million population).

With over 1.2 million COVID-19 cases, and over 63 000 new cases in the past week (436 cases per 1 million population), the Russia Federation is reporting the second highest number of new cases in Europe and the sixth highest number globally. Russia's weekly new cases peaked at 75 000 cases in the week of 4 May, with a gradual decrease observed through late August, but rapid increases observed in the last three weeks.

In contrast to other European countries, Ukraine did not observe a large first peak, but has reported a continuous increase in new cases since mid-June. Over 27 000 new cases were reported in the past week (636 new cases per 1 million population), a 21% rise from the week before. Since the start of the outbreak, WHO has supported the Ministry of Health to further develop three key areas of its health system: health financing, service delivery, and governance. In September, WHO experts worked together with national authorities to make sure rehabilitation services are fully functional and well-integrated into health care.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 04 October 2020[**]

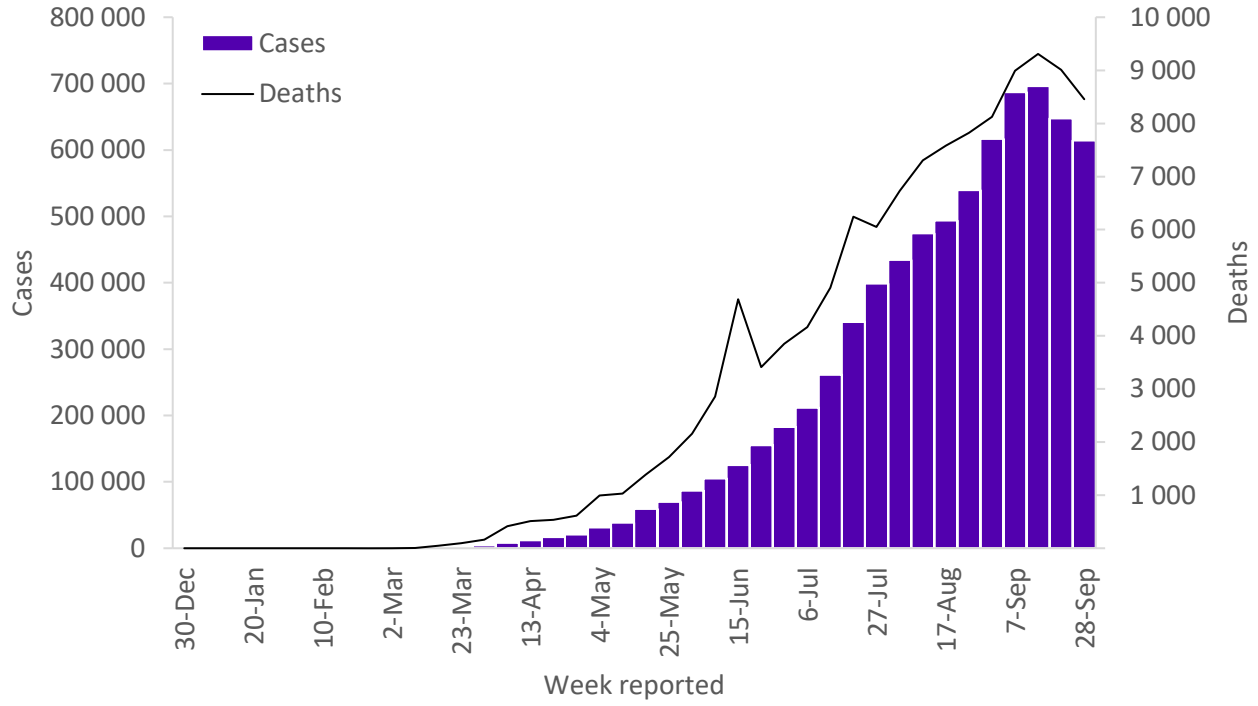


[**]*See data, table and figure notes*

South-East Asia Region

A gradual decline in case and deaths incidence in the South-East Asia Region continued during the past week (Figure 7). Nevertheless, the Region contrbutes almost a third (n=614 502, 30%) of new cases reported global in the past week. At the same time, current weekly case incidence (304 per 1 million population) is markedly lower than that which is currently observed in the Americas and Europe.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 04 October 2020[**]



[**]*See data, table and figure notes*

India, reporting over 500 000 new cases per week since late-August, again contributed the majority of incident cases in the Region (91%) and globally (27%) last week, bringing cumulative counts in the country to an excess of 6.5 million cases and 100 000 deaths (10% of the global total). Over several months, case numbers in India rose rapidly, with Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, and Uttar Pradesh reporting the highest numbers of cases. This increase occurred with a concurrent expansion in testing activity, which has since stabilized at 7–8 million samples tested per week (or 5.2–5.8 samples tested/1000 persons/week) in the past five weeks. Weekly incidence of new cases is gradually easing, falling to 403 new cases per 1 million population (556 841 cases) this past week, after peaking three weeks ago, while test positivity rates fell marginally to 7.1%.

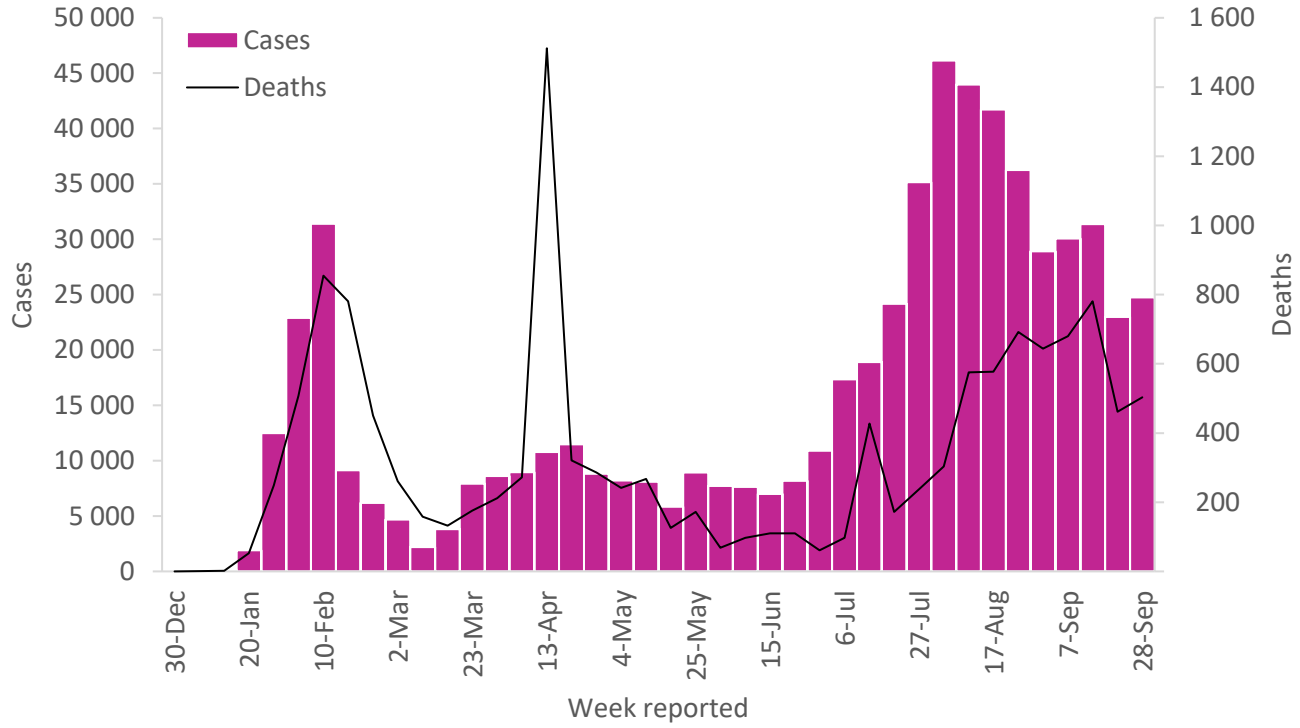
Indonesia is currently the second most affected country in the Region, nearing 300 000 cases to date, including over 28 000 new cases (or 103 new cases per 1 million population) in the past week. Almost 60% of cases to date have been reported from the island of Java, which includes the capital Jakarta. Suspected case numbers have risen sharply in recent weeks; however, testing capacity has thus far been unable to meet demand, with approximately 23% (n=30 940 people) people tested among some 132 000 suspected cases reported on 30 September. Among four provinces that achieved a benchmark of 1 person tested/1000 population/week during September, weekly test positivity rates ranged markedly from less than 5% to over 40%, highlighting the heterogeneity in both surveillance capacity and COVID-19 activities across the island.

In Myanmar, COVID-19 incidence has risen sharply, with cumulative counts almost doubling each week since mid-August, and over 6500 new cases (or 120 new cases per 1 million population) reported in the past week. Rakhine State and the country's largest city, Yangon has reported around 75% of cases, and has been hardest hit to date, with a possibility of community transmission in areas. On 20 September, Myanmar announced a stay-home order for its biggest city Yangon.

Western Pacific Region

In the Western Pacific Region, the weekly number of new cases reported continues to fluctuate (Figure 8). The Philippines, Japan, and Malaysia are reporting the highest numbers of new cases, with Malaysia reporting an increase of 119% in new cases compared with last week.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 04 October 2020[**]



[**]See *data, table and figure notes*

Around three-quarters (73%) of new cases in the region were from the Philippines. Although weekly new cases in the Phillipines peaked in the week of 10 August, the incidence of new cases remains relatively high compared to others in the Region, with over 18 000 new cases in the past week (165 cases per 1 million population). Data as of 29 September shows that 50% of cases are in the age group 20-39 years, while 60% of deaths are in those aged 60 years and over. There is community transmission in all regions of the country, with three regions - National Capital Region, Region 3, and Region 4A – showing higher transmission intensity. The National Capital Region continues to report the most cases, with half of national cases, where Metro Manila mayors have recommended the extension of the general community quarantine status for the month of October.

In Malaysia, the weekly number of new cases has been increasing for the past 3 weeks, with 1319 cases reported in the past week (40 new cases per 1 million population). The state of Sabah has been the worst affected in recent weeks, accounting for 77% of cases reported in September. A number of

clusters in other states have also been linked to travellers from Sabah. Malaysia has a nationwide recovery movement control order (RMCO) in place and most communities and services are operating under these limited restrictions. However, targeted enhanced movement control orders (TEMCO), the most stringent form of community and business restrictions, have been implemented in a number of areas with high levels of community transmission.

The Solomon Islands recorded their first COVID-19 case: a student returning from the Philippines on a repatriation flight. The Solomon Islands have planned to use repatriation flights to return students studying in the Philippines and Indonesia. Since early January 2020, WHO has been working closely alongside Pacific Governments and Ministries of Health, in collaboration with partners, to ensure that countries are well prepared to respond to the threat of COVID-19.

Key weekly updates

- **Diagnostics**: WHO issued the first and second Emergency Use Listing for a quality antigen based rapid diagnostic test. WHO published guidance highlights the value of these tests in areas where community transmission is widespread and where nucleic acid amplification-based diagnostic testing is either unavailable or where test results are significantly delayed. On 28 September, the Access to COVID-19 Tools (ACT) Accelerator announced 120 million high-quality, affordable COVID-19 antigen rapid tests to be made available to low- and middle-income countries.

- **Diagnostics**: WHO published the final version of Target Product Profiles (TPP) for priority diagnostics. These TPPs describe the desirable and minimal acceptable profiles for four tests: (i) point of care tests for suspected cases and their close contacts where reference assay testing is unavailable, or turnaround times obviate clinical utility; (ii) tests for diagnosis or confirmation of acute or subacute infection, suitable for low or high-volume needs; (iii) point of care test for prior infection; and (iv) tests for prior infection for moderate to high volume needs.

- **COVAX**: The Director-General Dr Tedros, in his regular media briefing on 2 October, highlighted 168 have joined COVAX. Through the ACT Accelerator and COVAX Facility, any vaccines that are proven to be safe and effective will be rolled out equitably across the world.

- **International Day of Older Persons**: On 1 October, the International Day of Older Persons, WHO launched a package of tools, including a digital application to help health and social workers provide better care for older people . A data portal was also launched that will compile data on global indicators for monitoring the health and well-being of people aged 60 and over. Globally, older persons and those receiving long term care, accounts for a majority of COVID-19 severe cases and deaths.
- **Mental Health**: Billions of people around the world have been affected by the COVID-19 pandemic, which is having an added impact on people's mental health. On 10 October, World Mental Health Day, WHO is organizing a *Big Event for Mental Health*. The advocacy event will focus on the urgent need to address the world's chronic under-investment in mental health – a problem that has been thrown into the spotlight during the COVID-19 pandemic.

- **Preparedness**: During the United Nations General Assembly, a high-level event on 'Sustainable preparedness for health security and resilience: Adopting a whole-of-society approach and breaking the "panic-then-forget" cycle' was organized and co-hosted by Finland, France and Indonesia, along with the WHO. As the world crossed a grim milestone with over a million lives lost to COVID-19, with many more expected to have died from unprecedented disruptions to health systems. The event highlighted the need for sustainable health emergency preparedness as COVID-19 will not be the world's last health emergency.

Table 2. Number of COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, as of 04 October 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	**26208**	**1198550**	**181**	**783**	**26264**	**4**	
South Africa	10 218	679 716	11 461	562	16 938	286	Community transmission
Ethiopia	4 288	76 988	670	42	1 207	10	Community transmission
Mozambique	1 292	9 049	290	10	64	2	Community transmission
Uganda	1 127	8 491	186	8	79	2	Community transmission
Nigeria	1 089	59 287	288	7	1 113	5	Community transmission
Algeria	1 081	51 995	1 186	45	1 756	40	Community transmission
Kenya	1 052	38 923	724	36	725	13	Community transmission
Angola	698	5 370	163	18	189	6	Community transmission
Namibia	654	11 572	4 554	3	123	48	Community transmission
Cabo Verde	595	6 296	11 324	6	62	112	Community transmission
Ghana	546	46 768	1 505	2	301	10	Community transmission
Madagascar	272	16 529	597	3	232	8	Community transmission
Botswana	251	3 172	1 349	3	16	7	Community transmission
Côte D'Ivoire	237	19 793	750	0	120	5	Community transmission
Zambia	218	14 830	807	1	333	18	Community transmission
Guinea	187	10 735	817	0	66	5	Community transmission
Senegal	182	15 051	899	6	312	19	Community transmission
Burkina Faso	159	2 088	100	2	58	3	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Democratic Republic of The Congo	159	10 751	120	3	274	3	Community transmission
Eswatini	111	5 530	4 767	3	111	96	Community transmission
Togo	104	1 840	222	2	48	6	Community transmission
Cameroon	103	20 838	785	0	418	16	Community transmission
Mali	90	3 170	157	1	131	6	Community transmission
Congo	81	5 089	922	0	89	16	Community transmission
Lesotho	81	1 639	765	3	38	18	Clusters of cases
Gabon	69	8 797	3 952	0	54	24	Community transmission
Zimbabwe	55	7 858	529	1	228	15	Community transmission
Sierra Leone	51	2 259	283	0	72	9	Community transmission
Mauritania	49	7 511	1 615	0	161	35	Community transmission
Rwanda	41	4 852	375	0	29	2	Clusters of cases
South Sudan	40	2 726	244	1	50	4	Community transmission
Central African Republic	39	4 845	1 003	0	62	13	Community transmission
Guinea-Bissau	38	2 362	1 200	0	39	20	Community transmission
Chad	34	1 211	74	2	85	5	Community transmission
Benin	32	2 357	194	1	41	3	Community transmission
Burundi	29	513	43	0	1	<1	Clusters of cases
Gambia	26	3 590	1 486	5	115	48	Community transmission
Eritrea	23	398	112	0	0	<1	Sporadic cases
Equatorial Guinea	17	5 045	3 596	0	83	59	Community transmission
Malawi	17	5 783	302	0	179	9	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Mauritius	14	381	300	0	10	8	Sporadic cases
Comoros	10	484	557	0	7	8	Community transmission
Liberia	9	1 347	266	0	82	16	Community transmission
Niger	6	1 200	50	0	69	3	Clusters of cases
Sao Tome and Principe	2	913	4 166	0	15	68	Clusters of cases
Seychelles	1	142	1 444	0	0	<1	Sporadic cases
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories[ii]							
Réunion	493	4 178	4 667	5	16	18	Clusters of cases
Mayotte	238	3 779	13 852	2	42	154	Clusters of cases
Americas	**756926**	**16990036**	**2521**	**21494**	**568358**	**84**	
United States of America	296 082	7 256 234	21 922	4 888	207 366	626	Community transmission
Brazil	190 910	4 880 523	22 961	4 851	145 388	684	Community transmission
Argentina	88 454	779 689	17 251	5 391	20 599	456	Community transmission
Colombia	43 214	841 531	16 539	1 294	26 397	519	Community transmission
Mexico	32 232	753 090	5 841	2 648	78 492	609	Community transmission
Peru	26 980	821 564	24 917	572	32 609	989	Community transmission
Chile	12 492	468 471	24 506	328	12 919	676	Community transmission
Canada	12 203	162 659	4 310	154	9 409	249	Community transmission
Costa Rica	7 013	77 829	15 278	118	930	183	Community transmission
Ecuador	6 370	140 351	7 955	324	11 597	657	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Venezuela (Bolivarian Republic of)	5 547	76 820	2 702	52	643	23	Community transmission
Paraguay	5 458	42 684	5 984	129	890	125	Community transmission
Panama	4 531	113 962	26 412	95	2 406	558	Community transmission
Honduras	4 429	78 269	7 902	115	2 386	241	Community transmission
Guatemala	4 046	93 748	5 233	72	3 285	183	Community transmission
Bolivia (Plurinational State of)	2 997	136 219	11 670	245	8 045	689	Community transmission
Dominican Republic	2 969	113 926	10 502	35	2 128	196	Community transmission
El Salvador	943	29 358	4 526	31	857	132	Community transmission
Jamaica	941	6 795	2 295	31	119	40	Community transmission
Bahamas	542	4 332	11 016	7	96	244	Clusters of cases
Trinidad and Tobago	424	4 709	3 365	8	78	56	Community transmission
Cuba	368	5 780	510	2	122	11	Clusters of cases
Belize	272	2 080	5 231	5	28	70	Community transmission
Guyana	259	2 968	3 773	12	85	108	Clusters of cases
Uruguay	130	2 097	604	1	48	14	Clusters of cases
Haiti	108	8 792	771	2	229	20	Community transmission
Suriname	82	4 899	8 351	3	105	179	Community transmission
Nicaragua	81	4 146	626	2	151	23	Community transmission
Antigua and Barbuda	8	106	1 082	0	3	31	Sporadic cases
Dominica	7	31	431	0	0	<1	Clusters of cases
Barbados	6	196	682	0	7	24	Clusters of cases
Grenada	0	24	213	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Saint Kitts and Nevis	0	19	357	0	0	<1	No cases
Saint Lucia	0	27	147	0	0	<1	Sporadic cases
Saint Vincent and the Grenadines	0	64	577	0	0	<1	Sporadic cases
Territories[ii]							
Puerto Rico	4 962	50 375	17 608	39	681	238	Community transmission
Guadeloupe	949	5 903	14 753	33	75	187	Community transmission
Martinique	245	1 543	4 112	1	21	56	Community transmission
Aruba	242	3 998	37 446	2	27	253	Community transmission
French Guiana	166	10 029	33 578	2	67	224	Community transmission
Curaçao	84	399	2 432	0	1	6	Community transmission
Sint Maarten	50	668	15 578	0	22	513	Community transmission
Bonaire, Sint Eustatius and Saba	39	124	4 729	0	1	38	Sporadic cases
United States Virgin Islands	30	1 326	12 698	1	20	192	Community transmission
Saint Martin	29	412	10 657	0	8	207	Community transmission
Turks and Caicos Islands	15	695	17 950	1	6	155	Clusters of cases
Saint Barthélemy	14	62	6 272	0	0	<1	
Cayman Islands	3	213	3 241	0	1	15	Sporadic cases
Anguilla	0	3	200	0	0	<1	No cases
Bermuda	0	181	2 907	0	9	145	Sporadic cases
British Virgin Islands	0	71	2 348	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	13	3 732	0	0	<1	No cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Montserrat	0	13	2 601	0	1	200	No cases
Saint Pierre and Miquelon	0	16	2 761	0	0	<1	Sporadic cases
Eastern Mediterranean	**125567**	**2466722**	**351**	**2804**	**63156**	**9**	
Iraq	29 962	375 931	9 346	412	9 347	232	Community transmission
Iran (Islamic Republic of)	25 033	468 119	5 573	1 352	26 746	318	Community transmission
Morocco	15 987	131 228	3 555	252	2 293	62	Clusters of cases
Lebanon	8 252	43 480	6 370	58	398	58	Community transmission
United Arab Emirates	7 142	97 760	9 884	15	426	43	Community transmission
Jordan	6 688	14 749	1 446	45	88	9	Community transmission
Tunisia	4 830	20 944	1 772	62	276	23	Clusters of cases
Pakistan	4 341	314 616	1 424	56	6 513	29	Clusters of cases
Libya	4 259	36 087	5 252	79	578	84	Community transmission
Bahrain	3 535	72 310	42 496	19	258	152	Clusters of cases
Kuwait	3 259	106 458	24 928	23	620	145	Community transmission
Saudi Arabia	3 207	335 997	9 651	195	4 850	139	Sporadic cases
Oman	2 678	98 585	19 305	50	935	183	Community transmission
Qatar	1 489	126 339	43 852	2	216	75	Community transmission
Egypt	839	103 575	1 012	101	5 970	58	Clusters of cases
Syrian Arab Republic	291	4 329	247	16	204	12	Community transmission
Somalia	157	3 745	236	0	99	6	Sporadic cases
Afghanistan	114	39 341	1 011	9	1 462	38	Clusters of cases
Sudan	43	13 653	311	0	836	19	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Yemen	11	2 045	69	2	590	20	Community transmission
Djibouti	9	5 418	5 484	0	61	62	Sporadic cases
Territories[ii]							
occupied Palestinian territory	3 441	52 013	10 196	56	390	76	Community transmission
Europe	**478119**	**6187384**	**905**	**5039**	**240148**	**35**	
France	77 045	580 703	8 896	455	31 969	490	Community transmission
Russian Federation	63 563	1 215 001	8 326	1 034	21 358	146	Clusters of cases
The United Kingdom	50 740	480 021	7 071	346	42 317	623	Community transmission
Spain	40 587	789 932	16 895	519	32 086	686	Clusters of cases
Israel	32 179	255 160	29 479	194	1 629	188	Community transmission
Ukraine	27 828	226 462	5 178	438	4 397	101	Community transmission
Netherlands	23 228	131 749	7 689	83	6 440	376	Community transmission
Czechia	17 311	80 605	7 527	120	711	66	Community transmission
Germany	15 097	299 237	3 572	72	9 529	114	Clusters of cases
Italy	14 647	322 751	5 338	150	35 968	595	Clusters of cases
Romania	12 830	134 065	6 969	260	4 947	257	Community transmission
Poland	12 160	98 140	2 593	180	2 604	69	Community transmission
Belgium	11 656	127 529	11 004	62	10 044	867	Community transmission
Turkey	10 048	323 014	3 830	455	8 384	99	Community transmission
Hungary	6 561	30 575	3 165	86	822	85	Community transmission
Republic of Moldova	5 354	55 888	13 854	74	1 353	335	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Portugal	5 308	78 247	7 674	51	1 995	196	Clusters of cases
Austria	5 079	48 019	5 332	22	809	90	Community transmission
Slovakia	3 721	12 321	2 257	10	54	10	Clusters of cases
Uzbekistan	3 468	58 421	1 746	25	479	14	Clusters of cases
Ireland	3 108	37 668	7 629	8	1 810	367	Community transmission
Armenia	3 096	52 496	17 716	26	977	330	Community transmission
Denmark	3 089	29 302	5 059	6	654	113	Community transmission
Georgia	2 864	8 118	2 035	22	50	13	Community transmission
Belarus	2 563	79 852	8 451	38	851	90	Community transmission
Switzerland	2 516	54 263	6 270	6	1 783	206	Community transmission
Greece	2 385	19 613	1 882	29	405	39	Clusters of cases
Sweden	2 283	94 283	9 336	2	5 895	584	Community transmission
Bulgaria	1 521	21 518	3 097	52	841	121	Clusters of cases
Montenegro	1 514	12 083	19 238	16	174	277	Clusters of cases
Bosnia and Herzegovina	1 439	28 234	8 606	62	870	265	Community transmission
Croatia	1 394	17 401	4 239	24	293	71	Community transmission
North Macedonia	1 259	18 602	8 929	32	753	361	Clusters of cases
Kazakhstan	1 219	141 484	7 535	0	2 075	111	Clusters of cases
Kyrgyzstan	1 177	47 428	7 270	3	1 066	163	Clusters of cases
Slovenia	1 139	6 330	3 045	4	140	67	Clusters of cases
Albania	964	14 117	4 905	17	392	136	Clusters of cases
Lithuania	786	5 081	1 866	5	94	35	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Norway	743	14 149	2 610	5	275	51	Clusters of cases
Finland	667	10 244	1 849	2	345	62	Community transmission
Azerbaijan	666	40 561	4 000	10	595	59	Clusters of cases
Serbia	530	33 842	4 860	7	753	108	Community transmission
Estonia	412	3 577	2 696	3	67	51	Clusters of cases
Luxembourg	398	8 709	13 913	1	125	200	Community transmission
Latvia	365	2 019	1 070	2	38	20	Clusters of cases
Tajikistan	290	9 895	1 037	2	77	8	Pending
Andorra	274	2 110	27 309	0	53	686	Community transmission
Iceland	271	2 872	8 416	0	10	29	Community transmission
Malta	210	3 139	7 109	8	37	84	Clusters of cases
Cyprus	127	1 811	1 500	0	22	18	Clusters of cases
Monaco	12	222	5 657	0	1	25	Sporadic cases
Liechtenstein	6	123	3 225	0	1	26	Sporadic cases
San Marino	4	750	22 099	0	42	1 238	Community transmission
Holy See	0	12	14 833	0	0	<1	Sporadic cases
Territories[ii]							
Kosovo[1]	333	15 715	8 447	11	620	333	Community transmission
Faroe Islands	13	473	9 680	0	0	<1	Sporadic cases
Gibraltar	52	416	12 348	0	0	<1	Clusters of cases
Jersey	19	421	3 869	0	32	294	Community transmission

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Guernsey	0	256	4 051	0	13	206	Community transmission
Isle of Man	1	341	4 010	0	24	282	No cases
Greenland	0	14	247	0	0	<1	No cases
South-East Asia	**614502**	**7335273**	**1272**	**8456**	**119167**	**21**	
India	556 841	6 549 373	4 746	7 279	101 782	74	Clusters of cases
Indonesia	28 167	299 506	1 095	747	11 055	40	Community transmission
Nepal	12 749	84 570	2 903	61	528	18	Clusters of cases
Bangladesh	9 692	367 565	2 232	196	5 325	32	Community transmission
Myanmar	6 512	16 503	303	173	371	7	Clusters of cases
Maldives	420	10 465	19 360	0	34	63	Clusters of cases
Thailand	62	3 585	51	0	59	1	Clusters of cases
Sri Lanka	46	3 395	159	0	13	1	Clusters of cases
Bhutan	12	283	367	0	0	<1	Sporadic cases
Timor-Leste	1	28	21	0	0	<1	Sporadic cases
Western Pacific	**24751**	**625642**	**108**	**503**	**13632**	**2**	
Philippines	18 074	319 330	2 914	394	5 678	52	Community transmission
Japan	3 649	85 339	675	52	1 597	13	Clusters of cases
Malaysia	1 319	12 088	373	4	137	4	Clusters of cases
Republic of Korea	480	24 091	470	20	421	8	Clusters of cases
China	155	91 121	62	0	4 746	3	Clusters of cases
Singapore	115	57 800	9 880	0	27	5	Clusters of cases
Australia	105	27 121	1 064	23	893	35	Clusters of cases

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Viet Nam	27	1 096	11	0	35	<1	Clusters of cases
New Zealand	21	1 498	311	0	25	5	Clusters of cases
Papua New Guinea	8	540	60	0	7	1	Community transmission
Cambodia	2	278	17	0	0	<1	Sporadic cases
Solomon Islands	1	1	1	0	0	<1	No cases
Brunei Darussalam	0	146	334	0	3	7	Sporadic cases
Fiji	0	32	36	0	2	2	Sporadic cases
Lao People'S Democratic Republic	0	23	3	0	0	<1	Sporadic cases
Mongolia	0	313	95	0	0	<1	Sporadic cases
Territories[ii]							
French Polynesia	447	2 026	7 212	2	8	28	Sporadic cases
Guam	345	2 699	15 992	8	51	302	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	3	73	1 268	0	2	35	Pending
New Caledonia	0	27	95	0	0	<1	Sporadic cases
Subtotal for all regions	**2 026 073**	**34 803 607**		**39 079**	**1 030 725**		
Other[†]	0	741		0	13		
Grand total	**2 026 073**	**34 804 348**	**4 465**	**39 079**	**1 030 738**	**132**	

See *data, table and figure notes*

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Updates from WHO regions
  - African Region
  - Eastern Mediterranean Region
  - European Region
  - Region of the Americas
  - South-East Asia Region
  - Western Pacific Region
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines

on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

[ii] "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

[†] Other: includes cases reported from international conveyances.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the log of major changes and errata for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Weekly Operational Update on COVID-19

2 October 2020

Confirmed cases[a]
34 495 176

Confirmed deaths
1 025 729

Local COVID-19 preparedness is key to success

Building on a decade of health security system strengthening, Cambodia continues to improve its COVID-19 preparedness through a whole-of-society approach.

Throughout Cambodia, health authorities, with the support from WHO, have focused on a number of common priority areas, including multisource surveillance; early COVID-19 detection and contact tracing; health care preparedness; and intersectoral coordination and partnership at local and national levels.

"As long as the virus is circulating anywhere—in any village, province or country—everyone is at risk," said Dr Li Ailan, WHO Representative to Cambodia. "Preparation always pays off. If we strengthen the health system, it will benefit us now and into the future."

To apply local solutions to local challenges, Cambodia, for example, rapidly expanded its operations to manage screening and testing services at the areas bordering Thailand as 100,000 Cambodian workers returned home. Other provinces focused on indigenous and hard-to-reach populations, ensuring prevention messages were broadcast in indigenous languages, while districts with major pagodas engaged religious leaders to keep worshippers safe.

For more information on preparedness actions in Cambodia, click here

Key Figures

WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work

17 002 085 respirators shipped to 173 countries across all six WHO regions

174 763 043 medical masks shipped to 173 countries across all six WHO regions

7 699 579 face shields shipped to 173 countries across all six WHO regions

6 600 379 gowns shipped to 173 countries across all six WHO regions

13 743 900 gloves shipped to 173 countries across all six WHO regions

1 122 258 goggles shipped to 173 countries across all six WHO regions

More than **4.4 million** people registered on OpenWHO and able to access **131** COVID-19 online training courses across **17** topics in **41** languages

[a] For the latest data and information, see the WHO COVID-19 Dashboard and Situation Reports

From the field:

Bangladesh: Building on International Health Regulations core capacities to screen nearly one million arrivals at points of entry

During the six months since COVID-19 was first detected in Bangladesh, nearly one million people entering the country by air, land and sea, have been screened. This unprecedented border screening was prompted by the rapid international spread of the virus observed around the globe.

The Government has scaled up existing International Health Regulations (IHR) core capacities in passenger screening, early detection and isolation of suspected cases, and quarantine of contacts, supported by WHO, the International Organization for Migration and other partners.

WHO/Bangladesh

Within the framework of IHR, WHO has provided long term support to national authorities to strengthen and maintain public health capacities for surveillance and response at points of entry (PoE).

During the pandemic, such surveillance assists contact tracing when travelers are later confirmed with COVID-19 and provides crucial data for informed decision making to break the disease transmission chain.

A new series of Standard Operating Procedures (SOPs) have been introduced for PoE activities in Bangladesh, such as handling of ill passengers potentially infected with COVID-19 in aircraft and other conveyances, the use of IHR recommended Health Declaration Forms, health examination procedures, reporting of health alerts, quarantine of contacts, and initial case management and referral of suspected cases.

Monitoring activities have been increased to gather real-time information on PoE activities and existing capacities, for the purpose of improving interventions. Seventeen additional staff have been appointed at designated PoEs to enhance surveillance data management and infection prevention and control, and over 80 000 personal protection items such as masks, hand sanitizers, face shields and gloves have been distributed to frontline workers conducting assessment activities, supported by WHO with funding from European Union Humanitarian Aid.

Full coverage is here

WHO participates in the 75th session of UN General Assembly virtually

Credit:*WHO/Christopher Black*

WHO is engaged in various events related to the COVID-19 pandemic that are continuing in the margins of UNGA75 high-level meetings. WHO was a co-signatory of the Joint Leadership Statement on Gender- Based Violence and COVID19 which was launched by the Generation Equality Forum Action Coalition on Gender-Based Violence.

The Director-General presented at four key events to set the vision on the way forward:

- "UN Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (NCDs): working with Member States to deliver the NCD-related Sustainable Development Goal targets during and beyond COVID-19". With a key note address from the DG, the UN Multi-partner Trust Fund (MPTF) to Catalyze Country Action for NCDs and Mental Health was launched. The 2020 Task Force awards were also presented.

- "The challenge of a lifetime: Ensuring universal access to COVID-19 health technologies". Co-hosted by Costa Rica and WHO, with an opening statement from DG, the panelists invited Member States, intergovernmental and nongovernmental organizations, and other key stakeholders to endorse the "Solidarity Call to Action" towards ensuring the open knowledge exchange needed to develop the appropriate health tools to combat COVID-19.

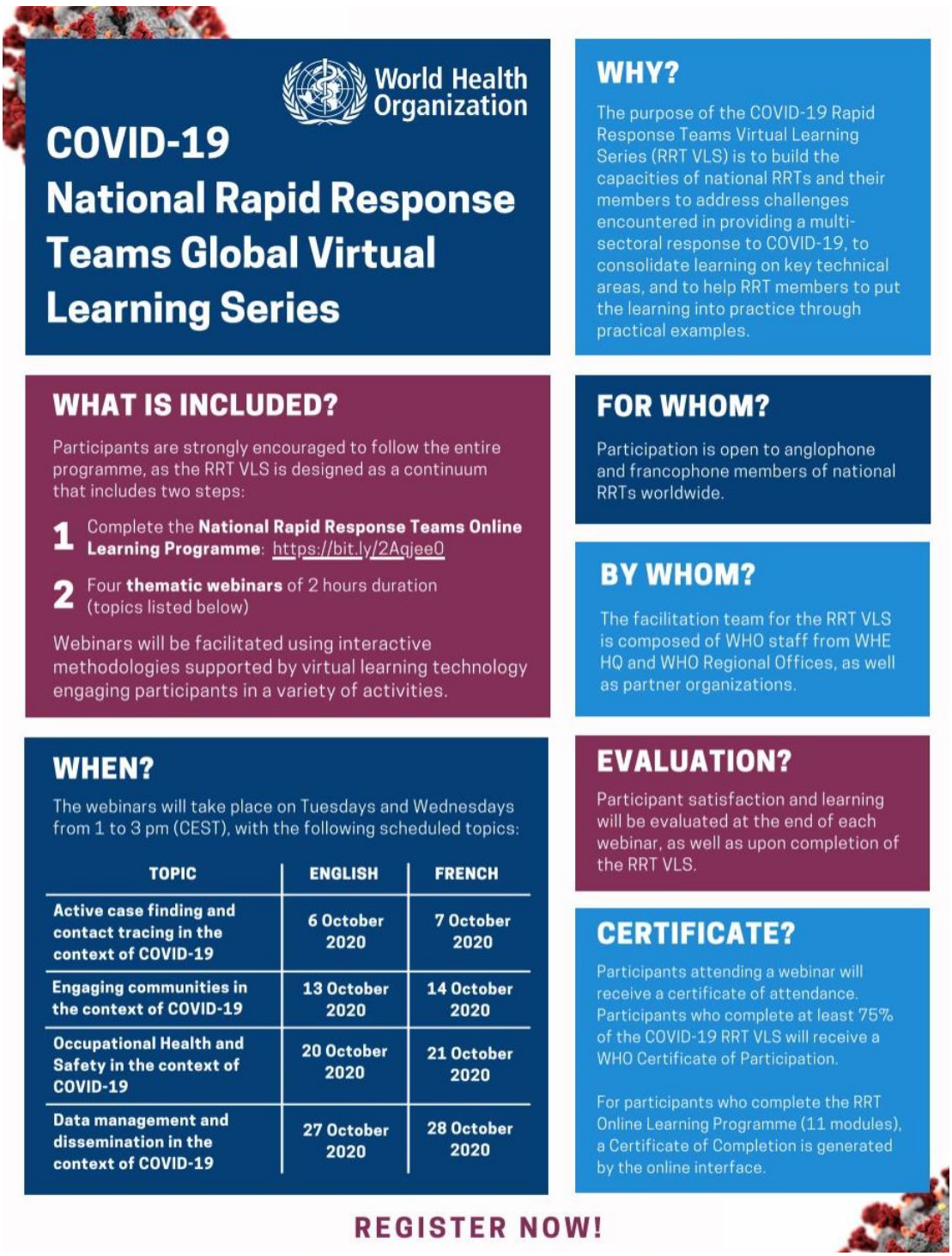
- "Youth and Health: Changemakers in the Changing World". With participation of DG and the UN Secretary-General's Envoy on Youth, the event focused on youth engagement in COVID-19 response and global health governance.

- " Tackling COVID-19 together through the ACT Accelerator: co-organized by WHO, the UN and the governments of South Africa and United Kingdom of Great Britain and Northern Ireland. With participation of the Secretary-General and the DG, the event the high-level event aimed to build stronger political consensus for a co-ordinated global response to the pandemic and secure some of the US$ 35 billion needed to progress the ACT-Accelerator from 'start-up' to 'scale-up and impact'.

COVID-19 National Rapid Response Teams Global Virtual Learning Series

Building the capacities of national Rapid Response Teams (nRRT) and their members to address challenges encountered in providing a multisectoral response to COVID-19.

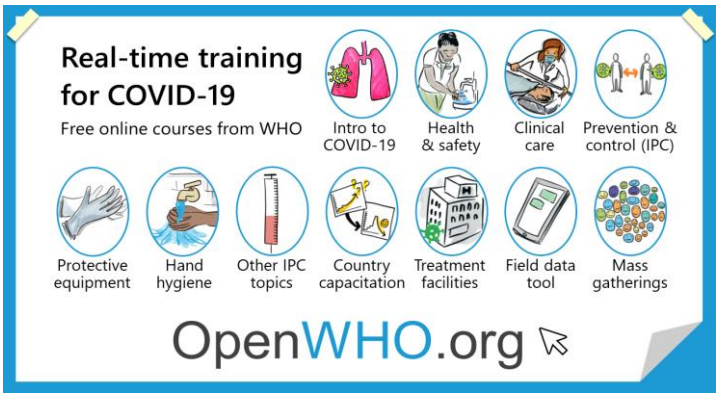
To register please click here for English and French



Health Learning

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

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



4 454 006
Course enrollments

41 languages

Over 1.2 million certificates

131 COVID-19 courses

Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click **here**
- ❑ For more information on COVID-19 regional response:

African Regional Office
European Regional Office
Southeast Asia Regional Office
Regional Office of the Americas
Eastern Mediterranean Regional Office
Western Pacific Regional Office

- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click **here**
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click **here**

COVID-19 Partners Platform

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

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

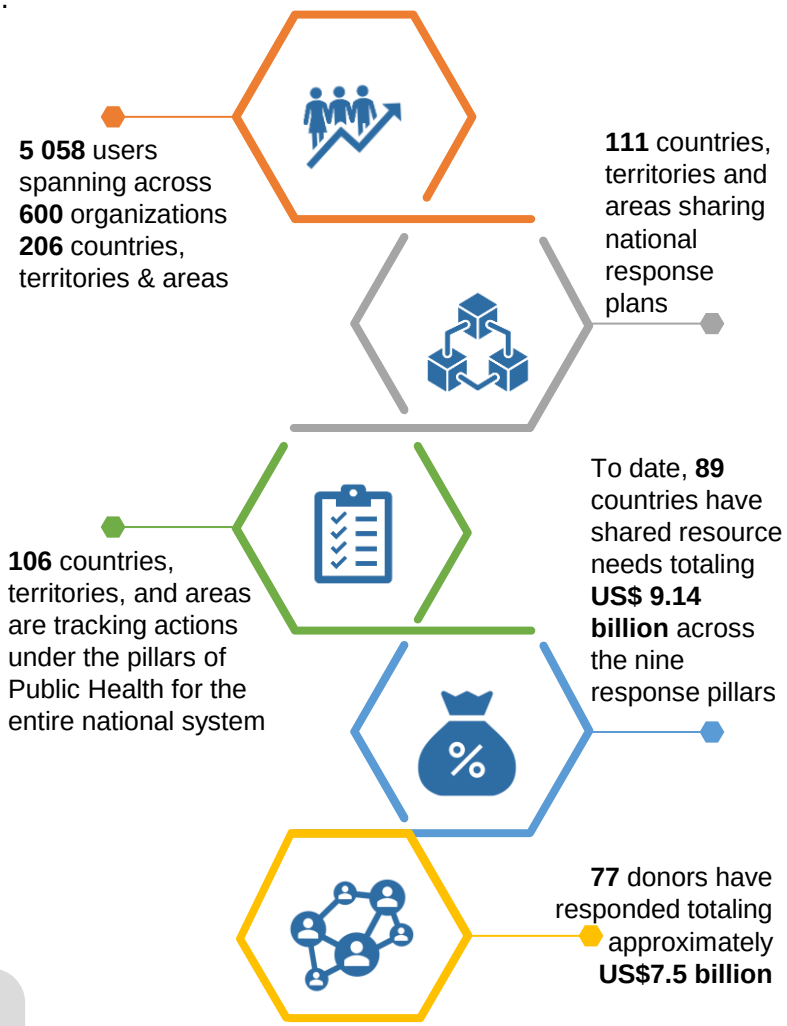
- Visualization highlighting global, regional and country datasets;
- Analysis comparing actions, resources needs and contribution; and
- Meta-data to inform decision-making.

Engaging the Platform

Recently, members of the Partners Platform team, in collaboration with colleagues from WHO Lyon office, led a 2-day workshop with regional focal points to plan the design and implementation of a new Community of Practice for users of this unique digital tool.

The goal of the new initiative is to be a powerful, inclusive source of trusted information and exchange of best practices and lessons learned based on a network of global experts to better contribute to COVID-19 response.

The team is in the process of drafting and approving a Charter as the next step in building and engaging this Community of Practice.



The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products, leading to severely constrained market conditions for these critical supplies.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies to 173 countries across all WHO regions.

The table below reflects WHO-procured items that have been shipped to date.

Shipped items as of 2 October 2020	Laboratory supplies		Personal protective equipment					
Region	**Swabs**	**Tests (Manual PCR)**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	2 423 985	1 040 646	996 407	596 300	149 781	994 079	43 498 733	1 535 974
Americas (AMR)	6 960	10 341 238	3 820 501	88 000	301 180	3 918 770	53 548 710	7 851 856
Eastern Mediterranean (EMR)	607 460	1 020 970	790 085	4 911 000	116 260	398 522	24 677 550	1 207 995
Europe (EUR)	189 900	416 700	1 704 850	7 190 100	374 720	985 048	37 292 100	5 126 950
South East Asia (SEAR)	1 301 800	1 585 800	87 336	414 500	82 150	217 450	5 406 300	353 075
Western Pacific (WPR)	90 800	240 864	300 400	544 000	98 167	86 510	10 339 650	926 235

For further information on the **COVID-19 supply chain system**, see here.

Appeals

***WHO** appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 2 October 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

US$1.74 BILLION

WHO's current funding gap against funds received stands under the updated SPRP

US$ 280.7 MILLION

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

US$ 550 MILLION

WHO current funding gap

US$55 MILLION

Global WHO GHRP allocation as of Sept 2020

US$495 MILLION

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 2 October 2020, **The Solidarity Response Fund** has raised or committed more than US$ 237 million.

More than US$ 237 Million
618 000 donors
[individuals – companies – philanthropies]

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 618,000 individuals together contributed more than US$237 million in fully flexible funding to support the WHO-led global response effort

Among the latest allocations, the Solidarity Fund has supported a project to promote CSOs engagement in the COVID19 response, for a total of US$5 million. This is an innovative initiative on prevention and control of COVID-19 through direct partnership with civil society and community organizations at the country level.

The project will provide grants to selected CSOs as a pilot, review priorities in governance mechanisms for engagement with CSOs, and establish networks at global and regional levels to support CSO engagement in health emergencies.

The WHO Contingency Fund for Emergency (CFE)

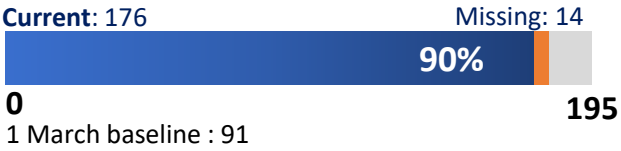
WHO's Contingency Fund for Emergencies (CFE) provided $8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

COVID-19 Global Preparedness and Response Summary Indicators [a]

Countries have a COVID-19 preparedness and response plan



1 March baseline : 91

Countries have a clinical referral system in place to care for COVID-19 cases

1 March baseline: 73

Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]

1 March baseline: 37

Countries that have defined essential health services to be maintained during the pandemic

Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

Countries in which all designated Points of Entry (PoE) have emergency contingency plans

Countries with a national IPC programme & WASH standards within all health care facilities

Countries have an occupational safety plan for health workers

Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

1 March baseline: 87

Countries have COVID-19 laboratory testing capacity

1 March baseline: 165

Yes **No** **Missing Data**

Notes:

[a] Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."

[b] Source: UNICEF and WHO

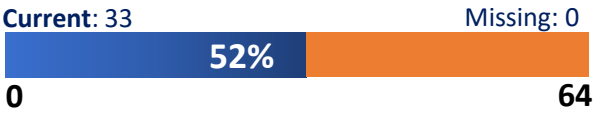
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the Global Humanitarian and Response Plan. A full list of priority countries can be found here.

Priority countries with multisectoral mental health & psychosocial support working group

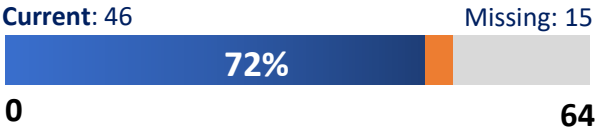
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

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



Priority countries with an active & implemented RCCE coordination mechanism

Priority countries with a contact tracing focal point



Priority countries with an IPC focal point for training

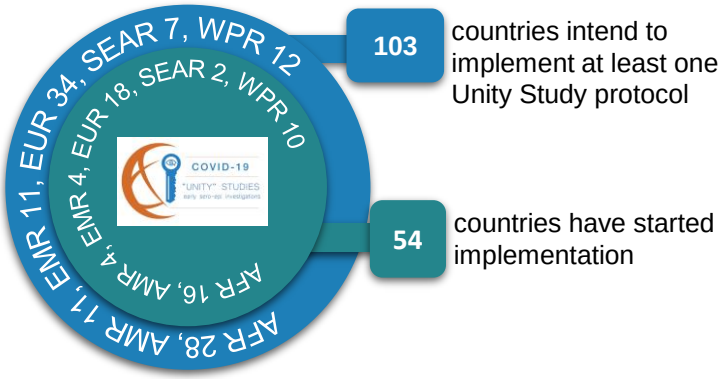
Notes:

[c] Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

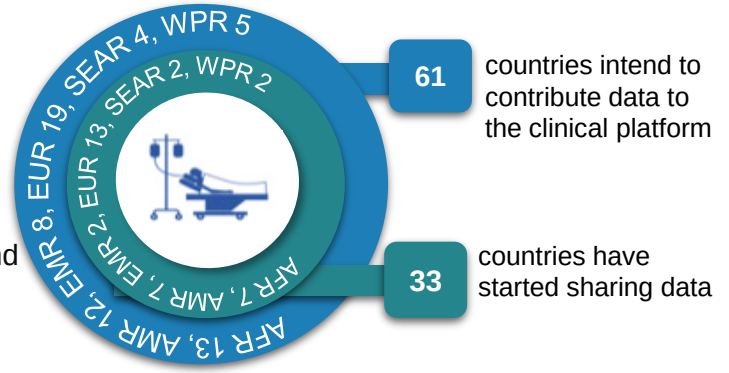
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19