

Weekly operational update on COVID-19

30 May – 5 June 2020



Snapshot
As of 5 of June 2020

Confirmed cases

6 515 796

Confirmed deaths

387 298

Countries &
territories affected

216

Public health response and coordination highlights

Coordination – United Nations Crisis Management Team (UN CMT)

WHO emphasized the need to simultaneously and urgently strengthen health systems and capacities

During the United Nations Crisis Management Team (UN CMT) meeting of 3 June 2020, WHO briefed on the launch and progress of the Access to COVID-19 Tools (ACT) Accelerator, which is a global multi-partner collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. WHO emphasized the need to simultaneously and urgently strengthen health systems and capacities to mitigate the knock-on impact of the pandemic on other diseases. WHO also briefed the UN CMT on the recently published document on considerations for the organization of mass gatherings, including its uptake by different industries and plans to develop further tools in collaboration with other UN agencies for specific sectors. The Regional Emergency Director for the Pan-American Health Organization (PAHO) presented on the situation in the Americas and the need for WHO and the UN as a whole to support countries with political or humanitarian crises that are amplifying the impact of the pandemic. [Access to COVID-19 Tools Accelerator](#) (ACT-A).

WHO Director-General's opening remarks at the Executive Board

During the 1 June media briefing, WHO Director-General Dr Tedros highlighted that the COVID-19 pandemic has led to disruptions in services for treatment of non-communicable diseases in many countries, stating that COVID-19 response must be [inclusive of the healthcare needs of people living with those diseases](#).

WHO is supporting the response to a new Ebola outbreak in northwest Democratic Republic of the Congo.

The new outbreak comes as the country continues to respond to the complex Ebola outbreak in the eastern part of the country, the COVID-19 pandemic, the world's largest measles outbreak, and a complex and long-standing humanitarian crisis. Available from: <https://www.who.int/news-room/detail/01-06-2020-new-ebola-outbreak-detected-in-northwest-democratic-republic-of-the-congo-who-surge-team-supporting-the-response>

WHO Operations Support and Logistics (OSL) assists vulnerable countries in securing medical oxygen for treatment of COVID-19

WHO Operations Support and Logistics (OSL) is engaged in discussions with oxygen manufacturers and private sector stakeholders through the Pandemic Supply Chain Network (PSCN) – an informal network of companies in the private sector that are collaborating with WHO to provide market insight and facilitate communications with the private sector to gain access to medical products for the COVID-19 response. Amidst an acute global shortage of oxygen therapy supplies required for severe cases of COVID-19, WHO's OSL team is also working through a bio-medical purchasing consortium to assist the most vulnerable countries with underfunded health systems in accessing the market for medical oxygen. Ongoing talks with suppliers in recent weeks have enabled WHO to procure **4000 oxygen concentrators**, which are a key component in critical care for patients with severe cases of COVID-19.

WHO is engaged with additional oxygen support initiatives, including:

- providing technical guidance and validation to three PSA oxygen generator plants to Somalia;
- providing technical guidance and potential procurement of PSA oxygen generator plant and oxygen cylinders for South Sudan;
- collaborating with UNICEF Sierra Leone on the design and procurement of three PSA oxygen generator plants for health facilities in rural areas of Sierra Leone

WHO Launched Clinical Care Training course for the management of patients with Severe Acute Respiratory Infection (SARI)

WHO has launched on OpenWHO a Clinical Care Training course for the management of patients with Severe Acute Respiratory Infection (SARI) More than 100 000 people have enrolled for the training course, currently available in eight languages and can be accessed here: <https://openwho.org/courses/SARI-facilities/items/31wbPJpVjMBEq7L64fXxFO>

The COVID-19 Partners Platform

The Platform was launched as a tool to enable all countries/territories/areas, UN Country Teams and key partners supporting the response to coordinate and combine efforts to address the COVID-19 pandemic. It features real-time tracking of planned activities, implementation and resourcing of COVID-19 national plans. The COVID-19 Supply Portal is also available through the COVID-19 Partners Platform, enabling users to request critical supplies. This week, new actions have been added to the Platform to align with the Updated Operational Planning Guidelines to Support Country Preparedness and Response and recently released technical guidance. In addition, actions can now be defined as “Planned”, “Started or “Completed” for enhanced country planning and monitoring.

To date, 75% of WHO member states (149 countries) have engaged on the Platform (including regular users, as well as requests for demonstrations). 98 countries/territories/areas have initiated or completed action checklists, with some users already utilizing the new “Planned”, “Started” or “Completed” status feature. 105 COVID-19 national plans have been uploaded and 56 donors have entered their contributions, totaling USD3.9 billion.

Emergency Medical Teams

As of 5th June 2020, EMT network has developed 23 international deployments, in the most affected areas mainly in Europe and Africa, as well as 43 national operations support to reinforce the national health system surge capacity. More than 500 national teams have used the EMT methodology to respond the COVID -19 crisis. During this period the EMT Network has reported to the EMT SAG (Strategic Advisory Group) balance of operations in the six WHO regions, with more than 10.000 beds managed, 400 different trainings and over 11.000 front line responders trained.

EMT senior experts are still supporting operations in Accra and Cox’s Bazar provide support to the WHO Country Office (WCO), the Ministry of Health and partners to improve the provision of appropriate clinical and nursing care to COVID-19 cases

EMERGENCY MEDICAL TEAMS IN COVID-19

Over a hundred EMTs and focal points worldwide are working closely with the EMT Secretariat which is continuously engaged in monitoring, guiding, and facilitating national and international COVID-19 response operations.

- 23** EMERGENCY MEDICAL TEAMS INTERNATIONALLY DEPLOYED
- 500+** NATIONAL TEAMS MOBILIZED USING THE EMT METHODOLOGY
- 43** CLASSIFIED AND/OR IN THE PROCESS NATIONALLY DEPLOYED
- Over 10,000 beds for augmentation and over 11,000 front line responders trained** (These figures only include international deployments)
- 9** NEW DOCUMENTS AND GUIDANCE CONTRIBUTED AND CREATED

EMT World Health Organization

Health learning

OpenWHO launched a [new course](#) on the COVID-19 learning channel about environmental cleaning and disinfection. The platform now has more than 3 million enrolments. OpenWHO hosts free trainings on 12 different topics across 27 languages to support the coronavirus response, for a total of 87 courses.

Global Research Highlights

Accelerating [Research](#) for the development of a Vaccine against COVID-19

Since the start of the pandemic, there has been an urgent need to accelerate the research and development of COVID-19 [candidate vaccines](#). WHO has been supporting this effort. Currently over 120 candidate vaccines have been mapped and sites in 40 countries have expressed an interest to join the Vaccine Solidarity Trial.

Releases

Technical Guidance documents

[Case Report Form for suspected cases of multisystem inflammatory syndrome \(MIS\) in children and adolescents temporally related to COVID-19](#)

[Maintaining essential health services: operational guidance for the COVID-19 context](#)

[Controlling the spread of COVID-19 at ground crossings](#)

[Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak](#)

Digital tools for COVID-19 contact tracing. Annex: Contact tracing in the context of COVID-19 (2 June 2020), available at: <https://www.who.int/publications-detail/WHO-2019-nCoV-Contact-Tracing-Tools-Annex-2020.1>, IRIS

link: <https://apps.who.int/iris/bitstream/handle/10665/332265/WHO-2019-nCoV-Contact-Tracing-Tools-Annex-2020.1-eng.pdf>

link: <https://apps.who.int/iris/bitstream/handle/10665/332265/WHO-2019-nCoV-Contact-Tracing-Tools-Annex-2020.1-eng.pdf>

Guidance for the poliomyelitis (polio) surveillance network in the context of coronavirus disease (COVID-19) (14 May 2020), available at: <https://www.who.int/publications-detail/WHO-POLIO-20.04/>, IRIS link: <https://apps.who.int/iris/bitstream/handle/10665/332251/WHO-POLIO-20.04-eng.pdf>

IRIS link: <https://apps.who.int/iris/bitstream/handle/10665/332251/WHO-POLIO-20.04-eng.pdf>

Read all releases [here](#).

Strategic Supply Chain

The roll-out of the Supply Portal continues. In requesting PPE through the Portal, the full needs for the COVID-19 response, including the maintenance of essential health services can be included. However, this is recognizing that the overall stocks available for distribution are limited and full requests may not be met even if full funding is secured

COVID-19 supply shipped as of 27 May 2020

SHIPPED	Mask, Surgical	Mask, N95	Gloves, Examination	Gown	Goggles	Face Shield
AFR	1,439,750	24,200	386,300	46,779	6,930	30,910
EMR	474,250	35,845	694,000	79,922	7,420	25,800
EUR	221,100	7,250	249,100	24,648	4,140	7,000
PAH	76,000	2,440	76,000	13,016	1,300	7,900
SEAR	452,000	41,065	371,500	25,600	9,950	15,336
WPR	314,550	15,365	199,000	10,010	6,107	7,200
TOTAL	2,977,650	126,165	1,975,900	199,975	35,847	94,146

Appeals

Elements of the COVID-19 [Strategic Response and Preparedness Plan \(SPRP\)](#) have been updated and are reviewed on a regular basis by WHO in consultation of all six regional offices. These elements are laid out in the COVID-19 WHO Appeal, updated on May 24.

Global Strategic Preparedness & Response Plan (SPRP)

WHO has been engaging donors and the public to mobilize support for the COVID-19 response against the SPRP and many donors have contributed to date. The status of funding raised for WHO against the SPRP can be found [here](#). WHO estimates that a total of US\$ 1.7 billion is needed to respond to COVID-19 across the three levels of the organization through till December 2020. The resources will be used to implement priority public health measures in support of countries to prepare and respond to coronavirus outbreaks, as well as to ensure continuation of essential health services. The US\$ 1.7 billion required under the updated SPRP takes into account the funds that WHO has received to date against SPRP, leaving WHO with a funding gap of US\$ 1.1 billion for 2020.

Global Humanitarian Response Plan (GHRP)

The 2nd iteration of the [GHRP](#) released on 7 May 2020 is a joint effort by members of the Inter-Agency Standing Committee (IASC), to analyse and respond to the direct public health and indirect immediate humanitarian consequences of COVID-19, particularly on people in countries already facing other crises. US\$6.7 billion are required through till end December 2020 for additional humanitarian interventions, above and beyond existing humanitarian needs, due to COVID-19. As part of GHRP WHO is appealing for US\$550 million of which only some US\$ 184 million has been pledged and received, leaving WHO with a funding gap of \$366 million – or some 67% - for operations in countries affected by humanitarian crises.

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

Who funding mechanisms

COVID-19 Solidarity Response Fund

With support from the Solidarity Response Fund, the diagnostics consortium has secured 4 million manual PCR tests for \$49 million, and initiated purchase orders for allocation and distribution to 135 countries for the month of May. These initial purchases will serve as a catalyst for securing supplies for additional procurement, as payments from countries receiving these deliveries will provide additional funding for procuring more supplies and equipment for allocation and delivery in the coming months.

The WHO Contingency Fund for Emergencies (CFE)

CFE enables WHO to respond in real-time, playing a critical role in responding to outbreaks around the world in the most vulnerable countries with weak health systems. WHO has released US\$10 million for urgent preparedness and response COVID19 activities globally through the CFE and encourages donors to continue to replenish the CFE to allow WHO to respond to health emergencies in real time.

COVID-19 Global Preparedness and Response Summary Indicators

Data as of 2 June 2020^a



World Health Organization

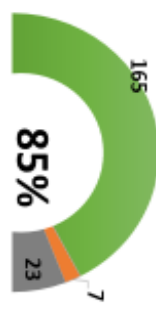
Countries have a COVID-19 preparedness and response plan



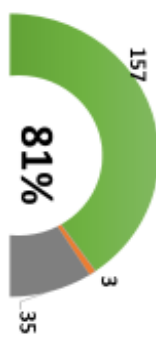
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



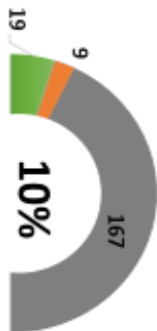
Countries have communicated COVID-19 prevention and preparedness messages to the population



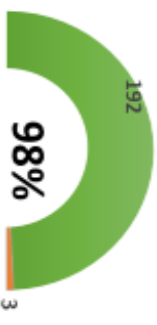
Countries have a COVID-19 community engagement plan



Countries have a national health occupational safety plan for HCWs



Countries have COVID-19 laboratory testing capacity



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



Priority countries (n=64) have postponed at least 1 vaccination campaign due to COVID-19



2 428 312 ENROLMENTS FOR OPENWHO COVID-19 COURSES^c

INCREASING THE KNOWLEDGE BASE AND COUNTRY UPTAKE OF WHO TOOLS

UNITY STUDIES

Transmission dynamics, severity and sero-prevalence^f



CLINICAL PLATFORM



SURVEILLANCE PLATFORM COVID-19 sentinel surveillance by GISRS



Intention confirmed:

66 countries (AFR 18, AMR 6, EMR 8, EUR 22, SEAR 4, WPR 8)

Implementation started:

33 countries (AFR 8, AMR 3, EMR 3, EUR 13, SEAR 1, WPR 5)

Intention confirmed:

22 countries (AFR 4, AMR 2, EMR 2, EUR 9, SEAR 1, WPR 4)

Implementation started:

16 countries (AFR 3, AMR 2, EMR 1, EUR 7, SEAR 1, WPR 2)

Sentinel surveillance reported:

24 countries (AFR 1, AMR 11, EMR 2, EUR 5, SEAR 0, WPR 5)

Sentinel specimens tested in Week 21: 53 068 (13% increase)

Percent positive for COVID-19: 15.2%



Intro to COVID

488 238 users
5% increase^d
22 languages



3 Other IPC topics^e

66 317 users
2 new
1 language



Health & safety

140 930 users
6% increase
12 languages



Clinical care

103 485 users
8% increase
8 languages



Prevention & control

619 930 users
4% increase
15 languages



Country capacitation

481 736 users
3% increase
8 languages



Protective equipment

137 129 users
15% increase
7 languages



Treatment facilities

179 451 users
4% increase
8 languages



Hand hygiene

137 129 users
15% increase
2 languages



Field data tool

63 508 users
12% increase
2 languages

Notes

a) Data collected from 194 Member States and 1 territory through the WHO Regional Offices. The term "countries" should be understood as referring to "countries and territories".
b) Includes 3 courses: waste management; (+20% increase) decontamination and sterilization of medical devices (new); environmental cleaning & disinfection (new).
c) Data as of 2 June 2020.
d) Incremental percentage compared to previous fortnight.
e) WHO Immunization Repository <https://www.who-immunization-repository.org/dmfs-web-commons/secure/vol/in-action>
f) Data as of 26 May 2020.

Yes No Missing Data

REGIONAL UPDATES

Americas (PAH)

In **Ecuador**, PAHO convened journalists and communicators working with Afro-descendent populations, indigenous groups, and the Montubio population, to disseminate key messages and facilitate the exchange of risk communication strategies. It also holds weekly engagement meetings with community leaders and youth representatives from these same populations to ensure that lifesaving information reaches all segments of Ecuador's population.

The lockdown in the Dominican Republic and interruption in employment opportunities has led to thousands of Haitians to return to their home countries. PAHO's **Haiti** office works with the Ministry of Health, IOM, UNFPA, and UNICEF to strengthen surveillance at the border with the **Dominican Republic** to screen incoming persons for COVID-19 and isolate cases if necessary.

PAHO supported **Bermuda, Guatemala, Peru, and Saint Vincent and the Grenadines** with primers, probes, and kits to conduct 305,000 PCR tests for the molecular detection of SARS-CoV-2. Additional materials (including enzymes, internal control primers, PCR tubes, and extraction kits) were sent to **Barbados, Guatemala, Guyana, and Peru**. To date, PAHO has sent materials for over 3.483 million COVID-19 tests, as well as 21,500 swabs, 85 enzymes, and 120 extraction kits (among other material).

Western Pacific Region (WPR)

Samoa, the Solomon Islands, Tokelau, and Vanuatu delivered a series of table-top and field simulation exercises focusing on easing lockdowns, repatriating citizens, and assessing hospital and community readiness for COVID-19. The results and lessons learned from these exercises are being implemented into policy decisions regarding the clinical management of COVID-19 cases, repatriation of citizens, easing of lockdowns, and implementation and maintenance of non-pharmaceutical interventions.

Information and Planning is revising the regional dashboard and aims to include sub-national data on the epidemiology and healthcare capacity for all countries and areas in the region. Activities have continued to strengthen existing surveillance systems into a multisource assessment platform to detect cases, assess transmission, mobilize resources, and make decisions on non-pharmaceutical interventions. RO I&P has led a working group with WCO colleagues to draft a regional guidance for conducting multisource surveillance of COVID-19 and has continued to assess transmission stages for the countries/areas in WPR.

The webinar on communicating the new normal phase 2 was attended by risk communication and community engagement focal points from country offices and Ministries of Health.

The scheduled bi-weekly update with recent findings from perceptions, behaviours surveys gathered through social listening activities (such as social media monitoring, media monitoring, surveys and polls) was shared with country offices to inform their communication activities and broader COVID-19 response.

A new 'Behind the Scenes' video on helping countries with COVID-19 testing was finalized and shared via multiple WPRO channels including YouTube, FB and Twitter.

A new comprehensive monitoring, evaluation and learning (MEL) dashboard for WPRO COVID-19 communications has been completed with Key Performance Indicators from January to May 2020.

The distribution to WHO Western Pacific Region Member States of Personal Protection Equipment (PPE) is ongoing.

It was completed the distribution of 2,175 Finger pulse oximeters throughout the Region.

Laboratory consumables arrived Wallis and Futuna onboard the sea vessel "Capitaine Wallis".

REGIONAL UPDATES

Eastern Mediterranean Region (EMR)

The COVID-19 Supply working group is established with the aim of better Coordination of supplies for COVID in terms of avoiding duplication and cover as much gap as possible.

First Training Webinar on Strengthening Capacities of Rapid Response Teams for COVID-19 was held last week.

Relaxing of social distancing measures have been documented in 12 countries in the region: **Bahrain, Egypt, Iran, Jordan, Kuwait, Lebanon, Oman, Saudi Arabia, Palestine, Qatar, Syria, UAE.**

Main relaxing measures are: reducing curfew hours, reopening shops, return to workplaces, reopening of mosques, reopening of cafes/restaurants. Countries are taking a step-wise approach.

The public use of masks is mandatory in **Bahrain, Egypt, Jordan, Kuwait, Lebanon, Morocco, Oman,** some localities in **Pakistan, Qatar, Tunisia** and **UAE.**

EMRO is working on the Guidance to enhance preparedness measures for countries receiving pilgrims back for the Hajj.

Regional IPC Webinar has been held in **Saudi Arabia** on "IPC measures in the era of COVID -19" on 1st of June with 700 participants.

The second webinar of the COVID-19 Laboratory Community of Practice was held last week. The session focused on biosafety guidelines for laboratories handling SARS-CoV-2 samples was attended by 152 participants from 56 EMR and AFRO countries, WHO country offices, and WHO/HQ.

Yemen has finalized the development of the national guidance for reproductive and maternal health interventions.

Morocco has disseminated the national guide on organization and management of pregnancy, childbirth and post partum care.

Technical working groups for MHPSS are fully operational in **Yemen, Iraq,** and **Syria** and are being reactivated in **Somalia, Libya, Sudan** and **Pakistan.**

Launch of MHPSS platform for provision of automated stress management techniques for general population in EMR countries is in the pipeline.

UAE was able to succeed in its testing strategy due to proactive scaling up of testing and adopting a flexible approach that could be modified as needed. **As of May 31 (and since Feb 25), WHO occupied Palestinian Territories has procured and delivered tests to screen 13,728 people;** conducted 10 assessments and monitoring sessions; trained 433 health and non-health workers; procured and delivered 16,450 PPE kits; delivered 20 ICU medical equipment and supplies.

REGIONAL UPDATES

European Region (EURO)

WHO EURO provided support to the Polish Police Forces, in coordination with the Ministry of Health, through an open discussion regarding the country's strategy for the safe reopening of its five Police Academies, with a focus on safe recruiting of cohorts. The reopening of the academies was outlined in a 14-day strategy which includes regular testing among staff and students, social distancing measures implemented among students, as well as, online classes and the potential use of face mask

European Sero-epidemiology Network call: 27 May

WHO EURO hosted a meeting on sero-epidemiological surveys taking place within the Region. Approximately 130 participants from the WHO European Region, including EU and non-EU countries. During the call, updates on the sero-epidemiological studies being carried out in Spain, Albania and the Russian Federation were provided, which included study protocols, methodologies, sample size and tests being performed

Joint Virtual laboratory training in Kyrgyzstan and Uzbekistan for scaling up of national laboratory capacities: 25 – 31 May

WHO EURO conducted an online training and Q&A for COVID-19 laboratories in Kyrgyzstan and Uzbekistan on virus testing, sample collection, principles for nucleic acid extraction and RT-PCR procedures, workflow for multi-disease testing platforms, external quality assurance panels, procurement information, the strategic scaling up of laboratory capacities, and updates on WHO support. A total of 21 lab specialists from national and regional levels were trained. Over 200 laboratory specialists across Europe have been trained so far

High-level ministerial dialogue with Kyrgyzstan, Russian Federation, Tajikistan, Uzbekistan, Kazakhstan, Turkmenistan: 03 June

Regional Director for Europe, key WHO experts, and Ministers of Health discussed the actions countries can take to prevent infections of patients and healthcare workers in health facilities including:

- the organization of care delivery pathways to optimize roles, type of worker, team composition;
- retrain and upskill staff in management of suspected or confirmed COVID-19 cases;
- train & equip health workers to ensure high compliance with infection prevention and control measures including rational use of personal protective equipment, compliance with hand hygiene and national policies to manage COVID-19 infections among health workers;
- healthcare facilities must have a safe infrastructure (clean environment; adequate water, sanitation and hygiene and proper ventilation);
- and ensure every hospital has an infection prevention and control programme to support implementation of strategies to ensure a safe environment for health workers, patients and visitors.

¹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

REGIONAL UPDATES

South-East Asia Region (SEAR)

WHO's network of over 1600 experts and field personnel working across the country with state governments on National Public Health Surveillance Project,

Tuberculosis, Neglected Tropical Diseases, hypertension and health systems strengthening are actively engaged in the COVID-19 response measures such as collection of detailed epidemiological information, scaling up surveillance for influenza-like illness (ILI) and severe acute respiratory infections (SARI) cases, contact tracing, capacity-building, laboratory diagnosis, hospital preparedness, infection prevention and control, and risk communications and community engagement. ICMR advised States to conduct sero-survey to measure Coronavirus exposure in selected population using IgG ELISA Test. WHO to provide technical support to States/ UTs, in planning and carrying out sero-surveys (63/69 districts completed) .

WHO officials are supporting capacity building of government officials in select States on SARI/ILI surveillance and community surveillance in some States. NITI Aayog has requested WCO field teams to support surveillance for the next 12 months. In addition to contact tracing, planning, capacity building, and providing support to District Control Rooms and District Collectors. WHO is also supporting planning and training of field teams on implementation of sero-survey sample collection for sero-survey is completed in 63/69 districts.

Health infrastructure was ramped up during the lockdown. WHO supported the assessment. As of 27.05.20, 930 dedicated COVID hospitals with 1,58,747 Isolation beds, 20,355 ICU beds and 69,076 Oxygen supported beds are available. 2,362 dedicated COVID Health Centres with 1,32,593 Isolation beds; 10,903 ICU beds and 45,562 Oxygen supported beds have been operationalized

A total of 702 COVID-19 positive cases have been reported in Cox's Bazar district (including Rohingya camps) as of 31 May 2020 as per Civil Surgeon Office, Cox's Bazar . 29 confirmed cases have been reported in Rohingya camps as of 31 May 2020. A total of 156 individuals are in institutional quarantine in the camps. The health sector has developed an interim concept note for home care and isolation support for persons with mild and moderate symptoms consistent with COVID-19 when facilities (SARI isolation and treatment centers and isolation units) do not have the capacity to serve mild and moderate COVID-19 cases. WHO is building capacity in Cox's Bazar to meet the anticipated demand for treatment for COVID-19. Under WHO leadership, partners have committed to establishment of 1,080 additional beds in "Severe Acute Respiratory Infection – Isolation and Treatment Centers", or SARI-ITC in Ukhiya and Teknaf. In these facilities, treatment can be provided for mild, moderate and severe cases of COVID-19, including provision of oxygen. The first SARI-ITCs have initiated their operations. WHO has continued to engage in discussions with partners surrounding health care waste management options for the SARI ITCs. 104 staff have been trained to date in clinical case management. WHO provided technical support regarding SARI ITC layout design to HOPE Foundation in Camp 4, Ukhiya, and ventilation solutions within SARI wards to UNHCR.

Key links

[COVID-19 web page](#)

[Case dashboard](#)

[Daily situation reports](#)

[Surveillance Report](#)

[Donors and partners](#)

[Response in countries](#)

[Regional updates \(AFRO, EMRO, EURO, PAHO, SEARO, WPRO\)](#)

[Rolling updates](#)