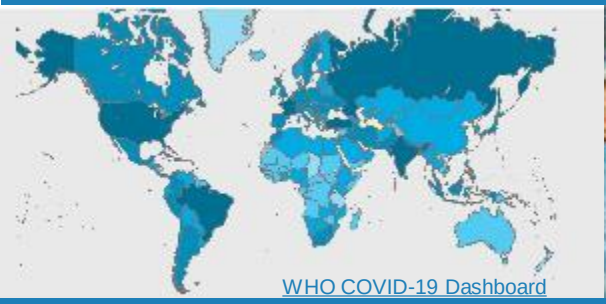
Weekly Operational Update on COVID-19

30 November 2021

Issue No. 82



WHO COVID-19 Dashboard

As of 28 November 2021

For all other latest data and information, including trends and current incidence, see the WHO COVID-19 Dashboard and Situation Reports

Confirmed cases

260 493 573

Confirmed deaths

5 195 354

Ethiopia launches a COVID-19 vaccination campaign

On 16 November 2021, the Federal Ministry of Health (MoH) launched a nationwide COVID-19 vaccination campaign.

A nurse administers vaccine during the COVID-19 vaccination campaign in November 2021 ©WHO

The Ministry has deployed over 28,000 vaccinators and more than 6.2 million doses of COVID-19 vaccines for the campaign including from Sinopharm, AstraZeneca, Janssen, and Pfizer-BioNTech. These vaccines will be used for the campaign together with vaccines that had been deployed earlier.

Aiming to improve vaccine uptake, the MoH has launched a communication campaign with support from WHO Ethiopia. Through this campaign, the Ministry is transmitting information and calls to get vaccinated through short messaging system (SMS), different radio stations, and national television.

WHO has also been supporting the planning, coordination, and implementation of this COVID-19 vaccination campaign by deploying 46 experts for direct technical support, supervision, and monitoring. The organization has also made technical and financial contributions to the communication and demand generation activities and has provided operations and logistical support to the campaign.

For further information, click here.

Key Figures

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

More than **6 million** people registered on OpenWHO and accessing online training courses across **39** topics in **57** languages

21 474 136 PCR tests shipped globally

215 179 426 medical masks shipped globally

99 120 700 gloves shipped globally

9 610 311 face shields shipped globally

197 GOARN deployments conducted to support COVID-19 pandemic response

7 772 799 316 COVID-19 vaccine doses administered globally as of 29 November

[a] COVAX has shipped over **537 million** vaccines to **144 participants** as of 24 November

[a] See Gavi's COVAX updates for the latest COVAX vaccine roll –out data

From the field:

Indigenous youth leaders trained to promote COVID-19 messaging in Colombia


©PAHO

From 8-12 November 2021, 80 youth and social leaders of the Awá indigenous people from 32 reservations were trained to disseminate messages on COVID-19 prevention, public health measures and mental health. The training was implemented by the Departmental Health Institute of Nariño (IDSN), the Universidad de los Andes, the Unipa Indigenous Organization (including traditional healers and health workers) and PAHO/WHO.


©PAHO

In March 2021, when Colombia initiated COVID-19 vaccination, 127 indigenous authorities and peoples living in the Sierra Nevada de Santa Marta publicly announced they would not get vaccinated, and requested education and information on COVID-19 so as to allow communities to decide freely about their own immunization. To respond to this call, the Ministry of Health and Social Protection issued a circular aimed at entities ranging from mayors to Indigenous Health Service Providers Institutions with instructions for the implementation of the National Plan for Vaccination against COVID-19 in indigenous peoples and communities. As part of their responsibilities under the National Plan, these entities implement communication and information activities in indigenous communities, using approaches that are appropriate to each territory and community, including the use of their own languages. PAHO/WHO is providing strong support to the implementation of this directive.

In Nariño, knowledge dialogues were held with Awá, UNIPA and Camawari organizations, and other indigenous peoples of the department to agree on communication and education actions including: two-way communication channels using messaging applications; risk communication workshops for officials, authorities and indigenous leaders; radio campaigns in Spanish and Awapit through community radio stations; the co-creation of audiovisual and visual communication products; and training of youth to disseminate evidence-based messages about COVID-19 and vaccination to support community members in making informed decisions. The training also included strengthening communications messaging such as through the elaboration of stories, radio soap operas, videos for social networks and more.

For the next two months, the 80 Awá youth leaders will develop a series of activities in their communities that include meetings, house-to-house visits, surveys and the distribution of educational materials on COVID-19 and vaccination.

For further information, click here.

WHO SUPPORT MISSION ADDRESSES THE URGENT COVID-19 AND BROADER HEALTH NEEDS OF VULNERABLE POPULATIONS IN BELARUS: 19 - 23 NOVEMBER 2021

WHO team of experts carrying out field visits in Belarus ©WHO Belarus Country Office

Increased migratory pressure at the border between Belarus and bordering European Union countries has been observed since this summer. A growing number of migrants of diverse origins have gathered close to the Belarus border with Poland, Lithuania, and Latvia. As only a small number have crossed the border into neighboring countries, it is estimated that up to 8000 individuals remain in Belarus, among them close to 2000 in a warehouse as a temporary shelter close to the border, and some are still reported to be living outdoors in the surrounding forests.

In increasingly difficult winter conditions, and with a recent surge in COVID-19 transmission reported across Belarus throughout October, an urgent assessment of the health situation was conducted by WHO and partners to increase support to those in need.

Health assessment at a reception center in Lithuania. © WHO Belarus Country Office

From 19-23 November 2021, WHO/Europe deployed a high-level mission to Belarus to work alongside national and regional authorities and partners to identify and address the health needs of migrants. The mission also sought to mobilize medical supplies for the population located in the temporary shelter near Hrodna, close to the Polish and Lithuanian borders.

The WHO team met the Ministry of Health, regional health authorities, national and local partners including the Belarus Red Cross, and the UN Country Team. Over the course of the mission, WHO conducted two field visits to gather firsthand information from affected populations, as well as from local and national health authorities and partners. WHO's Regional Director for Europe, Dr Hans Kluge, joined the mission on 22-23 November for high level meetings with the Chairperson of the Council of Belarus Republic, Vice Prime Minister, the Minister of Health, and the Governor of Hrodna region to agree on concrete actions to improve the sanitary and medical conditions, whilst underlining the need for continuous humanitarian access.

Continued on the next page…

CONTINUED: WHO SUPPORT MISSION ADDRESSES THE URGENT COVID-19 AND BROADER HEALTH NEEDS OF VULNERABLE POPULATIONS IN BELARUS: 19 - 23 NOVEMBER 2021

A rapid health assessment that included COVID-19 was conducted at the largest temporary shelter housing nearly 2000 people. The team also met and visited local health facilities involved in the care pathway for emergency cases. During these field visits, the WHO team established contact with migrants to collect critical information on access to healthcare and to evaluate overall health needs.

Preliminary findings were that basic services are available for migrants located in the temporary shelter at Hrodna, and that these need to be further strengthened through the Belarus Red Cross and partners while a longer-term solution is found.

The team identified specific actions for controlling SARS-CoV-2 transmission and will support Belarus with additional health kits, essential equipment and testing supplies if requested.

To support the most urgent needs, WHO has already shipped one interagency emergency health kit and one non-communicable diseases kit to Belarus, both containing medicines, medical supplies, and consumables sufficient for 10 000 people for three months.

WHO/Europe also sent a team of experts to Lithuania from 8-12 November to support the country in providing health care to migrants arriving from Belarus.

WHO/Europe team gathering information from affected populations at the Belarus borders ©WHO Belarus Country Office

"I am very concerned about the thousands of vulnerable people who are stranded in no-man's land on Belarus's borders with Poland, Latvia and Lithuania, at the mercy of the weather as winter fast approaches,"

WHO/Europe Regional Director, Dr Hans Henri P. Kluge.

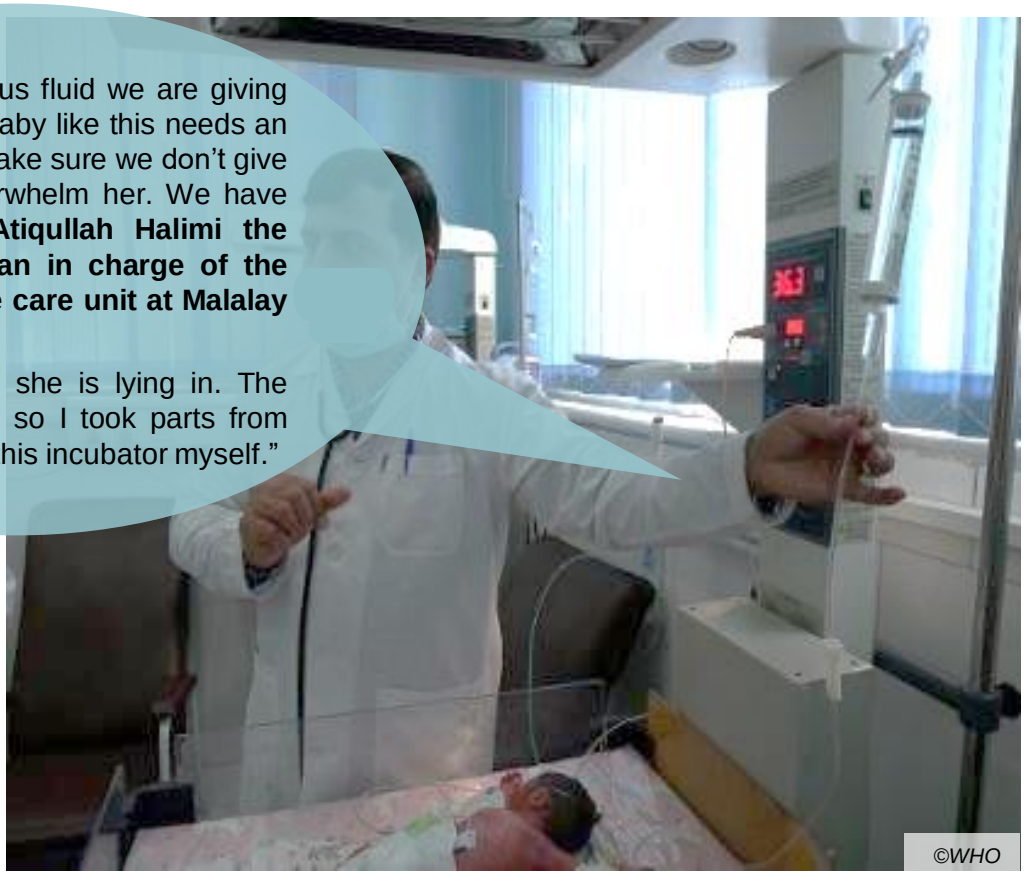
Preliminary results from an ongoing survey of migrants in the reception facilities and border posts revealed that many migrants need treatment, medication, psychosocial support, as well as information in their native languages. Over a third of respondents required medical treatment during their journey and 3 in 5 of those who spoke to WHO/Europe require treatment and medicines for an ongoing health condition.

For further information, click here.

From the field:

Maintaining essential health services during COVID-19 in Afghanistan

There have been strong gains in maternal and newborn lives saved over recent decades. Now there is a challenge in not only holding on to those gains, but to keep on improving, as a part of maintaining essential health services (pillar 9 of the 2021 COVID-19 Strategic Preparedness and Response Plan). WHO recommends that all essential elements of antenatal care (ANC) and postnatal care (PNC) are maintained during the pandemic and that women and newborns have access to skilled care at all times, including referral for the management of complications.



"See this intravenous fluid we are giving this baby – a tiny baby like this needs an infusion pump to make sure we don't give too much and overwhelm her. We have none," **says Dr Atiqullah Halimi the senior paediatrician in charge of the neonatal intensive care unit at Malalay hospital in Kabul.**

"See the incubator she is lying in. The heater was broken so I took parts from another and made this incubator myself."

©WHO

A baby born too early, born too small, in the neonatal intensive care (NICU) ward at Malalay Maternity Hospital, one of 4 maternity hospitals and a national referral hospital in Kabul, is still clinging on, struggling for every breath.

The hospital has no food and no-one from senior staff to the most junior workers have been paid salaries for 3 months - many of whom are now the sole breadwinners in their households. Obtaining supplies, parts and maintenance of the specialized hospital equipment is also difficult without a biomedical engineer or a maintenance team. Until recently, a nongovernment organization had been providing maintenance services to the hospital, but in August the support ceased.

WHO is working to support the hospital with supplies and equipment, including cardiotocograms to monitor unborn babies' heart rates and patterns, oxygen pressure regulators, newborn baby radiant warmers, obstetric equipment and intubation sets. Since August 30, WHO has flown 266 metric tonnes of medical cargo to Afghanistan via 15 flights, enough to cover the urgent health needs of around 2.8 million people attending hospitals and health centres throughout the country.

For further information, click here.

Pandemic learning response

OpenWHO serving Surinamese health workers in Dutch

Leah-Mari Richards, Advisor for Health Systems and Services in the WHO Suriname Country Office, shared the "struggles to get healthcare workers on the front line to keep up with the new and emerging technical knowledge distributed at regional and global level." So, Leah-Mari and her colleagues were delighted when they saw COVID-19 courses frequently being launched on OpenWHO.

Under normal, non-pandemic, circumstances Suriname healthcare workers would have the time to take such courses online in English, despite the official language being Dutch.

However, Leah-Mari said that "during the COVID-19 pandemic we had to be practical; it is much faster and easier for anyone to understand technical knowledge, when it is in one's mother tongue, especially in a pandemic."

PAHO Suriname has since translated 7 courses from the OpenWHO platform into Dutch, with a positive uptake of more than 2100 enrolments. The Suriname Nursing School has also included one of these OpenWHO courses (on Infection Prevention and Control) as a mandatory course for all students prior to being deployed to assist with the COVID-19 response.

OpenWHO.org learning platform figures

6 million Total course enrolments	**57** Languages
39 COVID-19 course topics	**11 million** Words translated
80 Other course topics for WHO mandated areas	**18** Learning channels
3.2 million Certificates awarded	**54 000** Digital badges issued

Infection, prevention and control
Clinical management

As of 23 November 2021

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 and PAHO-procured items that have been shipped as of 19 November 2021.

Shipped items as of 19 November 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 239 625	1 563 000	2 549 010	1 553 010	36 178 300	503 616	2 473 079	56 010 400	3 654 630
Americas (AMR)	1 446 132	18 492 200	11 197 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 578 620	2 345 875	2 602 200	1 619 945	17 185 000	375 120	3 154 222	33 877 550	2 603 695
Europe (EUR)	987 800	1 334 200	714 120	1 933 380	28 255 900	634 900	3 421 548	48 164 500	7 808 950
South East Asia (SEAR)	3 838 800	4 547 750	3 145 690	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 265 424	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	**14 750 427**	**28 463 675**	**21 474 136**	**9 610 311**	**99 120 700**	**2 239 973**	**11 816 579**	**215 179 426**	**27 831 965**

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.
**Laboratory supplies data are as of 15 November 2021*

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

Appeals

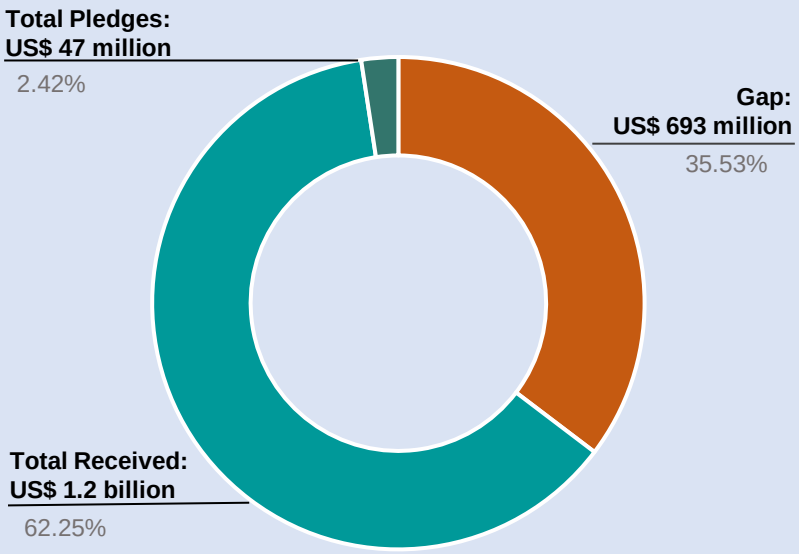
WHO's Strategic Preparedness and Response Plan (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US$ 1.96 billion appealed for, US$ 1.2 billion is directly attributable towards ACT-A, US$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 23 November 2021, WHO has received US$ 1.2 billion out of the 1.9 billion total requirement. **A funding shortfall of 38% remains during the final quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 23 November 2021



A mid-year report on SPRP 2021 is now available, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69[b], as of epidemiological week 45 2021)[c]	22% (n=15)[d]	44% (n=51)	**57% (n=66)**	50%
This week (epidemiological week 45), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 66 (57%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 29 November)[c]	0[f]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 29 November)[c]	0[f]	7 408 870 760	**7 772 799 316**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 29 November)[c]	0[f]	52.4% (n=4.1 billion)	**53.6% (n=4.2 billion)**	N/A

[a] The term "countries" should be understood as referring to "countries and territories"
[b] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[c] Weekly reported indicator
[d] Baseline for epidemiological week for southern hemisphere season
[e] Quarterly reported indicator
[f] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 November 2021, **The Solidarity Response Fund** has raised or committed more than US$ 256 million from more than **676 626** donors.

More than US$ 256 Million

676 626 donors

[individuals – companies – philanthropies]

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including activities with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by WHO.

The following amounts have already been disbursed to WHO and partners:

$169 million
to the World Health Organization to procure and distribute essential commodities and coordinate response.

$10 million
to CEPI to catalyze and coordinate global vaccine R&D.

$10 million
to UNHCR to protect at-risk Internally Displaced People and refugees.

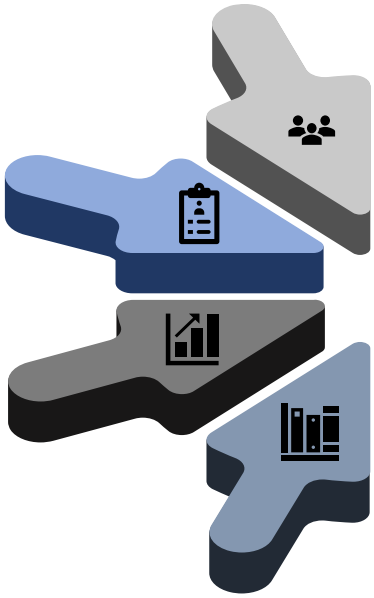
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$20 million
to WFP to support the shipment of vital commodities where they are most needed.

$5 million
to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

$2.6 million
to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.

Key links and useful resources



GOARN
For updated GOARN network activities, click **here.**

Emergency Medical Teams (EMT)
For updated EMT network activities, click **here.**

WHO case definition
For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click **here.**

WHO clinical case definition
For the WHO clinical case definitions of the post COVID-19 condition, click **here.**

EPI-WIN
For EPI-WIN: WHO Information Network for Epidemics, click **here**

WHO Publications and Technical Guidance
For updated WHO Publications and Technical Guidance on COVID-19, click **here**

For more information on COVID-19 regional response:

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

For the 23 November 2021 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

Two special focus updates are provided on:
- Points of entry, international travel and transport in the context of the COVID-19 pandemic
- SARS-CoV-2 Variants of Concern (VOCs) and Variants of Interest (VOIs)

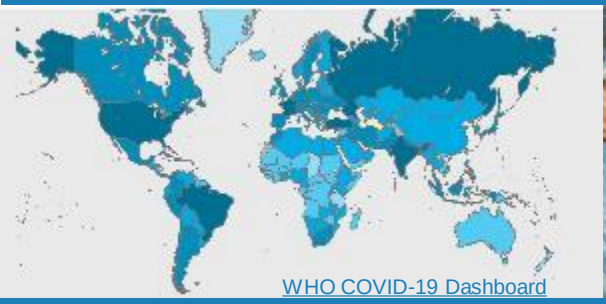
News

- To read WHO's interim statement on COVID-19 vaccination for children and adolescents, click here.
- For more information on WHO issuing guidelines on the treatment of multisystem inflammatory syndrome associated with COVID-19, click here.
- For more information on how only 1 in 4 African health workers are vaccinated against COVID-19, click here.
- To read an update on Omicron, click here. To read the Technical Brief and Priority Actions for Member States on Omicron (B.1.1.529), click here.

Weekly Operational Update on COVID-19

7 December 2021

Issue No. 83



WHO COVID-19 Dashboard

As of 5 December 2021

For all other latest data and information, including trends and current incidence, see the WHO COVID-19 Dashboard and Situation Reports

Confirmed cases

264 663 035

Confirmed deaths

5 247 742

Kenya increases uptake and equity for COVID-19 vaccinations

@WHO/John Kisimir

Like many other people in Siaya County, Margaret Awino, a member of the Doho Ukwaka Magombe Masat Association (DUMMA) women's group, was fearful of receiving the COVID-19 vaccine due to negative rumours circulating in the community.

"When the COVID-19 vaccination was introduced I heard people say it will kill older people. I was afraid. But I have now been well-informed and I have also seen that those who were vaccinated earlier did not die. I want to go for vaccination. And today I heard WHO say that when one is vaccinated and gets the disease, it will not be severe enough to cause death," said Ms Awino.

Working closely with County Health Management Teams, WHO liaised with political, administrative and community leaders and provided technical support for advocacy, risk communication and social mobilization. The experience has shown that creating demand and providing a mix of vaccine delivery mechanisms to reach key priority groups is an effective way to improve vaccine uptake. Outreach efforts in Kisumu County, for example, led to a 4.8 fold increase in demand and uptake of the COVID-19 vaccine.

For further information, click here.

Key Figures

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More than **6 million** people registered on OpenWHO and accessing online training courses across **39** topics in **58** languages

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199 GOARN deployments conducted to support COVID-19 pandemic response

7 952 750 402 COVID-19 vaccine doses administered globally as Of 6 December

[a] COVAX has shipped over **610 million** vaccines to **144 participants** as of 6 December

[a] See Gavi's COVAX updates for the latest COVAX vaccine roll –out data

From the field:

Supporting Omicron variant detection and COVID-19 response as COVID-19 cases rise in southern Africa

African countries are stepping up measures to detect and control the spread of the Omicron variant; working with African governments to accelerate studies and bolster the response to the new variant, WHO is urging countries to sequence between 75 and 150 samples weekly. As of 2 December 2021, Botswana and South Africa have reported 19 and 172 Omicron variant cases, respectively. While globally, more than 20 countries have detected the variant to date, the two southern Africa countries account for 62% of cases reported.

For the seven days leading to 30 November, South Africa reported a 311% increase in new cases, compared with the previous seven days. Cases in Gauteng, the country's most populous province, have increased by 375% week on week and COVID-19-related deaths in the province jumped 28.6% from the previous seven days.

WHO is deploying a surge team to Gauteng Province to support surveillance, contact tracing, infection prevention and treatment measures.

Additional epidemiologists and laboratory experts are also being mobilized to boost genomic sequencing in Botswana, Mozambique and Namibia. WHO has mobilized US$ 12 million to support critical response activities in countries across the region for the next three months.

"The combination of low vaccination rates, the continued spread of the virus and mutations are a toxic mix. The Omicron variant is a wake-up call that the COVID-19 threat is real. With improved supplies of vaccines, African countries should widen vaccination coverage to provide greater protection to the population."

- Dr Matshidiso Moeti, WHO Regional Director for Africa

Operational planning and funding challenges, vaccine delivery as well as communication and community engagement bottlenecks have hindered the efforts to widen vaccinations in some African countries. WHO and its partners are supporting countries to scale up vaccine delivery and uptake, including intensified assistance to roll out more than 5 million doses at risk of expiring by the end of the year due to having been donated with a short shelf life.

For further information, click here.

From the field:

New oxygen production stations to be constructed in Yemen

WHO has joined efforts with the Islamic Development Bank (IsDB) Group and Yemen's Ministry of Public Health and Population to construct 14 new oxygen production stations that will save lives from the COVID-19 pandemic.

The oxygen production stations, valued at over US$ 3.4 million, are being constructed in 11 southern governorates of Yemen and will be gradually put into operation between December 2021 and February 2022.

The oxygen stations will be jointly managed and implemented by the Ministry of Public Health and Population and WHO, financed through a US$ 20 million loan from IsDB Group, as part of its Emergency Support for the COVID-19 Preparedness and Response Plan in Yemen.

© WHO / Blink Media - Mustafa Saeed

"The availability of uninterrupted oxygen supply is key to the survival of patients with severe cases of COVID-19 who otherwise face lung failure," said Dr Adham Rashad Ismail Abdel Moneim, the WHO Representative in Yemen. "This is why the construction of these oxygen stations is one of the most important things we can do to save the lives of many more patients suffering from COVID-19."

"Through this Project, the IsDB seeks to support the Republic of Yemen to overcome the humanitarian, social and economic difficulties that continue to threaten poverty alleviation efforts and disease control, particularly COVID-19."

- Dr Ilker Ersegun Kayhan,
The IsDB Operations Team Leader for the Gulf Cooperation Council countries and Yemen.

Yemen is facing urgent challenges in securing oxygen supplies that are critical to effective management of severe cases of COVID-19. The installation of 14 new oxygen production stations will strongly reinforce other efforts underway by WHO, the Ministry of Public Health and Population and IsDB to save lives and contain the spread of COVID-19 – including provision of essential medicines and supplies, personal protection equipment and other medical equipment and technologies that are critical to infection prevention and control and COVID-19 case management.

For further information, click here.

From the field:

"Data for action": WHO/Europe pilots enhanced Emergency Response Information Management System (ERIMS) with Azerbaijan

District Epidemiology and Hygiene center visit as part of the ERIMS mapping ©WHO/Europe

Challenges in accessing critical information have created significant bottlenecks during the COVID-19 pandemic. Lessons at global, national, and subnational levels have revealed a critical need to strengthen data for action. Strong information collection, integration and real-time analysis of data from health system and other sources lead to better and faster decision-making. The continuous availability of comprehensive and standardized emergency information also allows for better response monitoring and knowledge management at the national level and for increased capability to report data internationally.

Using the updated Support Tool to Strengthen Health Information Systems and respective annex modules, the WHO Regional Office for Europe developed an additional module specifically focused on Emergency Response Information Management System (ERIMS). The emergency module guides an assessment of the existing health information system and the local capacity to collect, share, integrate, consolidate, analyze, report data. It also ascertains the extent to which information is relevant for the management of the emergency response at different health system level.

From 27 November – 05 December 2021, WHO/Europe deployed a team of six experts to Azerbaijan to pilot the ERIMS module which brings together key indicators related to epidemiology (cases, deaths), health system information (bed occupancy, service delivery, access to care, laboratory), and public health information (vaccination, risk communication and community engagement, public health and social measures). The module involves mapping workflows (data collection, integration, analysis, reporting and prediction) and capacities (process, technologies and resources) in place to support emergency response data and information management.

Mapping of the emergency health information management system at TABIB in Azerbaijan ©WHO/Europe

The objective was to test the adequacy and suitability of the checklist for the assessment of emergency response management systems. The work will contribute to the overall goal of the HIS support tool, which is to strengthen Member States health information systems in managing and using data to enhance the response and save lives. As part of the mission, the team visited various health facilities including hospitals, polyclinics, national and regional epidemiological centers, and the Ministry of Health and the Management Union of Medical Territorial Units (TABIB) under the State mandatory health insurance in Azerbaijan.

Based on this pilot, mission findings and recommendations will be provided to further strengthen the emergency response information management system in Azerbaijan. In addition, the piloted module is being refined and revised to be fully integrated as part of WHO Europe's HIS tool that can be applied across the European Region. These activities are undertaken with the support of Canada, under the Health Systems Connector pillar in the ACT-Accelerator.

For further information, click here.

From the field:

Home-based care for COVID-19 patients begins with community engagement in Lao People's Democratic Republic

In light of the surge of positive COVID-19 cases in recent weeks in the Lao People's Democratic Republic and the added stress on the health care system, particularly in the Vientiane capital, the Ministry of Health on 13 November announced its plan to implement home-based care for positive COVID-19 patients that met certain criteria (see prior update on this here).

The Ministry of Health will mobilize more than 300 workers as part of a response team to work with local authorities in 7 districts in Vientiane to implement home-based care for select COVID-19 patients. WHO provided technical support in the development of the care pathway and home-based care guidelines and facilitated trainings for hotline operators and those working with district authorities.

The response team explains to local authorities on home-based care guideline
©WHO Laos

By engaging with the district authorities, the Ministry hopes that home-based care can be successfully implemented in communities, and that this bottom-up approach can help to minimize COVID-19 transmission in households, promote health seeking behaviours and reduce the number of cases and deaths in the capital. This initiative also aims to encourage vaccine uptake, establish care pathways that support early detection of patients whose health may be deteriorating and facilitate their admission to a hospital, and support families facing emergencies at home due to the pandemic.

A hotline has been established to answer enquiries from those who are placed on home-based care and a home-based care guideline will also be made available to the public. The response team will work with the local authorities to collect information of vulnerable groups in communities, including the elderly, people with disabilities and pregnant women, who are included in COVID-19 vaccination priority groups but have not receive their vaccine. Vaccination fixed sites have also been set in villages and the teams are using a "house-to-house approach" to reach these groups.

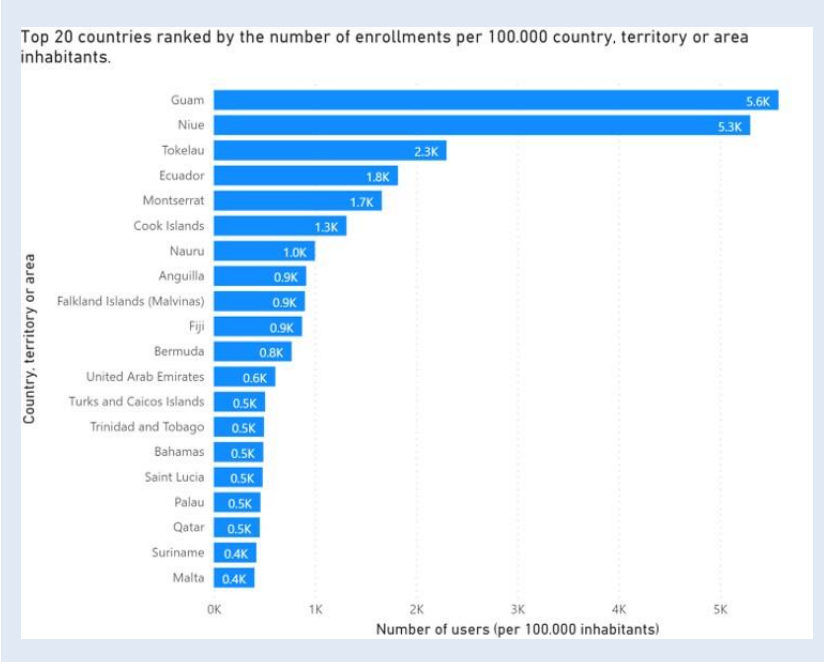

A house-to-house visit to vaccinate a mother who have recently delivered her baby
©WHO Laos

For further information, please click here.

Pandemic learning response

Small island states bring the most learners per capita to OpenWHO

When population is taken into consideration, small island states bring the highest proportion of learners per population to the OpenWHO learning platform. Four of the top five countries, territories and areas based on per capita enrolments are small island states: Guam, Niue, Tokelau, and Montserrat. Among the top 20 countries, territories and areas per capita, a total of 16 are small island states.



On the island of Guam, approximately 6% of the population has taken OpenWHO courses (n=3199 users).

Learners in the top 10 countries, territories and areas (of which 9 are small island states), based on the number of users per 100 000 inhabitants, have the following sociodemographic backgrounds:

- 32% are in the 20 – 29 year-old age group;
- 28% are in the 30 – 39 year-old age group;
- 68% are female.

Notably, a much larger percentage of these learners identify as female than across the platform as a whole, where female learners have a slight majority (52%).

The most popular courses among these learners are all related to COVID-19. The infection prevention and control course tops the list, followed by the introduction to COVID-19, country preparedness and response, hand hygiene and personal protective equipment courses.

Online learning contributes to equity and accessibility by making it possible for remote locations like small island states to participate in the learning experience.

OpenWHO.org learning platform figures

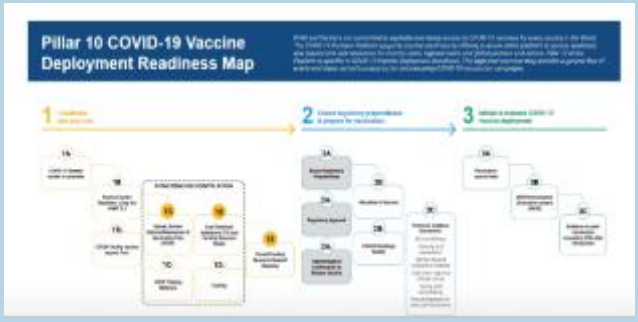
6 million Total course enrolments	**58** Languages
39 COVID-19 course topics	**11 million** Words translated
81 Other course topics for WHO mandated areas	**18** Learning channels
3.3 million Certificates awarded	**56 000** Digital badges issued

As of 30 November 2021

COVID-19 Partners Platform

New COVID-19 Vaccine Delivery (CDS) funding from UNICEF is available on the Partners Platform to 30 non-GAVI eligible AMC countries

COVID-19 Vaccine Delivery Support (CDS) funding is now available from UNICEF to 30 AMC countries that weren't previously eligible for Gavi funding through the Partners Platform.



Following the most recent round of needs-based CDS funding from Gavi, country administrators can now apply for CDS funding that will be provided to UNICEF country/regional offices, who will disburse funds to governments, WHO/PAHO and UNICEF based on amounts in the approved applications. The deadline for this round to apply for UNICEF funding is 15 December 2021. Allocated funding must be spent by 31 July 2023.

Country administrators interested in applying can do so through the Partners Platform, provided they've already updated their National Deployment and Vaccination Plan and where applicable uploaded a Human Resource for Health Deployment Plan to scale-up COVID-19 vaccination coverage. Each country should designate country administrative focal points authorized to upload all application documents. A list of designated admin focal points with their respective email addresses should be submitted to Ulla Griffiths ugriffiths@unicef.org.

To learn more, country administrators are invited to drop into a **recurring UNICEF CDS info meeting** held every Wednesday drop into this session with your questions from 16:00 to 16:30 Geneva time CET/(GMT+1). (Click here to join the meeting) Troubleshooting online sessions can also be organized on request, please contact poncec@who.int or whestl@who.int

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 and PAHO-procured items that have been shipped as of 4 December 2021.

Shipped items as of 4 December 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 281 025	1 554 300	2 601 036	1 554 210	36 198 300	503 616	2 475 079	56 016 400	3 659 630
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TOTAL	**15 070 850**	**28 613 150**	**21 375 808**	**9 611 511**	**99 140 700**	**2 239 973**	**11 818 579**	**215 785 426**	**27 836 965**

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.
**Laboratory supplies data are as of 7 December 2021*

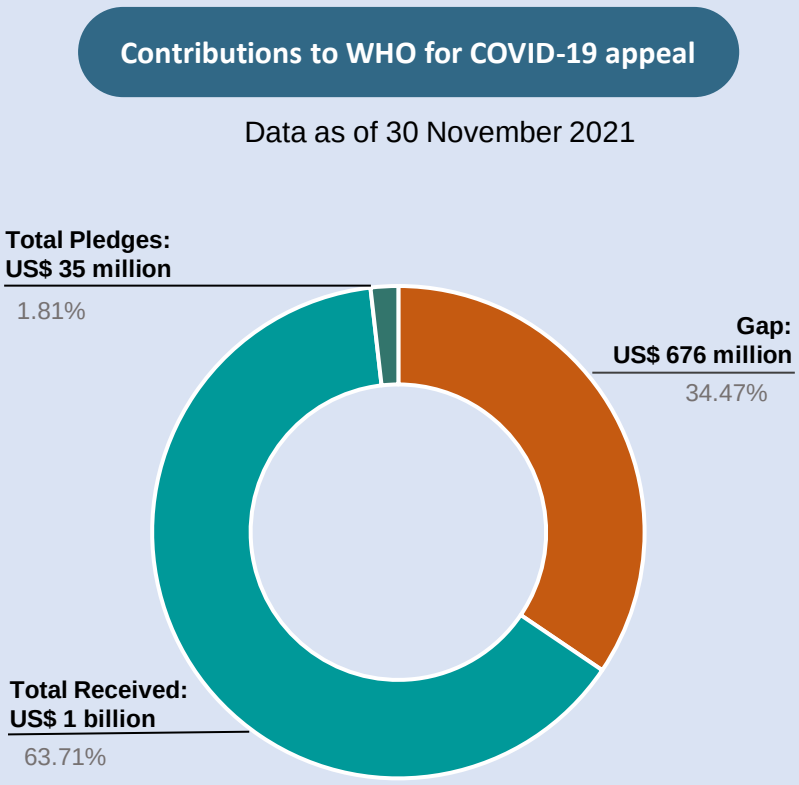
For further information on the **COVID-19 supply chain system**, see here.

Appeals

WHO's Strategic Preparedness and Response Plan (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US$ 1.96 billion appealed for, US$ 1.2 billion is directly attributable towards ACT-A, US$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 30 November 2021, WHO has received US$ 1 billion out of the 1.9 billion total requirement. **A funding shortfall of 36% remains during the final quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.



A mid-year report on SPRP 2021 is now available, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69[b], as of epidemiological week 46 2021)[c]	22% (n=15)[d]	57% (n=66)	**59% (n=68)**	50%
This week (epidemiological week 46), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 68 (59%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 6 December)[c]	0[f]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 6 December)[c]	0[f]	7 772 799 316	**7 952 750 402**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 6 December)[c]	0[f]	53.6% (n=4.2 billion)	**54.9% (n=4.3 billion)**	N/A

[a] The term "countries" should be understood as referring to "countries and territories"
[b] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[c] Weekly reported indicator
[d] Baseline for epidemiological week for southern hemisphere season
[e] Quarterly reported indicator
[f] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 November 2021, **The Solidarity Response Fund** has raised or committed more than US$ 256 million from more than **676 626** donors.

More than US$ 256 Million

676 626 donors

[individuals – companies – philanthropies]

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including activities with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by WHO.

The following amounts have already been disbursed to WHO and partners:

$169 million
to the World Health Organization to procure and distribute essential commodities and coordinate response.

$10 million
to CEPI to catalyze and coordinate global vaccine R&D.

$10 million
to UNHCR to protect at-risk Internally Displaced People and refugees.

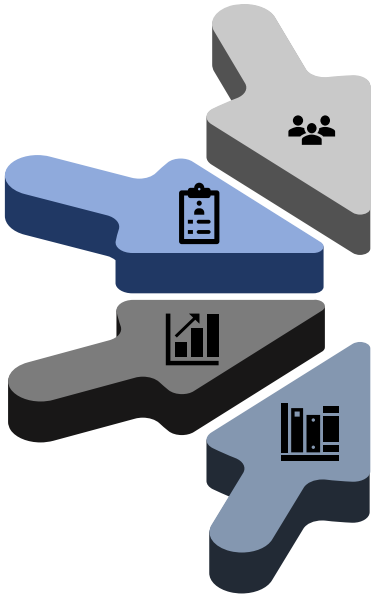
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$20 million
to WFP to support the shipment of vital commodities where they are most needed.

$5 million
to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

$2.6 million
to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.

Key links and useful resources



GOARN
For updated GOARN network activities, click **here**.

Emergency Medical Teams (EMT)
For updated EMT network activities, click **here**.

WHO case definition
For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click **here.**

WHO clinical case definition
For the WHO clinical case definitions of the post COVID-19 condition, click **here.**

EPI-WIN
For EPI-WIN: WHO Information Network for Epidemics, click **here**

WHO Publications and Technical Guidance
For updated WHO Publications and Technical Guidance on COVID-19, click **here**

For more information on COVID-19 regional response:

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

For the 30 November 2021 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

- Details on the newly designated SARS-CoV-2 Variant of Concern (VOC) Omicron (B.1.1.529)
- Updates on the geographic distribution of VOCs
- A summary of phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of VOCs based on available studies.

News

- For the WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant (B.1.1.528), click here.
- For the joint statement on dose donations of COVID-19 vaccines to African countries, click here.
- For more information on the World Health Assembly agreeing to launch process to develop historic global accord on pandemic preventions, preparedness and response, click here.

Weekly Operational Update on COVID-19

13 December 2021

Issue No. 84

Updates on variant of concern: Omicron (B.1.1.529)

- On 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern (VOC). 63 countries have identified Omicron cases in all six WHO regions (9 December).
- Based on current limited evidence Omicron appears to have a growth advantage over Delta. Whether Omicron's observed rapid growth rate in countries with high levels of population immunity is related to immune evasion, intrinsic increased transmissibility, or a combination of both remains uncertain. However, given the current available data, it is likely that Omicron will outpace the Delta variant where community transmission occurs.
- The diagnostic accuracy of routinely used PCR and antigen-based rapid diagnostic test (Ag-RDT) assays does not appear to be influenced by Omicron. Most Omicron variant sequences reported include a deletion in the S gene, causing some S gene targeting PCR assays to appear negative.
- There are still limited data on the clinical severity of Omicron. While preliminary findings from South Africa suggest it may be less severe than Delta, and all cases reported in the EU/EEA to date have been mild or asymptomatic, it remains unclear to what extent Omicron may be inherently less virulent.
- **The overall risk related to the new variant of concern Omicron remains very high** for a number of reasons. First, the global risk of COVID-19 remains very high overall, and second, preliminary evidence suggests potential humoral immune escape against infection and high transmission rates, which could lead to further surges with severe consequences. Our understanding is still evolving, and the risk assessment will be updated as more information becomes available

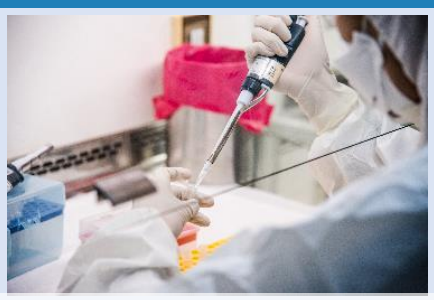
For further information, see the Technical Brief and Priority Actions for Member states.

WHO provides testing kits to Uganda for screening the COVID-19 Omicron variant of concern

As part of the prevention and rapid identification of a new COVID-19 variant in Africa, WHO has provided the Uganda Virus Research Institute (UVRI) with a total of 3,360 test kits for the genotyping of variants of concern.

"These PCR screening assay kits procured by WHO is a boost to the county's existing capacity to identify the predominant Delta variant and indicate the presence of Omicron, the new COVID-19 variant of concern."

said Dr Jane Ruth Aceng, Uganda's Minister of Health.



© WHO / P. Phutpheng

"Highly operational, these kits offer a triple benefit in preventing and limiting the spread of Omicron and other variants of concern. They will allow rapid identification of the highly transmissible delta variant, screen for Omicron, and help in prioritizing specimens for genomic sequencing."- said Dr Yonas Tegegn Woldemariam, WHO Representative in Uganda.

continued on next page

Key Figures

More than **6 million** people registered on OpenWHO and accessing online training courses across **39** topics in **58** languages

21 375 808 PCR tests shipped globally

215 785 426 medical masks shipped globally

99 140 700 gloves shipped globally

9 611 511 face shields shipped globally

199 GOARN deployments conducted to support COVID-19 pandemic response

8 200 642 671 COVID-19 vaccine doses administered globally as of 13 December

[a] COVAX has shipped over **610 million** vaccines to **144 participants** as of 6 December

[a] See Gavi's COVAX updates for the latest COVAX vaccine roll –out data

Click here for the WHO COVID-19 dashboard

Continued: **WHO provides testing kits to Uganda for screening the COVID-19 Omicron variant of concern**

SARS-CoV-2 variant B.1.1.529, also known as Omicron, was first identified from a specimen collected on 9 November 2021, with the variant first reported to WHO on 24 November 2021. A meeting of WHO's Technical Advisory Panel on Variant Progression, held on 26 November 2021, named it " Omicron" and designated it a variant of concern.
This variant is reported to have 26-32 mutations (genetic changes) in the spike protein gene (the virus envelope), which is more than those identified in several other variants of concern, including the Delta and Alpha variants.

Currently, WHO is coordinating with a large number of researchers around the world to better understand Omicron, including assessments of transmissibility, the severity of infection, the performance of vaccines and diagnostic tests, and the effectiveness of treatments.
The government interventions to curb the importation of the Omicron variant include the intensified surveillance at points of entry, increased uptake of COVID-19 vaccines through accelerated mass vaccination campaigns, and adherence to COVID-19 standard operating procedures.
In addition to these measures, Dr Jane Aceng emphasized, "samples from individuals that test positive to COVID-19 will be subjected to genomic sequencing. This will enable laboratories to search for the presence of the Omicron variant or any other variant that may develop in the country."

For further information, click here.

COVID-19 Contact Tracing Communication in Honduras

In Honduras, on 26 November 2021, the Universidad Autónoma de Honduras (UNAH) in collaboration with PAHO/WHO, presented the results from a knowledge survey on COVID-19 contact tracing.
The initiative is part of the National Pandemic Response Plan and its results will support the implementation of communication interventions, as well as the design and implementation of refresher training courses for journalists on the importance of contact tracing and preventive measures related to the COVID-19 pandemic.

The survey was carried out in the following municipalities with a higher incidence of COVID-19 cases: Distrito Central, La Paz, Nacaome and San Pedro Sula.

The results provide information about the perception and the knowledge level of the population regarding COVID-19 and its management from 1148 men and women aged 18 to 19 years old who were interviewed. Questions covered their concerns, impact on family environments, COVID-19 prevention, and their sources of information about the pandemic.

For further information in Spanish including some survey results, click here.

From the field:

WHO/Europe laboratory system strengthening mission to Kazakhstan: 25 November – 15 December 2021

International networks are an important tool for strengthening national laboratory capacities relating to outbreaks caused by high threat pathogens (HTPs), such as influenza, coronaviruses (e.g. SARS, MERS and SARS-CoV-2), because they can serve both as a platform for sharing information and expertise, and as a system for the referral of diagnostic specimens for primary and confirmatory testing.

In Kazakhstan, as part of a broader laboratory mission from 24 November – 15 December 2021, a laboratory assessment was conducted in several different COVID-19 and high threat pathogen laboratories in three regions of the country (Almaty, Nur-Sultan and Taraz).

The assessment evaluated laboratory capacity through a pathogen-based questionnaire with in-depth analysis of their expertise regarding HTPs diagnostic capabilities, quality assurance, and laboratory network involvement, as well as identifying gaps and needs. The information collected will be the basis for the development of an action plan for country-specific needs.

Laboratory expert in Kazakhstan preparing to do an extraction. ©WHO Kazakhstan Country Office

Additionally, the Global Laboratory Leadership Programme (GLLP) continues in Kazakhstan since early 2020 to provide specialized training for laboratory experts in the areas of leadership and management. A total of 15 lab experts in the GLLP have now finalized both areas of the competency-based learning programme which included over 700 hours of on-the-job assignments, face-to-face sessions on biosafety, biosecurity and quality management systems.

Among the WHO Health Emergencies Programme (WHE) priority countries in the WHO European Region, some have not previously participated in international laboratory networks for HTPs, which has left a gap in the Region's preparedness. WHO Regional Office for Europe's European Regional Laboratory Task Force for High Threat Pathogens is addressing this gap by helping countries in the Region improve their surveillance, preparedness, and response capacities. The Lab Task Force focuses on facilitating national and international coordination and knowledge transfer related to laboratory preparedness and capacity-building for high threat pathogens.

This work to strengthen SARS-CoV-2 and high-threat pathogen diagnostics systems is financially supported by the Government of Canada and the European Union.

From the field:

UN agencies support intensive COVID-19 vaccination drive in the Philippines

WHO and other UN agencies in the Philippines, including UNDP, UNFPA, and UNICEF, supported the National Vaccination Days (NVDs) that took place between 29 November and 3 December, vaccinating nearly 10 million Filipinos.

WHO supported the vaccination drive in various ways – including technical preparations, risk communication and crisis preparedness, vaccine logistics, data management, and by optimizing day-to-day operations through supportive supervision.

A WHO personnel provides technical support on improving the operations at a vaccination site in Lipa City, Batangas during the National Vaccination Days in the Philippines © WHO

WHO and partner agencies commended the Government of the Philippines and all stakeholders involved for coming together to amplify the information drive and deliver vaccines where they are most needed, highlighting the critical support provided by volunteers working in vaccination sites nationwide. The vaccination drive contributed to the resilience of Filipinos in all regions of the country by bringing vaccination services closer to vulnerable populations and hard-to-reach communities in the spirit of leaving no one behind.

As of November 2021, the Philippines has received more than 146 million COVID-19 vaccines and at least 50 million more doses are expected to arrive before the year ends. Over 35 million of these doses have been donated through the COVAX Facility.

A second round of NVDs, scheduled from 15 - 17 December 2021, aims to vaccinate more Filipinos from vulnerable groups, such as older persons and those coming from indigent communities.

Together with other UN agencies and partners, WHO will continue working closely with the Philippine Government to ensure equitable access to COVID-19 vaccines, a crucial tool to end the pandemic and to build a path for a healthy and resilient Philippines.

To learn more, please click here.

Pandemic learning response

Protecting the vulnerable amidst flu season and a pandemic through online learning

As the COVID-19 pandemic continues, countries are also grappling with concurrent threats to the health of their populations, including flu season in the northern hemisphere. Influenza causes 3-5 million cases of severe illness and up to 650 000 respiratory deaths a year globally.

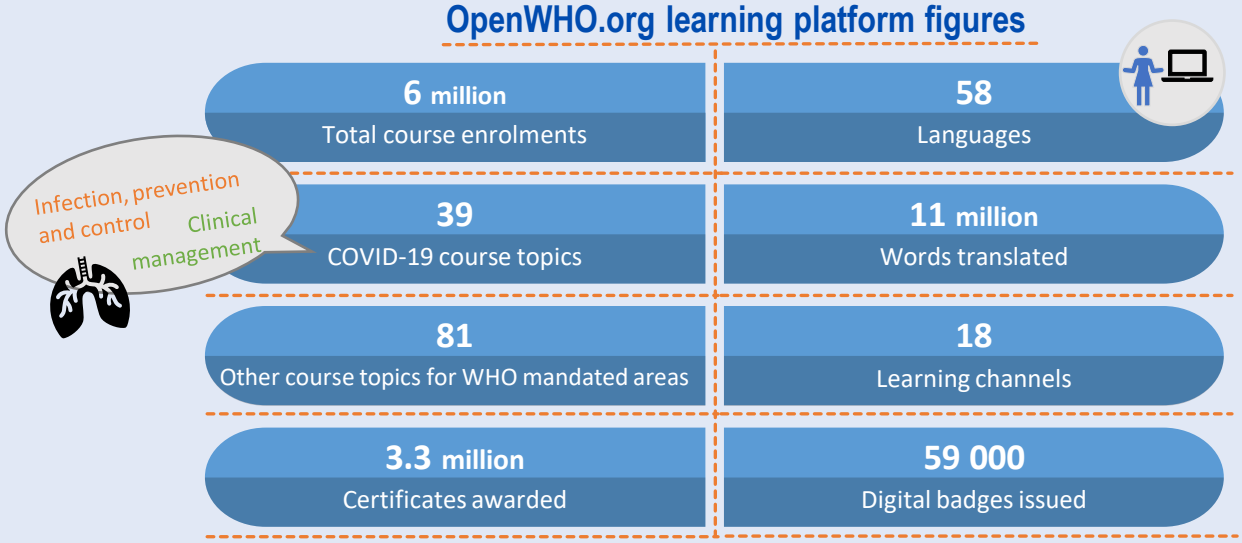
Thus, while in the midst of the COVID-19 pandemic, reducing the burden of seasonal influenza is critical to preserve health system capacity and protect vulnerable populations. Some populations are particularly at risk, either because they have a greater risk of exposure or because they have a greater risk of developing severe disease.

These groups include: pregnant women; health workers; people with chronic health conditions (such as diabetes, HIV , asthma, heart or lung disease); people over the age of 65 years; and children from 6 months to 59 months.

WHO has launched a free online course that provides an overview of the tools that can be used to prevent and control influenza, such as seasonal influenza vaccines, diagnostics and therapeutics. More than 6000 learners have enrolled in the one-hour training on OpenWHO.org, which is designed for health workers and other stakeholders involved in preventing and treating influenza. A Record of Achievement certificate is awarded to those who score at least 80% across all quizzes.

Additional influenza learning materials are available on OpenWHO's Preparing for Pandemics channel, including popular courses on the Flutool Plus seasonal influenza immunization costing tool (18 000 enrolments), an introduction to seasonal influenza (14 000 enrolments), influenza sentinel surveillance (12 000 enrolments) and risk communication for influenza events (11 000 enrolments).

OpenWHO.org learning platform figures



As of 7 December 2021

EMERGENCY MEDICAL TEAMS (EMT) IN THE PACIFIC: STRENGTHENING NATIONAL CAPACITY FOR HEALTH EMERGENCY RESPONSE

The Fiji Emergency Medical Assistance Team (FEMAT) setting up an intermediate care facility for COVID-19 in Suva.

In Pacific island countries and areas (PICs), establishing national Emergency Medical Teams (EMTs) is a critical part of country preparedness and response for a wide range of hazards.

“When a crisis strikes, Emergency Medical Teams rapidly deploy to wherever they are needed and provide crucial clinical care. In the Pacific, we are seeing worsening natural disasters due to climate change and the emergence of infectious disease outbreaks such as measles, dengue and now COVID-19. Having well-prepared and well-equipped EMTs ready for immediate deployment can make the difference between life or death,” explained Sean Casey, WHO’s EMT Focal Point in the Western Pacific Region and Pacific COVID-19 Incident Manager.

National EMTs have proved to be crucial in deploying surge capacity for COVID-19 and in other emergencies in the Pacific. To date, EMTs have been established in a number of Pacific countries and areas including: Cook Islands Medical Assistance Team (KukiMAT), Fiji Emergency Medical Assistance Team (FEMAT), Solomon Islands Medical Assistance Team (SOLMAT), Tonga Emergency Medical Assistance Team (TEMAT), and Vanuatu Medical Assistance Team (VanMAT).

Vanuatu Medical Assistance Team (VanMAT) provide medical assistance during an outreach activity. ©WHO/P. Metois

Teams are currently in development in Kiribati, the Republic of the Marshall Islands, Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Palau, Papua New Guinea and Tuvalu.

COVID-19 deployments have been ongoing and include FEMAT and SOLMAT at the national level. EMTs in Tonga and the Cook Islands also supported national preparedness and response efforts, including for clinical surge, repatriation and quarantine support, and vaccination.

To meet the demand for the training and to encourage more Pacific countries to develop their own national EMTs, WHO and its partners recently have provided substantial remote support to Pacific EMTs, including through an 11-week online webinar series in 2021.

Continued on the next page…

CONTINUED: EMERGENCY MEDICAL TEAMS (EMT) IN THE PACIFIC: STRENGTHENING NATIONAL CAPACITY FOR HEALTH EMERGENCY RESPONSE

"The goal of the webinar series was to go over the key concepts with current and prospective teams across the Pacific and to share ideas and best practices," explained Anthony Cook, EMT Consultant at the WHO Representative Office for the South Pacific. "The webinar series included technical briefings on specific topics, but also included *talanoa* sessions – the Pacific way of sharing stories and having a discussion. And in every webinar session, Pacific EMT leads and team members provided guidance to their Pacific counterparts around EMT development and operationalization in the small island context."

"It was great to go through the webinar series and for KukiMAT to be included as we are still developing the team in the Cook Islands. It made sense to see what other Pacific countries went through with their own health emergencies and how they approached it for their country context. We extracted the bits and pieces that we can apply in our context when the time comes that we are faced with an outbreak."

Mary Kata, Chief Nursing Officer at Te Marae Ora - Cook Islands Ministry of Health. "

Presenters and participants discuss during the webinar series.

While training and technical support continue to be provided remotely, once travel restrictions are eased, WHO and partners plan to re-start face-to-face trainings and simulation exercises with Pacific EMTs. In addition, the procurement of equipment and supplies for new and existing teams is ongoing.

"COVID-19 has highlighted the importance of preparedness for health emergencies. Pacific Island Countries had the foresight to invest in health security early and we can see how this investment has saved lives and will continue to be useful for the future. We are grateful to our Ministry of Health colleagues for their commitment and to our donors – the Governments of Australia, New Zealand, and the United States – for supporting the EMT initiative in the Pacific," said Dr Mark Jacobs, Director of Pacific Technical Support and WHO Representative to the South Pacific.

For further information, click here.

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.

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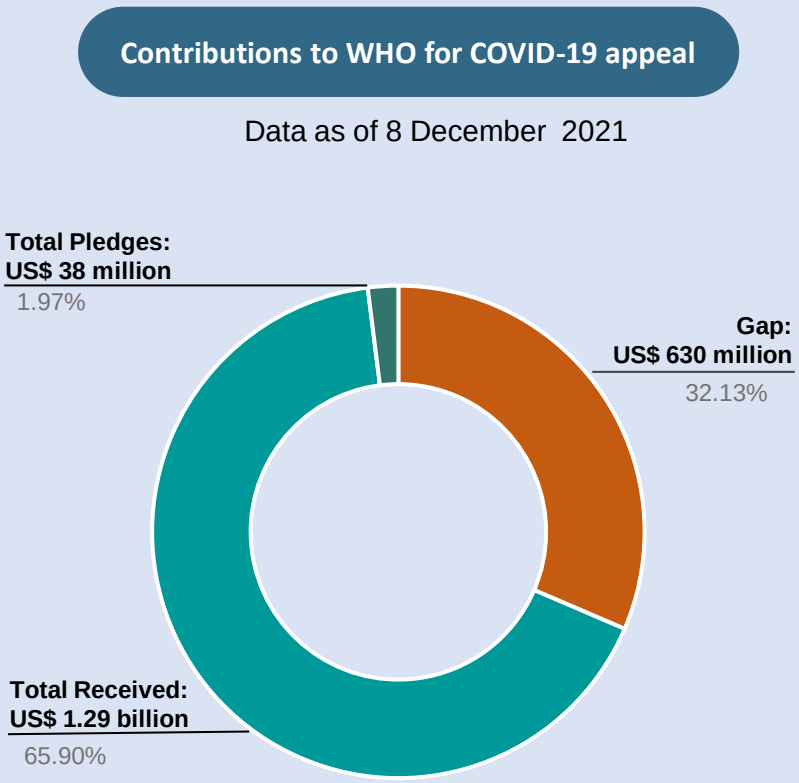
Appeals

WHO's Strategic Preparedness and Response Plan (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US$ 1.96 billion appealed for, US$ 1.2 billion is directly attributable towards ACT-A, US$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

Click here for the status of funding raised for WHO against the SPRP or here for an SPRP mid-year report.

As of 8 December 2021, WHO has received US$ 1.29 billion out of the 1.9 billion total requirement. **A funding shortfall of 34.1% remains during the final quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

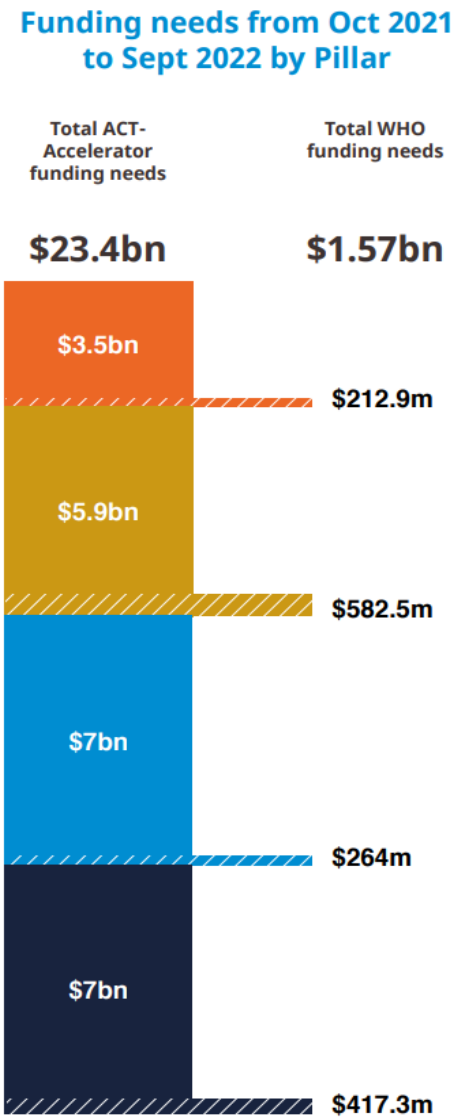


A mid-year report on SPRP 2021 is now available, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

The status of funding raised for WHO against the SPRP can be found here. Continued on the next page is an update on the new appeal, released this month.

Appeals

New Appeal for WHO's work under the ACT-Accelerator October 2021- September 2022



WHO has recently published the WHO ACT-Accelerator Appeal: Supporting the spinal cord of the global COVID-19 response (December 2021), including WHO's unique role and funding requirements to deliver on its role and work under the Access to COVID-19 Tools (ACT)-Accelerator, October 2021 to September 2022.

The ACT-Accelerator – and WHO's funding requirement within it – is a subset to WHO's global Strategic Preparedness and Response Plan (SPRP) which outlines WHO's overall objectives and funding needs for the COVID-19 response.

The ACT-Accelerator needs US$ 23.4 billion until September 2022. Of this, WHO's funding needs are US$ 1.57 billion, less than 7% of the total ask. This is an urgent call for the international community to fund the low cost, high impact work of the WHO to deliver on its new role within the new ACT-Accelerator.

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69[b], as of epidemiological week 47 2021)[c]	22% (n=15)[d]	**59% (n=68)**	**58% (n=67)**	50%
This week (epidemiological week 47), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 67 (58%) have timely reported COVID-19 data. An additional 5 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 13 December)[c]	0[f]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 13 December)[c]	0[f]	7 952 750 402	**8 200 642 671**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 13 December)[c]	0[f]	54.9% (n=4.3 billion)	**55.9% (n=4.3 billion)**	N/A

[a] The term "countries" should be understood as referring to "countries and territories"
[b] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[c] Weekly reported indicator
[d] Baseline for epidemiological week for southern hemisphere season
[e] Quarterly reported indicator
[f] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 November 2021, **The Solidarity Response Fund** has raised or committed more than US$ 256 million from more than **676 626** donors.

More than US$ 256 Million

676 626 donors

[individuals – companies – philanthropies]

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including activities with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by WHO.

The following amounts have already been disbursed to WHO and partners:

$169 million
to the World Health Organization to procure and distribute essential commodities and coordinate response.

$10 million
to CEPI to catalyze and coordinate global vaccine R&D.

$10 million
to UNHCR to protect at-risk Internally Displaced People and refugees.

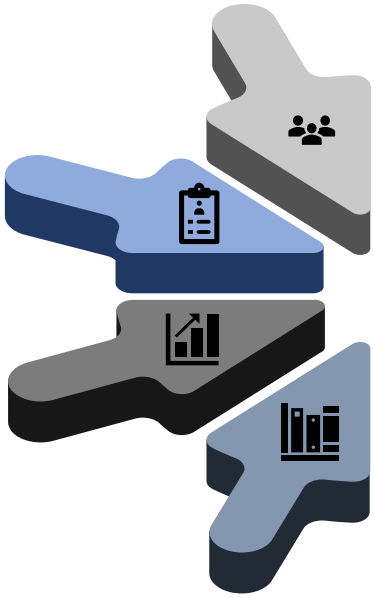
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$20 million
to WFP to support the shipment of vital commodities where they are most needed.

$5 million
to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

$2.6 million
to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.

Key links and useful resources



GOARN
For updated GOARN network activities, click **here**.

Emergency Medical Teams (EMT)
For updated EMT network activities, click **here**.

WHO case definition
For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click **here.**

WHO clinical case definition
For the WHO clinical case definitions of the post COVID-19 condition, click **here.**

EPI-WIN
For EPI-WIN: WHO Information Network for Epidemics, click **here**

WHO Publications and Technical Guidance
For updated WHO Publications and Technical Guidance on COVID-19, click **here**

For more information on COVID-19 regional response:

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

For the 7 December 2021 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

A special focus update is provided on SARS-CoV-2 Variants of Concern (VOCs) and Variants of Interest (VOIs). An update on Variant of Concern Omicron is also provided and includes the current situation in terms of the epidemiology and transmissibility, clinical severity, risk of reinfection and potential impact on diagnostics, vaccines and therapeutics.

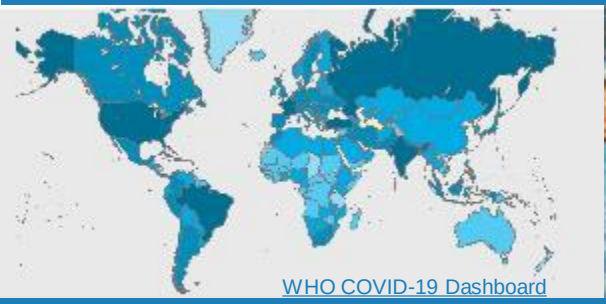
News

- Click here for the updated recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine.
- Click here to read more about WHO recommending against the use of convalescent plasma to treat COVID-19.
- Click here to read about how more malaria cases and deaths in 2020, linked to COVID-19 disruptions.

Weekly Operational Update on COVID-19

21 December 2021

Issue No. 85



WHO COVID-19 Dashboard

For all other latest data and information, including trends and current incidence, see **the Omicron technical update**, **WHO COVID-19 Dashboard** and **Situation Reports**

As of 20 December 2021

Confirmed cases

273 900 334

Confirmed deaths

5 351 812

Implementing national studies on the real-world effectiveness of COVID-19 vaccines in Armenia

Supporting the implementation of vaccine effectiveness studies in Armenia. ©WHO/Europe

Evaluating vaccine performance in the real-world is critical to understand the risks and benefits of COVID-19 vaccination. Many factors impact real-world vaccine effectiveness (VE) and knowing the real-world differences is key to help answer a variety of questions regarding the duration of protection, effectiveness of different vaccines, number of doses administered and more.

VE study guidelines were developed by WHO/Europe focused on the first priority groups for vaccination: Severe Acute Respiratory Infection (SARI) hospitalisations associated with laboratory-confirmed SARS-CoV-2 and a healthcare workers cohort study that are a part of the WHO UNITY Studies (a global sero-epidemiological standardization initiative).

These studies will help us to have a better understanding of the performance of COVID-19 vaccines for a range of disease outcomes (symptomatic infection – severe disease) for a variety of vaccines in settings.

Although a number of post-introduction VE studies have been published for high-income countries, very few have been undertaken in low- and middle-income countries and areas where factors such as vaccine rollout, previous outbreaks and types of vaccines used may differ.

continued on next page

Key Figures

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

More than **6 million** people registered on OpenWHO and accessing online training courses across **40** topics in **60** languages

21 375 808 PCR tests shipped globally

215 785 426 medical masks shipped globally

99 140 700 gloves shipped globally

9 611 511 face shields shipped globally

209 GOARN deployments conducted to support COVID-19 pandemic response

8 387 658 165 COVID-19 vaccine doses administered globally as of 20 December

[a] COVAX has shipped over **738 million** vaccines to **144 participants** as of 17 December

[a] See Gavi's COVAX updates for the latest COVAX vaccine roll –out data

From the field

Continued: **Implementing national studies on the real-world effectiveness of COVID-19 vaccines in Armenia**

WHO/Europe has started to implement such VE studies including the healthcare worker cohort study rolling out in Albania, Georgia and Azerbaijan and SARI studies starting in Kyrgyzstan and Kosovo[1]. The work has involved collaboration with field epidemiology programmes, Epiconcept, public health authorities and international partners.

A technical mission in Armenia, from 7 – 21 December 2021 in collaboration with the Armenian Ministry of Health, provided timely evidence about the impact of COVID-19 vaccination activities. Working closely with the Armenian National Center for Disease Control (NCDC) and National Digital Health System (ArMed), medical record data on COVID-19 health outcomes were compared with patients' vaccination status to estimate the reduced risk of infection, severe disease and death among individuals, and other key health measurements like duration of protection.

As vaccination efforts continue and higher coverage is achieved, the goal is to implement a standard scientific process in Armenia to periodically evaluate the effectiveness to show any continued benefits. These unique estimates will allow for data to be collected based on the specific types of vaccine in use, in the context of the population at risk, and those with past exposure history to various strains of the virus. Furthermore, on a local and regional level, the implementation of vaccine effectiveness studies and their results can help fine-tune policy and be used to address vaccine hesitancy.

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

WHO in the Western Pacific delivers critical equipment and supplies to Vanuatu and Fiji

On 5 December, the Operations Support and Logistics (OSL) team of the WHO Regional Office for the Western Pacific arranged a charter flight loaded with critical medical supplies and personal protective equipment (PPE).
The 15 tons of cargo was dispatched on a charter flight coordinated by the World Food Programme from the Regional Emergency Stockpile in Manila for the ongoing COVID-19 response in Vanuatu and Fiji.

Loading of critical supplies into charter flight at Manila International airport (Credit: WPRO/OSL)

The US$ 350 000 worth of medical equipment and supplies included more than 700 000 items such as gloves, gowns, face shields, masks, pulse oximeters and oxygen concentrators. These supplies provide protection to health-care workers on the front line and ensure their capacity to conduct critical case management work.

Through precise planning, careful coordination and existing relationships, the OSL team ensures life-saving medical supplies and equipment are made available to help countries in preparing and responding to the COVID-19 pandemic. Over the past 24 months, the Regional Stockpile in Manila has successfully dispatched more than US$ 20 million worth of critical supplies including PPE, biomedical equipment and laboratory supplies to 38 destinations throughout the Western Pacific Region in very short timeframes.

From the field

WHO boosts Sierra Leone's COVID-19 response and disease surveillance with laboratory commodities

WHO handed over a consignment of various laboratory commodities for COVID-19 and routine laboratory testing worth over US $ 600 000 to the Ministry of Health and Sanitation on 10 December 2021. The donation is part of WHO's continued assistance to Sierra Leone to scale-up COVID-19 testing and confirmation of cases in communities and public health facilities at national and sub-national levels; heightened surveillance for Ebola; and, to ensure availability of critical laboratory testing services for appropriate patient management.

Small quantity of the donated items on display. Credit: WHO Sierra Leone

The consignment included specimen collection kits, antigen rapid diagnostic kits and PCR test kits that screen for variants of concern for COVID-19, donated by WHO. The consignment also included kits, waste management supplies for Ebola virus disease specimens, procured with funding from the United States Agency for International Development (USAID). The donation also included an assortment of laboratory supplies to support routine laboratory testing and blood donation services, as part of efforts to improve availability of these critical services, procured with funding from the Islamic Development Bank (IsDB).

Receiving the commodities, the Minister of Health and Sanitation, Dr Austin Demby commended WHO for the continued support in the provision of technical as well as logistical assistance to the COVID-19 response and other concurrent public health interventions in Sierra Leone.

With this donation, the country is now able to scale up testing for COVID-19 at 20 high-burden health facilities using the kits to concurrently test and screen for some variants of concern for COVID-19 like Delta, Omicron and, ensure health-worker, public and environmental safety as the country continues with heightened surveillance for Ebola. Additionally, the country is able to continue and to decentralize provision of critical routine and clinical testing services as part of efforts to improve access to quality services.

"Continuous intensified and uninterrupted laboratory testing is a fundamental component of a functional disease surveillance system. Hence, for the health authorities to plan and effectively implement COVID-19 response interventions, we have made the donations to boost testing that would help reveal the trend of the pandemic and the burden of transmission so that the right actions and interventions can be taken", says Dr Steven V. Shongwe, WHO Representative in Sierra Leone.

For further information, click here.

Public health response and coordination highlights

- In the UN Crisis Management Team meeting on 16 December 2021, WHO reported that the number of the global weekly COVID-19 cases and deaths decreased slightly last week, with over 4 million new cases and just under 47,000 new deaths, a 5% and 10% decrease respectively. WHO noted that as of 15 December, the Omicron variant of concern (VOC) has been reported in 85 countries. Based on current limited evidence Omicron appears to have a growth advantage over Delta.

- On Omicron priorities, WHO briefed the need for coordinated characterization, risk assessment and research and innovation leading to evidence based decision making and policy formation. WHO further stressed the need to intensify efforts to drive down/keep down transmission by strengthening public health and social measures.

- **FAO, WHO and OIE** updated the CMT on the "One Health" Agenda.
  - **FAO** briefed on the Tripartite Plus Global Plan of Action for One Health (2022-2026) that aims to stimulate a more comprehensive One Health approach to global health threats at the human-animal-environment interface, focusing on working in cross-sectoral ways within national programmes.
  - **OIE** highlighted the issue of building One Health workforce, noting the need to expand and transform the recruitment, development, education, training, distribution, retention and financing of the health and care workforce.
  - **WHO** briefed the creation of a new One Health Strategy Unit to improve coordination across the work of the organisation on One Health related disease or public health issues.

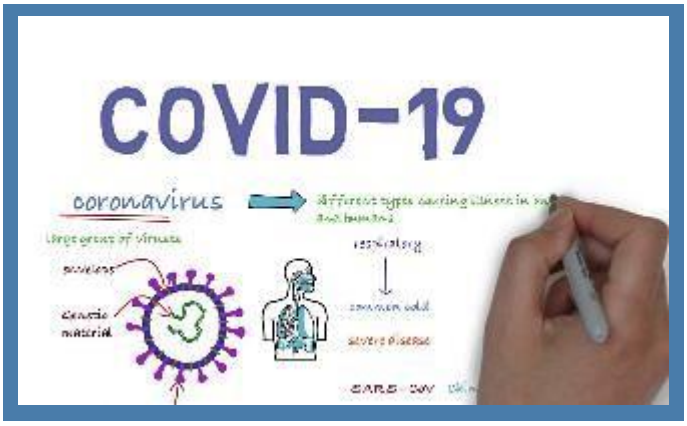
- **The World Bank** informed that it has just finished a stock-taking exercise on One Health and that a technical brief was presented to the World Bank Board on 1 December. WHO briefed on the expanded supply of vaccines in Q4 of 2021, however, noted issues concerning the absorption capacity of countries with humanitarian needs.

- **IOM** briefed results from a survey of 180 country offices on migrant inclusion in national deployment and vaccination plans, finding that 83 per cent and migrants in regular situations had access to COVID-19 vaccines.

- The **UN Department of Global Communications (DGC)** advised that it is preparing its plans for 2022, highlighting that *Responding to COVID-19 and Recovering Better* will be the top UN communications priorities for next year, with a focus on vaccine equity.

Pandemic learning response

Learn in 60 global languages on OpenWHO.org



WHO is pleased to close 2021 with the launch of our 60th language on the OpenWHO.org learning platform, as part of our efforts to make public health knowledge accessible to all. The newest language is Tajik, which is available for a course on using antigen rapid diagnostic tests to test suspect COVID-19 cases.

OpenWHO now offers free online courses in the official languages of 43 out of 46 of the least-developed countries, as well as the 15 most-spoken languages worldwide , in recognition that it is easier to learn in one's native tongue. The Introduction to COVID-19 course has been the most translated course and the French language is the most translated language.

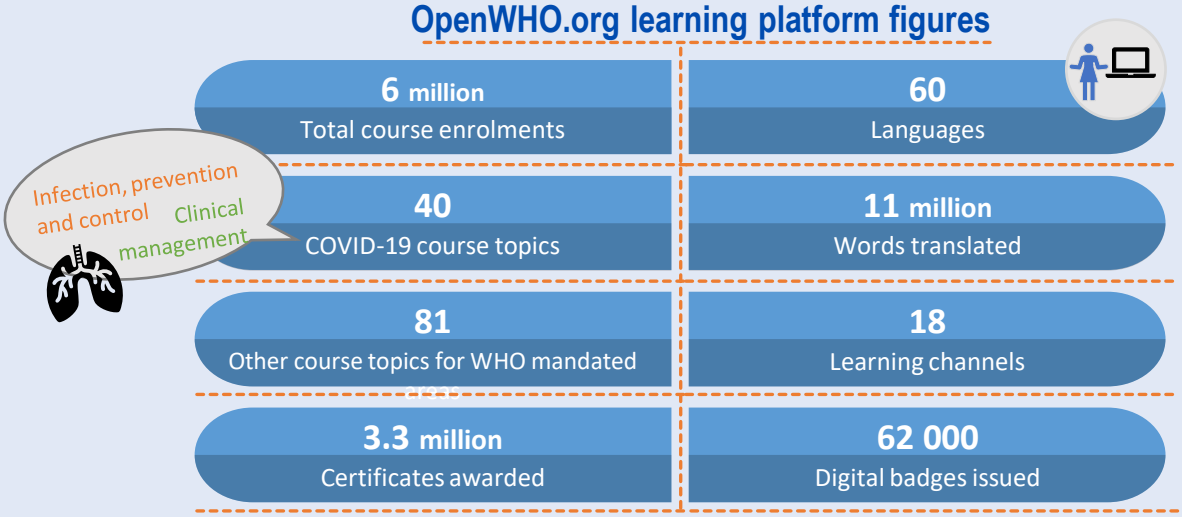
In total, 11 million words have been translated by WHO offices and volunteers across more than 70 countries so that communities can access life-saving information in their mother tongues to protect themselves and their loved ones. A new Serving Countries portal provides 12 countries with easy access to courses in their official languages to support their response to health emergencies. OpenWHO will expand these localization efforts going forward, with additional languages, translations and country-originated courses in the pipeline to meet growing demand.

"For almost 2 years, we have worked together with amazing crowd power from all corners of the world and in particular from WHO country and regional offices to help ensure equitable access to pandemic and emergency-related WHO technical guidance in a large variety of languages. Evidence shows that accessing learning in preferred languages enhances uptake and comprehension and further can help save lives,"

Heini Utunen, acting Head of the Learning and Capacity Development Unit for the WHO Health Emergencies Programme.

Overall, OpenWHO hosts courses on 120 health topics, including 40 COVID-19 courses, with more than 6 million course enrolments and more than 3 million certificates issued.

OpenWHO.org learning platform figures



As of 14 December 2021

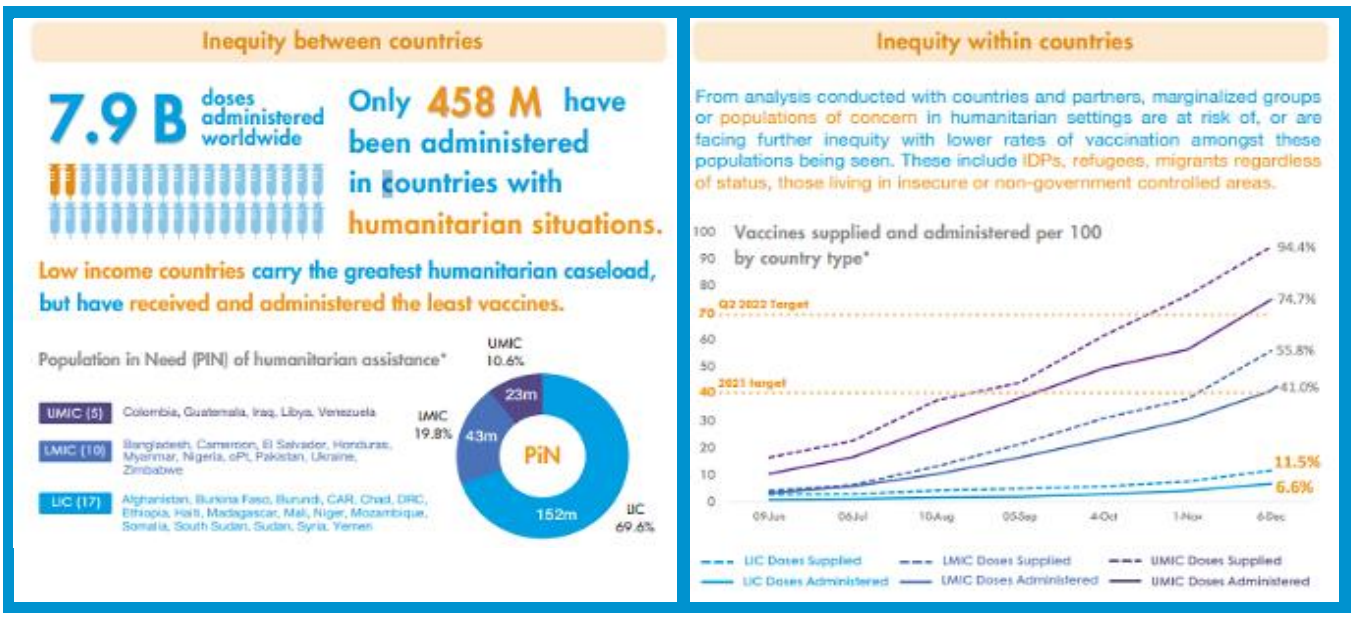
Partnerships

The Global Health Cluster - GHC

Vaccine equity: bringing COVID-19 vaccination to the most vulnerable

The Global Health Cluster has recently published a new infographic: “Reaching 70% vaccine coverage for COVID-19 - What will it take to reach people facing humanitarian crises?” Ensuring populations across the world are vaccinated for COVID-19 is critical to ending the pandemic by increasing immunity, decreasing deaths, and reducing the risk of new variants emerging.

The global strategy to reach 70% vaccination coverage by June 2022 requires a coordinated and concerted effort to ensure no one is left behind including the most marginalized and those facing humanitarian crises. Currently however, these populations face the most inequity. This infographic includes key asks to ensure the set goal is achieved.



A new photo story, “Bringing COVID-19 vaccination close to the most vulnerable” has been published. Reaching people in humanitarian settings may remain a challenge even when they are included in the COVID-19 national deployment and vaccination plans. Around the world, health clusters, led by WHO, are mobilizing partners to target vulnerable populations (such as internally displaced people, returnees, migrants regardless of legal status, refugees, people living in nongovernment controlled, insecure or hard to reach areas) and bring the vaccination close to the most vulnerable.

This newly published photo story features Health Cluster partners' innovative strategies to ensure vaccines are supplied and administered to all populations of concern in multiple settings.

Ministerio de Salud/ Coordinador de Salud Arauquita/ Colombia 2021: Door to door vaccination campaign against COVID-19 in the Arauca District.

Risk Communication, Community Engagement and Infodemic Management

Supporting global scale-up of infodemic management

WHO continues to support the scale-up of infodemic management capacities in countries. In May 2021, Member States adopted the Resolution WHA74.7, **Strengthening WHO preparedness for and response to health emergencies**, and at the WHA Second Special Session in December 2021, Member States launched a process to develop historic global accord on pandemic prevention, preparedness and response, by SSA2/3 where Member States recognize the need for national and global coordinated actions to address the misinformation, disinformation and stigmatization that undermine public health.

During November and December 2021, WHO held its third WHO infodemic manger training with 249 trainees from 82 countries (61% female, 42% from mid-to-senior level jobs, 77% having experience in emergency response).

The training included a 3.5-week-long simulation exercise on COVID-19 response infodemic challenges such as:

- controversy following adverse events following immunization
- countering misinformation influencing health behaviors, vaccination, young people and mass gatherings
- review of EPI and COVID-19 communications plans, and
- integrated analysis of the infodemic related to COVID-19 vaccines.

WHO also co-hosted the 5th WHO infodemic management conference with 71 participants from a variety of sectors to discuss the metrics and measurement of the burden of infodemic with US CDC.

The conference implements one of the workstreams of the WHO public health research agenda for managing infodemics. Next steps to advance the foundations for burden of infodemic metrics were agreed upon, including developing standardized definitions for key concepts, measures and components of the infodemic and more.

WHO Key Actions during November/December 2021:

- Launched a new Open WHO course, "Infodemic management 101"
- Celebrated the 1-year anniversary (27 issues) of the WHO infodemic management News Flash
- 770 infodemic managers trained from 132 countries in 3 trainings since November 2021.
- Published report from 3rd WHO infodemic management conference on the whole-of-society challenges and approaches to respond to infodemics across six tracks.

COVID-19 Preparedness

The essential task of strengthening genomic surveillance: WHO in collaboration with GISAID organizes training workshops for laboratory experts

With the COVID-19 pandemic progressing, genomic surveillance, is essential to inform us of circulating viruses and response measures required. The sequencing of representative samples continuously collected in a standardized approach from patients meeting influenza-like illness, acute respiratory infection, and severe acute respiratory infection case definitions, allows us to monitor the evolving trends and relative proportions of existing and emerging genetic variants circulating in the community.

Since 1952, GISRS has monitored influenza viruses and added SARS-CoV-2 in March 2020. GISAID has been an important partner of GISRS and the GISRS-GISAID collaboration on influenza has expanded to other respiratory viruses including SARS-CoV-2 and Respiratory Syncytial Virus (RSV). A joint bioinformatics training programme was developed to support Member States to expedite the effective genomic surveillance of SARS-CoV-2 using influenza surveillance systems.

WHO Global Influenza Programme and GISAID jointly organized a series of workshops with experts from National Influenza Centres (NICs) and National COVID-19 laboratories. The course is divided into three modules, from basic to advanced levels with the following objectives:

- Scaling up GISRS SARS-CoV-2 genomic surveillance, data sharing and interpretation of SARS-CoV-2 bioinformatics; and
- Equipping NICs with the skills to access, use and contribute to GISAID databases, platforms and tools, from SARS-CoV-2 to influenza and RSV.

Module 1 (Introductory) was recently completed on 9 December 2021 by more than 110 experts from over 40 countries globally. It comprised online lectures with real-time demonstrations followed by offline exercises. The training was held over a period of several months with five small groups according to time zones and languages spoken. The module covered the basics of virus sequencing; considerations for the genomic sequencing component of GISRS surveillance of SARS-CoV-2; and the submission, curation, annotation and basic interpretation of data using GISAID tools.

Module 2 (Intermediate) and Module 3 (Advanced) will launch in the coming months.
As we have learnt from the COVID-19 pandemic, an effective genomic surveillance system using GISRS to monitor SARS-CoV-2, as well as for influenza, is a critical component of pandemic and post-pandemic response. WHO will continue to strengthen the global network of laboratories of GISRS.

COVID-19 Preparedness

Universal Health and Preparedness Review (UHPR) Pilot: Bangui, Central African Republic

No country was fully prepared to deal with a pandemic of such scale, speed, severity and impact as COVID-19. With the purpose to *"build mutual trust and accountability for health, by bringing nations together as neighbours and to support a whole-of-government approach to pandemic preparedness*", WHO's Director General Dr Tedros Adhanom Ghebreyesus announced the Universal Health and Preparedness Review (UHPR) mechanism in November 2020.

The UHPR is a Member State-driven intergovernmental consultative mechanism that aims to:

- identify gaps in country preparedness through an inclusive, all of government and whole-of-society based approach
- develop cooperative platform building mutual trust, accountability to better respond to future pandemics
- promote peer-to-peer support and learning among member states, and promote sustainable financing to implementation of recommendations

The first UHPR pilot, facilitated by a three level WHO mission, was conducted from 4-14 December 2021 in the Central African Republic. a. The mission involved high-level engagement with several senior representatives across government sectors, members of Parliament, heads of UN agencies, and representatives of civil society, private sector and community leaders. A simulation exercise and site visits were conducted as part of the review of national capacitiesThe pilot aimed to garner and document best practices and identify key gaps in national preparedness.

> **"*We hope that by taking this first step, the Central African Republic can make a meaningful contribution to global preparedness and demonstrate our commitment to multilateral solutions for health security*."**
>
> *Dr Pierre Somsé, Minister of Health and Population*

The UHPR pilot report from the Central African Republic will be available in January 2022.

To date, 16 countries have volunteered to pilot the UHPR mechanism. Lessons from UHPR pilots are being documented and applied to further strengthen the review process and associated tools. An update of the progress to develop and pilot UHPR will be presented to WHO Member States at the 75th World Health Assembly (WHA) in line with Resolution 74.7 of the 74th WHA.

> ***"One of the most important lessons from the ongoing COVID-19 pandemic, it is that health is everyone's business. We, therefore, need high-level political commitments, cross-sectoral mobilization, and whole-of-society approaches with full participation of the community. UHPR has the potential to be a game changer and we applaud the Central African Republic for testing the concept in a particularly challenging context."***
>
> *Dr Ngoy Nsenga, WHO Representative*

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 and PAHO-procured items that have been shipped as of 19 December 2021.

Shipped items as of 19 December 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 281 025	1 554 300	2 601 036	1 569 810	36 637 300	555 536	2 633 079	56 774 400	4 321 630
Americas (AMR)	1 446 132	18 692 200	11 197 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 625 143	2 345 875	2 554 888	1 619 945	17 185 000	375 120	3 150 222	33 877 550	2 603 695
Europe (EUR)	913 300	1 195 125	718 440	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 145 800	4 645 000	3 173 290	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 130 462	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	**15 070 850**	**28 613 150**	**21 375 808**	**9 627 111**	**99 579 700**	**2 291 893**	**11 972 579**	**217 555 426**	**28 498 965**

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.
**Laboratory supplies data are as of 29 November 2021*

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

Appeals

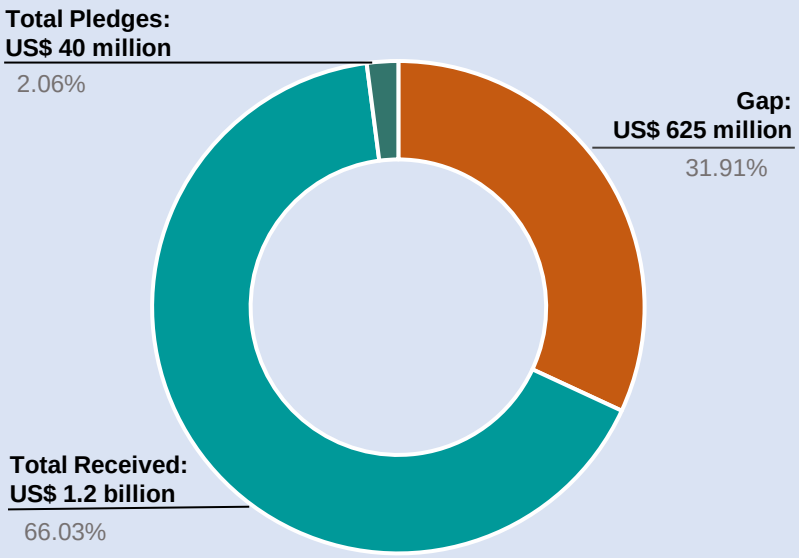
WHO's Strategic Preparedness and Response Plan (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US$ 1.96 billion appealed for, US$ 1.2 billion is directly attributable towards ACT-A, US$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 14 December 2021, WHO has received US$ 1.2 billion out of the 1.9 billion total requirement. **A funding shortfall of 34% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 14 December 2021

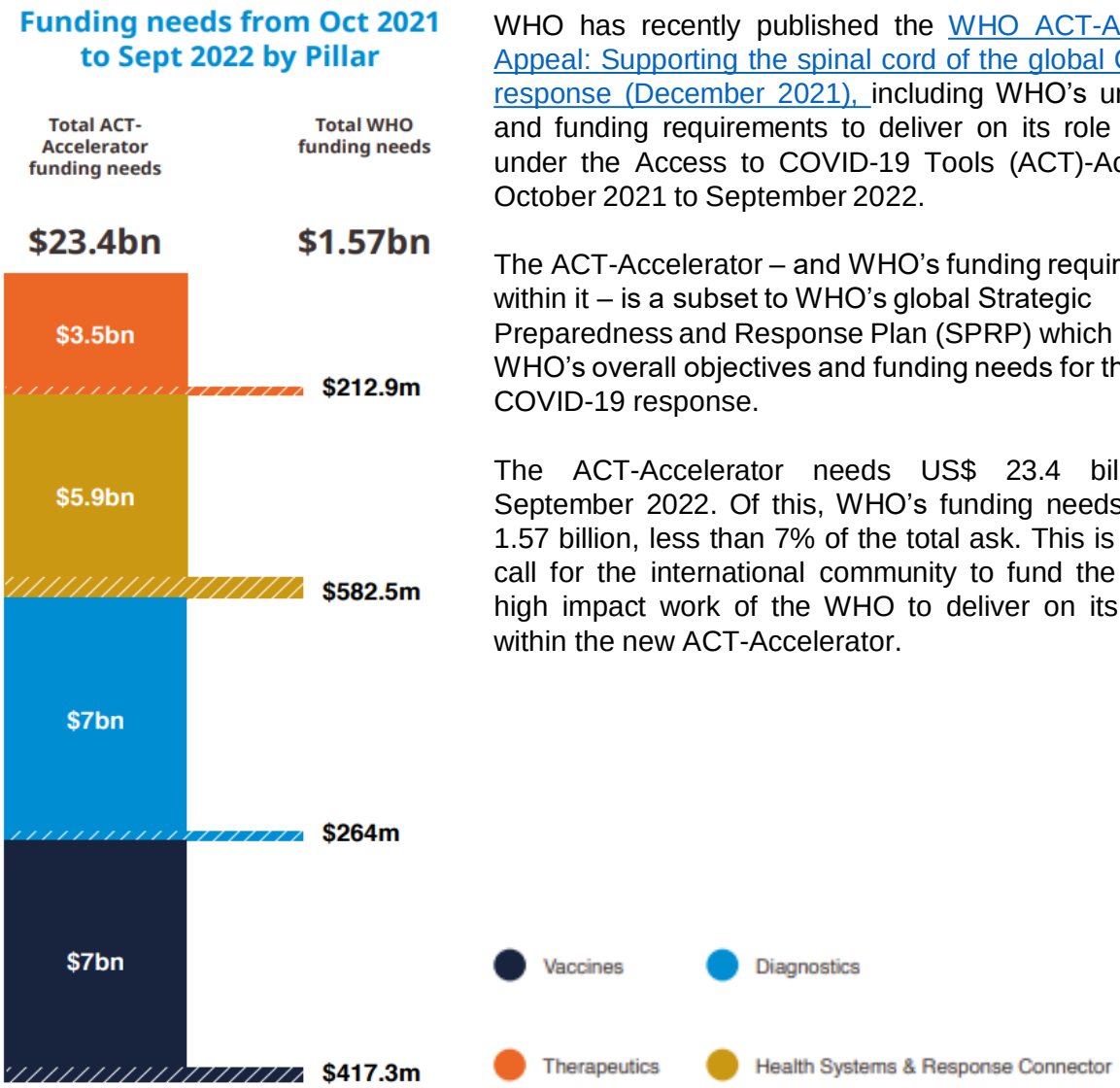


A mid-year report on SPRP 2021 is now available, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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

Appeals

New Appeal for WHO's work under the ACT-Accelerator October 2021- September 2022



WHO has recently published the WHO ACT-Accelerator Appeal: Supporting the spinal cord of the global COVID-19 response (December 2021), including WHO's unique role and funding requirements to deliver on its role and work under the Access to COVID-19 Tools (ACT)-Accelerator, October 2021 to September 2022.

The ACT-Accelerator – and WHO's funding requirement within it – is a subset to WHO's global Strategic Preparedness and Response Plan (SPRP) which outlines WHO's overall objectives and funding needs for the COVID-19 response.

The ACT-Accelerator needs US$ 23.4 billion until September 2022. Of this, WHO's funding needs are US$ 1.57 billion, less than 7% of the total ask. This is an urgent call for the international community to fund the low cost, high impact work of the WHO to deliver on its new role within the new ACT-Accelerator.

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69[b], as of epidemiological week 48 2021)[c]	22% (n=15)[d]	58% (n=67)	**49% (n=57)**	50%
This week (epidemiological week 48), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 57 (49%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.				
Pillar 9: Countries[a] where at least one vaccine preventable disease (VPD)-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=67, as of 1 December)[c]	55% (n=35) (January 2021)	60%	**61% (n=41)**	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 20 December)[c]	0[f]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 20 December)[c]	0[f]	8 200 642 671	**8 387 658 165**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 20 December)[c]	0[f]	55.9% (n=4.3 billion)	**56.3% (n=4.37 billion)**	N/A

[a] The term "countries" should be understood as referring to "countries and territories"
[b] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[c] Weekly reported indicator
[d] Baseline for epidemiological week for southern hemisphere season
[e] Quarterly reported indicator
[f] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 10 November 2021, **The Solidarity Response Fund** has raised or committed more than US$ 256 million from more than **676 626** donors.

More than US$ 256 Million

676 626 donors

[individuals – companies – philanthropies]

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including activities with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by WHO.

The following amounts have already been disbursed to WHO and partners:

$169 million
to the World Health Organization to procure and distribute essential commodities and coordinate response.

$10 million
to CEPI to catalyze and coordinate global vaccine R&D.

$10 million
to UNHCR to protect at-risk Internally Displaced People and refugees.

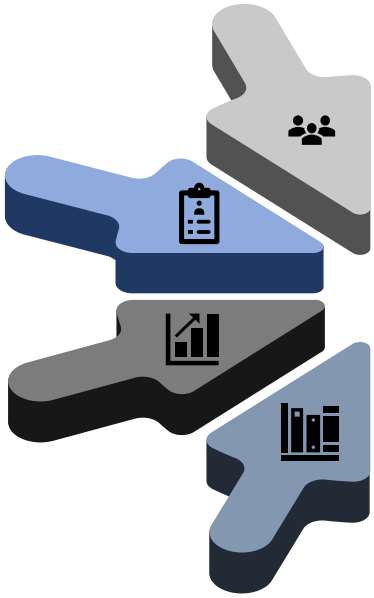
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$20 million
to WFP to support the shipment of vital commodities where they are most needed.

$5 million
to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

$2.6 million
to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.

Key links and useful resources



GOARN
For updated GOARN network activities, click **here**.

Emergency Medical Teams (EMT)
For updated EMT network activities, click **here**.

WHO case definition
For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click **here.**

WHO clinical case definition
For the WHO clinical case definitions of the post COVID-19 condition, click **here.**

EPI-WIN
For EPI-WIN: WHO Information Network for Epidemics, click **here**

WHO Publications and Technical Guidance
For updated WHO Publications and Technical Guidance on COVID-19, click **here**

For more information on COVID-19 regional response:

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

For the 14 December 2021 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

Updates on the geographic distribution of SARS-CoV-2 variants of concern (VOCs), and summarise phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of VOCs based on available studies.

News

- To read more about WHO listing 9th COVID-19 vaccine for emergency use listing (NVX-CoV2373) with aim to increase access to vaccination in lower-income countries, click here.
- To watch WHO's Science in 5 on COVID-19: Omicron update on YouTube, click here.
- To read more about Dr Ayoade Alakija appointed as WHO Special Envoy for the ACT-Accelerator, click here.
- Click to read Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States, updated 17 December.