

Weekly Operational Update on COVID-19

11 January 2022

Issue No. 86



As of 9 January 2022

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

Confirmed cases
304 178 368

Confirmed deaths
5 482 275

For the 7 January 2022 update to *Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States*, click [here](#).

Supporting countries with Variants of Concern (VOC) in the Americas

On 15 December 2021, PAHO/WHO hosted a webinar on the factors that will continue to drive COVID-19 surges and the potential impact of the Delta and Omicron Variants of Concern (VOC).

The event was primarily aimed at Ministry of Health officials, health care workers, social services providers and educators from Barbados and the Eastern Caribbean Countries.



© WHO / Víctor Sánchez

Objectives included discussing the factors contributing to the increase in cases during and after the holiday season as well as preventive steps to reduce the spread; providing information on the factors driving transmission of the new VOCs; discussing the impact of social mobility and social mixing and the importance of public health and social measures; strengthening health systems and services for the clinical management of patients with severe cases; and giving advice to countries on reassessing and revising national plans for COVID-19 for the new year based on the current situation.

For more information on PAHO/WHO's work in the Americas, click [here](#).

Key Figures



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



More than **6.1 million** people registered on [OpenWHO](#) and accessing online training courses across **40** topics in **60** languages



22 763 262 PCR tests shipped globally



215 785 426 medical masks shipped globally



99 140 700 gloves shipped globally



9 611 511 face shields shipped globally



211 GOARN deployments conducted to support COVID-19 pandemic response



9 194 549 698 COVID-19 vaccine doses administered globally as of 10 January

^a COVAX has shipped over **965 million** vaccines to **144** participants as of 7 January

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

WHO donates 6 advanced genomic sequencing machines to Islamic Republic of Iran to support nationwide monitoring of variants

In order to help strengthen the screening capacity of genetic variants causing COVID-19 in the Islamic Republic of Iran, WHO has donated 6 sets of advanced genomic sequencing equipment with next-generation sequencing technology through financial support from the Federal Republic of Germany on 6 January.

The donation, procured through the German Federal Foreign Office, honours a request by the Ministry of Health and Medical Education to help boost the existing testing and screening capacities, particularly the fast-circulating variant of concern 'Omicron'. The advanced genomic sequencing machines will equip 3 diagnostic and reference centres in Islamic Republic of Iran, namely the National Influenza Reference Laboratory, the Pasteur Institute of Tehran, and the Virology Research Center of Masih Daneshvari Hospital in Tehran.



Credit: WHO//Islamic Republic of Iran

Identification of genetic variations of the SARS-CoV-2 virus is of great importance in containing the pandemic as it identifies viral characteristics of potential spread, pathogenicity and vaccine resistance. Its importance has been further intensified as Iranian health authorities plan ahead for a potential peak caused by Omicron across the country.

Advanced genomic sequencing machines equipped with next-generation sequencing technology are used to identify different variants and strains of different microbes, including the SARS-CoV-2 virus causing COVID-19, and offer ultra-high throughput, scalability and speed.

Their use will be highly instrumental at the Pasteur Institute of Tehran, the leader of the national COVID-19 laboratory network and a centre for advanced research and innovative programmes in basic and applied medical sciences and production of biopharmaceuticals. The equipment will also highly benefit the National Influenza Reference Laboratory that serves as the key point of contact between WHO and Islamic Republic of Iran in all matters relating to epidemiological and virological aspects of influenza and SARS-CoV-2, as well as Masih Daneshvari Hospital, the country's reference centre for all pulmonary and respiratory diseases, including COVID-19, since the beginning of the pandemic.

For further information, click [here](#).

From the field:

Intercountry National mentors workshop supporting the development of standard operating procedures for COVID-19 from 20 – 21 December 2021

In 2017 the Better Labs for Better Health initiative within the WHO Regional Office for Europe established the national mentoring programme with an aim of providing continuous training, on the job mentoring and capacity building to national laboratory experts through a sustainable approach of in country capacity building in Quality Management Systems (QMS) implementation.

Following the establishment of the national mentors scheme in Kyrgyzstan in 2017, other countries in the region established the programme including Kyrgyzstan, Uzbekistan, Kazakhstan and Tajikistan for all types of public health, antimicrobial resistance (AMR) and clinical diagnostic laboratories.

During the pandemic, WHO/Europe has continued to scale up the in-country programmes. As a result, many countries were able to rely on their national laboratory experts to implement QMS in COVID-19 laboratories. Within the program,

annual mentor meetings were organized to help the pool of experts exchange their experience and knowledge.



Mentored lab in Uzbekistan ©WHO/Europe

These meetings involved national and international mentors working together to develop new processes and procedures to be implemented in mentored labs. Following the Intercountry National Mentors meeting which took place in Kyrgyzstan in August 2021, it was decided that a series of Standard Operating Procedures (SOP) were needed specifically for COVID-19 laboratories.

To further this process, a workshop was organized in Istanbul, Turkey from 20-21 December 2021 to elaborate and establish an SOP handbook. The workshop brought together 28 lab experts from Kyrgyzstan, Tajikistan, Uzbekistan, Kazakhstan, and Ukraine as well as from the WHO/Europe Regional Office and World Health Emergencies (WHE) Programme Balkans Hub. These experts supported the development of an essential set of SOPs on pre-analytical, analytical, post-analytical phases of the laboratory process, quality management and biosafety. The handbook will compile the SOPs from these five areas and will serve as a template for SARS-CoV-2 diagnostics for Russian speaking countries in the Region.

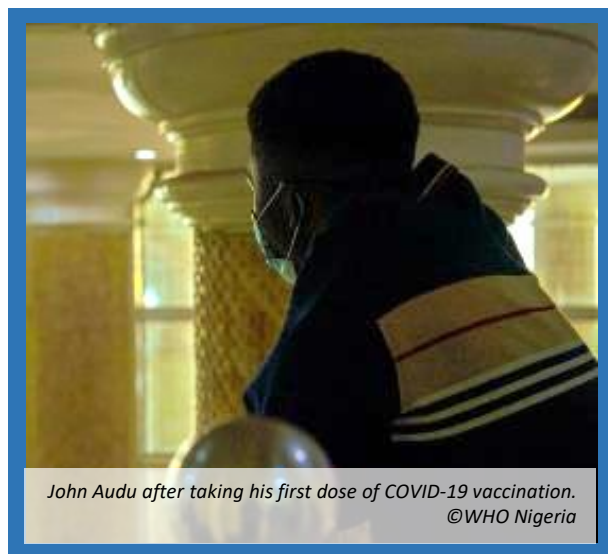
Moving into 2022, a national mentors meeting will take place in the WHE Balkans Hub to establish the national mentoring scheme in the Hub and support capacity building across participating countries.

From the field:

Accelerating COVID-19 vaccination uptake among People Living with HIV in Nigeria

The Network of People Living with HIV in Nigeria (NEPWHAN) in partnership and collaboration with the Joint United Nations Program on HIV/AIDS, through WHO and UNAIDS, kicked off a sensitization and mobilization exercise to increase COVID-19 vaccination among people living with HIV (PLHIV) through its network support groups.

While receiving the COVID-19 vaccine in Abuja recently, twenty-year-old John Audu who was born with HIV narrated that he advocates for the COVID-19 vaccine as well as HIV testing in his school and community. Like many PLHIV, John was hesitant to get the COVID-19 vaccine but was convinced after attending the sensitization sessions organized by NEPWHAN, UNAIDS and WHO.



There have been reports of fear and vaccine hesitancy among PLHIV due to concerns on safety and potential negative effects on their already compromised immune status and interactions with antiretroviral treatment (ART), compromising their treatment outcomes. Through the sensitization sessions that have been cascaded to the state level, initially targeting 15 states, there has been increased awareness of safety among PLHIV resulting in willingness to take the COVID 19 vaccine.

There was low awareness. A lot of PLHIV were not aware of the importance of the vaccine. Most of them didn't even know they are supposed to take it. There was a lot of hesitancy before we started these activities.

I am glad that we are able to convince most of our members about the COVID-19 vaccination. I can assure you that over 90% of PLHIV in Nigeria have accepted and taken the vaccine. We have only a little left now. This is all made possible with the support of WHO.

Mr Abdulkadir Ibrahim, National Coordinator of NEPWHAN

PLHIV can have a greater prevalence of the known risk factors for COVID-19 acquisition and complications. Clinical data suggest that the risk of developing severe or fatal COVID-19 was 30% greater in PLHIV compared to people without HIV infection. All vaccines currently on the market can be used safely among people living with HIV regardless of CD4 count and/or viral load suppression status.

For further information, click [here](#).

From the field:

Nepal's first teleconsultation centre to bridge treatment barriers

Earlier this month, to enhance the reach of quality health services across the country, the Ministry of Health and Population (MoHP) and WHO launched the first teleconsultation centre at Bir Hospital.

People can call the toll-free number 24x7 to receive medical advice from licensed doctors and nurses for COVID-19 related queries, seek assistance on ailments, and obtain information related to vaccines and vaccination services.

Most health facilities in Nepal are concentrated in urban areas making access difficult and expensive for the rural population and the establishment of teleconsultation centres aims at bridging barriers.



The teleconsultation service is a safe way to triage patients, identify suspected/mild cases of COVID-19 and provide early diagnosis and treatment. This is expected to help reduce the patient load in the health facilities, decrease the risk of exposure during the ongoing pandemic, and provide adequate health information and appropriate counselling related to COVID-19. A customer relationship management software also records all calls, details of the patient, and the provided treatment.

One coordinator, one supervisor, eight medical doctors, and four nurses are currently deployed at the centre with each shift staffing two doctors and one nurse; all staff have been trained and oriented on a number of issues such as variants, home isolation, post-COVID syndrome, vaccination, and treatment modalities.

As many as 613 calls were received on the toll-free number in the first two weeks of its launch with most queries concerning vaccination centres, booster doses, and the cost of RT-PCR tests for COVID-19.

“This service is very effective for us to get authentic information about COVID-19. I stay in the rural part of the country and there is a lot of misinformation and I got correct information from the free teleconsultation service,”

”

Deepa Pun (31 year old)

There are plans to integrate teleconsultation with eight existing telemedicine centres in the country which WHO supported the MoHP to establish.

For more information, click [here](#).

Health operations

WHO and SeroTracker: Global analysis of SARS-CoV-2 seroprevalence 2020-2021

On 16 December 2021, WHO and SeroTracker posted a [preprint](#) of a global analysis of SARS-CoV-2 antibody studies – or seroprevalence – from January 2020 to October 2021.

The largest meta-analysis of general population seroprevalence studies to date, the study included results from 92 countries, areas and territories. All were aligned with the WHO's [UNITY Studies](#) standard protocol for investigating SARS-CoV-2 sero-epidemiology studies. In total, studies included 53/135 (39%) of low- and middle-income countries (LMICs) and 29/63 (46%) of the vulnerable Humanitarian Response Plan (HRP) countries.



Key findings:

- About 1 in 4 (26.1%) people around the world had SARS-CoV-2 antibodies in April 2021, with a steep rise in the first half of 2021 due to infection or of having received vaccination. This suggests most of the world's population remained susceptible to SARS-CoV-2 infection at that time.
- Seroprevalence differed by region: The proportion of those with SARS-CoV-2 antibodies varied from 0.3% (WHO Western Pacific region) to 57% across high-income countries in the Americas.
- Seroprevalence differed by age: children 0-9 years and adults aged over 60 years were less likely to be seropositive than adults aged 20-29 years.
- Current COVID-19 surveillance and reporting largely under-estimates the true extent of infection and immunity, especially in LMICs, with an estimated seroprevalence to confirmed case ratio of 34:1 in the third quarter of 2020.

Collaborative data-sharing of early results, and WHO UNITY's contribution to [SeroTracker's living evidence synthesis efforts](#) enabled geographic coverage and helped reduce publication bias in support of an evidence-based global pandemic response.

This is an achievement for many countries, with WHO country and regional office support, especially in LMICs who do not routinely conduct sero-surveillance. To support the use of this data in these settings, the UNITY Studies provided scientific writing courses, helped acquire high-performing serological assays, initiated a special journal issue with PLOS Med that will exclusively focus on LMICs, and developed an Operational Brief for interpreting seroprevalence data to guide public health and policy decision-making.

The UNITY framework, strengthened throughout COVID-19, has the potential to form the basis for standardized investigations and is a crucial step towards better monitoring the COVID-19 pandemic, informing decision-making around control measures, and strengthening readiness for emerging respiratory pathogens.

Pandemic learning response

Health emergency and disaster risk management for resilient cities in the COVID-19 era

Cities are home to more than half of the world's population and have been at the centre of and deeply impacted by the COVID-19 pandemic and concurrent emergencies and disasters, which has continued to highlight the wide socioeconomic inequities and multi-hazard risks that exist in urban settings.

WHO has launched a new [online course](#) that examines the existing risks from all hazards in cities and aims to introduce participants to the



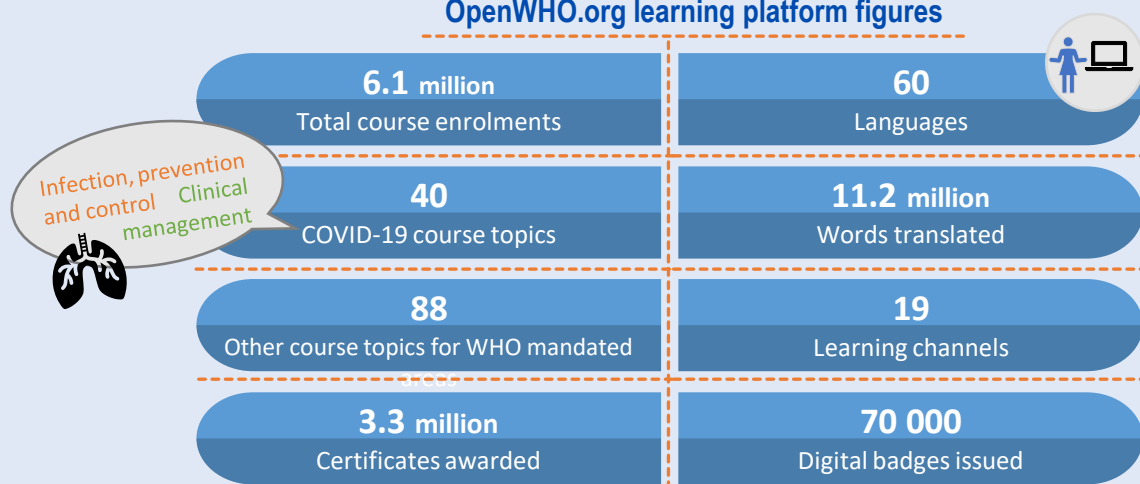
knowledge and tools to take a whole of society, risk management approach for effective preparedness actions and building resilience in cities for any health emergencies and disasters.

The course highlights the importance of using an equitable, gender-sensitive and rights-based lens to ensure inclusiveness by maintaining alignment with all relevant international frameworks, including the International Health Regulations, the Sendai Framework for Disaster Risk Reduction and the Paris Agreement on Climate Change.

Available for free on the [OpenWHO.org](#) learning platform, the 1.5-hour course offers a Confirmation of Participation certificate to those who complete all course material. It targets local and national government officials in charge of disaster risk reduction and management, urban development and planning, and public health; emergency preparedness and national associations of municipalities; urban resilience and development practitioners; civil society, private sector and academia.

With 68% of the global population projected to be living in cities by 2050, integrating good practices from the COVID-19 pandemic management is key. Technical actions such as [strategic risk assessments](#), [intra-action reviews](#) and [simulation exercises](#) help cities take risk-informed policies to build resilience and protect development gains through risk-informed emergency preparedness and multi-sectoral planning to prevent, prepare for and mitigate the impacts of emergencies in urban settings.

OpenWHO.org learning platform figures



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 11 January 2022.

Shipped items as of 23 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)	5 344 375	1 782 550	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	21 062 950	11 200 192	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 681 943	2 435 875	2 600 738	1 619 945	17 185 000	375 120	3 150 222	33 877 550	2 603 695
Europe (EUR)	913 300	1 441 525	718 440	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 300	4 695 000	3 201 042	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 811 450	180 650	2 468 222	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	16 402 500	31 598 550	22 763 262	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 28 December 2021, WHO has received US\$ 1.3 billion out of the 1.9 billion total requirement. **A funding shortfall of 32.88% remains during the final days of the fourth quarter of 2021, 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 28 December 2021

Total Pledges:
US\$ 40 million

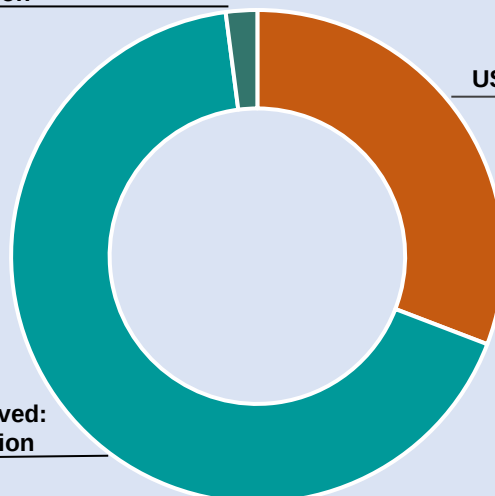
2.06%

Total Received:
US\$ 1.3 billion

67.12%

Gap:
US\$ 604 million

30.82%



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)	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=116 ^b , as of epidemiological week 51) ^c	49% (n=57)	49% (n=57)	50%
This week (epidemiological week 51), 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 5 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.			
Pillar 3: Number of countries ^a that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, as of Quarter 4 / 2021)	71	76	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 10 January 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 10 January 2022) ^c	8 387 658 165	9 194 549 698	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 10 January 2022) ^c	56.3% (n=4.37 billion)	58.9% (n=4.58 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 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

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.

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.

More than US\$ 256 Million



676 626 donors

[individuals – companies – philanthropies]

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 6 January 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

All regions reported an increase in the incidence of weekly cases, with the Region of the Americas reporting the largest increase (100%), followed by the South-East Asia Region (78%) and the European Region (65%). The African Region reported a weekly increase in the number of new deaths (22%), while all the other regions reported a decrease as compared to the previous week.

News

- For the Statement of the Independent Allocations Vaccine Group of COVAX (IAVG) on achieving 70% COVID-19 immunization coverage by mid-2022, click [here](#).
- For further stories on how WHO is responding to COVID-19 in countries, click [here](#).
- For the Director-General's opening remarks at the media briefing on 6 January, including on how we need "vaccine equity, treatment equity, test equity and health equity", click [here](#).

Weekly Operational Update on COVID-19

18 January 2022

Issue No. 87



As of 16 January 2022

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

Confirmed cases
323 610 370

Confirmed deaths
5 529 693

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WHO supports COVID-19 control measures in Islamic Republic of Iran with donation of new equipment

In a recent effort to enhance the cold chain system and improve existing capacities in laboratories of the Islamic Republic of Iran, the WHO has procured and donated a total of 208 advanced refrigerators and 210 suction equipment through financial support from the Federal Republic of Germany.



©WHO/Islamic Republic of Iran

The donation will greatly contribute to boosting national capacity in the fight against COVID-19 amid circulation of new variants. The supplies were delivered to the Ministry of Health and Medical Education on 9 January to be further distributed among health facilities across the country.

The refrigerators are an essential component of the cold chain system in the country, helping with storage of vaccines in proper condition and subsequently supporting the national vaccine rollout programme; while the suction machines will help strengthen infection prevention and control measures in health facilities.

For further information, click [here](#).

Key Figures



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



More than **6.1 million** people registered on [OpenWHO](#) and accessing online training courses across **40** topics in **60** languages



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211 GOARN deployments conducted to support COVID-19 pandemic response



9 395 059 118 COVID-19 vaccine doses administered globally as of 17 January

^a COVAX has shipped over **1 billion** vaccines to **144** participants as of 17 January

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data



World Health
Organization

HEALTH
EMERGENCIES
programme

From the field:

Providing continued support to countries on the detection of Variants of Concern (VOC) in the European Region

In the light of the emerging variant of concern (VOC) Omicron, WHO/Europe is continuing its efforts to support Member States in the detection and monitoring of SARS-CoV-2 variants through the donation of single nucleotide polymorphism detecting PCR assays (SNP assays).

Early detection and close monitoring of the spread and circulation of VOCs is an important part of optimizing countermeasures in countries. In order to characterize the circulating SARS-CoV-2 genotypes, costly, time- and labor-intensive whole genome sequencing (WGS) is required which many Member States have just started to establish. To bridge the gap SNP assays are a rapid, high-throughput and low-cost alternative method with a high predictive value which allow the screening of variants in a high number of samples contrary to WGS.



WHO/Europe provided more than 41,000 pre-screening tests to detect VOCs in countries and areas before the emergence of Omicron in late November 2021. During the third round of distribution, 11 countries and areas received about 10,560 tests and an additional 7,680 tests are currently being shipped to support a further 8 countries. In addition, WHO/Europe has conducted trainings on the use of SNP assays, both on-site and online, to 13 countries and areas within the WHO European Region: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Montenegro, Serbia, Tajikistan, Ukraine, Uzbekistan, and Kosovo [1]. Overall, more than 30 people including WHO personnel and local specialists, have been trained across the Region.

WHO/Europe continues to support countries and areas of the region in strengthening laboratory capacities to quickly respond to emerging variants.

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

From the field:

COVAX delivers its 1 billionth COVID-19 vaccine dose

On 15 January 2021, a shipment of 1.1 million COVID-19 vaccines to Rwanda included the billionth dose supplied via COVAX. Together with our partners, COVAX is leading the largest vaccine procurement and supply operation in history, with deliveries to 144 countries to date.

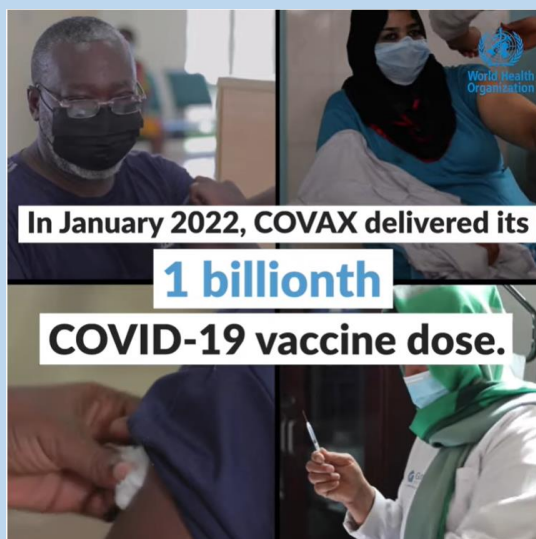
But the work that has gone into this milestone is only a reminder of the work that remains. As of 17 January 2022, out of 194 Member States, 36 WHO Member States have yet to vaccinate 10% of their population, and 87 have still not met the 40% target.

COVAX's ambition was compromised by hoarding/stockpiling in rich countries, catastrophic outbreaks leading to borders and supply being locked. This lack of sharing of licenses, technology and know-how by pharmaceutical companies meant manufacturing capacity went unused. COVAX is working with governments, manufacturers and partners to ensure that when countries receive vaccines they can get them to people quickly.

WHO works in country with Ministries of Health to develop and implement national vaccination deployment plans and vaccination strategies, including supporting regulatory authorisation for vaccines, support for countries vaccine policies and prioritisation, tools and trainings for healthcare workers, adverse event surveillance and monitoring systems, support to the cold chain planning and deployment, planning and support for the data systems including electronic vaccine records, support for vaccine demand and communication, and crisis and risk communications advice in the event of adverse events following immunisation.

With updated vaccines in the pipeline, now is the moment for all citizens to demand that governments and pharmaceutical companies share health tools globally bring an end to the death and destruction cycles of this pandemic, limit new variants and drive a global economic recovery.

For further information, click [here](#) or click [here](#) to watch and share a video on YouTube about the achievement.



From the field:

WHO and the European Union provide lifesaving medical-grade oxygen to the Philippines to fight against new COVID-19 variants

On 10 December 2021, representatives from WHO and the European Union (EU) handed over 200 oxygen concentrators and other medical supplies to the Philippine Department of Health.

The donation – valued at over PHP 7 million – supports pandemic preparedness and the longer-term capacity strengthening of health facilities amid the potential threat of new COVID-19 variants and beyond the pandemic.

With the EU's support, WHO Philippines previously distributed 250 pre-filled oxygen cylinders – valued at PHP 2.6 million – to 11 health facilities in seven regions in the country during the surge of cases driven by the Delta variant.



Representatives from the European Union and the World Health Organization handed over 200 oxygen concentrators and relevant consumables to DOH Secretary Dr Francisco T. Duque III. © WHO/Rocel Ann Junio

These commodities enabled hospitals that had reported shortages of medical-grade oxygen, due to logistical or production limitations, to provide urgent lifesaving care to COVID-19 patients.

“About 20% of COVID-19 patients will require oxygen therapy to prevent respiratory failure. Early and ready access to medical oxygen can make all the difference to patients with severe illness from COVID-19 and those at high risk for developing severe illness,” said Dr Rabindra Abeyasinghe, WHO Representative to the Philippines.

“WHO remains committed to support the Department of Health to reduce the loss of lives through supporting expansion of access and availability of medical oxygen, as the country deals with emerging variants of the virus such as Omicron”, Dr Abeyasinghe added.

For further information, click [here](#).

From the field:

Supporting prevention measures and COVID-19 vaccination for migrants struggling during lockdown in Thailand

In May 2021, Si Mum Muang market reported more than 900 COVID-19 cases; 70% of those infected were migrants, according to the Pathum Thani Health office.

The incident closed the market and affected nearby communities that also went into lockdown to prevent the spread of infection. This heavily affected the migrants, many of whom were undocumented. Everyone had to remain inside their homes.

Small shop owners and daily wage employees quickly ran into difficulties without work and an income.

Most of the migrants were reluctant to come forward, but it was critical that they got the healthcare support they needed, so the Health Department of Bangkok Metropolitan Administration, the Thai Red Cross, the UN Refugee Agency (UNHCR), Michael's Church, Sapan Mai Sub-District of Bangkok, WHO Thailand and other NGOs came together to provide help to these vulnerable groups and to ensure that no one was left behind. Overall, almost 100 migrants from Cambodia, Myanmar and Vietnam learned about COVID-19, along with sharing prevention measures and providing vaccinations.



Then on 11 November 2021, these stakeholders disseminated prevention measures and administering COVID-19 vaccinations at Michael's Church, Sapan Mai for vulnerable populations.

For further information, click [here](#).

Health Operations



WHO Global Clinical Platform for COVID-19

Data for public health response

CALL TO ACTION

Mitigating the COVID-19 outbreak through global data sharing: The WHO Global Clinical Platform for COVID-19 Call to action

To help inform pandemic responses, clinical management guidelines and improve our understanding of COVID-19, through global data sharing.

On 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern (VOC), on the basis of advice from [WHO's Technical Advisory Group on Virus Evolution](#). This new VOC, called Omicron, is a highly divergent variant with a high number of mutations, some of which may be associated with immune escape potential and higher transmissibility. However, there are still considerable uncertainties.

The main uncertainties are: (1) how transmissible the variant is and whether any increases are related to immune escape, intrinsic increased transmissibility, or both; (2) how well vaccines protect against infection, transmission, clinical disease of different degrees of severity and death; and (3) does the variant present with a different severity profile.

To address these uncertainties, we call to action Member States, health facilities and research networks to voluntarily contribute to the WHO Global Clinical Platform for COVID-19 anonymized clinical data of people hospitalized for COVID-19.

What is the WHO Global Clinical Platform for COVID-19?

The COVID-19 Platform is an online data repository which facilitates rapid and systematic collection and analysis of anonymized, individual, clinical data of hospitalized COVID-19 cases to improve the global understanding of the clinical presentation of all COVID-19 variants, including Omicron. This secure access database is hosted on the REDCap server.

The [updated WHO Core Case Report Form](#) enables efficient and standardized collection of relevant clinical data, including vaccination status and variant types.

Why is your contribution important?

Through enhanced surveillance of the clinical features, diagnostic modalities, and therapeutic strategies we will better understand the Omicron variant and its impact. This is a global priority. We hereby call on Member States and other relevant parties to commit to reporting new hospitalized cases diagnosed with the Omicron variant as soon as they occur.

For further information, including how to contribute data, click [here](#). For the WHO Global Clinical Platform for COVID-19, click [here](#).

Pandemic learning response

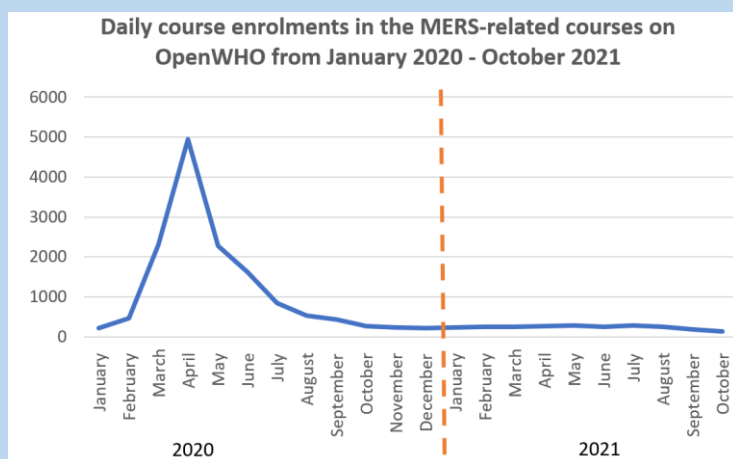
Early months of COVID-19 pandemic brought more learners to MERS courses

Courses on respiratory pathogens have been hosted on the [OpenWHO.org](https://openwho.org) platform since 2017. OpenWHO enrolment numbers show that the COVID-19 pandemic has stimulated learners' interest, not only in COVID-19, but also in related respiratory pathogens.

The beginning of the COVID-19 pandemic saw a resurgence in enrolments in courses on Middle East respiratory syndrome coronavirus (MERS-CoV), at a time when much was still unknown about the novel coronavirus, now known as SARS-CoV-2.

The two MERS courses available on the platform ([Introduction to MERS](#) and [MERS: methods for detection, prevention, response and control](#)) have garnered more than 20 000 enrolments across the three available languages (English, French and

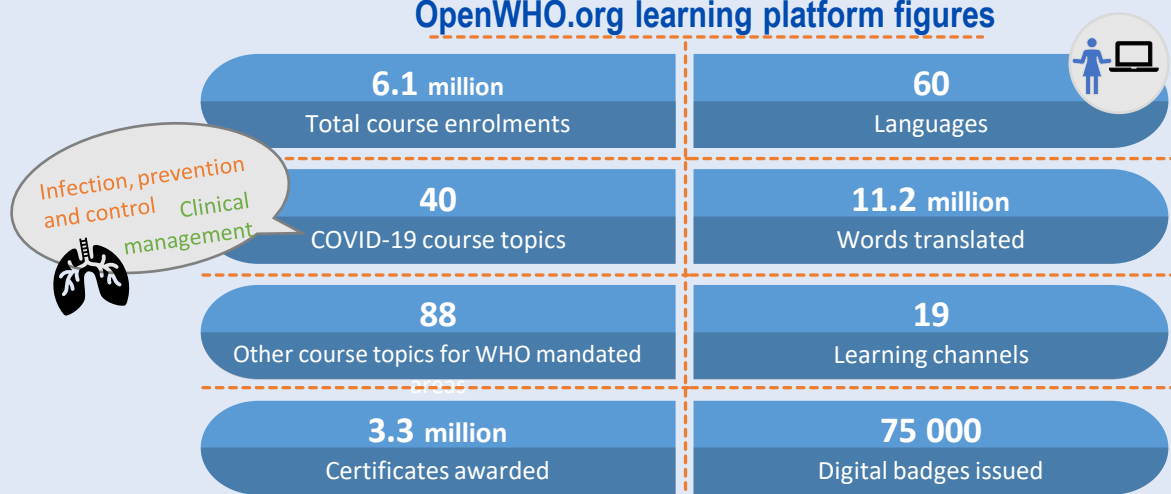
Arabic) since publication in 2017 and 2018. Saudi Arabia, which has had the highest number of MERS cases and deaths reported worldwide since the disease was first identified in 2012, is the country with the second-highest number of enrolments in both courses, accounting for 8.2% of total course enrolments.



Coronaviruses have, particularly in recent years, demonstrated the threat they pose to human health: from the severe acute respiratory syndrome (SARS) coronavirus epidemic of 2002-2003, the identification of MERS-CoV in 2012 and now the emergence of SARS-CoV-2, first reported to WHO in December 2019. Overall, enrolments in coronavirus-related courses make up 81.9% of total enrolments on the OpenWHO platform.

Following the first reports of COVID-19, the MERS OpenWHO course was quickly repurposed into an initial [novel coronavirus pathogen containment course](#) which was made available in January 2020. Indeed, many of the initial COVID-19 technical guidance and training materials were derived from similar products on related coronaviruses, including MERS-CoV. This initial COVID-19 course now has 1 million enrolments and is available in 44 languages, with further updates and courses planned this year.

OpenWHO.org learning platform figures



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 11 January 2022.

Shipped items as of 11 January 2022	Laboratory supplies			Personal protective equipment*					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5,344,375	1,782,550	2,585,668	1 569 810	36 637 300	555 536	2 633 079	56 774 400	4 321 630
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Western Pacific (WPR)	1 811 450	180 650	2 468 222	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	16 402 500	31 598 550	22 763 262	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.

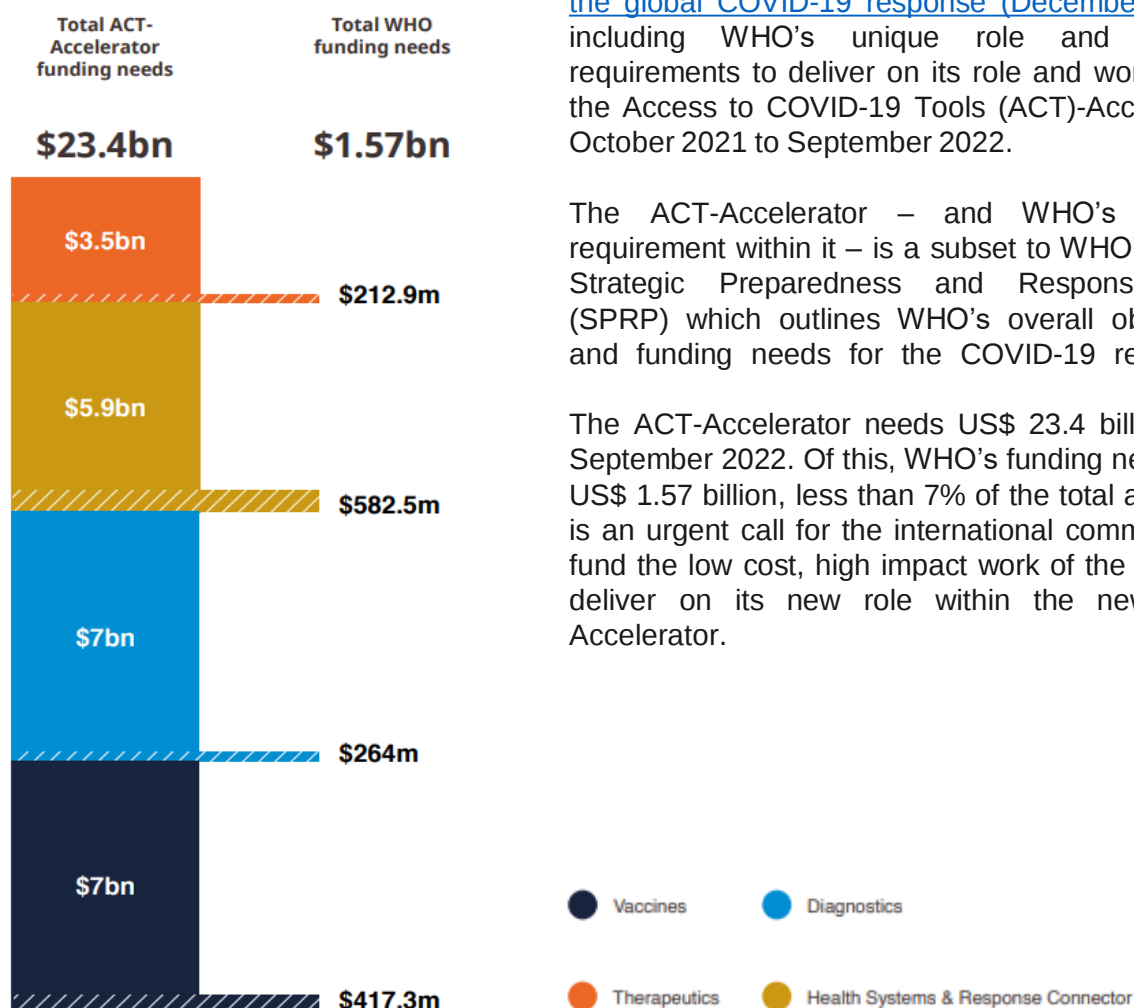
**Personal protective equipment data are as of 23 December*

For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

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

Funding needs from Oct 2021 to Sept 2022 by Pillar



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)	Previous Status	Status Update	2021 Target
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 17 January 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 17 January 2022) ^c	9 194 549 698	9 395 059 118	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 17 January 2022) ^c	58.9% (n=4.58 billion)	59.6% (4.64 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 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

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.

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.

More than **US\$ 256 Million**



676 626 donors

[individuals – companies – philanthropies]

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 11 January 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), and summarize their phenotypic characteristics based on available studies.

News

- For further information on WHO recommending two new drugs to treat COVID-19, click [here](#).
- For more information on the extraordinary meeting of the Strategic Advisory Group of Experts on Immunization (SAGE) that will take place on 19 January 2022, click [here](#).
- For the interim statement on COVID-19 vaccines in the context of the circulation of the Omicron SARS-CoV-2 Variant from the WHO Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC), click [here](#).
- For the Director-General's opening remarks at the 10th meeting of the IHR Emergency Committee on COVID-19, click [here](#).

Weekly Operational Update on COVID-19

25 January 2022

Issue No. 88



As of 24 January 2022

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

Confirmed cases

349 641 119

Confirmed deaths

5 592 266

For the 21 January 2022 update to *Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States*, click [here](#).

PAHO/WHO & German Embassy partner to bolster COVID-19 Response in Jamaica

Germany and PAHO/WHO have partnered to bolster Jamaica's health response to the COVID-19 pandemic. In a handover ceremony on January 18, 2021, Mr. Ian Stein, PAHO/WHO Representative in Jamaica, Bermuda and the Cayman Islands and Chargé d'Affaires at [the Embassy of the Federal Republic of Germany](#) in Kingston, delivered equipment and supplies valued at J\$ 43 800 000.



©PAHO

Almost half a million non-sterile surgical masks, 300 long-range vaccine carriers, 2 ultra-low temperature vaccine freezers and 2 vital signs monitors to establish observation areas at vaccination sites were received in addition to laptops, printers and promotional materials to support COVID-19 communications and vaccination efforts.

At the handover, Mr. Stein noted, "As we work towards containment of the fourth wave of the pandemic through bolstering support to countries, territories and areas in the Region of the Americas, PAHO remains an international partner that prioritizes current health challenges and those that are projected to result from the individual, community and national realities."

For further information, click [here](#).

Key Figures



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



More than **6.2 million** people registered on [OpenWHO](#) and accessing online training courses across **40** topics in **62** languages



22 763 262 PCR tests shipped globally



215 785 426 medical masks shipped globally



99 140 700 gloves shipped globally



9 611 511 face shields shipped globally



214 GOARN deployments conducted to support COVID-19 pandemic response



9 620 105 525 COVID-19 vaccine doses administered globally as of 24 January

^a COVAX has shipped over **1 billion** vaccines to **144** participants as of 17 January

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

From the field:

WHO Country Office Turkey leads the development of a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens: 18 – 21 January 2022 in Ankara, Turkey.

Genomic sequencing, whole genome sequencing (WGS) in particular, has been a critical component of the COVID-19 pandemic response and continues to inform public health interventions through characterization of SARS-CoV-2 lineages and detection and monitoring of variants of concern (VOC) and variants of interest (VOI). In May 2021 WHO Member States adopted Resolution 74.7 urging countries to increase their capacity to detect new threats including through laboratory techniques, such as genomic sequencing.

In Turkey, the “Strengthening national capacities against COVID-19” project, funded by the European Union and implemented by the Ministry of Health with technical collaboration from the WHO Country Office, aims to strengthen laboratory capacities for diagnosis and surveillance of SARS-CoV-2 and other emerging and re-emerging pathogens of epidemic potential, ultimately reinforcing health security in Turkey. An integral component of the project is to strengthen national capacity on WGS, bioinformatics and molecular epidemiology through the delivery of a series of interactive theoretical and hands-on trainings for laboratory personnel in Turkey.



Strengthening disease surveillance and laboratory systems as part of the COVID-19 response operation across WHO/Europe ©WHO Country Office Tajikistan

To facilitate this, the WHO Turkey office convened a technical working group of global and regional experts in Ankara, Turkey from 18 to 21 January 2022, to develop a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens. The 43 participants included experts from Turkey, the WHO Regional office for Europe, four other WHO Regional offices and WHO headquarters, as well as technical experts from WHO collaborating centers and academia. The technical working group was conducted as a hybrid meeting with both in-person (22) and virtual (21) participants.

The meeting began by mapping the needs and existing initiatives related to genomic sequencing in each WHO Region, with a broad overview of the global genomic sequencing strategy provided by WHO headquarters. Through facilitated discussions, five overarching themes were defined for the training programme, within each of which several topics were identified, and further refined into individual training modules.

Continued on next page...

From the field: *Continued*

WHO Country Office Turkey leads the development of a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens: 18 – 21 January 2022 in Ankara, Turkey.

Learning objectives and broad content areas for each module were elaborated on throughout the four-day meeting, including different bioinformatic tools, pipelines and their applications, as well as use of global databases such as [GISAID](#) and [TESSy](#) for data sharing and analysis. Practical demonstrations, exercises and activities were designed for each module to ensure an interactive experience for trainees. Adaptations required for different pathogens and laboratory levels were also considered and the overall structure, timing and training approach for the course was agreed upon.

Following the meeting, the project team will further develop the detailed training content for all modules and in early 2022 will organize and deliver a series of interactive workshops on bioinformatics and molecular epidemiology for SARS-CoV-2 and other pathogens, in Turkey. The training package will then be adapted and made available for regional and global application to support the development of laboratory staff expertise on bioinformatics and molecular epidemiology in the European region and beyond. This comprehensive training package will subsequently contribute to building a network of trained, experienced, and competent staff, thus strengthening public health laboratory workforce. Beyond the COVID-19 pandemic, capacities built through these investments can be adapted and applied to different areas of infectious disease genomic surveillance (e.g. antimicrobial resistance) and enhancing global preparedness for emerging and re-emerging pathogens.



Technical working group to develop a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens ©WHO Country Office Turkey

From the field:

Iraq concludes first-of-its-kind workshop for journalists and Ministry of Health communications focal points on public health information sharing and verification

More than 80 journalists and Ministry of Health communications focal points from across Iraq participated in a workshop on information-sharing and responsible reporting on public health issues, including COVID-19.

“Misinformation can kill, as we have tragically seen in other countries since the start of the pandemic. Rumours can create fear and panic, causing people to make wrong choices regarding their health,” said Dr Ahmed Zouiten, WHO Representative in Iraq.

“This workshop is not just a training, but the beginning of a stronger partnership between the media and the health sector in Iraq. Ensuring that the public has access to verified and correct information will allow them to make informed decisions about their health, and ultimately support our collective goal of improving the health and well-being of all people across the country.”

-Dr Ahmed Zouiten, WHO Representative in Iraq



The workshop – conducted by WHO, the Iraqi Ministry of Health, and Al-Jazeera Media Institute from 19 to 24 December 2021 in Baghdad, Iraq – marks the first time that journalists and Ministry of Health communications focal points came together to discuss common challenges and solutions. WHO technical experts updated participants on communicable diseases, noncommunicable diseases, mental health, maternal and child health, and COVID-19 to ensure that they have access to the latest information on public health issues that are relevant to Iraq.

During the practical sessions and simulation exercises, facilitators from Al-Jazeera Media Institute trained journalists on research and interview skills, methods and techniques to verify the credibility of information before publishing and amplifying and using their influential role to address rumours and misinformation.

Ministry of Health communications focal points were made aware of their role in ensuring the availability of accurate and relevant information to both the media and the public, and working closely with journalists to ensure that the correct information is disseminated at the right time and as widely as possible.

For longer term impact, an information-sharing and fact-checking network was established during the workshop to allow participating journalists and Ministry of Health communications focal points to collaborate more effectively in sharing and verifying information related to public health in Iraq.

For further information, click [here](#).

From the field:

Strengthening health systems in Timor-Leste to respond to pandemic

WHO has been working with the Ministry of Health of Timor-Leste to build strong, effective and resilient health systems to respond to the pandemic with an EU grant of nearly US\$ 3 million grant, spanning 20 months.

“The technical and logistical comparative advantage of WHO coupled with the funding support of partners, specially EU, has facilitated Timor-Leste’s response to the pandemic, including the surge caused by the ‘Delta’ wave in recent months,” said Dr Arvind Mathur, WHO Representative to Timor-Leste.



The WHO-EU partnership has helped train over 150 health professionals in the areas of critical care management and infection prevention and control. The EU support also aims at enhancing COVID-19 preventive measures, strengthening capacity of the national laboratory, and provide new diagnostics equipment and medicines, the EU Ambassador said.

Acknowledging the WHO-EU support, Endang Soares Da Silva, Executive Director of the National Health Laboratory, said they helped recruit 25 health professionals to support Ministry of Health boost COVID-19 surveillance across all municipalities, including Dili, and provided over 40,000 test kits. The WHO-EU support was critical in scaling up testing capacities, especially during the surge triggered by the Delta variant in July fueled surge across the country.

Supported by EU, WHO through the International Organization for Migration (IOM) trained Border Agencies in – Bobonaro, Covalima and Special Administrative Region Authority of Oé-Cusse Ambeno (RAEOA) to monitor and manage immigration flows. This opportunity was also used to raise awareness among local communities about COVID-19 and support the Border Agency with community surveillance.

Continuing to support the scale up of capacities, WHO is focusing on critical care and referral facilities at the sub-national level. High Dependency Units (HDUs) are being planned in all referral hospitals. WHO has supported Ministry of Health to conduct an assessment of critical care gaps of intensive care experts at Suai and Maliana Referral Hospitals. Additional medicines and equipment are being provided to develop these sites as high quality and safe critical care facilities. This will also include a systematic program of competency building for health workers and support staff.

For further information, click [here](#).

Pandemic learning response

Marking 2 years of pandemic learning response on OpenWHO.org

The 26th of January marks 2 years since WHO launched its first course on [OpenWHO.org](https://openwho.org) introducing learners across the globe to the then novel coronavirus. That [course](#), which has been updated 13 times to reflect the latest evidence, is now available in 45 national and local languages and has surpassed 1 million enrolments.

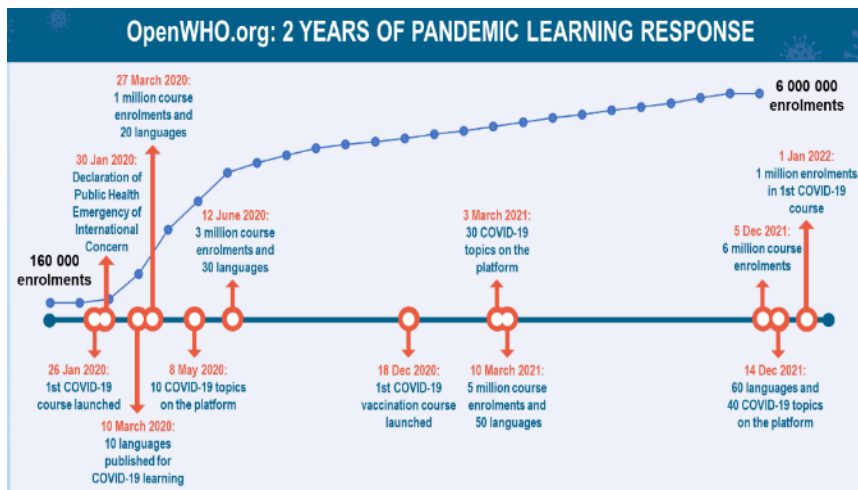
Overall, the OpenWHO platform hosts 6.2 million enrolments across courses on 129 topics, including 40 courses for the COVID-19 response.

To address the evolving learning needs, OpenWHO has focused on key thematic areas to shape its pandemic production strategy:

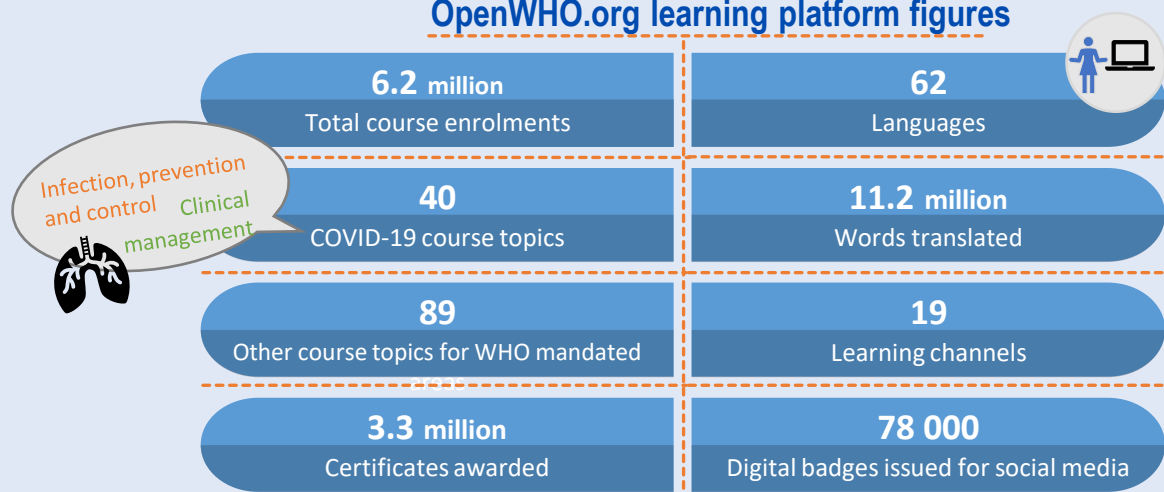
- In 2020, the core focus was on providing information for mass audiences and health workers so they could protect themselves and others, including basic information about COVID-19 and infection prevention and control.
- In 2021, OpenWHO prioritized learning support for the rollout of COVID-19 vaccines, providing essential information for health workers and national planning.
- This year, OpenWHO will work to expand support to countries by providing localized learning based on WHO guidelines and developing additional channels for country-originated learning content.

At the centre of this work, OpenWHO continuously seeks to advance equity in the pandemic learning response.

“Everyone deserves access to knowledge to protect their health and the health of their loved ones,” said Dr Michael Ryan, Executive Director of the WHO Health Emergencies Programme. **“Providing open-access online learning is an integral part of capacitating countries and communities to prepare for and respond effectively to health emergencies like the COVID-19 pandemic.”**



OpenWHO.org learning platform figures



COVID-19: Fragile, conflict-affected and vulnerable (FCV) settings

Conducting a Joint Operational Review (JOR) in Nigeria

In Nigeria's north-east region, 8.4 million people are in need of humanitarian assistance and face insecurity everyday. In 2021 alone, WHO provided services to more than 500 000 people, detected and investigated more than 3,000 outbreak alerts, and responded to epidemics of cholera, measles, all while still supporting the COVID-19 pandemic response.

WHO's response to protracted crises shifts to strengthening health systems while still meeting its commitment as provider of last resort, following the Humanitarian-Development-Nexus (HDN) approach. Reorienting a response from acute to protracted is challenging and requires joint work of emergencies and health system experts, as well as engagement with both humanitarian and development partners.

From 15 – 18 November, WHO's Nigeria country office, supported by AFRO and HQ, conducted its 11th Joint Operational Reviews (JOR) bringing together all stakeholders, including the State ministry, to reflect on work done in the last year, discuss, and plan for 2022. JOR Results for the efforts related to the COVID-19 response include joint work with development actors such as UNDP to transfer WHO mobile health teams (currently conducting COVID-19 surveillance and response, largely in difficult to access areas) to government authorities. Additional results from the JOR include integrating the current WHO-led surveillance system into the state-led surveillance system and continuing to fill critical humanitarian gaps.

These results from the JOR then feed into the WHO emergency response plan, the Humanitarian Response Plan, the WHO Country office biennium plan and more to ensure an adaptable and reoriented approach as needed. Lessons from conducting JORs in Nigeria have also been applied to support other countries in the Central Sahel and Lake Chad Basin regions.

“In rapidly changing and unpredictable emergency contexts like North-East Nigeria, conducting Joint Operational Reviews on a regular basis helps us to reflect on the past year, to reorient, and to jointly come up with a plan for the future. The 11th Joint Operational Review for our operations in North-East Nigeria was completed in November 2021. I can only underline the importance of this exercise, especially in protracted emergencies like the ones we face in the Central Sahel and Lake Chad Basin regions.”

– Dr Walter Kazadi Mulombo, Country Representative
WHO Nigeria



The WHO Country Representative with WHO and State officials, among them Hon State Commissioner for Health, Juliana Bitrus, during the Joint Operational Review. Credit: Kingsley Igwebuike, WHO Nigeria

Operations Support and Logistics

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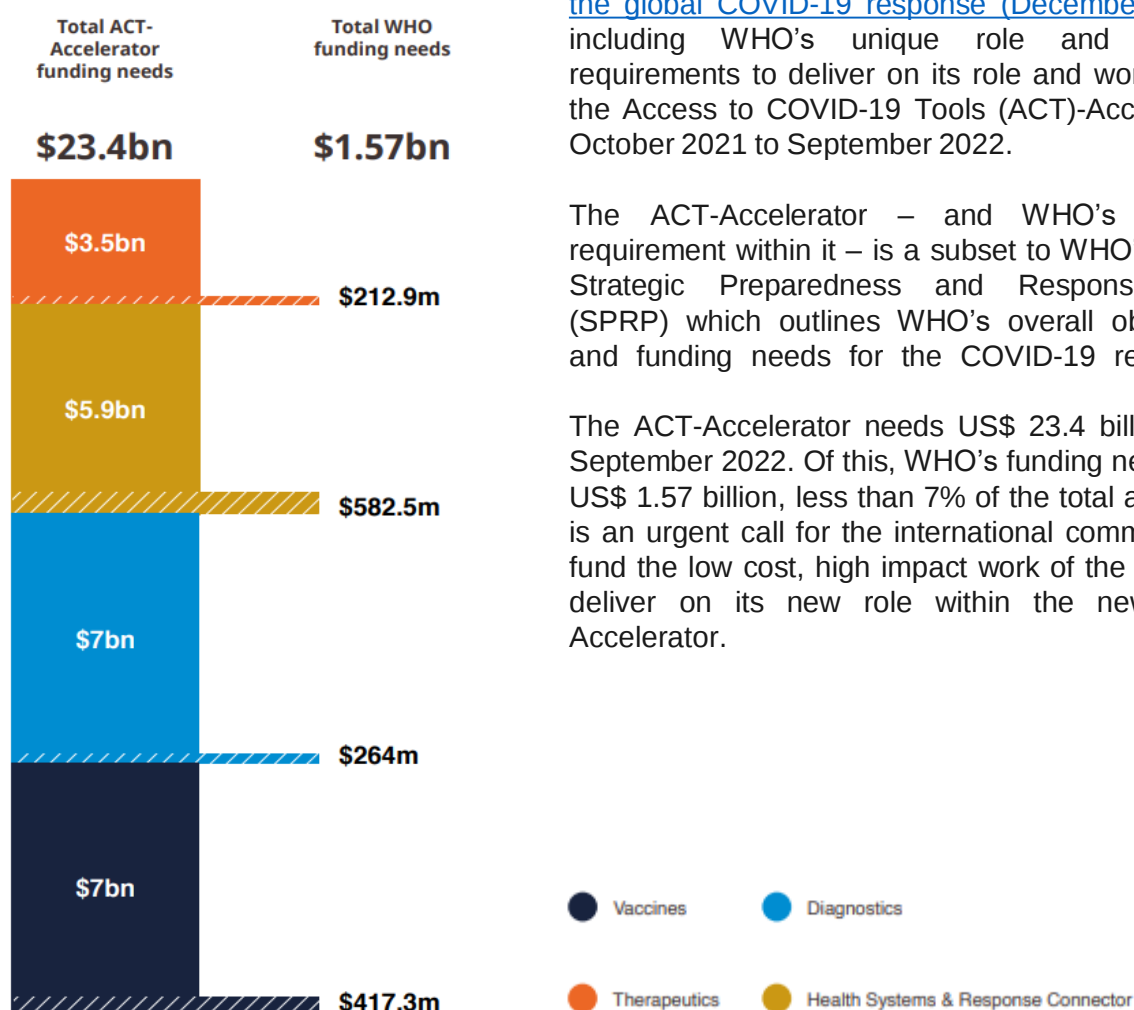
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COVID-19 Global Preparedness and Response Summary indicators

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)	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=116 ^b , as of epidemiological week 52) ^c	49% (n=57)	45% (n=52)	50%
This week (epidemiological week 52), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 52 (45%) have timely reported COVID-19 data. An additional 4 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 24 January 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 24 January 2022) ^c	9 395 059 118	9 620 105 525	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 24 January 2022) ^c	59.6% (4.64 billion)	60.4% (4.7 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 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

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

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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.

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.

More than US\$ 256 Million



676 626 donors

[individuals – companies – philanthropies]

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 18 January 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

updates on:

- The WHO COVID-19 global rapid risk assessment
- The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs)

News

- To read the WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines, click [here](#).
- To watch the “Science in 5: Why are experts concerned about Omicron?” on YouTube, click [here](#).
- For the statement on the tenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic, click [here](#).