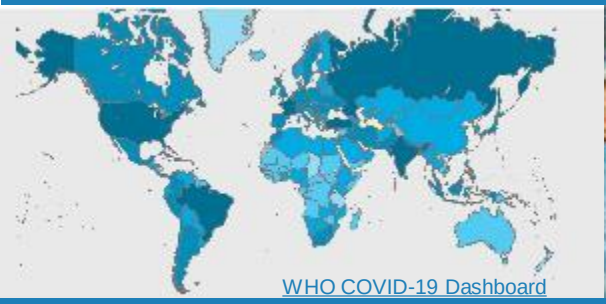
Weekly Operational Update on COVID-19

1 February 2022

Issue No. 89



WHO COVID-19 Dashboard

As of 30 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

370 572 213

Confirmed deaths

5 658 702

For the 21 January 2021 update to ***Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States***, click here.

Germany and PAHO Donate 230 Oxygen Cylinders to Suriname

©PAHO

On 25 January, Germany, in collaboration with PAHO/WHO, donated 230 oxygen cylinders with a capacity of 250 cubic feet to the Ministry of Health in Suriname to support case management for COVID-19.

These cylinders were procured and shipped through PAHO and will be distributed to various medical institutions in Suriname by the Ministry of Health.

This is the second donation of COVID-19 response supplies by Germany in collaboration with PAHO in the past 6 months, following an earlier donation of 462,500 medical masks procured through PAHO/WHO.

"Oxygen provision remains one of the main components in the package of care for severe cases of COVID-19 and may help to prevent the need for mechanical ventilation. This donation of oxygen cylinders to the Ministry of Health demonstrates PAHO's ongoing commitment to support the country in all pillars of its response to the COVID-19 pandemic",

Dr. Karen Lewis-Bell, PAHO/WHO representative in Suriname.

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

22 934 359 PCR tests shipped globally

215 785 426 medical masks shipped globally

99 140 700 gloves shipped globally

9 611 511 face shields shipped globally

205 GOARN deployments conducted to support COVID-19 pandemic response

9 901 135 033 COVID-19 vaccine doses administered globally as of 31 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

THE FIRST MENTORS TRAINING HELD IN THE WORLD HEALTH EMERGENCIES BALKAN HUB: 25-27 JANUARY 2022

In 2017 the Better Labs for Better Health initiative within the WHO Regional Office for Europe established the mentoring programme with an aim of providing continuous training, on the job mentoring and capacity building to laboratory experts by developing a sustainable approach of capacity building in quality management system (QMS) implementation.

The mentors programme has been an asset and has helped to increase in laboratory capacity. During the pandemic, WHO/Europe continued to scale up the programme.

As a result, many countries have been able to rely on their national laboratory experts to implement quality management systems in COVID-19 laboratories. Currently there are 34 mentors across four countries.

Overall, the implementation of QMS has been shown to be effective and efficient for strengthening medical laboratories based on the international quality standard ISO 15189:2012. Using the Laboratory Quality Stepwise Implementation tool (LQSI tool), developed in 2014, WHO/Europe has helped to guide laboratories through the practical day-to-day implementation of the quality management system.

National mentors in the Balkans perform competency assessment to indicate mistakes in donning and doffing of PPE ©WHO/Europe

Although trainings have been carried out, there remain needs for external assistance in the implementation process. Regular mentoring therefore remains crucial to achieve the implementation of the quality management system.

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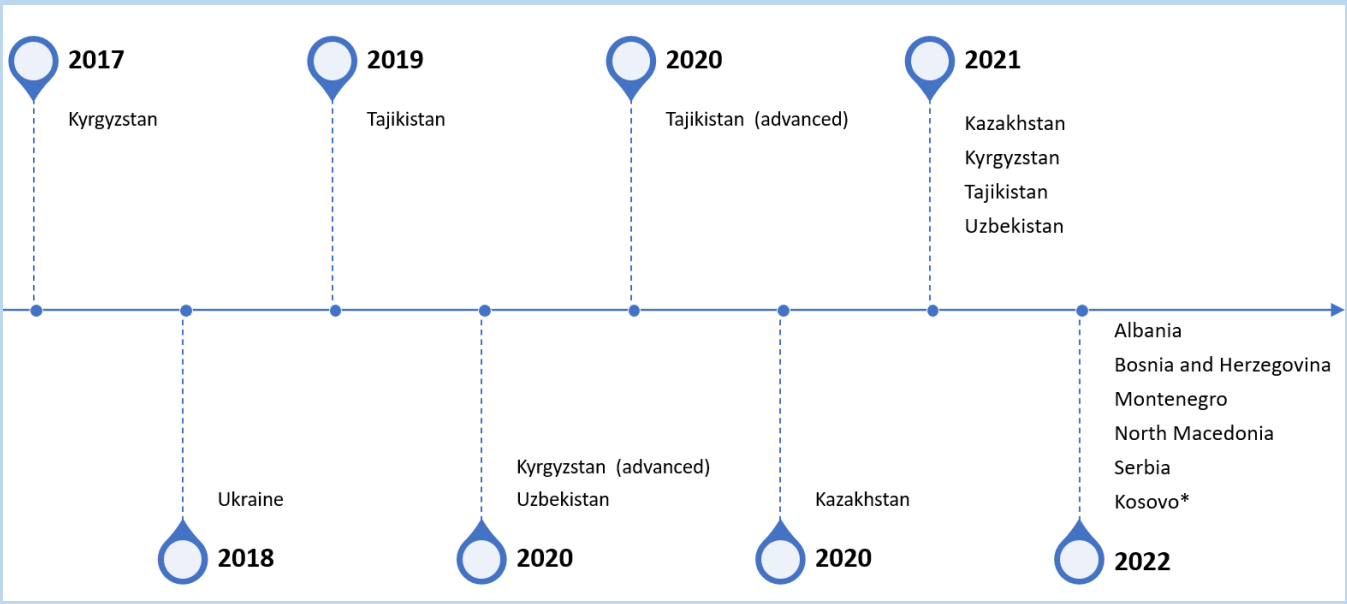
CONTINUED: THE FIRST MENTORS TRAINING HELD IN THE WORLD HEALTH EMERGENCIES BALKAN HUB: 25-27 JANUARY 2022



Roll-out of the WHO/Euro Mentors program

Following the successful implementation of the mentoring program in Central Asian countries, the same model was implemented with the first mentors training taking place in North Macedonia from 25 – 27 January 2021. The training in the Balkans Hub was attended by a total of 15 laboratory experts from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, and Kosovo [1].

The aim of the training was to establish the mentors programme within these additional countries and areas and empower mentors who will in turn support laboratories in implementing quality management systems based on ISO 15189:2012.

The mentors will also provide support in ensuring that the primary processes of the laboratory operate correctly and safely, controlling and assuring quality and creating traceability, ensuring proper management, leadership and organization to create continuous improvement and prepare for accreditation. This training was implemented with the support of the EU DG Near Project.

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

From the field:

India marks one year of COVID-19 vaccination

India crossed the one-year milestone of the launch of its COVID-19 vaccination drive on 16 January 2022, in which 1.56 billion vaccine doses have been delivered to help protect people against the disease. By 16 January 2022, 70% of the adult population has been fully vaccinated and 93% have received their first dose.

The vaccination drive has been expanded exponentially over the past year. What began as vaccinating health care workers, frontline workers and adults over 60 years was progressively expanded to include people over 45 with co-morbidities, all adults 18 years and older, and since 3 January 2022, teenagers in the 15-18 years age group.

"Precaution" or booster doses for at-risk population began on 10 January 2022. India delivered the highest single-day vaccinations of 25 million doses on 17 September 2021. The drive is also the world's largest digital vaccination drive with 9.9 billion registrations though the CoWIN app. The WHO Country Office for India, particularly the field teams , have supported the national and state government to plan and deliver quality vaccine doses at speed and scale.

Health care workers trudged snow to vaccinate older adults with comorbidities in Chadoora block of Budgam district of Kashmir Division in the UT of Jammu and Kashmir

Health care workers vaccinate a teenager in Chadoora block of Budgam district of Kashmir Division in the UT of Jammu and Kashmir following the start of COVID-19 vaccination of children in the 15-18 years of age group on 3 January. Around 33 million children have received their first dose of the vaccine in 13 days

"Apart from technical guidance to the government of India in all areas of the pandemic response, WHO's network of 2600 field officers from various programmes (polio, TB, Neglected Tropical Diseases, etc.) based in 23 states but reaching all states and UTs, have been repurposed to provide on-ground support to health authorities at all levels to respond to the pandemic, including vaccinations. WHO field personnel are also working to build vaccine confidence by providing support at the COVID-19 vaccination monitoring sites and by providing feedback to local governments for addressing vaccine hesitancy."

Dr Roderico H. Ofrin, WHO Country Representative to India.

For further information, click here.

SETTING UP COUNTRY SUPPORT TEAMS TO SCALE UP COVID-19 VACCINATION IN THE WHO AFRICAN REGION

Almost 2 years have passed since the first laboratory confirmed case of COVID-19 in the African region. Since then, the region has been hit by four waves of the virus, with the last wave still ongoing in some countries. However, as of 27 January 2022 only 7.5% of the African Region's population has been fully vaccinated against COVID-19, compared to 51% globally on 24 January. Additionally, **only 27 countries out of the 47 have attained at least 10% of populations fully vaccinated and fewer than 5 managed to reach the year-end target of 40%.**

Over the past year, the main causes of low vaccination coverage in Africa were severe shortages of supply coupled with erratic and unpredictable shipments, as well as shortfalls in operational funding to support planning and implementation.

Now that the supply situation has improved dramatically, the main challenges include insufficient capacity and heavy processes to access or absorb available funding from GAVI and the World Bank, insufficient decentralization of vaccination capacities, insufficient communication strategy around adverse events following immunization (AEFI), the rising tide of vaccine hesitancy fueled by misinformation as a result of insufficient risk communication and community engagement, the growing anti-vaccine campaigns on social media and insufficient involvement of community leaders to support buy-in of vaccine uptake by communities. These and many other challenges are slowing down the COVID-19 vaccination rollout in the region.

To increase the chance of reaching the set vaccination targets for 2022, the WHO Regional Office for Africa (WHO AFRO) has developed country support teams in countries with high populations and low vaccination coverage. These teams will support the Member States to scale up COVID-19 vaccination, as well as leverage experiences learned from polio, yellow fever and meningitis campaigns, the reaching every district (RED) approach and HIV community-based responses.

Continued on the next page…

CONTINUED: SETTING UP COUNTRY SUPPORT TEAMS TO SCALE UP COVID-19 VACCINATION IN THE WHO AFRICAN REGION

Participants from the three-day pre-deployment briefing held in Brazzaville Credit: WHO AFRO

Each country support team is composed of at least three experts (tailored to each individual country needs), including at least 1 senior immunization expert, 1 data science expert, and 1 social anthropologist. These support teams will work through the new 'One Country Team' approach with one plan and one budget for each country as agreed upon by the Ministry of Health and partners.

A three-day pre-deployment briefing was held in Brazzaville, Republic of Congo the third week of January for country support team members for 20 priority countries (Angola, Burkina Faso, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Madagascar, Mali, Mozambique, Nigeria, Senegal, South Sudan, Tanzania, Uganda and Zambia).

Participants were provided with updates on various aspects of the COVID-19 vaccine roll-out, strategies at global and regional levels to improve vaccine uptake using lessons learned from country Intra-Action Reviews (IARs) and surge missions conducted in quarter four of 2021. Several country-specific resource documents and tools to aid the teams at country level were also reviewed and discussed in detail.

"With an unprecedented vaccination campaign in both speed and scale, there is inevitably some fine-tuning as we go. WHO is central to supporting this, and there are many valuable best practices and lessons emerging that countries can share," says Dr Richard Mihigo, WHO Immunization and Vaccines Development Programme Coordinator for Africa.

From the field:

WHO supports Iraq with over 20 tons of medical supplies to enhance national response to COVID-19 health challenges in Kurdistan region

WHO has delivered more than 20 tons of urgently needed medical technologies to the Ministry of Health in the Kurdistan region of Iraq. The 117-pallet consignment contains a variety of emergency medical devices, mechanical and intensive care unit beds and other hospital equipment and personal protective equipment that will contribute to boosting the quality of medical care services and enhance the local health authority's preparedness in responding to an increasing number of cases as a result of the Omicron variant as Iraq experiences its fourth wave of the COVID-19 epidemic in Iraq.

"I am happy at the level of collaboration between the Ministry of Health in the Kurdistan region and WHO, and express my appreciation of all efforts behind this continued support," said Dr Saman Barzangy, Minister of Health of the Kurdistan region.

"**This shipment of emergency medical supplies will make a difference in the quality and quantity of health care services delivered in our health institutions. Hundreds of thousands of people will now be assured better access to essential and emergency health care services, including COVID-19 treatment,"** said H.E. Dr Barzangy.

Minister of Health of the Kurdistan region Dr Saman Barzangy and WHO Representative Dr Ahmed Zouiten attending to the downloading of the medical and laboratory equipment. © WHO/Iraq

After a significant decrease in the number of COVID-19 infections in the last few months of 2021, helped by an increase in the number of people vaccinated, infections are starting to surge again recently following the detection of the Omicron variant in the northern city of Duhok in the Kurdistan region and the capital Baghdad on 6 January 2022.

In 2021, WHO Iraq supported the Ministry of Health in the Kurdistan region with medical equipment and pharmaceuticals worth over US$ 2.5 million. The support strengthened provision of essential and emergency health care services and productively contributed to addressing the urgent health needs of the community, which continues to host nearly a quarter of a million Syrian refugees and over 1 million internally displaced Iraqis.

For further information, click here.

From the field:

Lao People's Democratic Republic receives additional COVID-19 vaccines donated by the United States of America through the COVAX Facility

©WHO Lao PDR country office

On 2 and 24 January 2022, the Lao People's Democratic Republic received more than 1.6 million doses (799 110 and 899 730**)** of the Pfizer/BioNTech COVID-19 vaccine donated by the United States of America via the COVAX Facility. These shipments build on the donation of one million Johnson & Johnson vaccines delivered in July 2021.

According to the National Deployment and Vaccination Plan (NDVP), these vaccines will be used to immunize adolescents aged 12 to 17 years as well as individuals at risk of severe COVID-19, including people 60 years and above, people with underlying health conditions and pregnant women. This contribution will also support the country's efforts to vaccinate 80% of its population by the end of the year. The United States of America, through WHO, USAID and UNICEF, is working closely with Lao People's Democratic Republic to help strengthen the country's capacity to distribute COVID-19 vaccines safely and effectively.

Lao People's Democratic Republic has been making steady progress in vaccinating its population against COVID-19. Since March 2021, over 4.6 million people have received at least one dose of the COVID-19 vaccine and more than 3.9 million people are fully vaccinated.

Pandemic learning response

Strengthening occupational health and safety in Japan during the pandemic

Online courses aimed at safeguarding occupational health during the COVID-19 pandemic are available in Japanese on OpenWHO.org thanks to collaboration between the WHO Collaborating Centres for Occupational Health in Japan, the Occupational and Workplace Health Programme at WHO Headquarters and the WHO Regional Office for the Western Pacific.

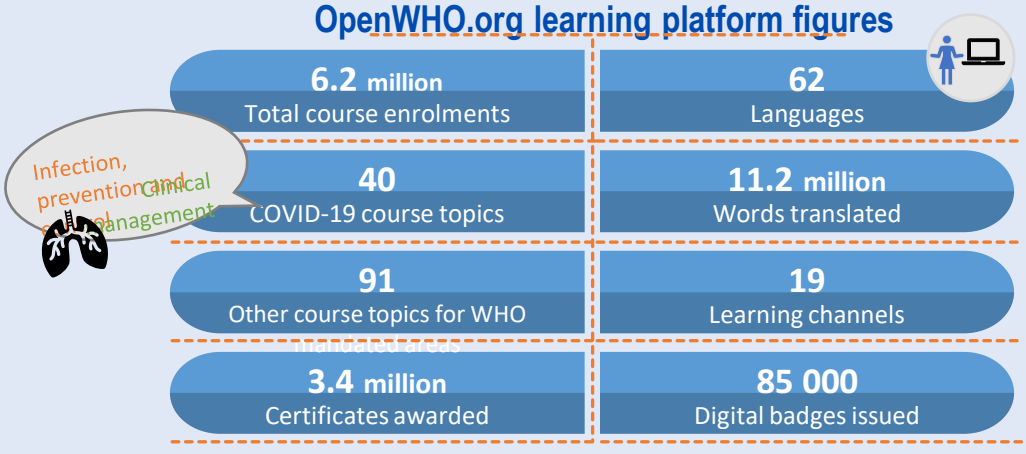
The two free courses, which address COVID-19 and work and occupational health and safety for health workers, were translated into Japanese by two WHO collaborating centres for occupational health that provide support to WHO's global and regional activities to protect and promote the health of workers: the University of Occupational and Environmental Health, Japan and the National Institute of Occupational Safety and Health, Japan.

WHO collaborating centres for occupational health have reoriented their work in response to WHO's call for action to support in the context of COVID-19. The Japanese online courses are being used for occupational health and safety education for employees in general workplaces, education of health care professionals when they engage in COVID-19 practice and basic training for newly hired occupational health staff. They were disseminated through the SANSUIKEN network of occupational health staff and academic researchers and used by members to develop educational programs in their workplaces, including hospitals.

"Currently, the 'sixth wave' of COVID-19 infection by the Omicron variant has spread throughout Japan. In this wave, a series of cases of infection have been reported even among vaccinated people. Therefore, there is renewed interest in the need for infection control measures in the workplace based on the principles of occupational health and safety, which are covered in the courses,"

Dr Tomohiro Ishimaru,
Associate Professor for the University of Occupational and Environmental Health, Japan.

OpenWHO.org learning platform figures



As of 25 January 2022

Partnerships

The Emergency Medical Teams - EMT

Emergency Medical Teams (EMT) Training Centre for Africa hosts first Regional team member training

The first Regional Emergency Medical Team (EMT) training course of the new EMT Regional Training Centre for Africa took place in Entebbe from 29 November to 4 December 2021. Hosted by the Regional Training Center in collaboration with the Ministry of Health in Uganda, the training proved to be an important step towards building self-sufficient national EMTs, that adhere to guiding principles and minimum standards, within the African Region.

By facilitating the transfer of knowledge and skills from international experts and between national teams, the EMT Regional Training Centre for Africa will help to build in-country capacity.


©WHO/EMT

In turn, this will strengthen the preparedness and ability of national EMTs to respond to health emergencies across the African Region, including the current COVID-19 pandemic. Twenty-three participants from Uganda and Namibia took part in the four-day Team Member Induction Course. Twelve Ugandan and Namibian team members remained for the subsequent two-day Training of Trainers (ToT) course.

The Team Member Induction course comprises a series of informative and interactive workshops that build on participants' existing skills and knowledge base. The final day of the Team Member Induction course involved a simulation exercise, giving participants the opportunity to practice the key teachings in a safe and controlled environment.

"Our aim is to create fully trained and self-sufficient EMTs who can deploy to an emergency without burdening an already stressed local system. That means having the right mix of clinical and operational support specialists, equipped with the skills to effectively treat patients and support national systems in time of need, as we've seen in the current COVID-19 pandemic."

Dr Thierno Balde, COVID-19 Incident Manager for the Region and Team Lead, Operational Partnerships and WHO Readiness in the WHO Regional Office for Africa.

The objective of the two-day ToT course was to train a pool of facilitators to be available within the Region to support delivery of EMT courses within their countries and share their experiences at the EMT Training Centre for the African Region. Following this course in Uganda, the Namibia team is equipped to run their own team member training to mobilize to respond to COVID-19.

For further information on the EMT training course, click here. For a video to learn more about the Training Centre for Africa, the WHO EMT Initiative, and highlights from the recent training on YouTube, 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.

The table below reflects WHO and PAHO-procured items that have been shipped as of 25 January 2022.

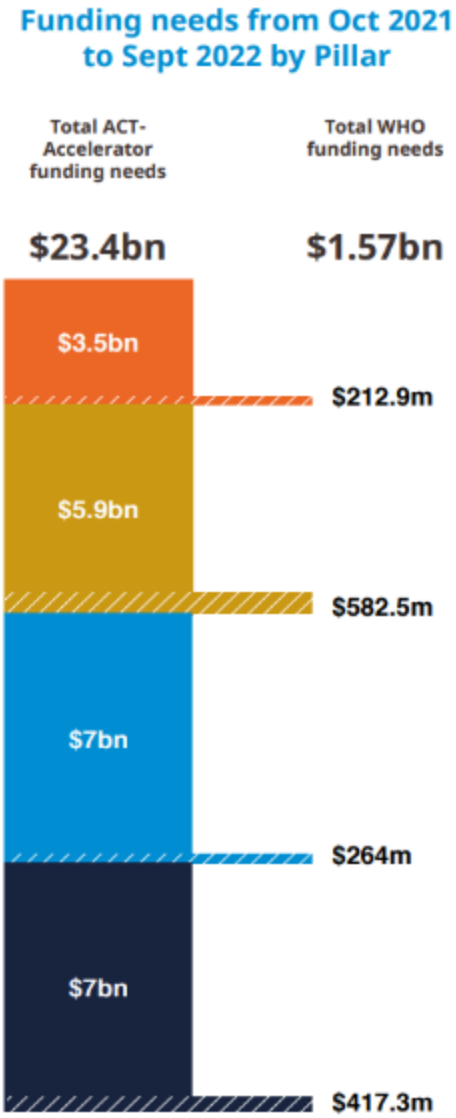
Shipped items as of 25 January 2022	Laboratory supplies			Personal protective equipment*					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 344 375	1 782 550	2 627 372	1 569 810	36 637 300	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	735 720	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 800	4 695 000	3 207 762	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 908 750	180 650	2 562 575	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	**16 500 300**	**31 598 550**	**22 934 359**	**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



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 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 01/2022)[c]	45% (n=52)	**52% (n=60)**	50%
This week (epidemiological week 01/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 60 (52%) 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 31 January 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 31 January 2022)[c]	9 620 105 525	**9 901 135 033**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 31 January 2022)[c]	60.4% (4.7 billion)	**61.2% (4.76 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.

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.

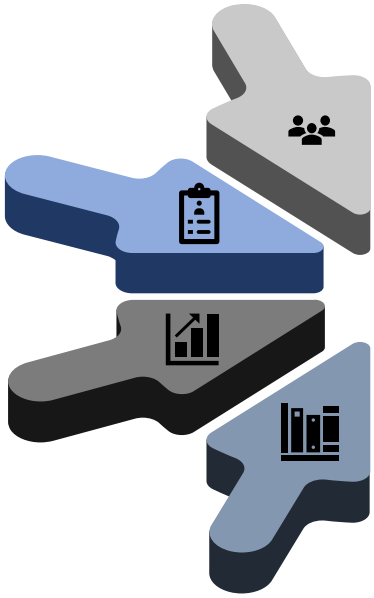
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$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 25 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. A specific brief update on the Omicron variant, is also provided.

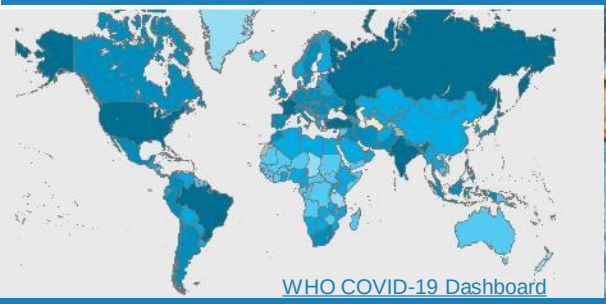
News

- To read the WHO Strategic Advisory Group of Experts on Immunization updates recommendations on boosters, COVID-19 vaccines for children from 21 January, click here.
- For the WHO Director-General's opening remarks at the 150th session of the Executive Board, including comments about ending the acute phase of the pandemic, click here.
- For 15 figures on 732 days of COVID-19 in the WHO European Region, click here.

Weekly Operational Update on COVID-19

8 February 2022

Issue No. 90



WHO COVID-19 Dashboard

As of 6 February 2022

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

Confirmed cases

392 145 701

Confirmed deaths

5 724 353

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 Belize and Denmark donate SD Biosensor Test Kits to support Belize's COVID-19 response

©PAHO

On January 27, PAHO/WHO, through funding from the Kingdom of Denmark, donated 69 SD Biosensor test kits for a total of 1725 tests to the Ministry of Health and Wellness (MoHW) of Belize.

In the midst of emerging COVID-19 variants, it is crucial to ensure continuous and quality-assured testing as part of the national response to prevent, control and manage the COVID-19 cases.

With these SD Biosensor test kits, the country will be able to timely and accurately detect the virus including the new omicron variant. Early detection of cases allows for quick response measures like contact tracing, isolation, quarantine etc.

Dr. Julio Sabido, Chief Executive Officer of the Ministry of Health and Wellness, accepted the donation on behalf of the Ministry of Health and Wellness and showed appreciation to PAHO/WHO and supporting partners like the Kingdom of Denmark for their continued support to Belize.

For further information, click here.

Key Figures

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

More than **6.3 million** people registered on OpenWHO and accessing online training courses across **42** topics in **62** languages

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208 GOARN deployments conducted to support COVID-19 pandemic response

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[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:

Enhancing risk communication and community engagement activities as migrant workers count on vaccination to get back to work

Mae Sot, a Thai town close to the Myanmar border, has been home to Myanmar people of all ages – from newly born children to grandparents. In November, a survey was carried out among the Myanmar migrant workers in this area to identify their knowledge, attitude, risk perception and health behavioral practices regarding COVID-19 and find out if they'd received any COVID-19 vaccine.

The survey was carried out to inform the Thai government of any specific prevention and control measures required for the population, and to determine if a COVID-19 vaccination program needed to be established for Myanmar migrant workers.

The activity is part of a project titled 'Enhancing Risk Communication and Community Engagement Among Thai and Non-Thai People on COVID-19 Vaccine Communication', supported by WHO and funded by the Australian Government's Department of Foreign Affairs and Trade. The survey reached out to 500 people, including migrants with one-day passes, local communities, and Myanmar workers in Thailand from agriculture and manufacturing sectors.

Kriengsak Armeen and his wife Wahe Dao restarted their street food business five days ago after a long break triggered by the pandemic. Every day, he encourages others to get the vaccine to protect themselves and the community, while still trying to secure a vaccination appointment in Mae Sot for himself. The border closure meant the father of three was unable to work for almost a year.

During the two-day visit, over 3,000 migrant workers were also vaccinated by the district health office, with the support of local healthcare professionals and volunteer organisations.

"The Ministry of Public Health realised how important it is to take care of the health of migrant workers in Thailand. Results from the survey will be used to inform policy recommendations on COVID-19 prevention and response for these migrant populations"

Dr Pahurat Khongmuang Taisuwan,
the project manager and the Director of the Secretariat Office of the Royal Development Projects Committee, Department of Disease Control, Ministry of Public Health.

For further information, click here.

From the field:

Italy joins other European Union Member States to increase pledge of COVID-19 vaccines to Syria

On 26 January, 3 996 000 doses of the Johnson & Johnson's Janssen COVID-19 vaccine arrived in Syria, donated by Italy through the COVAX Facility.

In May last year, Italy hosted the Global Health Summit alongside the European Commission, which saw many European countries pledge to share millions of vaccine doses to priority countries like Syria, boosting short-term supplies. The European Union (EU) and its Member States are so far the biggest donor of COVID-19 vaccines in the world, having shared over 350 million doses for donation to countries, via the COVAX Facility (around 300 million) and bilaterally (over 45 million).

The roll-out of the vaccines donated by Italy and the awareness campaign will be funded by EU humanitarian aid and implemented by WHO. The EU, in particular, is providing humanitarian support to WHO in Syria to help the health system cope with the ongoing pandemic and reach the target of 70% people being vaccinated by mid-2022. EU humanitarian funding allows for vaccine roll-out and the deployment of vaccination teams.

"Vaccine supply to Syria has been slow. While we aimed to vaccinate 20% of the population by end of December 2021, the available vaccines by then were only enough to cover 13% of the population. This consignment generously donated by the Government of Italy will reach an additional 20% of the population with life-saving COVID-19 vaccines

Availability of vaccines is an important step in ensuring equitable vaccination, but so are vaccine administration and demand generation. We need to step up our concerted efforts to continue building public trust in COVID-19 vaccines to reach the national vaccination target of 40% by April this year and at least 70% by the end of 2022,"

Akjemal Magtymova, Head of Mission and WHO Representative in Syria.

UNICEF and WHO will continue to support efforts to deliver vaccines safely through cold chain management, supporting vaccinators in fixed facilities and mobile teams, increasing testing and lab capacity to detect COVID-19 cases and prevent the further spread of the pandemic, and boosting public knowledge and confidence in vaccines.

For further information, click here.

From the field:

Integration and expansion: Leveraging influenza systems for the COVID-19 response

WHO representative for Nepal handing over the Oxford Nanopore MinION Gene Sequencer and reagents to the director of the National Public Health Laboratory.

Since early 2020, Nepal has been working to expand and adapt its epidemiological and laboratory influenza surveillance networks to enable an effective COVID-19 response.

Integration has long been at the heart of pandemic preparedness and response capacity building in Nepal, supported by the Pandemic Influenza Preparedness Framework Partnership Contribution. In early 2020, Nepal's Ministry of Health and Population used integration to enable a more effective response, adapting existing influenza surveillance systems on three fronts to detect and monitor the new virus.

Expanding the laboratory network: The National Influenza Centre (NIC) at the National Public Health Laboratory became the first reference laboratory for SARS-CoV-2 testing in January 2020 when the first case was diagnosed. Under the guidance of the NIC, Nepal quickly expanded its network of SARS-CoV-2 diagnostic laboratories, reaching 104 provincial public health laboratories (PPHLs) by December 2021. To ensure quality throughout the network, the PPHLs adapted the WHO External Quality Assessment Programme focusing on proficiency panels, parallel testing of samples, monthly re-testing, and on-site reviews.

Harmonizing surveillance networks: In October 2021, Nepal began a multisectoral process involving human and animal health authorities to harmonize its surveillance networks for influenza and SARS-CoV-2. Authorities integrated sentinel surveillance across both viruses, thus expanding the existing influenza laboratory surveillance network to include the PPHLs being used for SARS-CoV-2 testing.

Building capacity for genetic sequencing: In March 2021, led by the Nepal NIC and supported by WHO, the National Pathogen Genetic Sequencing Consortium was established to boost capacity to sequence both influenza and SARS-CoV-2 viruses. In October 2021, the consortium became operational; and by mid-December, members of the consortium had sequenced around 100 genomes of SARS-CoV-2 and had detected and confirmed the latest SARS-CoV-2 variant of concern, Omicron. Data from the consortium are now being regularly shared with GISAID.

The steps taken by Nepal to integrate and expand their influenza and SARS-CoV-2 surveillance networks at a national and provincial level are a testament to the multisectoral commitment to effective respiratory pathogen detection and monitoring in the country. They have proved vital in supporting the COVID-19 response over the past two years and will further support influenza preparedness and response in the years to come.

For further information, click here.

Pandemic learning response

Multilingual approach to COVID-19 online learning response on OpenWHO.org

In pursuit of equitable access to emergency-related knowledge, the OpenWHO.org open-access platform provides COVID-19 and other infectious disease courses in 62 languages. The Learning and Capacity Development Unit of the WHO Health Emergencies Programme prioritizes languages spoken by vulnerable or underserved populations in low- and middle-income countries and in outbreak-prone and affected areas. Accessing learning in preferred languages enhances uptake and comprehension.

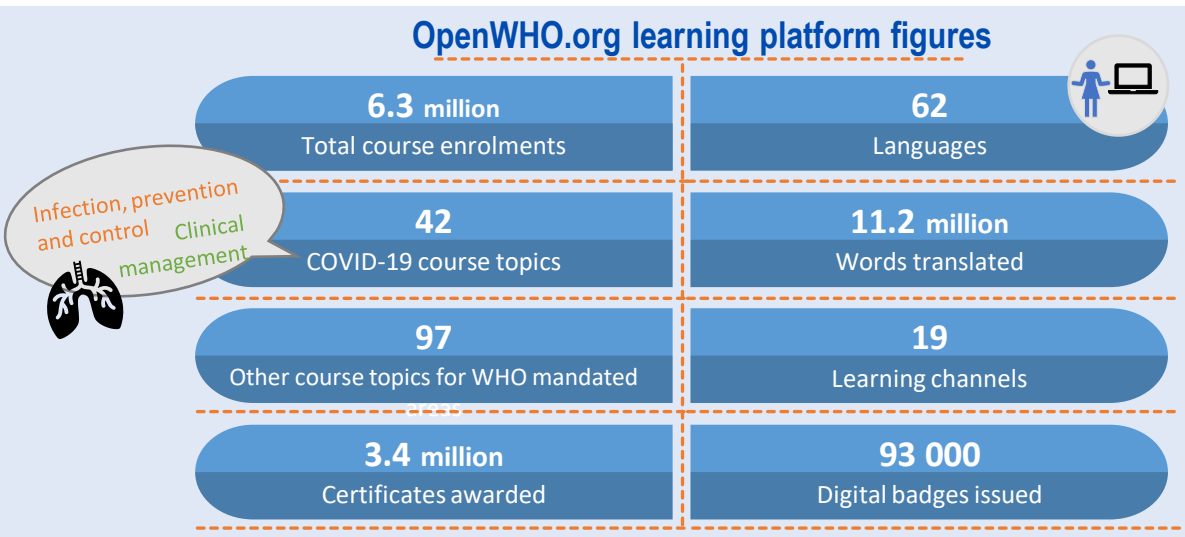
An assessment and comparison of the initial enrolment levels and global reach of OpenWHO's multilingual courses found that languages were used differently across geographic regions, calling for localized and country-specific learning offerings. A streamlined multilingual publishing scheme ensured quick and effective delivery of learning materials in diverse languages, which is critical to attaining greater equity of access to knowledge.

The scalability of OpenWHO's response was achieved through a fast-paced production system with strengthened commitment to equity of access. This was bolstered through local and co-ownership, as WHO country offices, health institutes, individuals and other volunteers translated materials to meet their needs and further adapted them for field use in plain language and other localized formats. A multiplier effect has occurred with national language materials in particular, as the translated and adapted learning resources have been used extensively outside of the platform context.

WHO's health emergency online learning platform supports global COVID-19 preparedness and response while seeking enhanced health literacy through multilingualism. The OpenWHO translation production system has successfully scaled up to meet the global demand for learning during the pandemic and can be further refined based on usage patterns.

Top languages by first 4-week average enrolments per COVID-19 course.

Language	Enrolments
English	26 327
Spanish	12 628
French	7510
Portuguese	3878
Arabic	2052
Indian Sign	1877
Hindi	1862
Indonesian	1667
Russian	1151
Italian	878



Risk Communication, Community Engagement and Infodemic Management

SocialNet online course launched on OpenWHO

WHO released a new SocialNet basics course on 28 January 2022: “SocialNet: Empowering communities before, during and after an infectious disease outbreak” on OpenWHO for individuals to polish their skills in applying social-behavioral principles to emergency responses. The four-hour course contains five modules, covering topics such as community engagement; data collection and analysis; considerations for intervention design, risk communication; and interpersonal skills – all elements that strengthen the effectiveness of public health initiatives, programs and service delivery. The course can be taken wherever and whenever, all at once or in several sittings.

The COVID-19 pandemic and its impact on communities have increasingly highlighted the importance of applying social and behavior insights in response efforts. In this course, learners will gain skills to support communities and build trust, using proven social-behavioral principles. Learners will see why communities are at the heart of every emergency response, and why it’s important to include them as equal partners throughout the response cycle.

Effective risk communication and community engagement (RCCE) supports communities and individuals in understanding the risks they face and making informed decisions about how to protect themselves and the people around them. Social sciences – including sociology, psychology and anthropology, among other disciplines – are an important part of developing effective RCCE interventions that are sensitive to the cultural, historical and behavioral perspectives of communities.

The SocialNet learning series was developed in 2017 as a face-to-face pre-deployment training to pave the way for social sciences to be more fully integrated into response practices during health emergencies. The series is growing to include online and blended-learning experiences to ensure that social sciences are systematically included in emergency responses. Other SocialNet online and blended-learning courses are in development, featuring specific tools and strategies.

Translations are underway, so watch for the SocialNet course in additional languages.

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 25 January 2022.

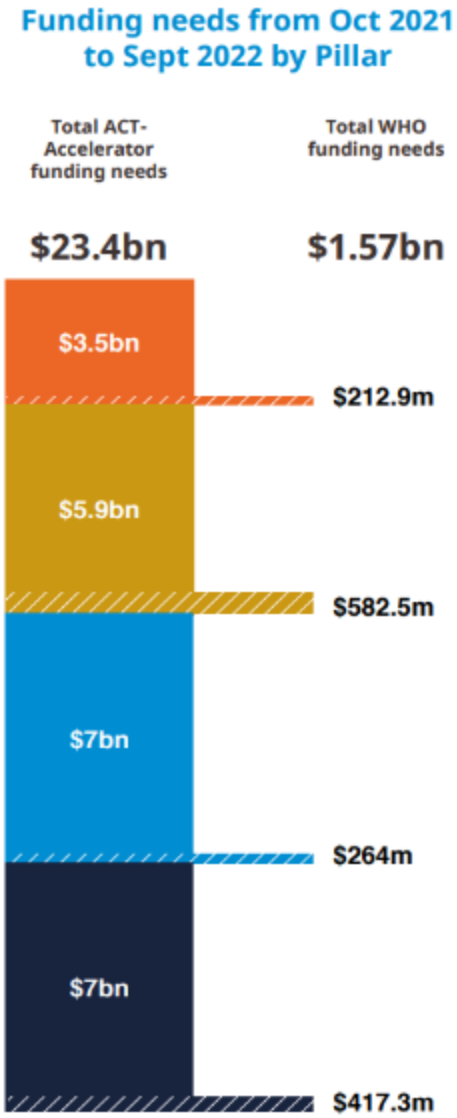
Shipped items as of 25 January 2022	Laboratory supplies			Personal protective equipment*					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 344 375	1 782 550	2 627 372	1 569 810	36 637 300	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	735 720	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 800	4 695 000	3 207 762	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 908 750	180 650	2 562 575	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	**16 500 300**	**31 598 550**	**22 934 359**	**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



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 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 03/2022)[c]	52% (n=60)	**45% (n=52)**	50%
This week (epidemiological week 03/2022), 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 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 7 February 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 7 February 2022)[c]	9 901 135 033	**10 095 615 243**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 7 February 2022)[c]	61.2% (4.76 billion)	**61.7% (4.8 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.

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.

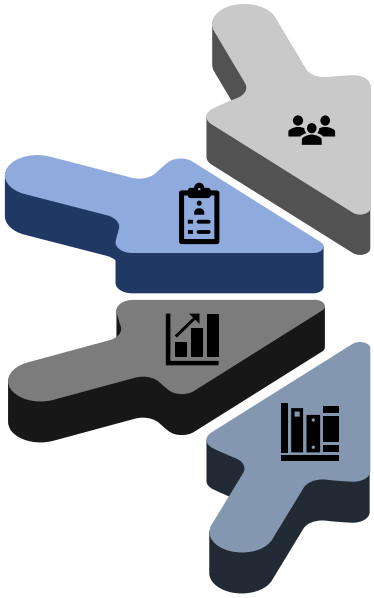
$10 million
to UNICEF to support vulnerable communities in low-resource settings.

$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 1 February 2022 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs)

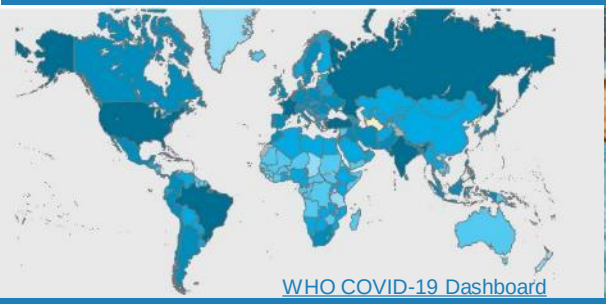
News

- To read about the Global analysis of health care waste in the context of COVID-19, click here. To watch the Science in 5 on COVID-19: Medical Waste on YouTube, click here.
- To learn more about the COVID-19 Clinical Care Pathway, updated on 3 February 2022, click here.
- The ACT-Accelerator will launch its advocacy campaign from 1500-1600 CET on Wednesday 9 February. For the full agenda or the livestream of the even, click here.

Weekly Operational Update on COVID-19

15 February 2022

Issue No. 91



WHO COVID-19 Dashboard

As of 13 February 2022

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

Confirmed cases

408 910 752

Confirmed deaths

5 802 226

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.

Strengthening South Sudan's emergency response with phase two of public health emergency operations center

On 10 February 2022, South Sudan inaugurated its Public Health Emergency Operations Center (EOC). This is a critical component of detecting and controlling any potential outbreak and serves as the strategic coordination center for health emergencies, including the COVID-19 response.

The center is part of a WHO-implemented US$ 4.2 million African Development Bank grant project that included procuring an oxygen plant, vehicles, essential medicines, biomedical equipment and personal protective equipment.

"The African Development Bank and WHO have played a crucial role in strengthening our capacity to reduce, mitigate and manage the adverse impacts of COVID-19," said Dr Victoria Anib, the Undersecretary, Ministry of Health.

WHO South Sudan Representative, Dr Fabian Ndenzako, Dr Ndenzako described the establishment of the second phase of the Public Health Emergency Operations Center, which equipped it with hardware and software to facilitate emergency response operations, as "a key milestone in line with compliance with the International Health Regulations (2005) to strengthen communication and coordination for effective public health response."

For furth information, click here.

Key Figures

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

More than **6.4 million** people registered on OpenWHO and accessing online training courses across **43** topics in **62** languages

22 917 159 PCR tests shipped globally

218 439 426 medical masks shipped globally

122 881 700 gloves shipped globally

9 789 511 face shields shipped globally

219 GOARN deployments conducted to support COVID-19 pandemic response

10 227 670 521 COVID-19 vaccine doses administered globally as of 14 February

[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:

Romania: boosting the mobility of health-care workers to support communities during the pandemic and beyond

"During the pandemic the need for health-care workers to visit patients and care for them at home has become increasingly important. Community health nurses and health mediators are often a person's first point of contact with the health and social care system, and as members of the communities themselves, they have a unique understanding of the neighbourhoods and people they serve," said Dr Cassandra Butu, acting WHO Representative in Romania. To address this need, the WHO Country Office in Romania recently donated over 1 800 bicycles and helmets to health-care workers serving vulnerable communities, including rural areas where transport links are poor.

Mirela Cidoiu is one of the health mediators who received the equipment. **"I serve a community of 7 000 residents across nine villages. Having a bicycle allows me to travel faster, visit more patients and be wherever and whenever I'm needed. It is fair to say that this means of transport will really help me in my work, not just during this global emergency, but also far beyond,"** she said.

©EURO

When the COVID-19 pandemic began, restrictions limited people's ability to access health care services and required many vulnerable people to self-isolate. Without the visits of community health care workers many people would have seen their health suffer severely. Particularly at risk were elderly patients who needed help with deliveries of basic goods (food, medicines and protective face masks), as well as regular health check-ups.

Many patients with chronic conditions, disabilities and special needs required medical care that could not be postponed and could only be carried out at home due to the pressure on hospitals and risk of exposure to SARS-CoV-2. Pregnant women and new mothers needed regular health checks, practical training on correct breastfeeding techniques and nutrition, as well as immunizations for their babies and infants.

Another vital service provided by these health care workers over the last year is mobilizing their communities to get vaccinated – informing people about the vaccination schedule, ensuring that they have not missed doses, educating about vaccine benefits, and helping them to get to vaccination centres.

Community health nurses and health mediators serving their patients through home visits travel hundreds of kilometres a month, both tiring and time-consuming. The WHO-donated bicycles enable them to deliver timely care.

The equipment donation was made possible with the support of the WHO Regional Office for Europe, the Romanian Ministry of Health and the County Public Health Directorates as part of measures to invest in professionals providing essential health services in local communities during the pandemic.

For further information, click here,

From the field:

WHO and the Syrian Arab Republic combine efforts to raise COVID-19 vaccine accessibility and uptake

In coordination with the national health authorities, WHO and partners continue to bridge vaccine inequity and increase vaccination rates in the Syrian Arab Republic, aiming for the 40% national COVID-19 vaccination target by April this year; despite sufficient supply as of 27 January to vaccinate 39% of the population, currently the percentage of fully vaccinated Syrians remains as low as 5%.

Data registration at Damascus Mosque. ©EMRO

With WHO supporting the operating costs of vaccine administration, vaccination is now offered in 962 fixed vaccination sites: 39 hospitals and 923 primary health care centres. Implementing various strategies to scale up vaccination campaigns in the country, the national health authorities are supporting special teams to conduct vaccination at government institutions, universities, and schools. Syrians can also receive the vaccine whether or not they are pre-registered through an online platform.

With an additional 1075 vaccination teams in static locations and 391 mobile teams deployed in all governorates – a total of 5162 health care workers and over 420 supervisors – the teams are operating at maximum capacity. The WHO-supported mobile teams are providing vaccination services at shopping centres, mosques, churches, ministries, and lately at the Syrian parliament. Moreover, mobile clinics have been stationed close to Immigration Directorates throughout the country to ease access to vaccination services. These significant efforts have been implemented hand-in-hand with regular vaccination campaigns at health centres all over the country.

"I was hesitant and would come up with different reasons to avoid getting the vaccine. However, when the mobile teams started providing vaccination services at the mall, I could not argue anymore, especially when I observed how professionally the services were rendered," said one of the employees at Cham City centre in Damascus after receiving the vaccine.

©EMRO

WHO efforts to address vaccine hesitancy among the population include training skilled communication personnel and availing them to respond to people's fears about COVID-19 vaccines. Seventy health care workers who were recently trained on how to address vaccination concerns based on the regional package are now applying new skills on the ground to increase uptake.

For further information, click here.

From the field:

Maintaining influenza surveillance and SARS-CoV-2 monitoring in Indonesia

As part of the pandemic influenza preparedness framework, WHO established Global Influenza Surveillance and Response System (GISRS), a global platform for monitoring influenza epidemiology and disease, and a global alert system for novel influenza viruses and other respiratory pathogens. Responding to COVID-19, WHO developed a guideline on maintaining surveillance of influenza and monitoring SARS-CoV-2 that the Ministry of Health (MoH) adapted.

Currently, there are 31 Influenza Like Illness (ILI)-based primary healthcare centers and 14 Severe Acute Respiratory Infection (SARI)-based hospitals as sentinel surveillance sites in Indonesia that are part of the GISRS network.

COVID-19 and influenza positivity rates from ILI/SARI sentinel sites, 2021 ©Endang Wulandari/WHO).

To maintain ILI/SARI sentinel sites and expand their function to monitor SARS-CoV-2, WHO supported an orientation on the updated guideline, an online refresher training and review meetings, data collection and analysis, sample collection and shipment for ILI and SARI sentinel sites, and field monitoring and evaluation. A total of 30 participants from ILI and 52 participants from SARI sentinel sites attended the review meeting.

The refresher training was attended by around 100 participants. During field monitoring of 22 selected sentinel sites from March to November 2021, the MoH team delivered brief refreshment on case operational definition, sample collection and shipment and discussed gaps and challenges in implementing influenza surveillance. Impacted by the pandemic, outpatient visits to ILI sentinel sites have decreased, leading to lower case detection and sample collection.

Among 98% (636 out of 647) specimens tested for SARS-CoV-2, 222 were confirmed positive for COVID-19 (35%). The positivity rate of COVID-19 from sentinel sites is higher compared with COVID-19 positivity rate from the national COVID-19 surveillance data. Overall, the COVID-19 positivity trend from sentinel sites is aligned with COVID-19 national surveillance data, increasing around June with a peak in mid-July and declining since August 2021. This indicates ILI/SARI sentinel surveillance can be used to monitor COVID-19 and provide input for policy making with maintaining and improving data quality, completeness and timeliness of reporting and specimen collection, shipment, and testing.

Health worker performed nasopharyngeal swab sample collection in Makassar City-Gowa Regency. Credit: Herwin Bahar/ / Getty Images)

For further information, click here

Pandemic learning response

Online courses in Ukrainian support national response to the COVID-19 pandemic and other emergencies

A Ukrainian learning channel was established in 2021 as part of the Serving Countries portal launched on the OpenWHO.org platform. The main purpose of the learning channel is to provide easy access to up-to-date online learning courses in Ukraine's national language.

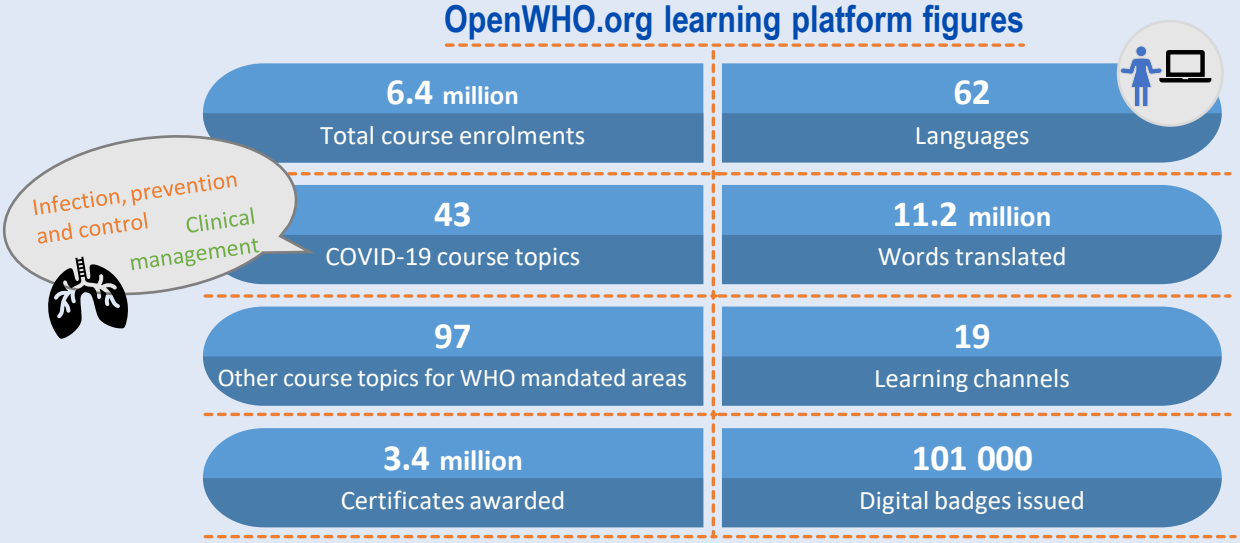
Courses have been developed by the WHO Country Office team in Ukraine with the involvement of national medical and public health experts. The Ukrainian learning channel targets health care workers, public health professionals, laboratory experts and other specialists working in different levels of the health systems in Ukraine.

As of February 2022, the Ukrainian channel hosts 11 courses addressing COVID-19 epidemiology, COVID-19 surveillance, infection prevention and control for the COVID-19 outbreak, risk communication and community engagement for the COVID-19 pandemic, and other thematic areas. In total, the Ukrainian courses have more than 2100 enrolments, including 1300 enrolments in the popular COVID-19 epidemiology course.

The initial course produced for the channel was the Ukrainian version of the *Introduction to Go.Data – Field data collection, chains of transmission and contact follow-up* course. Adaptation of this course was highly important given contact tracing roll-out in the country and WHO support for this work. The course has been piloted by the contact tracing team in 3 regions – Chernivtsi, Odessa and Lviv – where contact tracing for COVID-19 was established leveraging the Go.Data software.

In addition, a national online platform created by the Public Health Center of the Ministry of Health of Ukraine has a WHO "corner" that hosts the courses developed for or adapted from OpenWHO.

OpenWHO.org learning platform figures



As of 8 February 2022

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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Shipped items as of 8 February 2022	Laboratory supplies*			Personal protective equipment					
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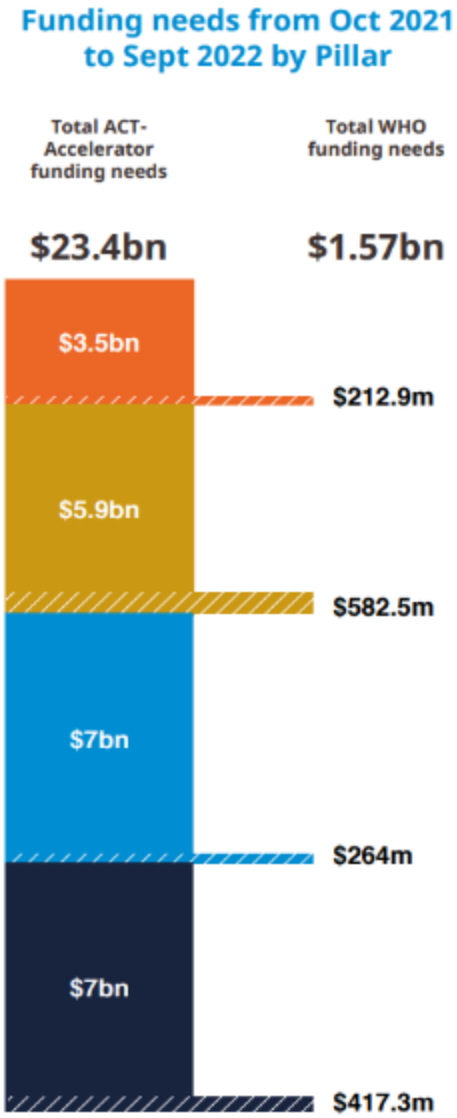
TOTAL	**16 477 500**	**31 805 300**	**22 917 159**	**9 789 511**	**122 881 700**	**2 276 613**	**12 386 579**	**218 439 426**	**28 185 965**

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 14 February 2022*

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



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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 04/2022)[c]	45% (n=52)	**47% (n=54)**	50%
This week (epidemiological week 04/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 54 (47%) 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 14 February 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 14 February 2022)[c]	10 095 615 243	**10 227 670 521**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 14 February 2022)[c]	61.7% (4.8 billion)	**62.1% (4.83 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

The pandemic continues to take so much from all of us, and the world can still only defeat it through solidarity. We saw the true hope and potential of solidarity in the spring of 2020 as the world rallied around WHO's COVID-19 response including through the COVID-19 Solidarity Response Fund (SRF).

The SRF, jointly launched on 13 March 2020 by the World Health Organization (WHO), United Nations Foundation (UNF) and Swiss Philanthropy Foundation (SPF), was created as an innovative resource mobilization mechanism that needed to respond very quickly to the emerging COVID-19 pandemic. It was intended to facilitate direct financial contributions from companies, organizations and individuals to the COVID-19 response efforts of WHO and its partners in alignment with the three pillars of the 2020 SPRP for COVID-19.

The Fund filled a critical WHO need for fast, flexible funds to provide urgent lifesaving equipment and therapeutics to fight the pandemic all over the world. It was a uniquely innovative mechanism that demonstrated global solidarity in the fight against COVID-19, allowing anyone anywhere - from governments, to philanthropists, to corporations, to ordinary citizens - to take part in our shared fight against the virus.

- The Fund was a demonstration of global generosity, with more than **US$ 250 million in** support received **from nearly 700,000 individuals, and over 150 global organizations in more than 190 countries.**

- **50% of COVID-19 supplies sent to low and middle-income countries in 2020 were from Fund-supported Supply Chain System.**

continued on to next page

Continued: WHO Funding Mechanisms

- **12,000 intensive care beds in health systems** that might otherwise have been overwhelmed were supported by the Fund.
- The Fund **supplied 250 million COVID-19 tests** and provided technical support to hundreds of national and local laboratories around the world.

A recently released **annual report** chronicles the results of the Fund's first year, featuring key data on the overall impact of Fund resources. The lessons from creating and managing the Fund provide an essential foundation for future similar mechanisms for health emergencies and key to assuring preparedness. For this purpose, a **Playbook** has been published as a guide to how the Fund operated, and to serve as a resource for future endeavors.

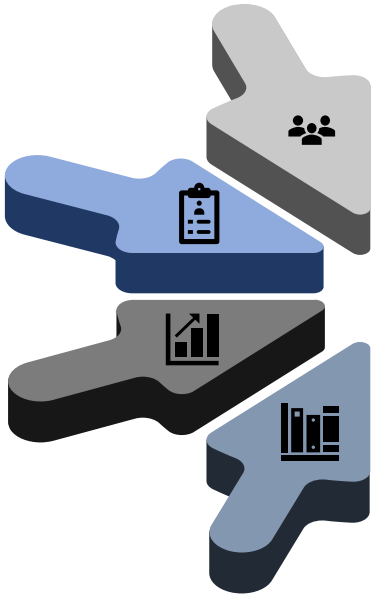
Last month, the WHO Evaluation Office and the United Nations Foundation published an **independent joint evaluation of the SRF** (see aso the related evaluation brief). The evaluation documented key achievements, best practices, challenges, gaps and key factors influencing the latter, along with areas for improvement in the set-up and administration of the SRF; identified key lessons for use by the WHO Foundation (WHOF) and by other partners, and to inform future similar mechanisms; and, made recommendations for WHO, UNF and partners to consider.

The evaluation's findings and key lessons from its review of the architecture, establishment, and operation of the Fund showed that:

- The Fund was "**highly relevant, highly effective, and highly efficient** in responding to urgent needs."
- **WHO can deliver rapidly and at scale** to support communities around the world, be innovative in building global solidarity, and be transparent and accountable on the use of financial resources.
- The SRF is a "**proof of concept**" for a rapidly created resource mobilization mechanism responding to an emergency, targeting non-state actor donors, including private sector and individuals, whilst ensuring the integrity of the Fund through rapid and timely due diligence.
- Within **broader sustainable financing efforts**, the innovative approach of the SRF represents a successful example to prove how non-earmarked, flexible funds have been critical to rapidly financing early needs of the pandemic response, especially Personal Protective Equipment supply chains and mechanisms and in general to timely act where it is most needed.
- The essential **role of trust; value of using "solidarity**" and collective action principles in resource mobilization outreach

The COVID-19 Solidarity Response Fund ceased active fundraising at the end of 2021. However, given that COVID-19 continues to have a devastating and uneven impact on countries around the world, those wishing to donate to support WHO and its partners' response to COVID-19 are encouraged to do so via the WHO Foundation.

Key links and useful resources



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

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

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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 8 February 2022 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant. We also provide updates on vaccine effectiveness for the Delta and Omicron variants

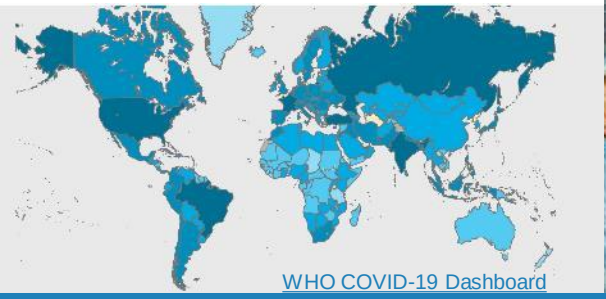
News & upcoming events

- On 16 February from 11-12:30 (GMT +1), the WHO Public Health Laboratories Knowledge Sharing Webinars will host “From SARS-CoV-2 sequences to actionable public health data”. To register click here. For the information and agenda, click here.
- For the WHO Director-General’s remarks at the mRNA Technology Transfer Hub, click here.
- For more on WHO prequalifying the first monoclonal antibody (tocilizumab) to treat COVID-19, click here.
- For the Director-General’s remarks at the ACT-A Advocacy Event, click here.

Weekly Operational Update on COVID-19

22 February 2022

Issue No. 92



WHO COVID-19 Dashboard

As of 21 February2022

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

Confirmed cases

423 437 674

Confirmed deaths

5 878 328

For the 17 February 2022 update to ***Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance***, click here.

WHO supports the acceleration of COVID-19 vaccination rollout in Georgia: 05 – 12 February 2022

Among the Member States of the WHO European region, Georgia is one of the countries with low COVID-19 vaccination coverage with only 28% of its population having completed their vaccine dose series.

In recent months vaccination uptake has stagnated considerably, with only 4,000 vaccine doses administered daily instead of 30,000, as was the case during the peak of vaccination uptake in mid-2021.

COVID-19 vaccination ©WHO/Frozen Monkey Media

WHO/Europe has provided substantive technical support to COVID-19 vaccine roll-out which includes the development of the national deployment and vaccination plan, support with required cold-chain equipment, supporting information and risk communication work based on the behavioral insights surveys conducted, and mass vaccination associated waste management.

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Key Figures

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

More than **6.4 million** people registered on OpenWHO and accessing online training courses across **43** topics in **63** languages

22 917 159 PCR tests shipped globally

218 439 426 medical masks shipped globally

122 881 700 gloves shipped globally

9 789 511 face shields shipped globally

220 GOARN deployments conducted to support COVID-19 pandemic response

10,407,359,583 COVID-19 vaccine doses administered globally as of 21 Feb 2022

[a] COVAX has shipped over **1.2 billion** vaccines to **144 participants** as of 22 Feb 2022

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

From the field:

***Continued*: WHO supports the acceleration of COVID-19 vaccination rollout in Georgia: 05 – 12 February 2022**

Targeted country missions to support the Member States with low COVID-19 vaccine uptake to rapidly scale-up vaccine roll-out have been prioritized by the WHO European Region. From 05 – 12 February 2022, a country mission was undertaken by the WHO Regional Office for Europe in close cooperation with the WHO Country Office in Georgia and Health Emergencies Programme South Caucasus Hub.

The main objective of the mission was to identify specific areas of support in Georgia to help the country progress towards the global vaccination target of 70% by mid-2022. The week-long mission consisted of meetings with key national experts from the national health system in charge of various aspects of immunization including the national immunization technical advisory group, representatives of the partner agencies (UNICEF, USCDC, USAID, IFRC, Curatio International Foundation) and selected vaccination site visits in the capital of Tbilisi and other regions.

The mission looked at best practices and achievements of the country to date and identified challenges impeding vaccination progress. Targeted recommendations were made ranging from improvements to the overall COVID-19 vaccination governance structure and enabling efficient coordination and collaboration among stakeholders to intensifying effective communication with an emphasis on the high-risk population groups and remote areas.

In addition, suggestions were made on efforts focused towards vaccinating or providing a booster dose to older adults as well as addressing vaccine-related concerns of healthcare workers and those involved in delivery of the vaccines through primary health care structures in the country. Additional support was provided to finalize the activities plan under the comprehensive USAID-funded waste management project aimed at addressing the issues around increased vaccination waste being generated due to mass COVID-19 vaccination.

Over the coming weeks, several in-country missions are planned to other priority countries in the WHO European Region where vaccine uptake remains low. A similar mission to Kyrgyzstan, is ongoing at the time of writing this report.

From the field:

Scaling up genomic sequencing in Nigeria

Nigeria has stepped up COVID-19 genomic surveillance to effectively track the evolution of the virus and adjust responses to pandemic waves driven by variants of concern. Before the pandemic, the country only had two laboratories with sequencing capacity. Genomic sequencing is currently done through a network of four laboratories coordinated by the Nigeria Centre for Disease Control's National Reference Laboratory. Beginning genomic sequencing in March 2020, the country can now carry out around 500 sequences per month.

"Virus genome sequencing is playing an important role in Nigeria's efforts to tackle the pandemic. An analysis of the mutation rate in hundreds of sequenced genomes has enabled the country and the world at large to quickly identify the emerging mutations and how quickly the virus spreads," says Dr Ndodo Nnaemeka, chief molecular bioengineer of the genomics and sequencing laboratory at the National Reference Laboratory in the capital Abuja.

Laboratory experts have received trainings from WHO and partner organizations. WHO has also provided polymerase chain reaction (PCR) screening kits for rapid detection of variants of concern, laboratory consumables for PCR and sequencing as well as sample transport and storage equipment to Nigeria and other countries in Africa.

"By capacitating countries to promptly detect the existence of new and existing variants through PCR screening and genomic sequencing will help to better inform diagnostics, vaccines and treatment," says Dr Walter Kazadi Mulombo, WHO Representative in Nigeria.

"We receive samples from all over the country. Sequencing has enabled us to monitor the pattern of the virus and support the policymakers in taking measure to keep the public safe."

Babatunde Olajumoke, Director, Public Health and Laboratory Services at the Nigeria Centre for Disease Control

©WHO/Eromosele Ogbeide

Beyond COVID-19, genomic sequencing will enable the health authorities and researchers to monitor the evolution of other diseases of concern such as Lassa fever and yellow fever.

"We have recorded improvement with sequencing in the country based on three strategies: collaboration with partners, resource mobilization and political commitment of the government," says Dr Ifedayo Adetifa, the Director-General of the Nigeria Centre for Disease Control.

For more information, click here

AS COVID-19 GAINS A FOOTHOLD IN THE PACIFIC, COUNTRIES, WHO AND PARTNERS WORK TOGETHER TO SAVE LIVES

©WHO/A. Lopez

At the end of 2021, the Pacific was home to some of the last countries in the world to remain entirely COVID-free. However, several Pacific island countries and areas (PICs) are now facing their first community transmission, while the few remaining COVID-free PICs are reinforcing their preparedness. The turn of the new year saw a spate of PICs detecting their first cases outside of quarantine and in the broader community. The Cook Islands, Kiribati, Solomon Islands and Tonga have all recently detected their first community transmission of the virus.

"The World Health Organization (WHO) and partners have been working together to support Pacific island countries and areas (PICs) to ready themselves to respond to the virus since the pandemic began. Together, PICs and partners are building on many years of joint efforts to boost emergency preparedness – two specifically focused on the preparing for the pandemic – to save lives and protect people's health from COVID-19."

WHO's Representative to the South Pacific, Dr Mark Jacobs

In Tonga, like in the other PICs confronting COVID-19 for the first time, WHO is lending a hand. In addition to providing technical advice, 10,000kg of medical equipment, PPE, laboratory supplies, medicines and other items have been sent to Tonga by WHO and pre-positioned in the country to facilitate the rapid response to COVID-19 cases.

WHO has worked with the Ministry of Health for several years to establish and train the Tongan Emergency Medical Assistance Team (TEMAT), which recently deployed to provide medical care in the aftermath of the Hunga Tonga-Hunga Ha'apai volcanic eruption.

TEMAT could also be used to support COVID-19 response, particularly establishing intermediate care facilities, or supporting outer island response.

WHO and partners are supporting Pacific island countries and areas to reach the hardest to reach populations with COVID-19 vaccines, such as in the remote Ha'apai islands of Tonga, which were later heavily affected by a volcanic eruption and tsunami. © WHO/Yutaro Setoya

Continued on the next page…

CONTINUED: AS COVID-19 GAINS A FOOTHOLD IN THE PACIFIC, COUNTRIES, WHO AND PARTNERS WORK TOGETHER TO SAVE LIVES

PICs that have not yet recorded a COVID-19 case are now reinforcing preparedness measures based on lessons identified from the pandemic response in neighbouring countries in the Pacific and the broader region.

More than 1.2 million doses of COVID-19 vaccines have been provided to Pacific island countries via the COVAX facility to date with other partners providing additional doses bilaterally. By the end of 2021, ten PICs had successfully double-vaccinated more than 80% of their eligible populations.

15,000kg of equipment and supplies on its way from WHO's regional warehouse to the Pacific.
© WHO/S. Adriaensens

At the same time that WHO is supporting PICs to respond to the pandemic, the Organization is also strengthening local capacities that will also serve countries long after the pandemic is over, such as emergency medical teams that can respond to COVID-19 but also the next climate-fuelled disaster, or laboratories that can test for SARS-COV-2, but also for measles, dengue or tuberculosis.

Six lessons from the response to COVID-19 in the Pacific and beyond

- **Border controls and vaccination are important, but not enough on their own**
- **Epidemiological data collection, contact tracing and testing should be strengthened**
- **Systems for the isolation, management and treatment of COVID-19 patients need to be carefully reviewed** to avoid hospitals becoming overwhelmed and ensure that people seek care at the right place at the right time.
- **The whole of government needs to cooperate on the response**
- **Plan for the hardest to reach, as the virus will eventually reach every corner –** Vulnerable or marginalized communities are often disproportionately affected by the pandemic. Countries and partners need to plan for those who are geographically remote (e.g. outer islands or isolated mountain villages), those who are less able to adhere to response measures (e.g. living close to others, reliant on daily wages) and those who may not understand, trust or be reached by mainstream media (e.g. because of language or literacy).
- **Strong health systems fare better during emergencies –** The health capacities that are best positioned to save lives during emergencies are the capacities that have already been established and practised before an emergency starts (e.g. infection prevention and control, quality clinical care, disease surveillance, laboratories, emergency medical teams, community engagement networks etc).

For more information, click here.

From the field:

Suicide prevention in Bhutan: scaling-up during the pandemic

Psychological First Aid+ training sessions with community volunteers in Bhutan. © WHO/Bhutan

COVID-19 has brought significant change and uncertainty to people's lives. Even before the COVID-19 pandemic, Bhutan realized that suicide was becoming a serious public health issue. In 2015, Bhutan's Ministry of Health established a multi-year National Suicide Prevention Programme to address this significant public health issue. The country's Suicide Prevention Action Plan (2018-2023) includes strategies to increase detection of suicidal ideation and respond to ideation and suicide attempts.

At the start of the pandemic, Bhutan had few human resources for mental health, with only two practising psychiatrists and a handful of trained psychiatric nurses and clinical counsellors. Anticipating the mental health consequences of the pandemic and the disruption to mental health services, in March 2020, the Ministry of Health set up, with guidance from the WHO team based in the country, a National COVID-19 Mental Health and Psychosocial Response Team to address mental health and psychosocial needs across the country.

Training is a core component of scaling-up services for mental health and suicide prevention. During 2020-21, Bhutan's Mental Health Response Team trained more than 20 000 frontline workers and community volunteers across Bhutan in identification of risk factors for suicide, how to provide basic psychosocial support to community members in distress and how to make referrals. WHO Psychological First Aid+ (PFA+) guide was adapted and used during these training programmes. The Response Team also conducted over 200 webinars on suicide prevention, mental health, and substance abuse management. Participants shared that, following the training, not only were they able to identify risk factors among community members, but they had also learned to recognize signs of stress in themselves and knew when to seek help.

The Response Team also organized a training workshop for media representatives in November 2021 to encourage responsible reporting of suicide. Bhutan's Mental Health Response Team revived a crisis helpline, staffed by trained mental health professionals that has supported more than 1500 people dealing with mental health problems, alcohol and drug use issues, domestic violence and self-harm.

For more information, click here

From the field:

With support of WHO's core contributors, health services and on-site vaccine opportunities were implemented in Iraq

The COVID-19 pandemic has severely impacted an already fragile health system in Iraq. World Health Organization (WHO) and the Iraqi Ministry of Health (MoH) forged a close cooperation in the fight against the COVID-19 pandemic and succeeded in mapping a quick response to critical health issues like the low vaccination rates across the country's 18 governorates.

Capitalizing on donors' support and contributions, WHO and MOH jointly planned a vast on-site vaccine project to provide the population, including the vulnerable groups of the refugees and IDPs with equal opportunities to get the vaccine quickly and easily.

Um Salam, a 73-year-old widow- who lives in rural western Kut city in Kut governorate west Iraq, recently lost a relative due to complications caused by COVID-19 infection.

The realization of the severity of the consequences of the virus led Um Salam to reached out to the city's local PHC to enquire about vaccinations for herself and her two grandsons. She was pleased when the vaccination process was simple and effortless.

Her queries were immediately answered, and she was able to take the vaccine herself along with her two grandsons at the site.

Um Salam has got her vaccine in a mass vaccination site in Kut City, west Iraq on 17 November 2021. © WHO Iraq

" We are grateful for the continued support of our core contributors. The latest support from the Qatar Fund for Development and other core contributors has indeed enabled WHO and the Ministry of Health in implementing multiple projects including strengthening the national surveillance system, promoting the prevention and control of communicable diseases like COVID 19, and facilitating the preparedness for mass gathering events, especially in central and southern Iraq."

Dr Ahmed Zouiten, WHO Representative and Head of Mission in Iraq

For more information, click here

From the field:

GOARN expert deployed by WHO to support the Commonwealth of Northern Mariana Islands' COVID-19 response

For five weeks in December 2021 and January 2022, Dr Ali S. Khan, Dean of the University of Nebraska Medical Center's College of Public Health and a member of the Global Outbreak Alert and Response Network (GOARN) Steering Committee, was deployed to assist the Commonwealth of the Northern Mariana Islands' (CNMI) COVID-19 response.

Dr Khan, GOARN expert with the Governor and health officials, Commonwealth of the Northern Mariana Islands. ©Dr Ali S. Khan

His role was to work closely with local health officials, and provide technical assistance with surveillance, COVID-19 testing strategy and operations, care pathway planning and safe school reopening.

Despite strong efforts to control and contain COVID-19, the CNMI, a United States territory in the Pacific, began identifying a large community outbreak among its population in late 2021, prompting a request through WHO for urgent technical assistance. In response, GOARN was activated to identify a technical expert to support the ongoing COVID-19 response.

GOARN is a technical partnership that provides support upon request to prevent and control outbreaks and public health emergencies. GOARN experts help countries strengthen their operations and support local capacity-building initiatives.

Dr Khan, GOARN expert with CNMI COVID-19 testing staff. ©Dr Ali S.Khan

Dr Khan's assistance to the CNMI is one of over 60 individual GOARN deployments since January 2020 to support the COVID-19 response in WHO's Western Pacific Region.

For more information on GOARN's continued support for the COVID-19 response, click here

Pandemic learning response

More than half of OpenWHO superusers based in India

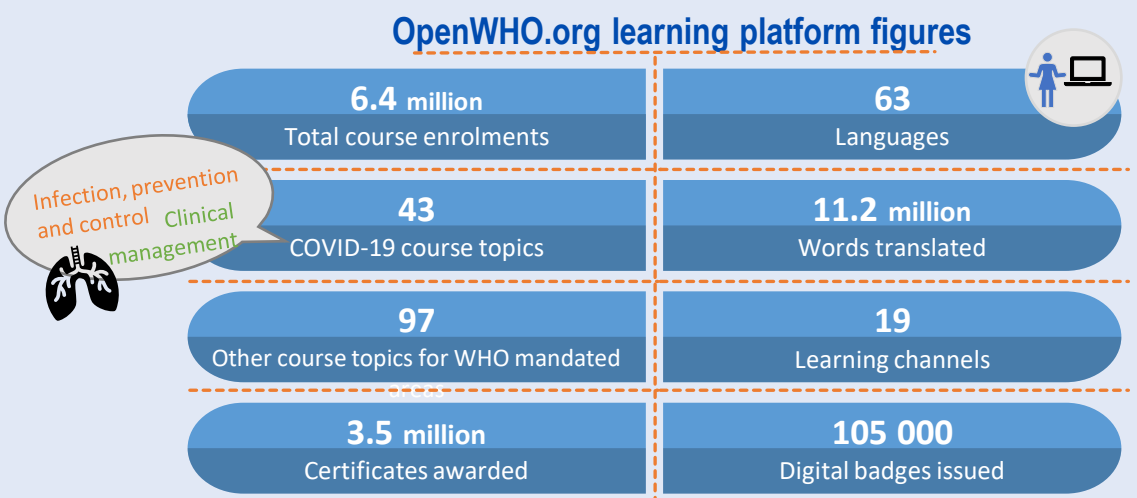
As the COVID-19 pandemic increased demand for online learning, many learners have returned to the OpenWHO platform to participate in multiple courses. Nearly half of all OpenWHO learners have enrolled in at least 2 courses and 71 000 superusers have completed at least 10 courses.

The majority of superusers are from India (54.3%), followed by the United States of America (4.4%), the Philippines (3.3%), Pakistan (3.0%), and Nigeria (2.4%). Although India also contributes the most overall enrolments to the platform (28.8%), the portion of superusers is almost double that figure.

Students (31.2%) and health care professionals (26.5%) made up more than half of superusers, reflecting overall platform trends. Male learners (57.0%) were more represented than females (42.9%) among superusers, however, whereas female learners (51.7%) outnumber males (48.1%) across the platform overall. People aged 20-29 years old were more represented among superusers (49.2%) compared to other age groups and are similarly the most dominant age bracket across all OpenWHO learners.

The most popular courses among superusers all address aspects of COVID-19: introduction to COVID-19, infection prevention and control, country preparedness and response, ePROTECT respiratory infections and personal protective equipment.

Across all learners, the French version of the COVID-19 country preparedness and response course had the most rapid uptake in 24 hours, with 2044 enrolments. The English course with the most rapid uptake in 24 hours was the environmental cleaning and disinfection course, with 1628 enrolments.



As of 15 February 2022

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 8 February 2022.

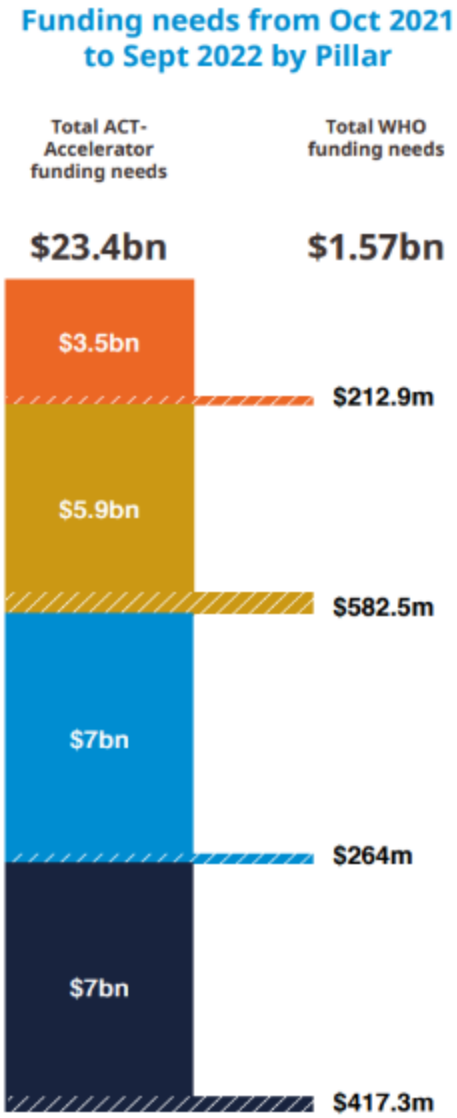
Shipped items as of 8 February 2022	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 343 000	1 904 300	3 088 556	1 559 330	36 769 300	563 616	2 673 079	56 866 400	3 871 630
Americas (AMR)	1 446 132	21 062 950	11 246 176	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 660 518	2 465 875	2 417 572	1 617 785	39 335 000	351 760	3 156 222	34 297 550	2 590 695
Europe (EUR)	913 300	1 441 525	739 752	2 103 380	29 255 900	634 900	3 774 548	50 148 500	7 863 950
South East Asia (SEAR)	4 205 800	4 750 000	3 153 234	390 076	9 183 500	91 470	654 300	6 950 500	2 936 695
Western Pacific (WPR)	1 908 750	180 650	2 271 869	777 100	3 479 000	311 927	488 710	15 008 146	3 206 035
TOTAL	**16 477 500**	**31 805 300**	**22 917 159**	**9 789 511**	**122 881 700**	**2 276 613**	**12 386 579**	**218 439 426**	**28 185 965**

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 14 February 2022*

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



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.

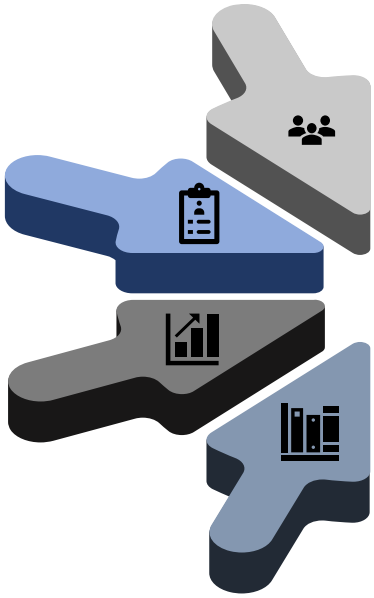
COVID-19 Global Preparedness and Response Summary indicators

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 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 05/2022)[c]	66% (n=76)		50%
This week (epidemiological week 05/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 76 (66%) 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 21 February 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 21 February 2022)[c]	10 407 359 583		N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 21 February 2022)[c]	62.5% (4.86 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

Key links and useful resources



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- **Eastern Mediterranean Regional Office**
- **European Regional Office**
- **Southeast Asia Regional Office**
- **Western Pacific Regional Office**

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- The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant
- The BA.2 Pango lineage of the Omicron variant of concern

News

- WHO announces first technology recipients of mRNA vaccine hub with strong support from African and European partners (Egypt, Kenya, Nigeria, Senegal, South Africa and Tunisia)
- WHO prequalifies first monoclonal antibody- tocilizumab- to treat COVID-19
- WHO and WFP's Initiate look for rapid solutions for emergency response, including treatment centre in a box