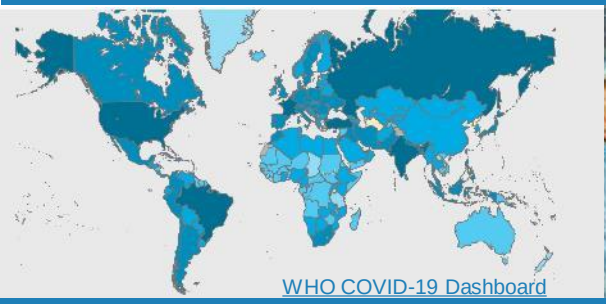
Weekly Operational Update on COVID-19

1 March 2022

Issue No. 93



WHO COVID-19 Dashboard

As of 28 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

434 154 739

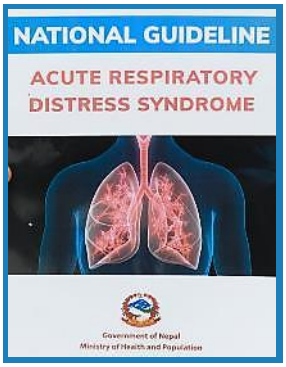
Confirmed deaths

5 944 342

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.

Crucial Training on Acute Respiratory Distress Syndrome Clinical Management Held in Nepal

More than 1,600 healthcare workers were trained on treatment and management of Acute Respiratory Distress Syndrome (ARDS) – an inflammatory lung injury with a high mortality rate – through a program led by the Ministry of Health and Population (MoHP) with support from the World Health Organization (WHO), Country Office for Nepal.



The training was modelled around the national guideline on ARDS, including oxygen therapy and handling critical patients in high dependency and intensive care units. The sessions follow previously held virtual training for national healthcare workers - provided by MoHP and WHO - to manage critically ill patients with COVID-19, most notably the Essential Critical Care Training (ECCT) and the Pediatric Essential Critical Care Training (PECCT).

"This training will strengthen the overall clinical management of COVID-19 throughout the country by bringing uniformity in early diagnosis, evaluation, and treatment of critical patients with ARDS in Nepal", said Dr Roshan Pokharel, Hon. Health Secretary, MoHP. "Such collaborations between the MOHP and WHO has been leading to better results in the treatment of COVID-19."

For more 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 **64** languages

22 917 159 PCR tests shipped globally

219 588 426 medical masks shipped globally

123 573 260 gloves shipped globally

9 792 166 face shields shipped globally

220 GOARN deployments conducted to support COVID-19 pandemic response

COVID-19 vaccine doses administered globally as of 10,585,766,316

[a] COVAX has shipped over **1.33 billion** vaccines to **144 participants** as of 1 March 2022

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

SCALING UP IPC CAPACITY IN COX'S BAZAR IN RESPONSE TO COVID-19 PANDEMIC FURTHERS STREAMLINING OF BEST PRACTICES IN GENERAL HEALTH FACILITIES

Prior to the COVID-19 pandemic, few health workers in Cox's Bazar were knowledgeable of IPC best practices. Since January 2020, the WHO IPC team prioritized the dissemination and operationalization of IPC guidance and actions to all partners through the Health Sector, which supports health partner coordination in Cox's Bazar.

The WHO IPC team adapted COVID-19 global guidance to the local context including: IPC guidance for travel, physical meetings, schools, health facilities, non-medical workplaces and more. The guidance documents are available on a Health Sector open platform for use by different partners and have also been disseminated at the local level.

Strengthening IPC health worker capacity through cascade training in Cox's Bazar

To build capacity to rapidly respond to the COVID-19 outbreak in the Rohingya camps, WHO, through the Health Sector, conducted a five-days master trainers' course in April 2020.
The resulting pool of 43 master trainers trained health workers in the Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) and all other health facilities in the camps with onsite or remote support from the WHO IPC team.

IPC training Participants for IPC monitoring, audit and feedback tools in practical session

By July 2020, 3600 health and humanitarian workers were trained in IPC, leading to improvements in hand hygiene, PPE, sterilization of instruments, and other IPC concepts. The WHO Cox's Bazar team also recorded at least 35 training and orientation sessions both virtually and in-person within 2020 alone. A master trainer refresher course was conducted in 2021 and WHO continues to provide mentorship to the cohort.

Monitoring IPC implementation to support quality assurance activities and supportive supervision

To support implementation of the IPC, WHO and partners designed a contextualized user-friendly daily IPC checklist and a monthly score card for use in monitoring and facilitating feedback on IPC activities in health facilities. Since September 2020, Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) have implemented these tools.

General health facilities also rolled out the checklist and score card since November 2021. The daily checklist has improved IPC practices through daily monitoring and course corrections IPC focal

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SCALING UP IPC CAPACITY IN COX'S BAZAR IN RESPONSE TO COVID-19 PANDEMIC FURTHERS STREAMLINING OF BEST PRACTICES IN GENERAL HEALTH FACILITIES

persons who provide feedback to health workers triggering continuous monthly improvement in IPC practices for better performance on the score card.

WHO has also supported the development of a quarterly supportive supervision checklist for SARI ITCs and the biannual supportive supervision checklist for general health facilities in the district.

WHO and the ad-hoc IPC Technical Working Group (TWG) carry out the quarterly and biannual supportive supervision visits to the SARI ITCs and general health facilities respectively.
This has helped build capacity of IPC focal persons and contributed to quality assurance and control for IPC activities of the different SARI ITCs and general health facilities.

Monthly IPC Scorecard (12 months)- SARI ITC "X", Cox's Bazar Refugee Camp

Year	2020				2021							
Months	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Screening, waiting and triage area												
PPE donning area												
Patient wards												
Laboratory												
PPE doffing area												
Staff resting area												
Kitchen/dining												
Toilets and shower room												
Decontamination area												
Storage area												
Pharmacy/pharmacy store												
Waste management area												
Staff health & safety												
Personal protective equipment (PPE) and supplies												

WHO reviewing drawings for IFRC/BDRCS SARI ITC plan May 2020


WHO on site with Friendship SARI ITC engineers during construction

Institutionalization of IPC through coordination and health facility design

As IPC is a critical component of healthcare for SARS-CoV-2 and beyond, targeted support over the past two years has enabled sustainable improvement in health facilities. Since 2020, there has been a rapid scale-up of IPC committees and designated of IPC focal points to maintain best practices in Cox's Bazar.
To date, all (137) health facilities in the Rohingya camps and all (8) sub district referral health facilities have IPC committees and IPC focal persons overseeing IPC in the health facilities. The district also has an overarching district IPC committee. To better equip IPC focal points and committees, WHO has also conducted technical training and support.

WHO has also worked closely with engineers and management of different health partners to integrate IPC into the design and construction of health facilities, including 15 SARI ITCs with nearly 1200 beds. WHO's key role was ensuring that proper IPC and safety considerations were accounted for in construction including proper sitting and waiting spaces, directions of workflow, separation of different zones, ventilation and lighting. With the initial facility designs inclusive of IPC protocols and requirements, health facilities easily included IPC, reducing risk for nosocomial transmission of SARS-CoV-2 in SARI ITCs.

MASS GATHERINGS- AFRICA CUP OF NATIONS - CAMEROON 2022

The **CAF Africa Cup of Nations** (**AFCON**), or the *Coupe d'Afrique des Nations* (**CAN**), is a major football championship in Africa that is played every two years and brings together 24 national football teams from the African continent. This year, the tournament took place in Cameroon. As host, the Cameroonian Ministry of Public Health (MoPH) adapted a risk-based approach to host this major sports event, which took place in six stadiums and five cities from 9 January to 6 February 2022.

Before the start of the Cup, the MoPH, with support from WHO, conducted a mass gatherings risk assessment to better inform operational planning and developed a health coverage plan in accordance with the Confederation of African Football (CAF) health requirements for major sports events. Due to the variant of concern, Omicron, the MoPH updated its RCCE strategy and tools based on the latest global guidance and scientific information.

Group photo of the participants of the Douala International Airport PoE Simulation Exercise

Conducting simulation exercises to prepare the system

Prior to the tournament, Cameroon conducted a simulation exercise at the Doula International Airport with the coordination and collaboration of multiple agencies and stakeholders, including the Public Health National Observatory, Ministry of Transport, Cameroon Civil Aviation Authority, Civil Protection Directorate, The Agency for Aerial Navigation Safety in Africa and Madagascar, Cameroon Airport, IOM, and Tracking Deathly Diseases in Africa.

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Based on the functional simulation exercise held prior to the football tournament, Cameroon:

- refined the passenger circuit to decongest SARS-CoV-2 testing stations at the airport
- increased staffing to facilitate arrivals, shorten screening times, and ensure transfer of ill passengers as required
- provided of standby ambulance posted at the Airport
- clarified transfer standard operating procedures
- trained points of entry workers on health topics by MoPH

Launch of the sanitary pass digital platform

Event organizers and the MoPH required all spectators to download a newly developed Sanitary pass digital platform, to collect and control the data on COVID-19 vaccination/testing in order to be admitted to event venues. The extension of the platform's functions, including integration with all national COVID-19 data, was identified by the MoPH as a necessity.

The Minister of Public Health attended the simulation of the entrance of spectators to the Olembé stadium in Yaoundé on Thursday, January 06, 2022. ©Marcelle EPEE/Celcom/MINSANTE

To test the digital Sanitary pass control system at the entrance of the stadiums, an additional exercise was conducted at the Olembe stadium a few days before the start of the tournament. Based on this test, tournament officials re-organized the control procedures to better support the verification process of the rapid sanitary pass checking to ensure a rapid and smooth flow of spectators in the stadium.

Streamlining information sharing and daily media monitoring

During the tournament, the MoPH Cameroon issued two situation reports to provide an overview of measures taken and activities including vaccination points offered in the "Fan Zone" and infection prevention and control activities through the CAF AFCON Health Coverage SitRep #1 and #2**.**

In addition, the WHO HQ COVID-19 Mass Gatherings Cell initiated daily media monitoring to search COVID-19 signals related to the Cup. WHO continued to monitor any exportation of cases of diseases including COVID-19 related to AFCON for 10 days after the event, with no cases registered.

From the field:

Supporting Infection Prevention and Control as part of Yemen's COVID-19 Response

Yemen has faced a series of disease outbreaks over recent years, including cholera, diphtheria, and currently the COVID-19 pandemic. The first COVID-19 confirmed case in Yemen was announced on 10 April 2020. Soon after, the Ministry of Public Health and Population (MoPH) began active contact tracing nationwide, and isolation units were established in each governorate. As of 15 February, 11,699 cumulative cases had been reported in Yemen, along with 2,110 deaths, and the proportion of the population who is fully vaccinated has only reached 1% (2% in South Yemen).

From 9 to 22 December 2021, WHO's Regional Office for the Eastern Mediterranean deployed an Infection Prevention and Control (IPC) expert alongside two experts from WHO Headquarters. The purpose of the technical mission was to support the country (WHO Country Office Yemen and the MoPH) in reviewing the IPC measures of response to the ongoing COVID-19 outbreak, identify and document strengths and areas of improvement, and provide recommendations to scale up the overall response.

Mission members visiting the Al Kuwait isolation center in Sana'a, Yemen, in December 2021. ©WHO EMRO.

Mission members met with the MoPH, local health authorities, health cluster partners and other stakeholders, and visited eleven health facilities. Two trainings were conducted for 15 IPC focal persons and hospital directors in Aden, and 25 IPC focal persons, quality managers, and hospitals directors in Sana'a Training focused on basic IPC concepts, risk assessment, IPC outbreak management with simulation exercise on IPC requirements in response to COVID-19.

Mission recommendations have now been finalized and shared with the WHO Country Office and the MoPH and include:

- establish a national IPC COVID-19 coordination mechanism
- partners to support IPC within selected health facilities under leadership of the MoPH
- implement a system to provide ongoing monitoring and evaluation of IPC within health facilities
- train national IPC focal persons
- build facility-level capacity to identify COVID-19 infected healthcare workers and to prevent spreading of MDROs among COVID-19 infected patients
- in longer term to repurpose the current COVID-19 isolation units to infectious disease isolation wards to be embedded within the health system

From the field:

Training of national mentors and laboratory experts on verification and validation of examination procedures in Bishkek, Kyrgyzstan: 14-15 February 2022

One of the approaches of the "Better Labs for Better Health" initiative is a program of mentoring laboratories in the implementation of the quality management system (QMS). According to international quality standards the use of new reagents, methods or test systems in routine laboratories and laboratories involved in COVID-19 diagnostics demands for verification or validation procedures. The performance specifications of any new or modified laboratory method are integral to providing high-quality service.

External support provided by WHO has proven useful in the implementation of QMS through regular mentoring. To further support countries in developing and enhancing their existing quality management systems and all-hazard preparedness WHO/Europe continues to train laboratory experts and national mentors. This helps to ensure the reliability, timeliness and clinical validity of results and detection of newly emerged variants in the context of SARS-CoV-2.

COVID-19 diagnostic testing in Central Asia ©WHO/Europe

From 14 – 15 February 2022, training was provided on diagnostic assay validation and verification for national mentors. The objective was to introduce laboratories requirements for validation and verification of examination procedures and provide expert advice in improvement of quality management systems to ensure proper diagnostic services provided by COVID-19 laboratories. The training objectives included:

- Providing training to national mentors, laboratory experts from public and private COVID-19 testing laboratories
- Sharing knowledge and practical examples of managing validation and verification procedures within laboratory settings.

During the training, an overview of the validation and verification process was discussed and demonstrated via theoretical and practical sessions. The training was attended by a total of 60 laboratory experts and provided a 14% increase in knowledge and understanding of diagnostic assay validation and verification procedures compared to the pre-test results. WHO/Europe will continue to provide support and trainings for laboratory experts as part of the strategic plan in the coming months.

From the field:

PAHO/WHO Bahamas and The Ministry of Health and Wellness host vaccine pop-ups

The Bahamas and Turks and Caicos Islands partnered with the Ministry of Health and Wellness to host a series of pop-up vaccination sites throughout the island of New Providence.

These areas included Yellow Elder, Masons Addition, Christie Park and Mother Butler Park.

Prior to the weekend vaccine services, healthcare workers walked around the community to inform residents of the pop-ups and encouraged them to further protect themselves and their loved ones through vaccines and boosters.

The pop-ups were held on community parks. Speaker's corners were also available where residents received answers for questions regarding COVID-19 and COVID-19 vaccines.

As the number of COVID-19 cases decreases in The Bahamas, it is important to remind the public to continue practicing public health safety protocols and not let their guards down.

Also, strategies that promote citizens to get vaccines and boosters are ongoing. The Country Office looks forward to partnering with the Ministry of Health and Wellness, and non-governmental organizations, to host similar activities in the near future as they seek to eliminate COVID-19 within the country and around the world.

For more, click here

From the field:

Psychological First Aid to support students in Cambodia during the COVID-19 pandemic

School Health Dept conducted training on the use of Operational Guide on Psychological First Aid in Schools for teachers and School Health Dept staff in September 2021 ©School Health Dept MoEYS

The School Health Department of the Ministry of Education, Youth and Sport in Cambodia has recently adopted the Psychological First Aid in Schools (PFA-S) method to support vulnerable students. This evidence-based intervention framework aims to contribute to the promotion of mental health in schools and to support educators in responding to mental health issues caused by the COVID-19 pandemic.

To accompany the PFA-S framework, an operational guide on PFA-S was developed by the Technical Working Group of the Ministry of Education, Youth and Sport, Ministry of Health, UNICEF, NGOs and other stakeholders with technical support from WHO. The Operational Guide was officially endorsed by H.E. Dr Hang Chuon Naron, Minister of Education, Youth and Sport in June 2021, and has been rolled out to schools across the country.
The WHO country office in Cambodia supported capacity-building training for 970 primary and high school teachers to ensure they are well-equipped to provide appropriate and tailored PFA to vulnerable students.

"It is a tragedy to hear about young people in distress [;..]. WHO stresses that mental health care is for all people, including children. It is ok not to be ok, especially during the COVID-19 epidemic, everyone has felt anxious or sad. But we need to know that it is ok to ask for help and ask others if they're ok. Psychological First Aid in schools is a great first step in supporting the mental well-being of our students, and of making mental health care for all a reality."

Dr Li Ailan,
WHO Representative to Cambodia,.

For further information, click here.

Integrating COVID-19 and influenza sentinel surveillance – experiences from Mongolia

This article is the first of a series that showcases best practice examples of how countries quickly adapted existing influenza sentinel surveillance systems to include SARS-CoV-2 as part of their national response to COVID-19.

The National Influenza Centre (NIC) Mongolia has been participating in Global Influenza Surveillance and Response System (GISRS) since 1979. This entails collection of respiratory specimens collected from systematically sourced patients with influenza-like illness (ILI) and severe acute respiratory infection (SARI) from sentinel hospitals and clinics spread across the country, molecular testing for influenza by RT-PCR assays, weekly reporting of results to the WHO global database (FluMart), sharing of influenza viruses for detailed antigenic characterization with WHO Collaborating Centers, sequencing and uploading of genetic sequence data in publicly accessible databases such as GISAID.

In November 2020, the first community case of COVID-19 was reported in Mongolia. Very soon, the NIC was overwhelmed with the soaring demand for COVID-19 testing for diagnosis, treatment, and contact tracing; and the NIC was not ready for surge capacity in terms of human resources, transport of sample logistics, and laboratory testing for the generation of real-time evidence.

In response to these challenges, decision-makers and stakeholders quickly identified the solution of leveraging the existing functioning influenza sentinel surveillance for COVID-19 response. Within a month, the Ministry of Health Mongolia, issued an order for the integration of SARS-CoV-2 testing into influenza sentinel surveillance system. In addition to the 152 existing sentinel sites, surveillance was expanded with 21 new sites across the country; molecular testing capacity for SARS-CoV-2 was set up in all provincial laboratories.

Facing the shortage of surveillance and laboratory staff, graduate students in healthcare programs and retired healthcare workers were mobilized to support surveillance activities at sentinel sites. With dedicated physical spaces, laboratory and epidemiology specialists conducted on-site and online trainings for the newly recruited staff. All new sentinel sites were granted access to the national information system to ensure timely reporting of influenza and SARS-CoV-2 data to national and global platforms. Furthermore, the experiences gained in the COVID-19 pandemic facilitated the development of a plan to build capacity for next generation sequencing and variant genomic surveillance in the country.

By integrating SARS-CoV-2 testing into the well-functioning existing influenza surveillance system and rapidly expanding the surveillance network, near real-time COVID-19 situational risk assessment was made possible to inform its national public health interventions including COVID-19 vaccine deployment.

Pandemic learning response

New Myanmar learning channel hosts COVID-19 vaccination training in local languages

The WHO Country Office in Myanmar has prioritized the translation of an online COVID-19 vaccination training so that health workers can learn in their preferred languages

The course, which was developed to support safe and efficient COVID-19 vaccine administration, was translated into three key languages in Myanmar: Burmese, Sgaw Karen and Shan. All three language versions of the course are hosted on a new Myanmar learning channel available on WHO's free OpenWHO.org platform.

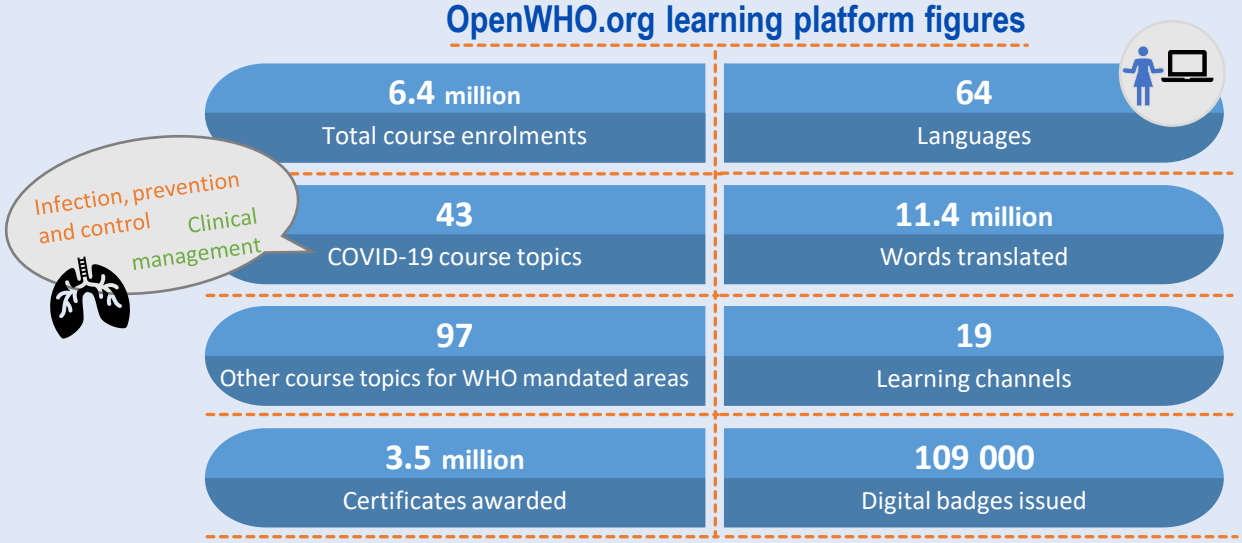
©WHO Myanmar

The Country Office initiated the translation of the course to strengthen the capacities of health care providers in Myanmar. The role of virtual learning is significant amidst the pandemic, and the team identified the OpenWHO platform as an effective way to disseminate WHO learning resources in local languages. Accessing learning in preferred languages enhances uptake and comprehension.

The courses are being used by both health professionals and interested non-health personnel. They are being disseminated through professional and personal networks, as well as through events such as trainings, meetings and workshops.

"When it comes to health emergencies, local capacities play a crucial role. OpenWHO is one of the best places to share the WHO learning resources to promote local capacities," said Win Bo, National Professional Officer, WHO Health Emergencies Programme, Myanmar.

OpenWHO.org learning platform figures



As of 22 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 28 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	1 559 570	36 784 300	564 096	2 674 079	56 874 400	3 873 630
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	39 885 000	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	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	**16 477 500**	**31 805 300**	**22 917 159**	**9 792 166**	**123 573 260**	**2 278 983**	**12 389 105**	**219 588 426**	**28 192 340**

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.

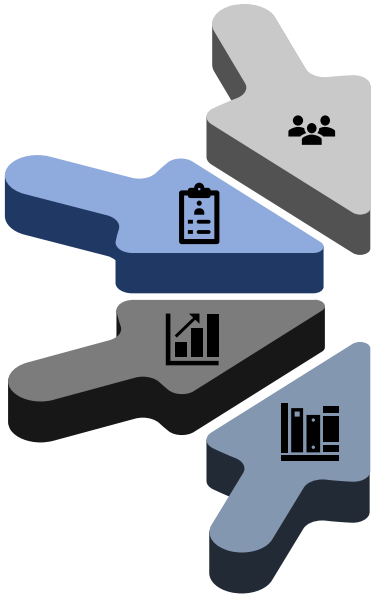
COVID-19 Global Preparedness and Response Summary indicators

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 06/2022)[c]	66% (n=76)	**59% (n=69)**	50%
This week (epidemiological week 06/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 69 (59%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.			
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 28 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]	10 407 359 583	10 585 766 316	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 7 February 2022)[c]	62.5% (4.86 billion)	63% (4.897 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



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

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

News

- WHO Director General's opening remarks for 9th meeting of Act-A Facilitation Council
- Recommendations announced for vaccine composition for the 2022-23 northern hemisphere influenza season
- WHO hosted the 3rd COVID-19 Global research and innovation forum and published its achievement report

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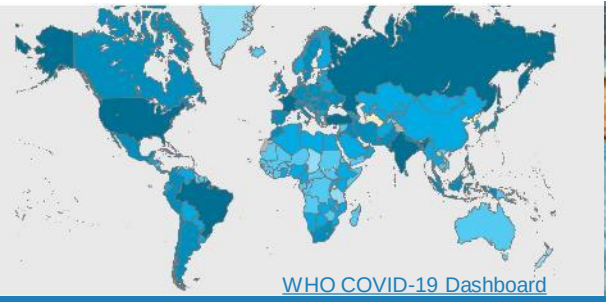

WHO COVID-19 Dashboard

As of 7 March 2022

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

Confirmed cases
445 096 612

Confirmed deaths
5 998 301

For the 8 March 2022 ***Interim Statement on COVID-19 vaccines in the context of the circulation of the Omicron SARS-CoV-2 variant from the WHO Technical Advisory Group on COVID-19 Vaccine Composition***, click here

New push to drive up Africa's COVID-19 vaccination

One year since the COVAX Facility delivered the first COVID-19 vaccines to Africa, around 400 million doses have been administered – the region's largest ever vaccine rollout in a single year. However, vaccination rates in the continent are the lowest in the world.

To help bolster uptake, World Health Organization (WHO), UNICEF, Gavi, the Vaccine Alliance, and partners are supporting mass vaccination campaigns in 10 priority countries to reach 100 million people by the end of April 2022.

New push to drive up Africa's COVID-19 vaccination ©WHO

Ninety per cent of the total COVAX deliveries to date have been in the last six months. COVID-19 vaccine deliveries to the continent have increased by more than 100% from November 2021 to January 2022, compared with the previous three months.

WHO, UNICEF, Gavi, the vaccine alliance, and other international and local partners are supporting countries to scale up COVID-19 vaccination and have deployed 66 experts to 18 priority countries to form country support teams, with several experts on their way to two more countries.

For more on the scale-up, 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 **44** topics in **64** languages

22 917 159 PCR tests shipped globally

219 588 426 medical masks shipped globally

123 573 260 gloves shipped globally

9 792 166 face shields shipped globally

225 GOARN deployments conducted to support COVID-19 pandemic response

10,704,043,684 COVID-19 vaccine doses administered globally as of 6 March 2022

[a] COVAX has shipped over **1.36 billion** vaccines to **144 participants** as of 8 March 2022

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

WHO/EUROPE RAPIDLY ESCALATES SUPPORT TO ADDRESS URGENT HEALTH NEEDS OF POPULATIONS AFFECTED BY THE CONFLICT IN UKRAINE AND IN SURROUNDING COUNTRIES

Refugee coming from Ukraine in a camp situated near by Palanca border crossing point between the Republic of Moldova and Ukraine ©WHO

Following eight years of protracted conflict in eastern Ukraine, the conflict escalated when the Russian Federation recognized the two non-government-controlled areas (NGCAs) in Luhansk and Donetsk, followed by significant armed offensive mounted across the rest of Ukraine.

An estimated 12 million people are in need of humanitarian assistance, of which 6 million are targeted for health assistance. Ukrainian authorities have reported over 2,000 civilian deaths associated with the conflict since the escalation. As of 02 March, close to 1 million people may have already fled the violence in Ukraine, moving into and beyond Hungary, Republic of Moldova, Poland, Romania, Slovakia and other European countries. UNHCR estimates that over 4 million people could flee from Ukraine and seek protection and support across the region.

This large armed conflict and refugee crisis is occurring at an unprecedented time, during the COVID-19 pandemic which had already intensified needs and highlighted health system deficits. During late February, Ukraine was seeing a decline in COVID-19 incidence rates COVID-19 whilst hospitalization rates remained high.

WHO Country Office in Moldova continues to support the Ministry of Health and delivered much-needed supplies to refugees from Ukraine ©WHO

As of 20 February 2022, Ukraine has the sixth lowest rates of vaccine uptake in the WHO European Region, with 34% uptake of a complete vaccine series. As refugees from Ukraine arrive in neighboring countries and are received in centers along the border, the risk of COVID-19 spread and other disease outbreaks is of concern due to their susceptibility to disease and due to the overcrowded conditions people on the move may face.

In response, WHO has rapidly adapted and increased planned support into Ukraine, including through the shipment of oxygen, trauma, and COVID-19 supplies.

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WHO/EUROPE RAPIDLY ESCALATES SUPPORT TO ADDRESS URGENT HEALTH NEEDS OF POPULATIONS AFFECTED BY THE CONFLICT IN UKRAINE AND IN SURROUNDING COUNTRIES

Patients are moved from the hospital to a 1950s-era underground bomb shelter each time an air raid siren goes off in Ukraine
©WHO / Olha Izhyk

WHO has also deployed three advance teams to assess immediate needs and scale-up WHO's response in Poland, Republic of Moldova and in Romania. These forward teams have been sent to:

- Carry out an assessment of current and future evolving health needs of refugees with a focus on immediate health needs of those in the border regions from Ukraine;
- Provide health services for the migrants and refugee population including COVID-19 management and vaccination, management of chronic and non-communicable diseases and services for maternal, newborn and child health, mental health and psychosocial support as well as trauma and emergency medical care;
- Strengthen surveillance capacities for communicable diseases, prevention efforts through vaccination for measles and polio, health information management and risk communication;
- Engage with partners to coordinate health response efforts and ensure complementarity with government preparedness and response efforts;
- Identify immediate gaps in the health response and options to mobilize immediate support, and scale up the WHO Country Office capacities;
- Hold in-depth consultations with authorities and partners on immediate priority needs to develop a resource mobilization plan to address immediate and medium-term needs.

To further its support on the ground, WHO has developed an emergency appeal of USD 45 million to secure medical supplies and cover essential health interventions in Ukraine and USD 12.5 million to secure medical supplies and cover essential health interventions in neighbouring. countries.

From the field:

Ramping up COVID-19 vaccination among hard-to-reach communities in Kenya

In a 10-day campaign targeting 11 of Kenya's 47 counties that had some of the lowest vaccination coverage, WHO along with the county governments, non-governmental organizations and other partners were determined that no one would be missed.

Rather than meet people in health facilities only, outreach campaigns were set in different locations where beneficiaries would be reached such as markets, bus parks and other social settings. Additionally, different groups including women and youth groups, motorcycle taxi drivers and religious leaders were engaged to help with outreach activities.

Ramping up COVID-19 vaccination among Kenya's hard-to-reach communities. ©WHO Kenya

During the December campaign, WHO provided technical and financial support in the 11 counties to help accelerate the coverage of COVID-19 vaccine through strategic risk communication, community engagement and vaccination outreach teams.

WHO experts worked with county health teams to coordinate operations at the grassroots so that local authorities took ownership of the efforts to boost COVID-19 vaccination. These efforts included public health information campaigns (printed messages and public addresses) to dispel vaccine myths misconceptions such as concerns that it affects fertility, male libido, or that it causes death. In addition to public education, the teams would announce the location and dates where the community could access the vaccination.

In Kisumu County in western Kenya, one of the 11 counties targeted, WHO teams and the County Department of Health also worked with an association for people living with disabilities and a street families consortium to register members of these groups to leave no one behind. Using a local church backyard as the vaccine site and donations from the business community, including facemasks, a tent, snacks and vehicle to support transport vulnerable persons, vaccine teams were able to vaccinate 321 people in one day. Among them were 132 people living with a disability and 189 people without a home.

"As the county health team, we shall continue to work with partners in increasing access to COVID-19 vaccination and support this noble idea in ensuring that all segments of the population are vaccinated, including the vulnerable and marginalized persons"

Florence Aketch,
Kisumu County Coordinator for the Expanded Programme on Immunization.

For more information, click here

From the field:

Mauritius' strong COVID-19 vaccination drive reaches 76% of population

When Mauritius kicked off COVID-19 vaccination in January 2021, it set a goal of vaccinating 60% of the population by September of that year. It reached the goal a month in advance.
How did they do it?

The health authorities devised a national vaccine deployment plan as COVID-19 vaccine were becoming available in December 2020. A key plank of the strategy was facilitating people's access to the vaccines. This meant deploying mobile teams to communities to set up neighbourhood vaccination sites and to administer doses at home to those unable to reach the vaccination stations, for instance, those living with disability. This was in addition to health facility-based vaccination services. Private clinics were also drawn to bolster the vaccination campaign.

A core vaccination team was trained in immunization surveillance and management as well as cold chain supply and maintenance and additional health workers recruited. The country also allocated funds to procure vaccines early and in significant quantity. With support from World Health Organization (WHO), the country negotiated the purchase and donation of COVID-19 vaccines through the COVAX Facility and initiated deals to procure more vaccines.

To reinforce the efforts for an effective vaccine rollout, WHO deployed an expert on cold chain management, supported health worker training, provided guidance and technical advice to the government in designing a vaccination plan and outlining high-risk population groups to be given priority and how to effectively administer the available doses to them.

As of 21 February 2022, around 928 000 people had been fully vaccinated in the island nation home to 1.3 million people while about 965 000 have received a first dose vaccine. Ninety-four per cent of people aged 15–17 years have been vaccinated and around 44% of children aged 12–14 years have also received the vaccines.

However, challenges remain including failure to return to the scheduled second dose and cold chain capacity. In response, a team has been assigned to reschedule those who miss their second dose and deployed new logistics and procured ultra-cold freezers to ensure proper cold chain maintenance, especially during summer, and trained 850 additional health workers.

For more on Mauritius vaccine roll-out including experienced challenges, click here.

From the field:

Strengthening resilience among migrants impacted by COVID-19 in India

Leveraging a 'whole of society' approach through the involvement of civil society organisations (CSOs), WHO supported strengthening of community resilience to protect the health and well-being of vulnerable populations in India. In 2021, WHO collaborated with DISHA Foundation, a CSO, to address, strengthen, support migrant workers holistically and mitigate the COVID-19 pandemic adversity as best as possible. This was done in five locations - Delhi-NCR, Goa, Nagpur, Nashik and Shirdi - in consultation with local authorities.

Sensitization of peer educators in Delhi. ©DISHA foundation for WHO India

"WHO India, through its strategic engagement with civil society partners, supports efforts to enhance health outcomes among the most vulnerable communities. Strengthening such interventions plays a pivotal role in building community readiness and resilience to help reduce the impact of COVID-19 pandemic and other health emergencies among the people at risk,"

Dr Roderico Ofrin,
WHO Representative to India

With a multi-pronged strategy to reduce vulnerability of migrant workers and mitigate the impact of the pandemic on the population's health and well-being, WHO prioritized the support and engagement of relevant government departments regularly. The focus of this effort was to support migrant workers' needs by providing awareness on health issues.

Main achievements include:

- **Collation of resource bank with relevant COVID-19 information, education and communication materials in local language from Ministry of Health and Family Welfare;**
- **Conducted online COVID-19 awareness sessions**, one-to-one meetings for migrants using Google Meet and WhatsApp networks conducted with local engagement led to increasing participation on these forums, helping over **48 000 migrants;**
- Trained 350 peer educators who have been identified and trained to raise awareness about COVID-19;
- Conducted referrals and health camps with the support of local government hospitals and medical colleges in project locations to support migrants with needs-based health services/screening, Through this initiative, over 73,000 migrants were engaged with information and access to health, financial inclusions and social security services provided by the government;
- **Expansion of the migrant workers initiative to promote vaccine uptake;** rapid assessment of migrant needs and behavioral insights analysis was used to inform vaccination strategy, from which 12 000 migrants were supported for vaccine registration and 7 500 migrants were mobilized for championing vaccination

Mental Health and Psychosocial Support

COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide - *Wake-up call to all countries to step up mental health services and support*

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO). The brief also highlights who has been most affected and summarizes the effect of the pandemic on the availability of mental health services and how this has changed during the pandemic.


©Getty Images/Justin Paget

The brief, which is informed by a comprehensive review of existing evidence about the impact of COVID-19 on mental health and mental health services, and includes estimates from the latest Global Burden of Disease study, shows that the pandemic has affected the mental health of young people and that they are disproportionally at risk of suicidal and self-harming behaviours, and women were more severely impacted than men.

In addition, data suggests that people with pre-existing mental disorders do not appear to be disproportionately vulnerable to COVID-19 infection. Yet, when these people do become infected, they are more likely to suffer hospitalization, severe illness and death compared with people without mental disorders. People with more severe mental disorders, such as psychoses, and young people with mental disorders, are particularly at risk.

Since the early days of the pandemic, WHO and partners have worked to develop and disseminate resources in multiple languages and formats to help different groups cope with and respond to the mental health impacts of COVID-19, including “My Hero is You” in 142 languages.

WHO has also worked with partners, including other UN agencies, international NGOs and the Red Cross and Red Crescent Societies, to lead an interagency mental health and psychosocial response to COVID-19. Throughout the pandemic, WHO has also worked to promote the integration of mental health and psychosocial support across and within all aspects of the global response. Yet there still remains a global shortage of mental health resources.

“While the pandemic has generated interest in and concern for mental health, it has also revealed historical under-investment in mental health services. Countries must act urgently to ensure that mental health support is available to all.”

Dévora Kestel, Director of the Department of Mental Health and Substance Use

For more information, click here

Public health response and coordination highlights

Moving forward on goal to boost local pharmaceutical production, WHO establishes global biomanufacturing training hub in Republic of Korea

The World Health Organization (WHO), the Republic of Korea and the WHO Academy announced the establishment of a global biomanufacturing training hub that will serve all low- and middle-income countries wishing to produce biologicals, such as vaccines, insulin, monoclonal antibodies and cancer treatments. The move comes after the successful establishment of a global mRNA vaccine technology transfer hub in South Africa.

"One of the key barriers to successful technology transfer in low- and middle-income countries is the lack of a skilled workforce and weak regulatory systems," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "Building those skills will ensure that they can manufacture the health products they need at a good quality standard so that they no longer have to wait at the end of the queue."


© WHO / Blink Media - Nana Kofi Acquah

The Government of the Republic of Korea has offered a large facility outside Seoul that is already carrying out biomanufacturing training for companies based in the country and will now expand its operations to accommodate trainees from other countries. The facility will provide technical and hands-on training on operational and good manufacturing practice requirements and will complement specific trainings developed by the mRNA vaccine technology transfer hub in South Africa. The WHO Academy will work with the Korean Ministry of Health and Welfare to develop a comprehensive curriculum on general biomanufacturing.

In parallel, WHO is intensifying regulatory system strengthening through its Global Benchmarking Tool (GBT), an instrument that assesses regulatory authorities' maturity level.
Five more countries will also receive support from the global mRNA hub in South Africa: Bangladesh, Indonesia, Pakistan, Serbia and Viet Nam.

"Support from the World Health Organization in this process is of essential importance for the development of continuing, quality and safe production of vaccines and medical products. The development of new technology means the development of professional knowledge of Serbian experts and training of new young staff, as the absolute national priority."

Dr Zlatibor Loncar, Minister of Health, Serbia

Numerous countries responded to the call for expressions of interest from the technology transfer hub in late 2021. WHO will provide support to all of the respondents but is currently prioritizing countries that do not have mRNA technology but already have some biomanufacturing infrastructure and capacity. WHO will enter into discussions with other interested countries and other mRNA technology recipients will be announced in the coming months.

For more, click here

Pandemic learning response

Learning resources for leadership in health emergencies

The COVID-19 pandemic has shined a light on the critical role that leadership plays in effective health emergency response. To support the development of leadership skills, WHO offers self-paced online courses addressing different aspects of leadership on the free OpenWHO.org learning platform.

Launched in February 2022, the Discover your leadership moment course was produced for immunization and other health professionals in partnership with the Boost Community, an initiative of the Sabin Vaccine Institute, and Adaptive Change Advisors.

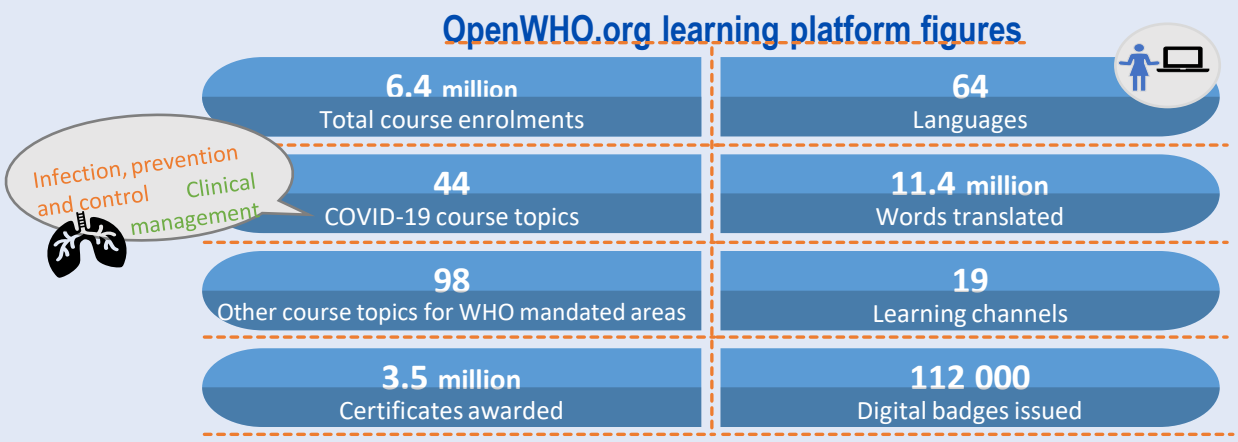
The course strengthens participants' capacity to lead consequential, "adaptive" change in challenging and uncertain contexts, such as the COVID-19 pandemic.

©Sabin Vaccine Institute / Malindi MoScarpelli

OpenWHO also provides open access to leadership lectures and learning resources from eminent public health leaders produced for the Leadership Programme on Epidemic and Pandemic Preparedness and Response. Jointly developed by the WHO Regional Office for the Eastern Mediterranean with the United Nations Systems Staff College, this programme was designed for WHO representatives, senior WHO staff and leaders of Ministries of Health in the Eastern Mediterranean Region.

To help support effective management of infection prevention and control (IPC) programmes, OpenWHO offers a course on leadership and programme management in IPC that explores aspects of leadership, project management, implementation science, communication and conflict management. It also addresses education for IPC and how multimodal strategies can support behaviour change and influence stakeholders.

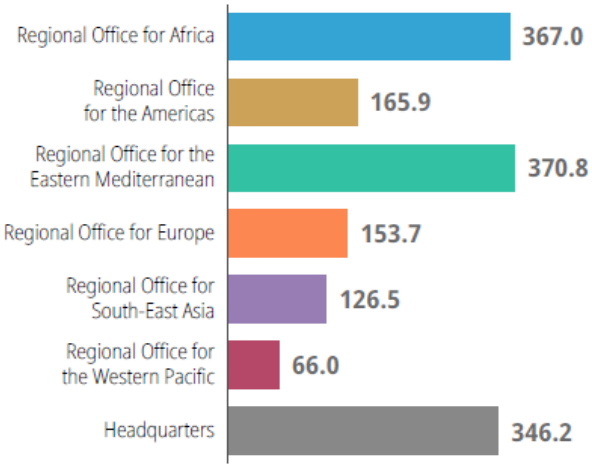
In addition, WHO runs detailed Leadership in Emergencies courses in an online face-to-face format over 8 weeks, to help participants develop key leadership skills to fulfil team lead, Health Cluster Coordinator and Incident Manager roles. These courses are part of a blended programme that includes the OpenWHO Ready4Response Tier 1 and Tier 2 courses, which received Continuing Professional Development accreditation in January.



As of 1 March 2022

Appeals

WHO COVID-19 budget by major office (US$ million)



TOTAL US$ 1.59 billion

" By getting the vaccine equity equation right, by continuing to implement the measures we have at our disposal, continuing to protect the most vulnerable in our countries and in the world, we can bring the acute phase of the pandemic, that phase of death and hospitalization, to an end."

Dr Michael Ryan

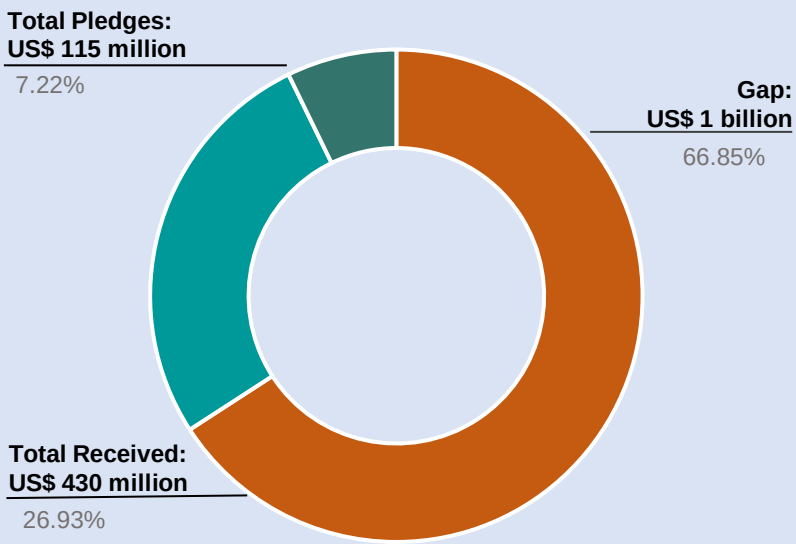
Executive Director, WHO Health Emergencies Programme

Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need them most. WHO has the authority, the regulatory, legal and scientific firepower, the in-country integration and the relationships at the most senior levels of government at the scale needed to address the equity problem. But to turbocharge these capabilities requires additional financing. Without the capabilities WHO provides, donors won't be able to ensure the full and effective deployment of their investments in other parts of the ACT-Accelerator. Vaccines, treatments and tests will be delivered to people who haven't been trained to use them, new products will emerge but countries who lack their own regulator won't know whether or not they are safe to use and the coordination that is the hallmark of the ACT Accelerator won't be possible.

The ACT-Accelerator needs **US$23.4 billion** until September 2022. Of this, WHO's funding needs are just **$1.59 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.

Contributions to WHO for COVID-19/ ACT-A

Data as of 2 March 2022



The status of funding raised for WHO against the SPRP can be found 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 28 February 2022*.

Shipped items as of 28 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	1 559 570	36 784 300	564 096	2 674 079	56 874 400	3 873 630
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	39 885 000	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	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	**16 477 500**	**31 805 300**	**22 917 159**	**9 792 166**	**123 573 260**	**2 278 983**	**12 389 105**	**219 588 426**	**28 192 340**

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.

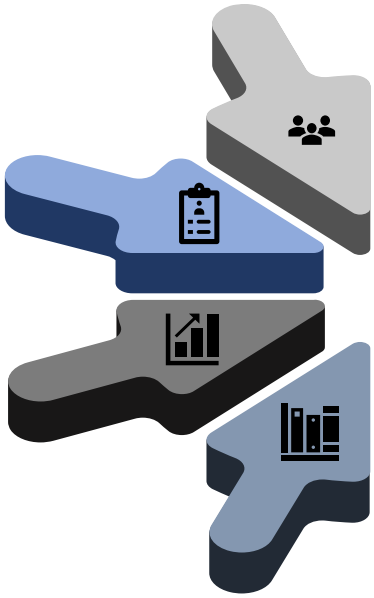
COVID-19 Global Preparedness and Response Summary indicators

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 07/2022)[c]	59% (n=69	**63% (n=73)**	50%
This week (epidemiological week 07/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 73 (63%) have timely reported COVID-19 data. An additional 7 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 8 March 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 6 March 2022)[c]	10 585 766 316	**10 704 043 684**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 6 March 2022)[c]	63% (4.897 billion)	**64% (4.965 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



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

In this edition, WHO provides updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant.

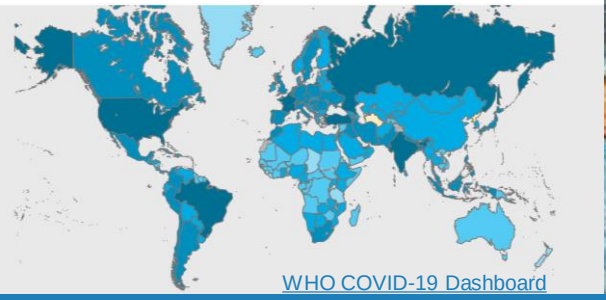
News

- WHO has updated its treatment guidelines to include molnupiravir as part of its ninth update to WHO living guidelines on COVID-19 therapeutics
- WHO and the Medicines Patent Pool (MPP) jointly welcome that the United States National Institutes of Health (NIH) will offer several technologies to the COVID-19 Technology Access Pool (C-TAP) for potential licensing through MPP.
- Act-Accelerator welcomes Germany's generous 'fair share' commitment with a generous contribution of US$ 1.22 billion

Weekly Operational Update on COVID-19

15 March 2022

Issue No. 95



WHO COVID-19 Dashboard

As of 13 March 2022

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

Confirmed cases

456 797 217

Confirmed deaths

6 043 094

For the SARS-CoV-2 **antigen-detection rapid diagnostic tests for COVID-19 self-testing interim guidance** released 9 March 2022, click here

WHO scales up sub-regional training on intra and after-action review (IAR/AARs) for COVID-19 in the European Region

Training on IAR/AAR in Serbia ©WHO EURO Balkans HUB

The COVID-19 pandemic has demonstrated the need for documenting lessons learned from the response in order to improve ongoing responses and ultimately be better prepared for future emergencies.

To strengthen preparedness and response capacities in the Western Balkans, a two-day training on Intra- and After-Action Review (IAR/AAR) management was held in Belgrade, Serbia between 24 -25 February 2022.

The training aimed to introduce participants to the WHO's established IAR/AAR methodology, as a tool for countries to evaluate their COVID-19 response and other public health emergencies and events as well as sharing lessons learned.

The training also aimed to equip participants to support the planning, development, and implementation of these components, and later they will be expected to design and run IARs/AARs in future in their respective countries/areas.

Continued on the next page…

Key Figures

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

More than **6.5 million** people registered on OpenWHO and accessing online training courses across **44** topics in **64** languages

44 374 196 PCR tests shipped globally

219 588 426 medical masks shipped globally

123 573 260 gloves shipped globally

9 792 166 face shields shipped globally

225 GOARN deployments conducted to support COVID-19 pandemic response

10 712 423 741 COVID-19 vaccine doses administered globally as of 13 March 2022

[a] COVAX has shipped over **1.37 billion** vaccines to **144 participants** as of 15 March

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

Continued: **WHO scales up sub-regional training on intra and after-action review (IAR/AARs) for COVID-19 in the European Region**

The IAR/AAR management course was attended by representatives of the health authorities and emergency and preparedness experts from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo[1].

Nearly 25 participants from key institutions participated in working group discussions, as well as simulation exercises. The training was also attended by Health Emergencies Technical Officers from the WHO Country/Field Offices in the Western Balkans.

Training on IAR/AAR in Serbia ©WHO EURO Balkans HUB

The IAR/AAR management training was led by team of WHO health emergency preparedness experts who interacted with the participants face-to-face.

It included hands-on experience in the use of tools and guidance contained in WHO manuals. Specialists from the Western Balkans involved in the COVID-19 response actively participated in the discussion, reflecting on the work done and collectively acknowledged the importance of using IAR/AAR tools to further strengthen the response to all emergencies in the whole healthcare system. In addition, experts from the European Centre for Disease Prevention and Control (ECDC) supported the training online and introduced their IAR/AAR tools and guidance complementing WHO materials.

As of 11 March 2022, more than 68 AARs have been conducted globally by 43 countries and 113 COVID-19 IARs conducted by 71 countries using the WHO guidance and tools. Within the WHO Regional Office for Europe, 14 IARs have been conducted of which WHO/EURO directly supported missions on the ground in seven countries and areas with three in 2020 (Kyrgyzstan, Republic of Moldova, Uzbekistan) and four in 2021 (Montenegro, North Macedonia, Ukraine, Kosovo[1]).

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

From the field:

Women in Rajasthan lead the fight against COVID-19

Away in a rural hamlet in Bali block in the Pali district in Rajasthan, members of the self-help group Ghoomar Mahila Samiti are sensitising communities about COVID-19 appropriate behaviours (CAB), the importance of COVID-19 vaccination and, last but not the least, combating rumours and misinformation. These women are leveraging community engagement and communication tools to disseminate messages related to COVID-19 to hard-to-reach populations in areas of western Rajasthan.

In 2021, these women leaders organised over 600 village level meetings and focused trainings to educate people on the 3 Ws (Wear a mask, Wash your hands, and Watch your distance) and 2Vs (Stay in well-Ventilated places; Vaccinate as your turn comes). Close to 20,000 people in 27 villages were reached through these interventions.

These meetings were attended by members of village Panchayat and supported by the Village Swachhta (cleanliness) Mission Committee.

The programme provided a platform for young women and girls to take ownership of health promotion campaigns in their villages. Women and young girls are also taking turns to make community-level announcements in their neighbouring villages to encourage people to register for vaccination and reiterate the messages on 3Ws and 2Vs.

Extensive poster campaigns and wall paintings were used to share information on safe behaviours. ©Achin Phulre/WHO India

Poster campaigns and wall paintings were used to share information on local concerns, such as washing hands after touching agricultural/ animal waste. Young girls from the community took the lead in developing short videos in the local dialect to amplify the reach of COVID-19 behavioral messages. Young men and women were also informed on the science behind vaccines and trained on communicating the information to communities.

"As vaccine ambassadors, we shared verified information from social media channels of Ministry of Health and Family Welfare, Rajasthan state health department, and World Health Organization. We actively scanned for any rumours and misinformation on vaccines and shared verified information to stop the spread of such fake news. Fake reports of impotency in young men and women, early aging, etc., were common and became a barrier to vaccination among young people. However, talking to peers helped them accept the science,"

- Ms Sita Devi, vaccine ambassador.

For more information, click here.

From the field:

Nigeria holds its first national infodemic management workshop

From 1-3 February 2022, the National Infodemic Management Team (NIMT) under the Nigerian Centre for Disease Control (NCDC) and the African Infodemic Response Alliance (AIRA) with support from WHO, and Breakthrough Action Nigeria (USAID), hosted its first national infodemic management workshop.

Attended by 20 organizations including major Nigerian public health agencies, media organizations, INGOs and fact checking organizations the workshop sought to review the infodemic management response in-country, harmonize the rumor management system and develop an integrated and costed plan for responding to infodemics both at the national and sub-national levels.

Participants at the Infodemic Management workshop in Nasarawa State, Nigeria. ©WHO AFRO

Under the leadership of Dr Danjuma Abdulrahman Isiaka who joined WHO-AIRA as the National Infodemic Manager for Nigeria in March 2021, Nigeria has focused on tackling key challenges such as a lack of common understanding on what infodemic management is and weak collaboration and coordination between the main public health institutions, agencies, the media and non-governmental organizations on managing infodemics. The NIMT was created to serve as a national coordination platform for infodemic management. Its secretariat lies with the NCDC and with the joint efforts of its members, a rumor tracking system was set-up and trend reports are regularly shared to help with decision making.

During the workshop, participants reviewed the current COVID-19 situation, resources and challenges across the four AIRA intervention pillars [(1) identify, (2) simplify, (3) amplify and (4) quantify]. The workshop also provided an opportunity for partners to update the existing infodemic management tools and processes (e.g. rumor log, information ecosystem analysis, prioritization matrix) and to pre-test the new rumor logging form.

Major recommendations from the infodemic management workshop included:

- Support deployment/employment of dedicated officers or team (to be embedded with specific terms of reference) for infodemic management for NCDC
- Encourage multidisciplinary and multi-sectoral approach in Infodemic Management (verification of information through fact checking, messaging and content developers, etc.)
- Provide technical and financial assistance for research and evidence generation in infodemic management to support RCCE interventions and activities
- Incorporate infodemic management into education/curriculum for health professionals
- Provide technical and financial assistance for implementation of Infodemic Management activities at national and subnational levels (states and Local Government Areas)

From the field:

Leveraging digital technology to promote COVID-19 vaccine update: A joint PAHO/WHO-ITU initiative in the Eastern Caribbean

Since the summer of 2021 the COVID-19 vaccine continued to be rolled out in the Eastern Caribbean countries in a scenario of shortage of health care workers and a surge of COVID-19 cases related to variants of concerns (VOC). The roll out and vaccine deployment, in the countries was also met with hesitancy among the population after initial strong interest.

Thus, strong efforts are required to scale up vaccination uptake, achieve maximum utilization of vaccines, and increase coverage. It's very critical to ensuring vaccines are valued, trusted, easily available, and actively sought out.

This is important for the most vulnerable and those who greatly benefit by avoiding severe illness and death if they are affected by COVID-19.

The Pan American Health Organization/World Health Organization (PAHO/WHO) and the International Telecommunications Union (ITU) joined efforts on October 25, 2021, to launch a new public health education campaign designed to tackle the high level of misinformation referred to as the infodemic about the COVID-19 pandemic and vaccine hesitancy, in the Eastern Caribbean Countries of Antigua and Barbuda, Grenada and Saint Lucia.

During the eight-week campaign, the messages provided reliable, evidence-based advice and guidance to debunk misinformation related to COVID-19 vaccines, messaging was provided via videos, social media cards and public service announcements. Topics of the delivered messages included how vaccines are developed, how vaccines work, on safety, side effects of vaccines and the benefits of vaccines. During the campaign approximately two million SMS were sent, 150,000 people received awareness raising information and 10,000 people watched educational videos.

"We are pleased to have collaborated with partners in this very important campaign as every effort should be made to reach all populations with a full series of effective vaccines focusing on at risk and vulnerable groups and attain at least 70% coverage by July 1st, 2022, so that we can end the pandemic as a global health emergency this year as vaccines are safe and they work"

Dr. Yitades Gebre,
PAHO/WHO Representative for Barbados and the Eastern Caribbean Countries

For more information, click here

From the field:

WHO, in partnership with UNICEF, hands over a modern reconstructed central drug warehouse to serve over 1 million residents in Lebanon

Today marks the handover of the Ministry of Public Health's central drug warehouse in Qarantina, one and a half years after it was destroyed by the explosion in Beirut port.

Early in 2020, WHO initiated the expansion of the warehouse from 600 m^3 to around 2000 m3. However, the work was put on hold by the devastating explosion in August 2020. In response, a new plan was developed aimed at fully reconstructing the warehouse and increasing the storage capacity to 8 000 m^3, as well as modernizing its storage and distribution capacities.

"Within our support to the people living in Lebanon who are burdened under so many difficult livelihood circumstances, we prioritized our efforts to ensure that this medicine hub that gives relief to people is restored and upgraded to serve faster, better and leave no one behind,"

Dr Iman Shankiti, WHO Representative in Lebanon.

©WHO Lebanon

The team of engineers supervised by WHO rebuilt the warehouse with the highest standard and safety measures. Bloc A houses the cold rooms,
short-term storage, order preparations, with office spaces on the higher floors; Bloc B is dedicated to long-term storage and has safe rooms for high-value medications. Through the support of UNICEF, 14 refrigeration rooms were also rebuilt at the warehouse and linked to a solar power system to guarantee the safe storage of all vaccines.

"The restoration of the cold rooms at the central drug warehouse was critical to ensure the safe delivery of vaccines to support the routine immunization of children and mothers, as well as the country's COVID-19 vaccination campaign," said Ettie Higgins, UNICEF Representative in Lebanon. "We are extremely grateful to the Government of Australia for having provided critical funding to restore the cold chain for vaccines."

The new capacity of the warehouse allows for the storage of medication supplies and vaccines that can serve over 1 million beneficiaries either directly or through 830 primary health care centres, dispensaries or mobile clinics across the country.

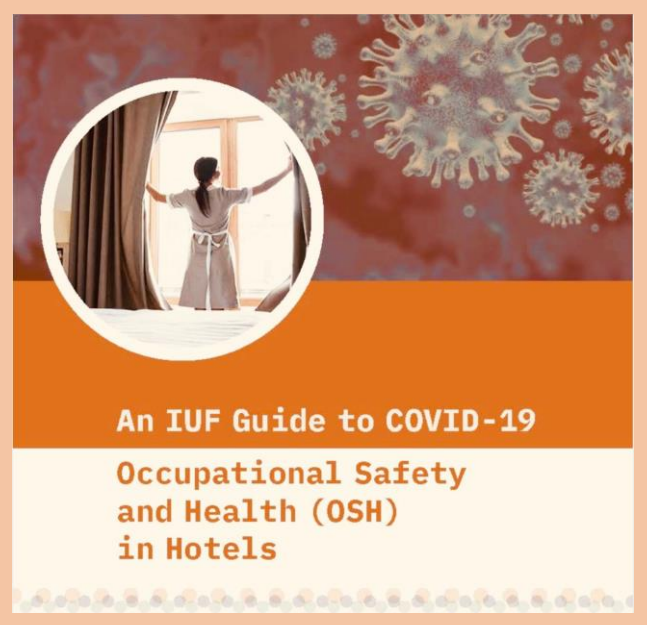
For more information, click here

Risk Communication, Community Engagement and Infodemic Management

WHO Information Network for Epidemics (EPI-WIN) co-developing solutions with networks

During the COVID-19 pandemic, employers and workers alike have experienced enormous upheaval, including business closures, school closures and a switch to an entirely new way of working, all whilst trying to safeguard health and play their part in the fight against the virus. Early in the COVID-19 pandemic WHO Information Network for Epidemics (EPI-WIN) consulted with key world of work stakeholders to not only share critical information but to listen to the concerns, needs and experiences of partners.

One area deeply affected was the tourism sector. The EPI-WIN team, along with relevant departments and technical experts, held consultations with concerned partners including the Food, Farms, Hotels and Catering Global Union (IUF). These consultations informed the development of sector-specific WHO technical guidance such as the August 25, 2020: COVID-19 management in hotels and other entities of the accommodation sector.



Co-developing solutions is a fundamental principle of EPI-WIN's approach. Through listening, discussion and collaborative design, guidance is tailored and applicable for stakeholders. In this vein, EPI-WIN, the International Labour Organization (ILO) and the IUF participated in a webinar on the safe operation of hotels during COVID-19 in May 2021.

During the webinar hotels shared their strategies including risk assessments, protocols and standards; and speakers addressed concerns, mis-practice and good practices for safe and healthy hotel operation during the pandemic. James Ritchie, Assistant General Secretary of IUF noted, "Hotel Guests arrive from afar. Hotel workers live in local communities. This fact is crucial for understanding the need for robust workplace protections to minimize the spread of SARS-COV-2 through the accommodation sector. Our common challenge is to connect public health measures with occupational health and safety standards and practices to foster community safety and promote the protection of incomes and livelihoods"

The IUF Guide to COVID-19 Occupational Safety and Health (OSH) in Hotels was recently finalized in January 2022. This new IUF resource includes evidence-based knowledge about the transmission of COVID-19 with international safety and health standards based on the WHO guidance from 2020.

This collaborative approach to interpreting and tailoring WHO recommendations during the pandemic exemplifies the importance of utilizing the expertise of different partners. As a result, guidance is more relevant and more implementable.

Pandemic learning response

OpenWHO COVID-19 vaccination training: Health workers' experiences in India, Indonesia, Kenya and Pakistan

The Access to COVID-19 Tools (ACT) Accelerator's Country Readiness and Delivery Workstream developed an OpenWHO.org course on COVID-19 vaccination for health workers in December 2020 to address the need for large-scale, timely training. The course includes a series of six video lectures presented by technical experts with accompanying pre- and post-course multiple-choice questions. A feedback survey was launched to analyse the experience of learners.

Overall, health care workers in India, Indonesia, Kenya and Pakistan were among the top survey participants for the OpenWHO course *(Table 1)*.

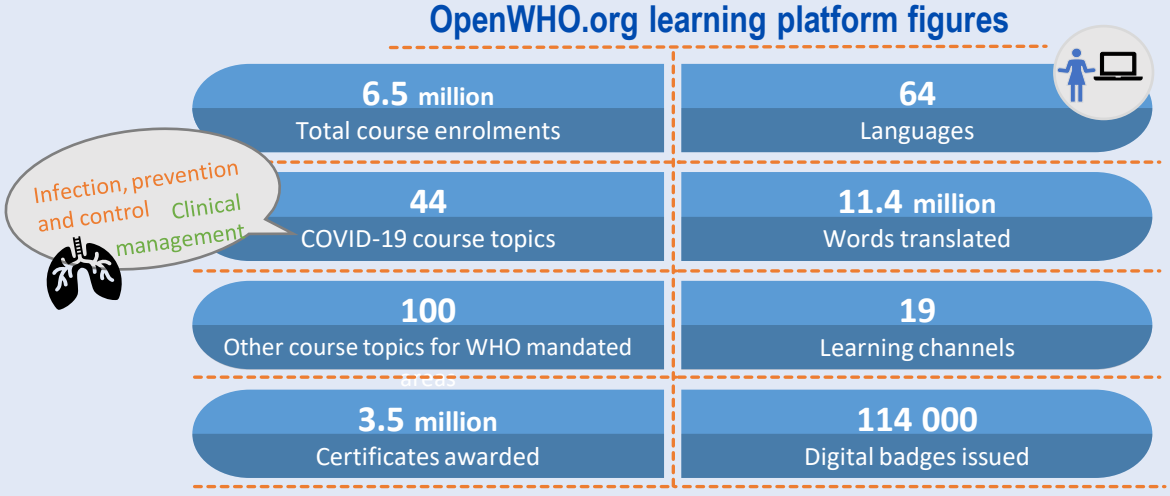
Country	Top motivations	Top preferred course features	Top reasons for online training	Top barriers
All 4 countries India (N=57) Indonesia (N=45) Kenya (N=45) Pakistan (N=26)	To help me prepare for specific professional responsibilities	Watch videos Read transcriptions Download presentations	Can take course at any convenient time Can take course at own pace	None Internet connection

Table 1: Feedback survey results from the OpenWHO COVID-19 vaccination training: Health workers' experiences in India, Indonesia, Kenya and Pakistan

Across those countries, participants named watching videos, reading transcripts and downloading presentations as top preferred course features. Health workers in India, Indonesia, Kenya and Pakistan were primarily motivated to take the online COVID-19 vaccination training to prepare themselves for specific professional responsibilities, according to the survey results.

Among the top reasons for choosing an online format of training, participants mentioned the flexibility of this approach, in particular the ability to take the course at any convenient time, at the learner´s own pace, with an option to download or revisit course materials. Poor internet connection, not enough time to complete the course, difficulty navigating pages, and system or IT-related issues were identified as top barriers among the participants in India, Indonesia, Kenya and Pakistan.

The feedback provides support for continued prioritization of online learning in self-paced, multi-use formats through the OpenWHO platform with a focus on modular and low-bandwidth friendly materials to reduce barriers to access and transfer critical professional knowledge in future emergencies. A detailed examination of the survey results can be found in the recent paper, "Learning From a Massive Open Online COVID-19 Vaccination Training Experience: Survey Study."



As of 8 March 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 28 February 2022*.

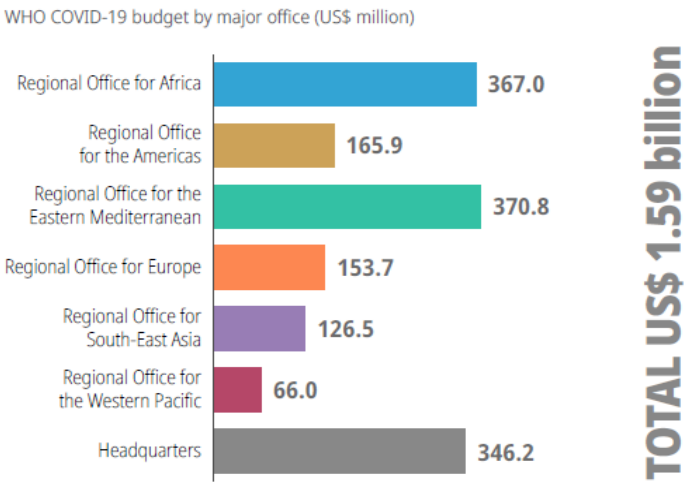
Shipped items as of 28 February 2022	Diagnostic Supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	7 423 980	37 545 600	16 512 676	1 559 570	36 784 300	564 096	2 674 079	56 874 400	3 873 630
Americas (AMR)	1 636 332	22 624 575	11 902 322	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	3 889 243	3 262 775	5 365 788	1 617 785	39 885 000	351 760	3 156 222	34 297 550	2 590 695
Europe (EUR)	1 116 842	6 181 084	2 341 052	2 103 380	29 255 900	634 900	3 774 548	50 148 500	7 863 950
South East Asia (SEAR)	4 374 200	9 489 300	4 947 473	390 076	9 183 500	91 470	654 300	6 950 500	2 936 695
Western Pacific (WPR)	2 222 200	2 620 725	3 304 885	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	**20 662 797**	**81 724 059**	**44 374 196**	**9 792 166**	**123 573 260**	**2 278 983**	**12 389 105**	**219 588 426**	**28 192 340**

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.
Diagnostics supplies data are as of **11 March 2022*

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

Appeals

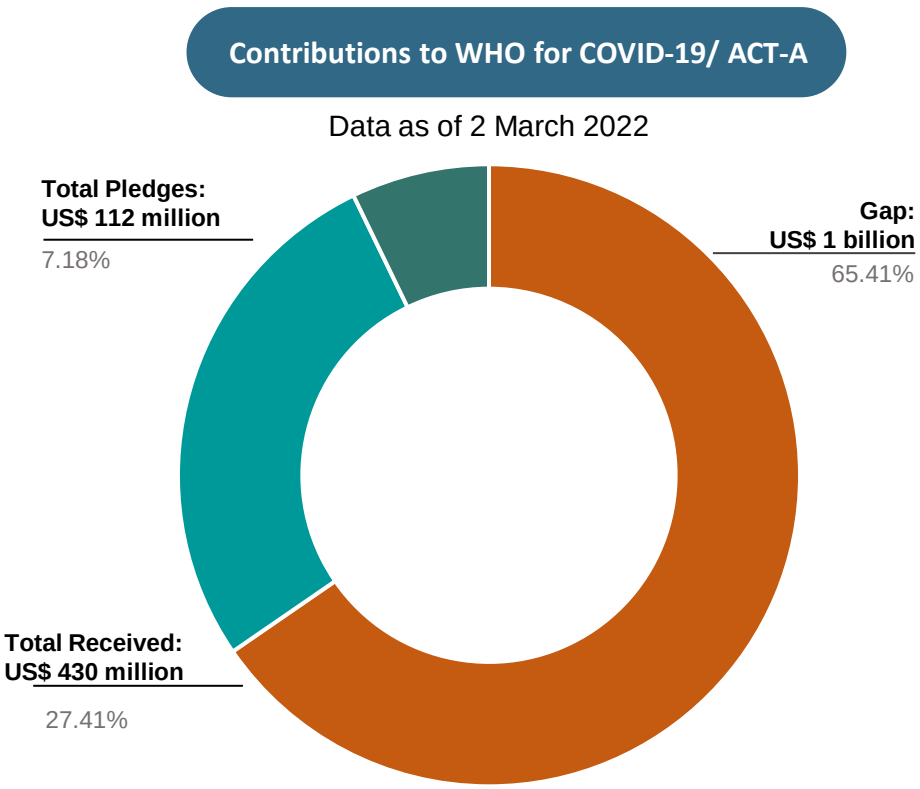
Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need them most.



WHO has the authority, the regulatory, legal and scientific firepower, the in-country integration and the relationships at
the most senior levels of government at the scale needed to address the equity problem. But to turbocharge these capabilities requires additional financing. Without the capabilities WHO provides, donors won't be able to ensure the full and effective deployment of their investments in other parts of the ACT-Accelerator.

Vaccines, treatments and tests will be delivered to people who haven't been trained to use them, new products will emerge but countries who lack their own regulator will not t know whether or not they are safe to use and the coordination that is the hallmark of the ACT Accelerator won't be possible.

The ACT-Accelerator needs **US$23.4 billion** until September 2022. Of this, WHO's funding needs are just **$1.59 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.



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

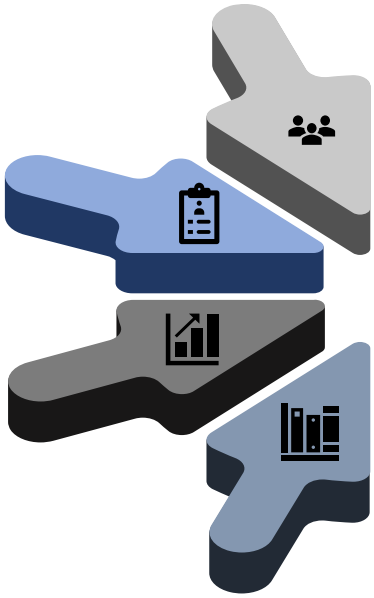
COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	Previous Status	Status Update	2021 Target
Pillar 1: Proportion of countries that have conducted at least 1 Intra-Action Review (IAR) or equivalent country-level review of the COVID-19 response	**71 (37%)**		100%
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 08/2022)[c]	63% (n=73)	**63% (n=73)**	50%
This week (epidemiological week 08/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 73 (63%) have timely reported COVID-19 data. An additional 7 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 March 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 14 March 2022)[c]	10 704 043 684	**10 712 423 741**	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 March 2022)[c]	64% (4.965 billion)	64% (4.971 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



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

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

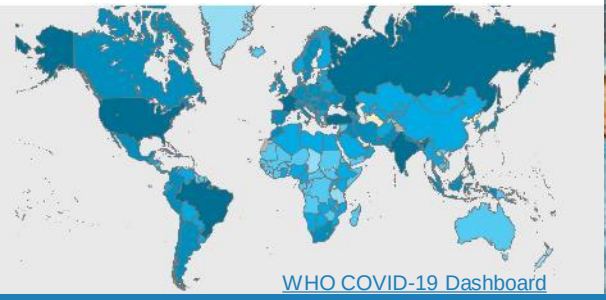
News

- **Young people leading the way to a brighter post-COVID world** leading the COVID-19 response and recovery
- **WHO launches a new repository on urban health**
- **EPI-WIN slides issued this week for Therapeutics**
- **WHO issued a Medical Product Alert for Falsified DESREM (Remdesivir) for Injection 100mg/vial (Alert No2/2022)**

Weekly Operational Update on COVID-19

22 March 2022

Issue No. 96



WHO COVID-19 Dashboard

As of 21 March 2022

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

Confirmed cases
469 212 705

Confirmed deaths
6 077 252

Note: The WHO Weekly Operational Update (WOU) will shift to a Monthly Operational Update (MOU) starting in April 2022.

Lao People's Democratic Republic Ministry of Health and WHO prepare local media for informed reporting of potential Omicron surge

With the COVID-19 Omicron variant of concern contributing to surges in neighbouring countries, the Lao People's Democratic Republic is working with the media to share timely and accurate information to help keep the community safe and protect the health system.

©WHO/Vannaseng Insal

On 1 March 2022, the Ministry of Health, with support from the World Health Organization (WHO) and the European Union (EU), conducted a briefing in Vientiane Capital to provide journalists with the latest updates on COVID-19 in the country and information about a potential surge of Omicron cases. Thirty local journalists participated in person, while more than 50 other participants joined online from the provinces.

The briefing aimed to help country media provide the public with clear, understandable information, as well as promote behaviour that allows people to protect their health, their loved ones and the health system. By disseminating accurate and timely information, the media can also minimize rumours and misinformation, helping reduce public anxiety and fears about COVID-19 and the Omicron variant.

For more, click here

Key Figures

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

More than **6.5 million** people registered on OpenWHO and accessing online training courses across **44** topics in **64** languages

44 374 196 PCR tests shipped globally

219 588 426 medical masks shipped globally

124 373 260 gloves shipped globally

9 792 166 face shields shipped globally

224 GOARN deployments conducted to support COVID-19 pandemic response

10,925,055,390 COVID-19 vaccine doses administered globally as of 18 March 2022

[a] COVAX has shipped over **1.39 billion** vaccines to **144 participants** as of 22 March 2022

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

From the field:

Rallying to combat COVID-19 rumours in the Democratic Republic of the Congo

In the Democratic Republic of the Congo (DRC), a network of myth busters is on constant watch, tracking and addressing misinformation thanks to government efforts with support from WHO and partner organizations.

WHO has worked with the Ministry of Health to establish a rumour alert and refutation system. Health workers, community and religious leaders, and journalists have been trained to detect and manage disinformation. The goal is to equip the public with accurate COVID-19 information so that vaccines can protect more lives.

A recent study by DRC and international researchers on vaccine acceptance shows that 45% of false information on COVID-19 is transmitted by word of mouth, 20% via social media. A further 16% is spread through television and radio, and an equal measure by traditional healers. Since August 2021, the WHO-coordinated Africa Infodemic Response Alliance has provided community rumour-monitoring training for more than 20 people in government institutions and 160 others in the provinces of Haut-Katanga, Kinshasa and Kong Central.

"Having a local team trained in rumour management has helped us turn an anti-vaccine narrative into a pro-vaccine one. And having community feedback analysis has allowed us to adapt our communication strategies to the information needs surrounding COVID-19 vaccines"

David Olela
Communications lead for the Ministry of Health's Expanded Vaccination Programme

Winning over the vaccine-hesitant has called for considerable effort. More than 600 health workers with direct community access have been trained in identifying and refuting myths surrounding the COVID-19 vaccine. Some 144 media professionals have also been trained in fact-checking and source reliability. Additionally, to reinforce the essential role of political authorities in combatting disinformation, question-and-answer sessions on rumour refutation have been organized in the national parliament, before 300 national and provincial representatives.

COVID-19 vaccination rates in DRC remain among the continent's lowest. However, the WHO infodemic team's efforts are bearing fruit," enthuses Dr Moïse Yapi, who heads the Immunization and Vaccination Department at WHO DRC. "Community feedback analysis has allowed us to collect rumours on public health issues beyond COVID-19. The infodemic team has also been helping us manage rumours about cholera and meningitis and promoted vaccine acceptance."

For more information on infodemic management efforts in DRC, click here

For the full cross-sectional study "COVID-19 Vaccine Acceptance in the Democratic Republic of Congo: A Cross-Sectional Survey", click here

From the field:

WHO recommends the Kingdom of Saudi Arabia's public health laboratory for recognition as national influenza centre

A WHO mission to Saudi Arabia has found that the country's public health laboratory operating within the Public Health Authority has fulfilled the requirements for WHO to recommend recognition of the laboratory as a national influenza centre for Saudi Arabia.

The public health laboratory plays a critical role in surveillance and support of public health informatics to rapidly detect and monitor infectious diseases, outbreak investigations and scientific analysis of known, novel and emerging diseases.

Procedures are in place for processing specimens from start to finish. © WHO/A. Barakat

The aim of the mission was to assess the compliance of the laboratory through the WHO terms of reference to become a WHO-recognized national influenza centre, as well as a formal member of the WHO Global Influenza Surveillance and Response System (GISRS).

The laboratory designated by the Ministry of Health as the national influenza laboratory in 2017 has been expanding its services for the subtyping of influenza and other respiratory viruses to participate in the new integrated surveillance programme in the country. This in addition to the COVID-19 laboratory that acted as a reference laboratory through the pandemic for COVID-19 testing. There is also a genome laboratory with a very wide range of platforms and advanced technologies for genome sequencing.

Saudi Arabia's public health laboratory was found to have facilities that can accommodate the activities of virological surveillance of circulating influenza viruses and other respiratory pathogens. The facilities are well-maintained, and the equipment is modern and functional. The laboratory has an excellent quality and biosafety management system with procedures in place for processing specimens from start to finish and adequate capacity for the storage of clinical specimens and propagated viruses. The influenza unit is also adequately staffed to perform registration, processing, testing, and storage of specimens collected for influenza surveillance and reporting. The virology laboratory has Biosafety Level 2 plus (BSL-2+) facility, real-time PCR capability, facilities for virus isolation and for serological studies, and sequencing facilities.

The laboratory has already contributed to the regional influenza network and to GISRS by sharing clinical specimens with the WHO Collaborating Centre for Reference and Research on Influenza in London.

For more information, click here

From the field:

WHO and Ministry of Health Zambia scale-up COVID-19 Response and Continuity of Health Services through Act-A Health Systems Connector

On 14 March 2022, the High Commissioner of Canada to the United Republic of Tanzania, the Republic of Zambia, the Seychelles, and Ambassador of Canada to the Union of Comoros, HE Pamela O'Donnell visited the World Health Organization (WHO) Zambia to learn about WHO's work and discuss steps and achievements made in the implementation of the Access to COVID-19 Tools Accelerator (ACT-A) program funded by the Department of Foreign Affairs and International Trade of Canada.

Canada Funded ACT-A Health Systems Connector implementation supports WHO and MoH COVID-19 Response and Continuity of Health Services in Zambia ©WHO

In April 2021, WHO and Canada signed a global grant for a contribution of 100m Canadian dollars (about US$ 78.5m) to the WHO ACT-A Health Systems Connector Implementation of which WHO Zambia received an allocation of US$ 674,385.

The implementation of the ACT-A has so far seen WHO Zambia conduct the first and second round frontline health service capacity and readiness assessment of 253 health facilities and 50 health posts in COVID-19 case management capacity, continuity of essential health services, community needs, perceptions, COVID-19 prevention and care, and health service resilience.

Further, the grant has enabled WHO and Global Fund support the Ministry of Health (MoH) to conduct a harmonized health facility assessment in 3229 health facilities in Urban, Rural, Public, Private and NGO hospitals, health centers and health posts across the country. With the data collected, WHO Zambia in collaboration with cooperating partners is working to analyze, interpret and develop policy briefs that will guide the National Health Strategic Plan (NHSP) 2022 -2026 implementation and in building a better resilient health system in the post COVID-19 era.

"The Harmonized Health Facility Assessment Census is the first of its kind in the Africa region and we are very grateful to Canada for the support making this happen",

Dr Nathan Bakyaita. WHO Representative to Zambia

For more information, click here

From the field:

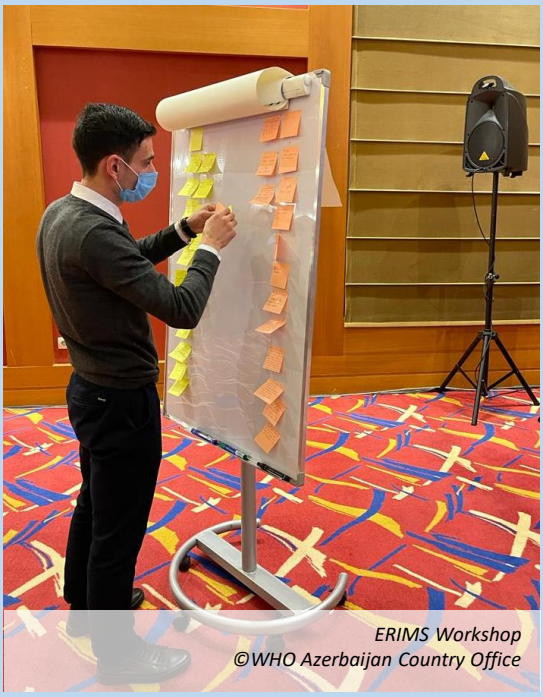
WHO/Europe holds workshop on data analysis and information managements for emergency response for Azerbaijan, under the Emergency Response Information Management System (ERIMS) initiative

The Emergency Response Information management system (ERIMS) initiative was established by the WHO/Europe Incident Management Support Team for COVID-19 to integrate critical health information into all-hazard emergency management.

The ERIMS assessment module was piloted as part of a first mission to Azerbaijan in November – December of 2021, with the support of the WHO Azerbaijan Country Office and the national health authorities.

The ERIMS pilot exercise, which visited various health facilities including hospitals, polyclinics, epidemiological centres at both the national and regional levels, brought together key indicators related to epidemiology (cases, deaths), health system information (bed occupancy, service delivery, access to care, laboratory), and public health information (vaccination, risk communication and community engagement, public health and social measures).

Using the module involves mapping workflows (data collection, integration, analysis, reporting and prediction) and capacities (process, technologies and resources) in place to support emergency response data and information management.



ERIMS Workshop
©WHO Azerbaijan Country Office

This second follow-up mission to Azerbaijan from 07 – 12 March 2022 provided guidance and advise on data management solutions to cover bottlenecks on detection, monitoring and reporting for emergencies. During the three-day workshop, WHO experts aimed to enhance existing knowledge of data processes for the detection and monitoring of health emergencies, share information on the use of proxy indictors for ERIMS monitoring and reporting as well as contribute to a better understanding and improvements in data reporting at national, subnational, and international level.

The workshop was attended by more than 20 participants and covered data collection, integration, extraction, analysis, displaying, reporting and use, through plenary sessions and group work in mixed teams of policy and technical experts.

Following the mission, WHO/Europe will continue to engage with different stakeholders at technical and policy level to promote the systematic use of critical health information and provide a series of trainings related to data management in health emergencies, as identified during the missions. Additional capacity building activities including for the International Health Regulations National Focal Point in Azerbaijan will also be considered.

Public health response and coordination highlights

The Plurinational State of Bolivia leverages influenza capacities for COVID-19 response

Bolivia has received capacity-building support through the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC) since 2013. Now the country is reaping the rewards as it leverages strengthened capacities in surveillance, epidemiological analysis, risk communication and clinical care to deliver its COVID-19 pandemic response.

Hospital staff receive training in biosafety measures for the care of SARI cases. ©Sandra Mallo, PAHO communicator Bolivia

Key areas where pre-pandemic PIP support is really paying off include:

- **Early response.** Previous training and simulations on timely intervention for unusual respiratory events helped shape the country's early response to the pandemic, informing the identification, clinical care, isolation and risk communication of the first recorded cases of COVID-19.
- **Clinical care.** Existing capacity to care for severe cases of influenza in sentinel hospitals combined with pre-pandemic training in intensive care helped direct the clinical care of severe cases of COVID-19.
- **Biosafety.** Biosafety training held months before the pandemic built widespread skills, quantified the national need for personal protective equipment, and enabled the development of biosafety manuals for hospitals, laboratories and isolation centers, which are now being used for COVID-19.
- **Laboratory diagnosis.** Before the pandemic, Bolivia had three laboratories, including a WHO-recognized National Influenza Centre, with molecular capacity to diagnose respiratory viruses. When COVID-19 hit, these laboratories provided a vital platform for expansion through training and supervision. Over the past year, the country's network of molecular biology laboratories capable of diagnosing respiratory viruses, including SARS-CoV-2, has grown to 12. The NIC provides a central link that also ensures quality control for the network as a whole.
- **Epidemiological analysis.** The SARI case form and PAHO Flu sentinel information system that Bolivia routinely uses for influenza served as models for developing a national COVID-19 case information system.

Bolivia looks forward to continued collaboration under PIP. Priorities include using the expanded laboratory network to keep up its surveillance of novel respiratory viruses including influenza, and to strengthen its capacity for genetic sequencing.

Public health response and coordination highlights

WHO Global Health Facilities Database: Leveraging insights from COVID-19 to ensure better access to primary healthcare and Universal Health Coverage


© WHO/Rada Akbar

The COVID-19 pandemic has revealed urgent gaps in countries' current ability to locate health facilities, impeding progress to provide equitable access to therapeutics, diagnostics, and vaccinations through the ACT-Accelerator and other initiatives. In response to these gaps, WHO is building a Global Health Facilities Database to support countries with equitable access to COVID-19 tools and health care services for all populations.

The database will include a digitized master list of health facilities with name, location and type coded by a unique identifier. At the start, it will host data for 46 countries representing 40% of the world's population with the aim of including all 194 WHO Member States by 2027.

> "Understanding health infrastructure at the national and subnational levels is essential to address pressing global and local challenges and achieve universal health coverage, as outlined in WHO's triple billion targets," said Steve MacFeely, Director, Department of Data and Analytics, World Health Organization. "The Global Health Facilities Database will allow us to harness geospatial technology and use data to create better health outcomes for all."

The database will be regularly updated and maintained by WHO in line with best practices on data governance, data sharing and WHO's data principles in agreement with participating countries and will be made publicly available as a global good by the end of 2022.

> "With a complete, comprehensive and current health facility master list, countries and partner organizations can reduce fragmentation, avoid duplication, and promote efficiencies in the delivery chain," said Ravi Shankar, Technical Lead for the World Health Organization's GIS Centre for Health. "With this resource, we can truly transform health facility data from a global gap into a global public good."

For more information, click here

Public health response and coordination highlights

In the UN Crisis Management Team meeting held on 10 March 2021,

- **WHO** updated on the global COVID-19 epidemiology situation, and commented that there is emerging evidence to suggest a morbidity and mortality pandemic of the unvaccinated, and that this will constrain efforts to transition to a sustained, manageable post-acute phase of the pandemic. WHO, as the Chair of the CMT, stressed the need to integrate antivirals into strong clinical pathways, particularly in countries with high rates of immunosuppression, where the generation of new variants of the SARS-CoV-2 virus may emerge from. In addition, WHO informed of the recent detection of recombinant variants of Delta (AY.4 lineage) and Omicron (BA.1 lineage) and the assessment that it is probably currently circulating at low / undetectable levels.

- WHO warned that the future trajectory of COVID-19 transmission and impact is complicated and multi-factorial, while all future scenarios will need to plan for managing post-COVID-19 condition. In light of the situation in Ukraine, WHO reported that the country experienced its peak number of COVID-19 cases in February 2022, but vaccination coverage in Ukraine to date has been sub-optimal with only 34 per cent of the population covered by one dose.

- **UNHCR** advised that 2.3 million people had left the Ukraine, with 1.8 million internally displaced**.**

- **IOM** further noted the tens of thousands of third country nationals from dozens of nationalities face heightened risk due to challenges attempting to leave Ukraine and gain safety in neighbouring countries, as well as accessing services in those countries.

- **IOM and OHCHR** called that protection and immediate assistance need to be provided in a non-discriminatory, cultural culturally appropriate manner, in line with humanitarian imperatives.

- On another note, **FAO, OIE** and **WHO** published a statement on monitoring SARS-CoV-2 infection in wildlife and preventing the formation of animal reservoirs. The statement indicated that wildlife is known to not play a significant role in the spread of SARS-CoV-2 in humans in current knowledge but spread in animal populations can affect the health of these populations and may facilitate the emergence of new virus variants.

Pandemic learning response

Measuring the impact of online COVID-19 vaccine training courses

To prepare key stakeholders for the global COVID-19 vaccination rollout, WHO and partners developed an online vaccination training package for health workers. The course was launched on OpenWHO in December 2020. Topics covered include organizing vaccination sessions, infection prevention and control, storage and handling, adverse events following immunization, and communication with the community.

The key benefits of delivering this online training were convenience, the self-paced nature, access to downloadable material and the ability to replay material. An evaluation was done to provide insights into the experience and challenges faced by users, measure its impact and inform the development of future courses. The results were published in the peer-reviewed journal JMIR Public Health and Surveillance.

WHO/Blink Media – Giliane Soupe

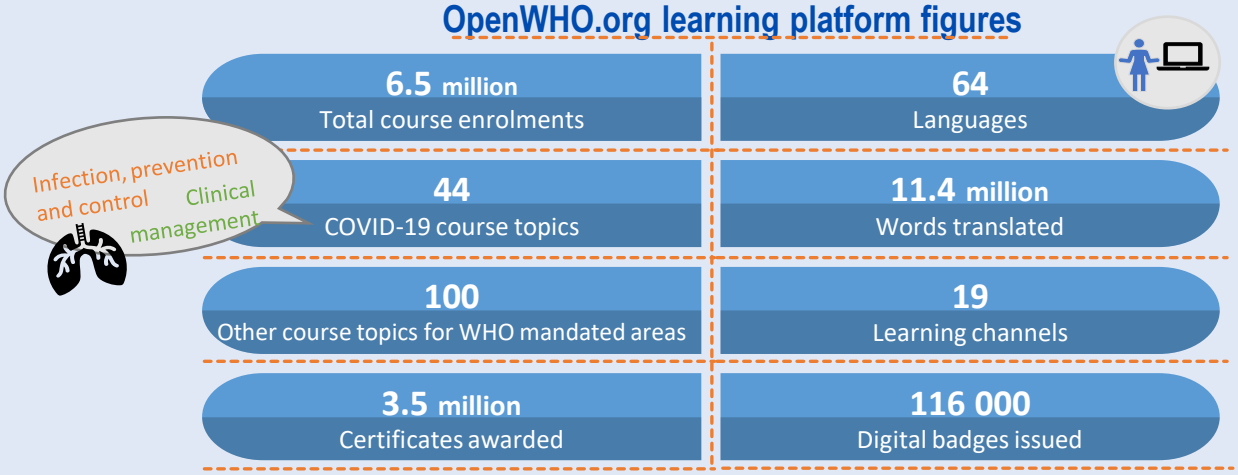
The evaluation found that 56% of enrolled learners completed the course – higher than the industry benchmark of 5-10% for a massive open online course.

It found that learners' scores increased an average of 9% between the course pre-quiz and post-quiz, with the biggest increase seen in the module on monitoring adverse events following COVID-19 immunization.

Nearly 98% of survey respondents “fully” or “somewhat agreed” that they had more confidence in their ability to support COVID-19 vaccination after the course. This showed that the training course was well received with a measurable impact on the knowledge gained. The paper concluded that Ministries of Health and health facilities should consider the potential of training their health professionals using virtual or blended approaches to increase rapid accessibility and exchange of information.

OpenWHO hosts 4 additional COVID-19 vaccination courses on national deployment and vaccination planning, vaccine-specific resources, costing, and leadership. The courses have more than 256 000 enrolments across 16 languages.

OpenWHO.org learning platform figures



As of 15 March 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 17 March 2022*.

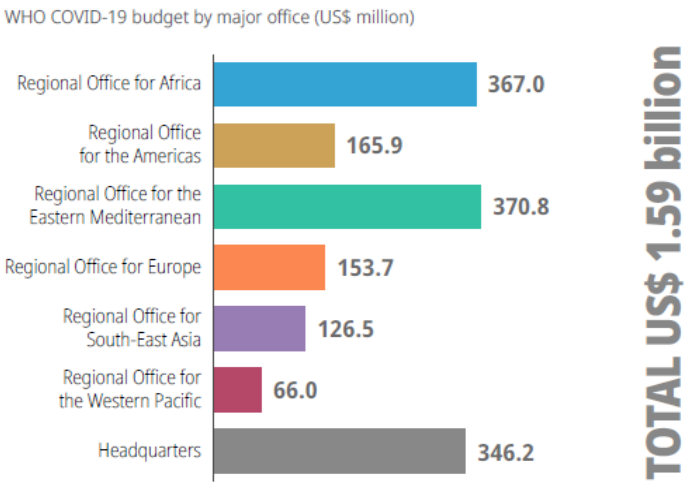
Shipped items as of 17 March 2022	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	7 423 980	37 545 600	16 512 676	1 559 570	36 784 300	564 096	2 674 079	56 874 400	4 373 630
Americas (AMR)	1 636 332	22 624 575	11 902 322	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	3 889 243	3 262 775	5 365 788	1 617 785	40 650 000	351 760	3 152 222	34 297 550	2 590 695
Europe (EUR)	1 116 842	6 181 084	2 341 052	2 103 380	29 255 900	634 900	3 774 548	50 148 500	7 883 950
South East Asia (SEAR)	4 374 200	9 489 300	4 947 473	390 076	9 218 500	91 470	668 300	6 950 500	2 936 695
Western Pacific (WPR)	2 222 200	2 620 725	3 304 885	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	**20 662 797**	**81 724 059**	**44 374 196**	**9 792 166**	**124 373 260**	**2 278 983**	**12 399 105**	**219 588 426**	**28 712 340**

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 **11 March 2022*

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

Appeals

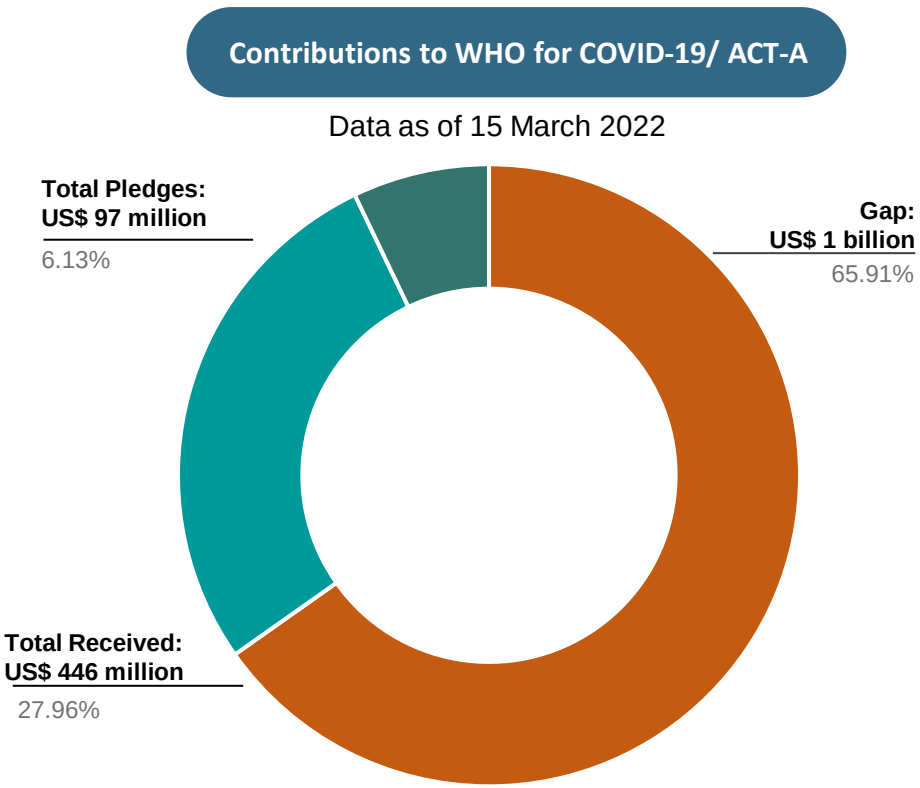
Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need them most.



WHO has the authority, the regulatory, legal and scientific firepower, the in-country integration and the relationships at
the most senior levels of government at the scale needed to address the equity problem. But to turbocharge these capabilities requires additional financing. Without the capabilities WHO provides, donors won't be able to ensure the full and effective deployment of their investments in other parts of the ACT-Accelerator.

Vaccines, treatments and tests will be delivered to people who haven't been trained to use them, new products will emerge but countries who lack their own regulator will not t know whether or not they are safe to use and the coordination that is the hallmark of the ACT Accelerator won't be possible.

The ACT-Accelerator needs **US$23.4 billion** until September 2022. Of this, WHO's funding needs are just **$1.59 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.



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

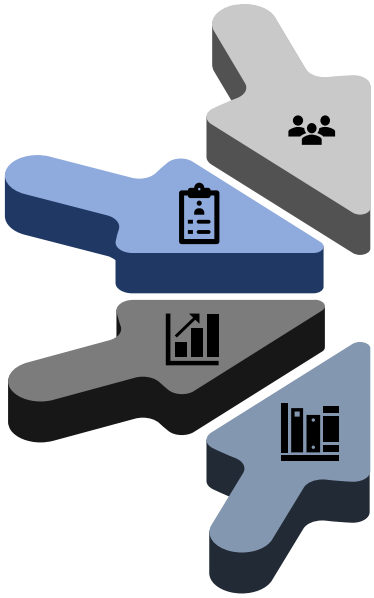
COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=116[b], as of epidemiological week 07/2022)[c]	**63% (n=73)**	**61% (n=71)**	50%
This week (epidemiological week 09/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 71 (61%) 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 18 March 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 18 March 2022)[c]	10 704 043 684	**10 925 055 390**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 18 March 2022)[c]	**64% (4.965 billion)**	**64% (5.007 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



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 15 March 2022 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

- Updates on the new WHO Designation of SARS-CoV-2 Variants
- Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant.
- Special Focus: Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance

News

- WHO Director-General's remarks at United Naitons Security Council meeting
- Transforming health care: stories of changemakers across the world
- WHO and Kuaishou Technology provide access to COVID-19 information and mental health tips
- High-level delegation of WHO visits Iraq to boost health system as part of Universal Health and Preparedness Review (UHPR) process