

# WHO's Monthly Operational Update on COVID-19

The WHO Weekly Operational Update for COVID-19 has now shifted to a monthly operational update.



The Fiji Emergency Medical Assistance Team (FEMAT) are deployed to respond to the COVID-19 pandemic.  
Photo credit: Fiji Ministry of Health and Medical Services

## WHO, Government of Japan, and Governments of the Marshall Islands, Federated States of Micronesia (FSM) and Palau partner to enhance COVID-19 preparedness and response

WHO, the Government of Japan and the Governments of the Republic of the Marshall Islands, the Federated States of Micronesia (FSM) and the Republic of Palau are partnering to strengthen COVID-19 preparedness and response in the three Pacific island countries and areas (PICs). The Government of Japan is providing US\$ 697 101, through WHO, to support the remote and outer islands in the Marshall Islands, FSM and Palau.

The partnership is coming at an opportune time as several PICs are responding to COVID-19 cases and community transmission for the first time since the start of the pandemic.

“Palau’s EMT known as KLEMAT, means the rope that holds the sails of our traditional canoes. It signifies good navigation, governance and leadership. As we would like Palau to be fully prepared for another surge of COVID-19 or any other outbreak, I welcome this valued partnership with the Government of Japan and the WHO to make KLEMAT a beacon of hope to safeguard the health and lives of our People.”

**Honorable Gaafar J. Uherbelau**


Minister of Health and Human Services, Republic of Palau


Continued on next page ...


### In this issue


From the field	2
OpenWHO and Learning	12
Partnerships	13
Appeals	16
Key links and useful resources	17


### Key figures (as of May 2022)

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

 More than **6.7 million people** registered on OpenWHO and accessing online training courses across **46 topics** in **64 national and local languages**


 **44 374 196** PCR tests shipped globally

 **228 GOARN deployments** conducted to support COVID-19 pandemic response

 **11,752,954,673 vaccine doses** have been administered as of 23 May 2022

**4,690,376,664 persons fully vaccinated**

**5,188,471,791 persons vaccinated with at least one dose**

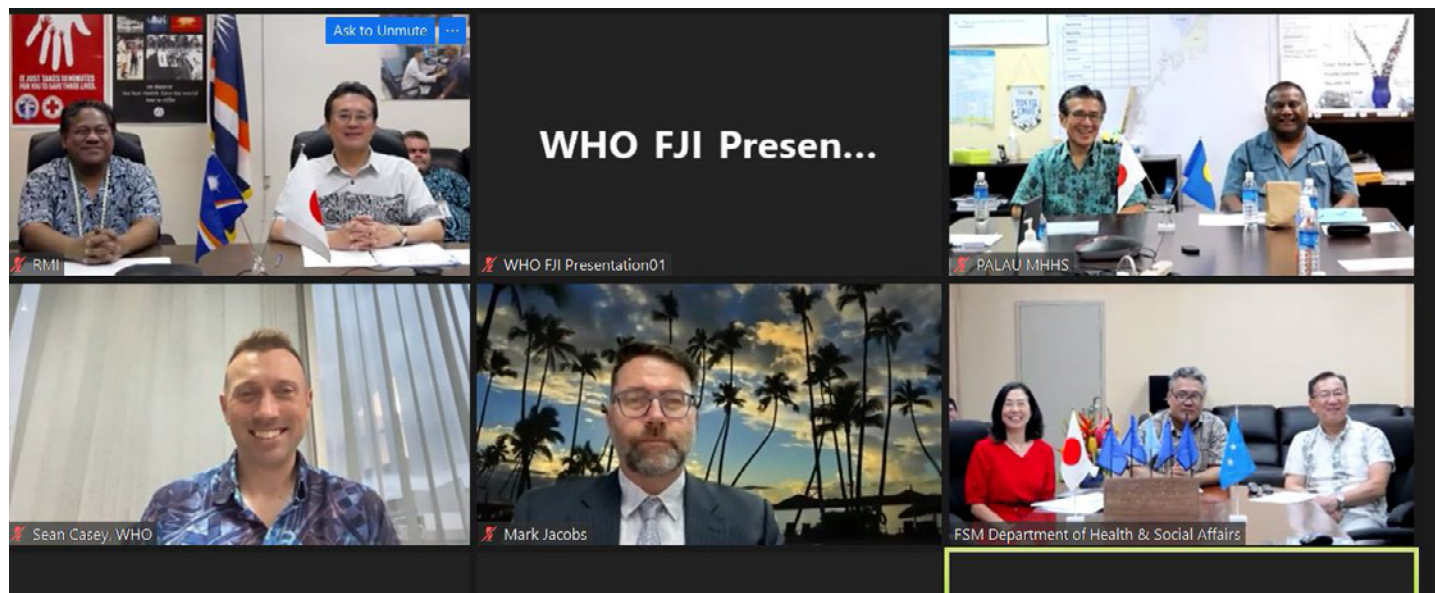
 **50.4 million** online data analysed 16 April-17 May 2022 by WHO as part of social listening and infodemic management support to Member States

\* Vaccine data as of 23 May 2022

\* COVAX has shipped over 1.51 billion vaccines to 145 participants as of 24 May 2022

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

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



The Government of Japan, Ministries of Marshall Islands, Federated States of Micronesia and Palau, and the World Health Organization partner to enhance COVID-19 preparedness and response. The partnership was officially launched through a virtual event on 4 April 2022. Photo credit: WHO

Despite the COVID-19 preparedness efforts in the Marshall Islands, FSM and Palau, significant challenges remain for those living in hard-to-reach outer islands, namely due to a shortage of health workers, limited availability of healthcare facilities and access barriers.

The one-year project will address these urgent needs by providing logistics and capacity building support for health workers in clinical management and infection prevention and control, prepositioning critical medical equipment and supplies and strengthening risk communications and community engagement to improve home-based care for COVID-19 patients with mild symptoms.

The project will also fast-track efforts to establish, train and enhance readiness for deployment of national emergency medical teams (EMT) in the three participating countries - Marshall Islands Medical Assistance Team in the Marshall Islands, KLEMAT in Palau, and four teams in FSM. Through the EMT initiative in the Pacific, which has been supported and coordinated by WHO, five countries - Cook Islands, Fiji, Solomon Islands, Tonga and Vanuatu - have fully established their national EMTs.

To learn more, please visit this [page](#). Further information on the work of the EMT in the Pacific is available [here](#).

“Supporting Pacific island countries and areas in preparing for and responding to COVID-19 continues to be a critical area of work for us. As we see increasing cases of COVID-19 in the Pacific, it is all the more important that we enhance these measures to protect people on hard-to-reach outer islands. We thank the Governments of the Marshall Islands, Federated States of Micronesia and Palau for their leadership and the Government of Japan for their contribution to ensure that we save lives.”

**Dr Mark Jacobs**

WHO Representative to the South Pacific and Director of Pacific Technical Support

“The surge of COVID-19 cases in Palau since last December has clearly showed the significance of the emergency operation team of the Ministry of Health and Human Services. I hope this project will contribute to enhancing the capacity of the team furthermore as another showcase of Japan’s assistance to Palau in the medical field.”

**H.E. Karasawa Akira**

Ambassador of Japan to the Republic of Palau

## Managing COVID-19 waste in the African Region

Masks. Gloves. Personal protective equipment. Vaccines. These items have become ubiquitous during the COVID-19 pandemic: as protection against the virus itself, but also as medical waste, burdening Africa's already clogged landfills. Before the onset of the pandemic, Africa produced an estimated 282 000 tonnes of medical waste each year, according to a 2021 report on waste management. Now, many countries are reporting increases in medical waste as high as fivefold.

With over 435 million COVID-19 vaccines administered in the rollout in Africa thus far – the biggest rollout of any vaccine in the history of the continent – the need for effective disposal of medical waste has become more urgent. A WHO report released in February 2022 found that 60% of health care facilities in the least developed countries are not equipped to handle existing waste, let alone the additional COVID-19 load. This potentially exposes health workers to needle stick injuries, burns and pathogens. It also has a negative impact on communities living near poorly managed landfills and waste disposal sites through contaminated air from burning waste, poor water quality or disease carrying pests.

To address the surge in waste, World Health Organization (WHO) is supporting African countries to develop targeted and tailored waste management protocols that complement existing measures. These include promoting safer methods of waste disposal that are feasible, economical and sustainable.

“WHO is engaging in multi-sectoral efforts to effect changes in waste management systems in Africa,” says Claude Mangobo, Technical Officer for Vaccine Logistics and Supply Chain in the Vaccines Pillar of the WHO Regional Office for Africa. “It is a critical process that we are committed to for the health of the continent and its people.”

“WHO is engaging in multi-sectoral efforts to effect changes in waste management systems in Africa. It is a critical process that we are committed to for the health of the continent and its people.”

### Claude Mangobo

Technical Officer for Vaccine Logistics and Supply Chain in the Vaccines Pillar of the WHO Regional Office for Africa

In accordance with the 1989 Basel and 2001 Stockholm Conventions governing medical waste management, WHO advocates the use of technologies that do not form and release chemicals or hazardous emissions, such as high-temperature incineration, using a high-pressure steam (autoclaving), or microwaving. WHO, along with the United Nations Development Programme, the Global Environment Facility, a conservation group, and Health Care Without Harm—an organization working for environmentally responsible health care—has also developed a ‘decision tree’ to assist health workers in making informed decisions about COVID-19 vaccine waste management.

“In the face of COVID-19, sustainable health care waste management is more important than ever to protect communities, health workers, and the planet and prevent pollution,” says Ruth Stringer, Science and Policy Coordinator for Health Care Without Harm.



WHO is supporting African countries to develop targeted and tailored waste management protocols that complement existing measures. Photo credit: WHO

WHO is also managing the effective tracking of expired COVID-19 vaccines in the African region through weekly stock status reports that have to date been pivotal in monitoring the operationalization of the waste management protocols in place to guide destruction and disposal of unusable vaccines. A WHO-designed online waste management questionnaire will be administered each quarter of the year to continuously monitor waste management activities.

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

## WHO–Europe mission to Tajikistan to support the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan (MoHSP) with clinical management of COVID-19



WHO works with countries, including Tajikistan, to reduce disease morbidity, mortality and the long-term consequences of infection. This requires safe and scalable clinical care, at every stage of the clinical care pathway. Photo credit: WHO

The strategic vision of WHO is to end the acute phase of the global COVID-19 health emergency in 2022. This requires among others, reaching vaccination targets – especially among high-risk groups, providing clinical care throughout the care pathways – for mild and severe cases, rehabilitating those with long-COVID, using surveillance and monitoring to determine the burden of disease and rapidly detecting new variants and outbreaks in susceptible populations. Moreover, countries should have readiness strategies in place to rapidly scale-up and scale-down their capacities to manage COVID-19 cases.

Reducing disease morbidity, mortality and the long-term consequences of infection requires safe and scalable clinical care, at every stage of the clinical care pathway, as well as resilient health systems. From 2–9 April 2022, experts from WHO/Europe conducted a mission to Tajikistan to address clinical management and infection prevention and control (IPC) related to COVID-19. The main objectives were to take stock of activities conducted by the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan (MoHSP), WHO and other partners in the area of COVID-19 clinical management, IPC, and maintaining essential health services during the COVID-19 pandemic.

Through a series of meetings with the MoHSP, clinical staff from COVID-19 referral hospitals at national and regional levels and discussions with partners, recommendations were made to the MoHSP to inform their strategies and activities in 2022.

WHO/Europe will continue to provide support for clinical management and IPC in Tajikistan as part of the strategic plan in 2022.

### Main recommendations included:

- identifying lessons from the response to COVID-19 so far, to better inform the response during future upsurges in cases as well as future preparedness for other emergencies;
- conducting an intra-action review that includes all actors in the response to the COVID-19 pandemic;
- continuing to update national clinical guidelines for the management of COVID-19 patients as new evidence emerges and new therapies become available;
- ensuring that quality training is being provided through a single national training package for the clinical management of COVID-19 and IPC;
- establishing a national IPC programme based on the WHO minimum requirements and core components and
- supporting the further development of a hospital emergency response plan.

## Sustaining an effective response to end the acute phase of the pandemic and transitioning to recovery: WHO Eastern Mediterranean Region publishes its COVID-19 Strategic Preparedness and Response Plan for 2022



WHO works alongside countries to accelerate efforts to end the acute phase of the COVID-19 pandemic with an integrated, sustained and comprehensive response, while building the foundations for better preparedness and health systems recovery and resilience. Photo credit: WHO

### The WHO Eastern Mediterranean Region's COVID-19 Strategic Preparedness and Response Plan for 2022

Built around sustaining an effective response to end the acute phase of the pandemic and transitioning to recovery, the 2022 edition of the WHO Eastern Mediterranean Region's COVID-19 strategic preparedness and response plan (SPRP) was published as an update to the 2021 edition and paves the way forward for 2022. With nine major humanitarian emergencies, 102 million people needing humanitarian assistance (37% of the global total) and 32.3 million people forcibly displaced, the impact on Member States and populations in the Eastern Mediterranean Region was pronounced. Six countries in the Region had not yet reached 10% of coverage (fully vaccinated) in 2021: Afghanistan, Djibouti, Somalia, Sudan, Syrian Arab Republic and Yemen. The new edition of the regional SPRP is aligned with the global 2022 SPRP but operationally oriented and contextualized to the needs of the Eastern Mediterranean Region.

The goal set in the regional SPRP for 2022 is to “accelerate efforts to end the acute phase of the COVID-19 pandemic with an integrated, sustained and comprehensive response, while building the foundations for better preparedness and health systems recovery and resilience”. There are eight regional strategic objectives (see figure 1).

The document presents the priority activities for each pillar of the region's Incident Management Support Team for COVID-19 (IMST) in 2022, alongside the budget summary for all COVID-19 needs at regional and country levels, and includes the regional monitoring and evaluation framework to track regional and country progress.

Figure 1. Regional strategic objectives



## Expanding South Sudan's COVID-19 vaccination to remote regions

The European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) is supporting efforts by the World Health Organization (WHO) and its partners to boost vaccine rollout in Africa. Thanks to ECHO's critical support, WHO is reaching the most vulnerable people in 15 African countries, including South Sudan, who are facing humanitarian situations such as drought, natural disasters and displacement.

In a fresh drive to support countries' scale up vaccination, WHO and partner organizations have deployed more than 60 experts on the ground to form part of country expert teams. These teams are working to strengthen coordination, logistical and financial planning, including microplanning, surveillance of adverse events following immunization as well as vaccine uptake and stock data management. WHO partners are also working with people in the communities to strengthen trust and confidence in vaccination.

Bringing COVID-19 vaccination to settlements like Mangalla spares residents from lengthy and costly cross-country trips. Amid encouragement from leaders and some interaction with health care workers, residents trickle in to hear more about the benefits of the vaccine, to register and to be vaccinated.

To support the vaccine drive, community leaders in the area such as Bornalia Kuajo Peter are helping to reassure residents that the vaccines are safe and rally people to take them.

"I am happy my people have received the vaccine," says Peter, the deputy community leader. "The 50 people vaccinated in less than one hour today is clearly an indication that people in my community really are waiting for the vaccines and ready to receive them."

As he watched people get vaccinated, he stressed the need for vaccines in the area, particularly for the elderly and vulnerable people. "We want the vaccination to stay with us a little bit longer. I want all my people to receive the vaccines," he tells a gathering of people at the vaccination site. "I have taken one in front of you as assurance as your sub-chief that these vaccines are safe, especially for old people like us. In my area, most people are aged 50 and above so I urge you all to come and take the vaccine."

"I am happy my people have received the vaccine. The 50 people vaccinated in less than one hour today is clearly an indication that people in my community really are waiting for the vaccines and ready to receive them."

**Bornalia Kuajo Peter**  
Deputy community leader

Lilian Hilary, 26, was among the new recipients of a COVID-19 vaccine at Mangalla settlement during African Vaccination Week, in the last week of April. The mother of two says she had hoped to have been vaccinated earlier. "Today I am very happy that the services have been brought closer to our homes for women who cannot leave their children alone to also benefit from vaccines. We are happy that vaccines will now help protect us from getting sick from COVID-19." Hilary has lived in the settlement for two years with her children. Currently it is home to an estimated 90 000 internally displaced people and a host community of around 68,000 people.

To ensure maximum reach, WHO staff in South Sudan will continue to facilitate vaccinations by reaching out to residents.

"We value our partnerships in South Sudan with people on the ground who deliver and administer health care. There is a great need here for access to COVID-19 vaccines. We are pleased to be able to bring vaccination closer to residents, many of whom were internally displaced and facing difficult living conditions," says Dr Fabian Ndenzako, WHO Representative in South Sudan.

For more, click [here](#).



WHO is reaching the most vulnerable people in 15 African countries, including South Sudan, who are facing humanitarian situations such as drought, natural disasters and displacement. Photo credit: WHO

## PAHO Establishes High-Level Commission on Mental Health and COVID-19



WHO will prepare guidelines and recommendations to reduce the impact on mental health caused by the COVID-19 pandemic, and the related suffering in the population of the PAHO region. Photo credit: WHO

Dr Carissa F. Etienne, Director of the Pan American Health Organization (PAHO), launched the [High-level Commission on Mental Health and COVID-19](#) on May 6, 2022. The commission will prepare guidelines and recommendations to reduce the impact on mental health caused by the pandemic, and the related suffering in the population of the Region. The commission's work will focus on five key areas: recovering from the pandemic and promoting mental health as a priority; the mental health needs of vulnerable populations; integrating mental health into universal health coverage; financing; and promoting the prevention of mental health conditions.

The High-level Commission on Mental Health and COVID-19 is chaired by Epsy Campbell Barr, Vice President of Costa Rica, and co-chaired by Néstor Méndez, Assistant Director General of the Organization of American States (OAS). It is also made up of leaders of health organizations, civil society, academics, and people with direct experience in the subject.

**“We must seize the opportunity afforded by the pandemic to address long-standing weaknesses in mental health services and strengthen them for the future. Now is the time to build better mental health in the Americas.”**

**Dr Carissa F. Etienne**

Director of the Pan American Health Organization (PAHO)

The Commission Chair said that the mental health and well-being of millions, especially women, have been “severely affected” by the pandemic, confinements, school closures, telecommuting and care for family members. Campbell Barr called for “urgently addressing mental health” and “taking steps to prevent and respond to domestic violence, including mental health services for survivors. A scientific dossier published by the WHO reported that the global prevalence of anxiety and depression increased by 25% in the first year of the pandemic.

A PAHO analysis also noted that one-third of people who suffered from COVID-19 in the Region were diagnosed with a neurological or mental disorder, while another study conducted with the support from PAHO (COVID-19 HEalth caRe wOrkErS Study, HEROES) showed that, in 2020, between 14.7% and 22% of health personnel in the Region presented symptoms of depression.

The countries of the Americas have made significant efforts to meet growing mental health needs during the pandemic.

However, the historically low priority given to the issue – with insufficient and funding and underskilled human resources – has hampered the ability to respond adequately.

The commissioners will prepare a report with key evidence-based recommendations to improve mental health in the Americas and to transform mental health systems and services following the COVID-19 pandemic. The report is expected to be completed in the last quarter of 2022.

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

## Rapid antigen tests arrive in Iraq

The World Health Organization (WHO) handed over 630 000 rapid antigen tests to the Ministry of Health to be used for a timely and accurate COVID-19 screening and detection of SARS-COV-2 infection.

The US\$ 1.6 million shipment came as a part of WHO's overall COVID-19 response strategy to scale up the testing capacity and increase community access to COVID-19 testing in Iraq.

“These modern rapid tests, which are approved by WHO, will help the Ministry of Health enhance surveillance for COVID-19 and increase the number of tests performed everywhere in Iraq. As the epidemiological curve is going down, this is the time where we need to increase our surveillance,” said Dr Ahmed Zouiten, WHO Representative in Iraq.

“This response is a continuation of collaboration and partnership between WHO and the Ministry of Health to control COVID-19. We're grateful to Germany for their generous support that enabled the delivery of these crucial supplies.”

Since the start of the pandemic in Iraq, WHO contributed to preparedness and response to COVID-19 through enhancing the detection of new cases, strengthening laboratory capacity, improving the capacity of health facilities in case management and conducting awareness-raising campaigns.

“These new rapid tests are more accurate than the previous ones. The rapid tests will be distributed to health directorates to enable early detection of the virus across Iraq,” said Dr Riyad Al-Halfi, Director General of the Public Health Directorate in Iraq's Ministry of Health.

To watch the video of the delivery of rapid antigen tests click [here](#). For more information on the delivery, click [here](#).

“These modern rapid tests, which are approved by WHO, will help the Ministry of Health enhance surveillance for COVID-19 and increase the number of tests performed everywhere in Iraq. As the epidemiological curve is going down, this is the time where we need to increase our surveillance.”

**Dr Ahmed Zouiten**  
WHO Representative in Iraq



In April 2022, WHO provided over 600 000 rapid antigen tests to the Ministry of Health. Photo credit: WHO



## Engaging with Parliamentarians in Nepal to Strengthen Risk Communication and Community Engagement

Recognizing the important role played by parliamentarians in disseminating accurate health information to the general public, the Ministry of Health and Population (MoHP), with support from WHO, Country Office for Nepal, organized a series of briefings with elected members of the National Assembly and Provincial Assemblies earlier this year.

The series kicked off with an interaction program at Pokhara, Gandaki Province, on 19 February, with speakers and deputy speakers of all seven provinces as key participants. Similar sessions were then held with both incumbent and newly appointed members of the National Assembly in Kathmandu, followed by briefings for the honorable members of Karnali Province Assembly, Sudurpaschim Province Assembly, Madhesh Province Assembly, and Province 1 Assembly at the respective provincial capitals in February and March 2022.

At each of the one-day sessions, experts and senior officials from the MoHP and WHO led technical briefings on topics including vaccination, the science behind COVID-19 related public health and social measures, post-COVID-19 symptoms and their management, risk/crisis communication and community engagement in the context of the COVID-19 pandemic, and the impact of COVID-19 on non-communicable diseases and mental health. This high-level engagement is envisaged in the communication strategy of the MoHP developed with support from WHO, Country Office for Nepal (adopted on 22 August 2020).

"Since the start of the pandemic, parliamentarians have been eager to understand how they could contribute to response efforts and help the people who elected them. I am glad to have been able to partner with the Ministry of Health and Population and WHO for this important initiative to orient elected officials on their roles in public health advocacy and on explaining to parliamentarians the weightage of our words. As parliamentarians we must embrace science and base decisions that impact the wellbeing of our population on solid evidence."

**Rt. Hon. Chairperson of the National Assembly, Mr Ganesh Prasad Timilsina**, who led the coordination efforts for the entire program.

One of the major outcomes of the program was the signing of a commitment by the Speakers and Deputy Speakers of all seven provinces to ensure effective coordination and cooperation in combating COVID-19 pandemic and other/future pandemics during the kick-off event in Pokhara.

For more information, click [here](#)



Top Left: Rt. Honourable Mr Ganesh Prasad Timilsina, delivering opening remarks during the Parliamentarian Interaction program with members of the National Assembly in Kathmandu, Nepal.

Top Right: Deputy Chairperson, Hon. Shashikala Dahal, delivering remarks during the Parliamentarian Interaction program with members of the National Assembly in Kathmandu, Nepal.

Bottom Right: Hon. Health Minister Mr Birodh Khatiwada, delivering his closing remarks during the Parliamentarian Interaction program with members of the National Assembly in Kathmandu, Nepal.

Middle Left: Dr Rajesh Sambhajirao Pandav, WHO Representative to Nepal, delivering his remarks during the Parliamentarian Interaction program with Sudurpaschim Provincial Assembly Members in Sudurpaschim Province, Nepal.

Bottom: Dr Sangeeta Kaushal Mishra, Chief of Health Coordination Division, providing the welcome remarks during the Parliamentarian Interaction program with members of the National Assembly in Kathmandu, Nepal.

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## Integrating SARS-CoV-2 into influenza sentinel surveillance – field experience from Togo

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

The integration of SARS-CoV-2 surveillance into the influenza sentinel surveillance is important to address the need for sustained monitoring of community transmission of respiratory viruses with epidemic and pandemic potential. Since 2010, Togo has conducted surveillance of influenza-like-illness (ILI) and severe acute respiratory infection (SARI) with virologic confirmation for influenza virus in six sentinel sites in the country. In addition, syndromic surveillance for ILI, SARI, and pneumonia in children under 5 years of age complements influenza surveillance.

With the emergence of COVID-19, Togo faced challenges for influenza surveillance with a substantial reduction in the number of ILI and SARI cases presenting at sentinel sites, and subsequent reduction in the number of specimens collected from these sites. To investigate these reductions, five missions to the sentinel sites took place in July 2020 and May 2021. From meetings with clinicians, and surveillance and laboratory personnel, it was apparent that multiple factors had caused the reduction of patients and specimens from the sentinel sites, including: changes in the population health seeking behavior, new referral pathways for patients to COVID-19 diagnostic and treatment centers, concerns of health staff on SARS-CoV-2 transmission, the lack of personal protective equipment (PPE), and inadequate communication between the COVID-19 rapid response teams and the staff involved in influenza surveillance at sentinel sites.

To address these issues, Togo decided to integrate SARS-CoV-2 into the influenza sentinel surveillance system. This approach

leveraged the opportunity offered by the national COVID-19 pandemic response to strengthen biosafety and biosecurity measures at sentinel sites with the provision of consumables and PPE for sample collection; improve collaboration with the COVID-19 rapid response team and redefine patient and specimens pathways to ensure a minimum number of sentinel samples could be collected; ensure daily transportation of ILI and SARI specimens from sentinel sites to the laboratory by leveraging the transport means put in place for SARS-CoV-2 diagnostic specimens; and ensure sentinel specimens were tested simultaneously for influenza and SARS-CoV-2 using the CDC Flu-SARS-CoV-2 multiplex PCR kit.

By the end of 2021, the number of surveillance specimens collected from patients at the sentinel sites increased by 20% compared to 2020. Of the 1862 sentinel specimens tested for both pathogens in 2021, 261 (14%) were positive for influenza viruses and 72 (4%) were positive for SARS-CoV-2 (data reported to FluNet, as of 29 March 2022). The integrated surveillance has been successfully implemented in all six sentinel sites in Togo; it offers a sustainable approach for monitoring the circulation of the two pathogens.

By identifying and addressing specific challenges and leveraging opportunities and resources from the COVID-19 pandemic response, Togo has strengthened sentinel surveillance for influenza and other respiratory viruses of epidemic and pandemic potential.



Photo credit: Dr. Issaka Maman / National Influenza Center, Laboratoire de Biologie Moléculaire-Virologie, Institut National d'Hygiène (Lomé, Togo)

“Influenza sentinel surveillance has made possible to know influenza viruses are circulating in our country. With the integration of COVID-19, this surveillance will have a good picture since it’s possible to detect both viruses and will allow to follow the trend of COVID-19 as well as the flu at the same time.”

**Togolese ILI/SARI sentinel site focal point**

## 1<sup>st</sup> National Training of Trainers' (NTOT) Workshop on Infodemic Management Held in Nigeria

As part of efforts in Nigeria to institutionalize and strengthen Infodemic Management (IM) systems at national and sub-national levels, the Nigeria Centre for Disease Control (NCDC) with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) country grant to Nigeria, the [African Infodemic Response Alliance](#) (AIRA) -WHO, and Breakthrough Action Nigeria (USAID) hosted a 5-day residential national Training of Trainers (TOT) workshop from the 28 March to 2 April 2022.

In attendance were 43 participants from 20+ leading public health and non-health institutions, media and fact checking organizations and international non-governmental organizations (NGOs). The workshop sought to set-up 12 sub-national infodemic management structures in selected states of Anambra, Bauchi, Bayelsa, Edo, Enugu, Gombe, Jigawa,

Kano, Kwara, Ogun, Oyo, and Plateau States, before extending to the entire 36+1 states of the Federation.

The WHO-AIRA provided technical support throughout the training workshop. In addition, WHO-AIRA shared experiences from Kenya and South Africa on conduct of social listening offline, including elaborating on methodologies, tools, achievements and challenges. Emphasizes were made on developing information ecosystems and inauguration of State Infodemic Management Teams (SIMTs) to coordinate IM activities at the state level in a multidisciplinary and holistic approach, as witnessed at the national level.

During the workshop, IM implementation tools and processes were developed in line with the AIRA intervention pillars of identify, simplify, amplify and quantify.

### Major recommendations from the IM workshop included:

- Encourage multidisciplinary and multi-sectoral approach and collaboration in infodemic management in-country;
- Review/develop national IM strategy in Nigeria for standardization of the practice of infodemiology;
- Provide technical and financial assistance for implementation of IM activities at national and subnational levels.



Participants at the national training of trainers' (NTOT) workshop on infodemic management workshop in Keffi, Nasarawa State, Nigeria. NCDC

## Preparedness enabled massive reach of online learning for COVID-19

Open online learning has connected millions of people across the globe with science-based knowledge about the COVID-19 pandemic, thanks to groundwork that was laid years before the emergence of the novel coronavirus.

WHO anticipated that a global health emergency would bring massive demand for trusted information and set out to launch a learning platform that breaks down as many barriers to access as possible – Courses would be free of charge, available in multiple formats to reflect learners' diverse preferences and levels of internet connectivity, and translated into the languages spoken by those affected by health emergencies.

The [OpenWHO.org](https://openwho.org) learning platform was thus launched in June 2017, with its first course focused on another coronavirus – Middle East respiratory syndrome coronavirus (MERS-CoV). By the end of its first year, OpenWHO had a modest 49 000 enrolments, growing to 120 000 enrolments during its second year as it supported frontline responders in localized outbreaks like Ebola in the Democratic Republic of the Congo.

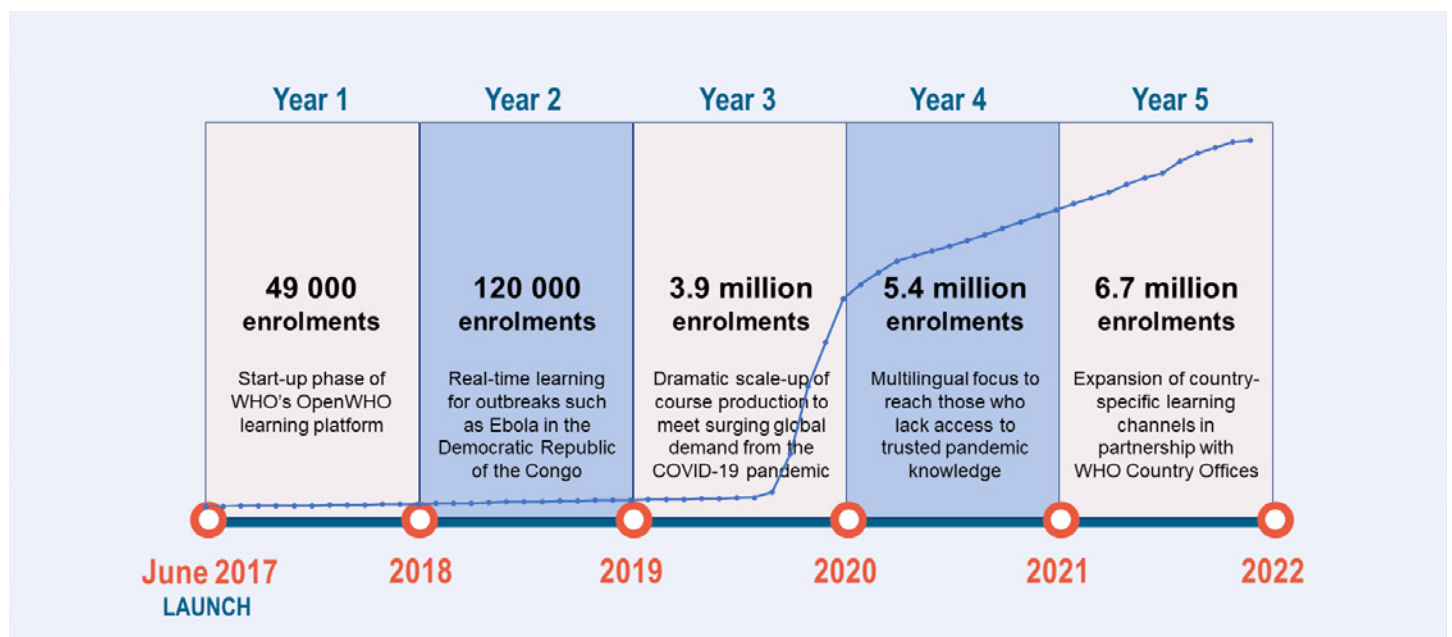
COVID-19 brought an exponential surge in demand for OpenWHO learning in early 2020 as people sought trusted information to protect themselves and their communities from the new health threat. Enrollments climbed from 160 000 in January 2020 to 3 million just six months later. The platform prioritized translation into as many languages as possible, recognizing that learning is easier in your own tongue, and began focusing on country-specific support in 2021 through a new Serving Countries learning portal.

Five years after its launch, OpenWHO now has 6.7 million total enrolments across 155 courses on key public health topics, including 46 produced for the COVID-19 response. Courses are available in 64 national and local languages and learners have earned 3.6 million course certificates.

The platform's journey exemplifies the critical role of preparedness in strengthening capacity to respond to health emergencies whenever and wherever they arise to save lives and reduce suffering. OpenWHO built on its existing systems to quickly launch a global learning response to COVID-19, helping cement the role of online learning as an essential element in the response to health emergencies.

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Learning reach: 5 years of OpenWHO.org



## COVID-19 Vaccine Delivery Partnership supports countries to scale-up vaccination

The COVID-19 Vaccine Delivery Partnership (CoVDP) is an inter-agency partnership launched by UNICEF and the WHO in consultation with Gavi in January 2022, with the primary goal of supporting countries with the lowest COVID-19 vaccination coverage. Building on the work of the country readiness and delivery unit at COVAX, the CoVDP provides support on political advocacy, access to delivery funding, technical and surge support, and demand planning across the 92 Advanced Market Commitment (AMC) countries with concerted support provided to the 34 countries at or below 10% vaccination coverage in January 2022.

In recent months, many of the low- and middle-income countries targeted by the CoVDP have managed to boost coverage. Ethiopia and Uganda have increased their vaccination rates five-fold since January, through a combination of mass vaccination campaigns, strong public communication, messaging and social mobilization, including through the marshalling of religious and traditional leaders.

Two recent missions to Ethiopia and DRC have highlighted the importance not only of close collaboration and coordination of partners to more effectively use available resources to address vaccine delivery obstacles, they also highlighted the critical importance of high-level political engagement to maintain the momentum on COVID-19 vaccinations at a time when vaccine hesitancy is increasing and risk perceptions are shifting as a result of the Omicron variant.

In Ethiopia, the CoVDP identified funding to support COVID-19 vaccination operational costs in Tigray (US\$ 4.2 million) and secured agreement to bundle COVID-19 vaccination with childhood vaccination campaigns planned for May. The government also consented to use of World Bank funding to extend contracts for 5000 health workers. In DRC, the CoVDP held discussions with government and partners on the plan to vaccinate 11 million people by July. It secured commitment from the Senate President to advance World Bank MoU (US\$ 200 million) to unblock funding bottlenecks and to advocate for vaccinating police and military forces. The country also signaled interest in bundling the COVID-19 vaccination with planned polio and measles campaigns.

In the coming months, the CoVDP will accelerate its engagement across all 92 AMC countries and specifically work on addressing bottlenecks in the countries remaining below 10% vaccination rates of which a majority face ongoing humanitarian emergencies. It will also double down on efforts to support countries not just in reaching national targets but making sure that all high-risk population groups, including the elderly, healthcare and other frontline workers, the immune-compromised, pregnant women, refugees and internally displaced people are not left behind.



Fire Habtamu has been planning to take the COVID vaccine and she finally did it. Thanks to the community mobilization done by health workers in Alem Gena Health Centre. © UNICEF Ethiopia / 2022 / Demissew Bizuwerk

## Act-A Health Systems and Response Connector (HSRC) supports Member States to translate COVID-19 tools into national interventions to stop transmission and save lives

### Overview of the Health Systems Response Connector

The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration to accelerate the development, production, and equitable access to COVID-19 tools (diagnostics, therapeutics, and vaccines). The ACT-A comprises four technical partnerships: three vertical pillars (vaccines, therapeutics, and diagnostics) and one transversal Health Systems and Response Connector (HSRC).

The HSRC is a multi-organization partnership that includes diverse stakeholders as its members. The HSRC, co-led by the WHO, UNICEF, Global Fund, and World Bank with support from the Global Financing Facility (GFF) and Gavi aims to ensure that all countries have the necessary technical, operational and financial resources to translate COVID-19 tools into national response interventions to stop transmission and save lives.

In ending the acute stage of the COVID-19 pandemic, countries must have the necessary infrastructure in place to scale the delivery of COVID-19 tools while strengthening health systems and protecting health workers through effective IPC and PPE strategies.

Through close collaboration with partners, the ACT-A HSRC aims to support countries in identifying and addressing critical health system bottlenecks which inhibit the implementation of COVID-19 tools while, at the same time, support countries maintaining essential health services and protect health workers. The ACT-A HSRC serves as a common link with existing technical and financing country partners and platforms to ensure that health systems are strengthened and ready for agile responses to concurrent health emergencies.

HSRC's work is articulated around 3 thematic areas:

- Coordinated country planning, financing and tracking against targets
- Coordinated technical, operational and financial support

to countries to ensure translation of tools (diagnostics, therapeutics, and vaccines) into effective health interventions

- Debottlenecking health systems (including risk communication and community engagement) and maintaining essential health services, while protecting health workers (including through infection prevention and control, personal protective equipment)

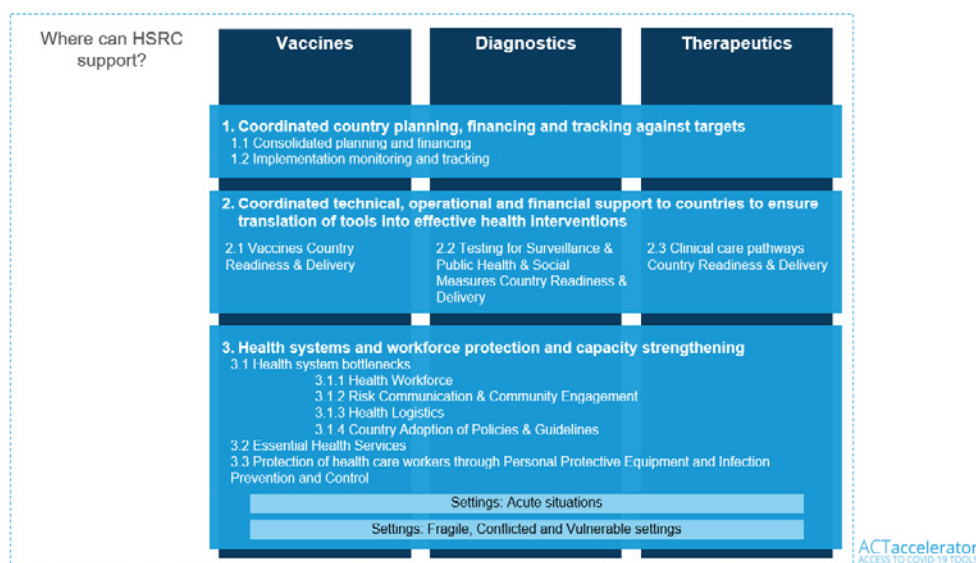
### HSRC Joint-Country Engagement Missions in partnership with COVID-19 Delivery Partnership (CoVDP)

The HSRC has recently launched a series of joint-country engagement missions in partnership COVID-19 Delivery Partnership (CoVDP), established and operationalized multi-stakeholder workstreams, and made further progress in enhancing digital data collection and monitoring tools to respond to emerging needs.

In April, the WHO represented the HSRC in joint-country missions to Ethiopia and DRC in partnership with CoVDP. These missions served as an opportunity to introduce country teams to the HSRC and conduct technical deep dives on high priority topics, aiming to identify key areas where support is required across all HSRC workstreams. Subsequently, in both countries the HSRC was able to align on high-priority, concrete, and specific challenges, including immediate needs be addressed through global-level collaboration across partner agencies.

In the coming months, the HSRC plans to further scale country engagement, prioritizing support to countries with cross-cutting health systems bottlenecks based on preliminary country needs assessments which are conducted. HSRC will also continue engaging partner agencies to operationalize and support dedicated workstreams within each thematic area to effectively support priority countries address identified challenges.

### Health Systems and Response Connector (HSRC)-Multi-organization Partnership



## WHO's mass gathering support to the Beijing 2022 Winter Olympic and Paralympic Games

WHO and the International Olympic Committee (IOC) have a long-standing collaboration and a [Framework Cooperation Agreement](#), which was most recently renewed in May 2020. Based on this agreement and longstanding partnership, WHO provided technical support to the IOC during the 2022 Games' planning phase. WHO's advisory role aimed at facilitating the adoption and the implementation of a risk-based approach for the mass gathering of the Olympics.

WHO [recommends](#) that any decision related to the organization of mass gatherings in the context of COVID-19, including the Olympics, should be based on a rigorous risk-based approach. WHO recommends a three step process for mass gathering – risk evaluation, risk mitigation, and risk communication – to support Member States to take an informed decision if the event should be held and how best to decrease the risk of SARS-CoV-2 transmission and any potential health system strain.

As the first city in the world to host both [the Summer and Winter Olympics](#), Beijing welcomed the sporting world for 16 days of action for the Winter Olympics between 4 and 20 February 2022 and the Winter Paralympics between 4 and 13 March 2022.

### WHO scaled up 3-level coordination, Beijing 2022 Olympic and Paralympic Games event-based surveillance (EBS) process, and risk assessment

The Beijing 2022 Winter Games occurred amid a resurgence of COVID-19 globally and in China. Following the successful operational mechanisms implemented for the previous Tokyo 2020 Summer Olympic and Paralympic Games, WHO activated its ad-hoc Olympics technical working group for Beijing 2022. A three-level coordination mechanism comprising of information management support teams, health information management, and mass gatherings was established within WHO to support the IOC and the WHO China Country Office.

Two information-sharing mechanisms between China's government and WHO were prepared: (1) the daily public health information publications from the Beijing 2022 Organising Committee, and (2) continued routine notification to WHO from China's International Health Regulations (IHR 2005) national focal point (NFP) with regard to COVID-19 and other public health information as needed.

For the Games, WHO established event-based surveillance (EBS) for COVID-19 and other public health threats across WHO Member states, territories and areas, by employing an all-hazards approach. The scope of EBS included domestic signals detected in Beijing and international signals related to the exportation of cases from the host country to other countries. The WHO Epidemic Intelligence from Open Sources (EIOS) system was used to detect signals of public health concerns related to the Games. All the signals were assessed for overall potential impact on Games and for potential IHR-reporting efforts in line with the International Health Regulations (2005), using predetermined criteria.

From 24 January 2022 to 14 March 2022, the Beijing 2022 Organising Committee for the 2022 Olympic and Paralympic Winter Games (Beijing 2022) published daily [Official releases](#) – called “Updates on Beijing 2022 COVID-19 Prevention and Control” – which provided data on confirmed positive cases from airport testing and screening testing for athletes and team officials and other stakeholders within the closed loop. This information contributed to the WHO Games EBS and risk assessment.

### Beijing 2022 Olympic and Paralympic Games social listening

After the previous success of the newly implemented social listening activity for Tokyo 2020, this activity was applied to Beijing 2022 with a significantly enhanced Olympics Infodemic taxonomy and methodology to reflect the local context of conversations in China and globally. With the three-level coordination of WHO, risk communication and community engagement (RCCE), and infodemic management teams, seven “Infodemic Insight Reports: Olympic Games Beijing 2022” were developed and shared.

The collaboration across three levels of WHO greatly facilitated internal information sharing, delivery of daily situation reports on domestic and international signals of COVID-19 and acute public health signals of concern, and early detection of the exportation of COVID-19 and other public health threats to the country of origin amongst returnees of the Games. The collaboration mechanism established during both the Tokyo 2020 and Beijing 2022 Games has proved to be a key legacy example that can be replicated to enhance public health intelligence for future mass gatherings in an effort to inform risk-based decisions.



WHO provided technical support to the IOC during the 2022 Games' planning phase. © Olympic Committee

## COVID-19 Response Funding in 2022

[WHO's Global Health Emergency Appeal for 2022 \(GHEA\)](#) contributes to our strategic target of 1 billion people being better protected from health emergencies. This new annual appeal covers WHO's requirements to meet urgent emergency and humanitarian health needs for every region, including the COVID-19 response.

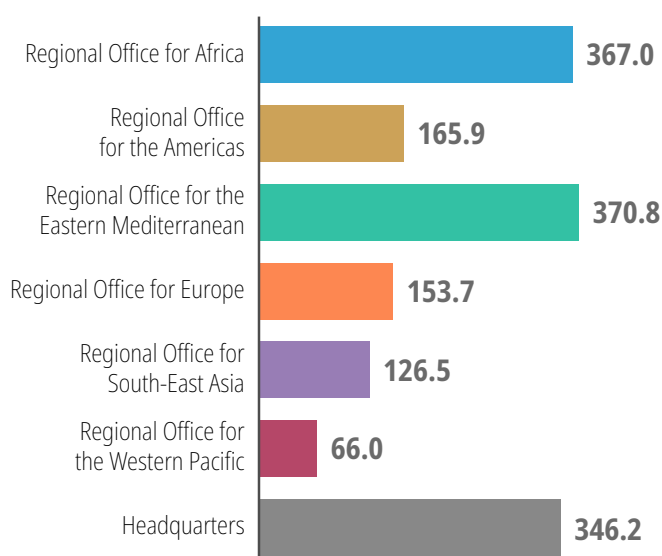
In WHO's GHEA 2022, published in March 2022, WHO called for US\$ 2.7 billion to serve people around the world in the **most vulnerable settings, including US\$ 1.59 billion for ending the acute phase of the COVID-19 pandemic**. Two years of COVID-19 have stretched health systems, societies and supply chains, leaving vulnerable communities with less capacity to cope. The world is witnessing a significant increase in the

number of people requiring humanitarian assistance – up from 235 million in 2021 to 274 million in 2022.

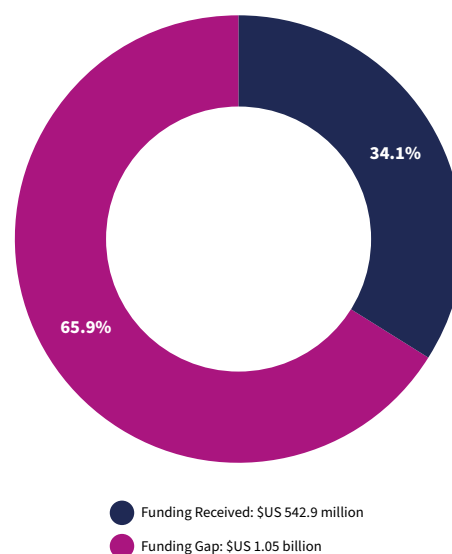
Thanks to the generosity of donors, investments in WHO's COVID-19 response have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need them most.

As of 17 May 2022, WHO has **received US\$ 542.9 million** in support of its COVID-19 response. WHO's current funding gap against funds received is US\$ 1.05 billion.

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



**TOTAL US\$ 1.59 billion**



WHO's COVID-19 budget broken down by Access to COVID-19 Tools Accelerator (ACT-A) pillar (US\$ million)

ACT-A Pillars	Total
Diagnostics	214.3
Therapeutics	189.8
Vaccines	332.7
Health systems and response connector	753.7
Research and development	105.5
<b>Total</b>	<b>1596.1</b>

“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





### 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](#)
- [South-East Asia Regional Office](#)
- [Western Pacific Regional Office](#)



## News

- WHO opened the [75th World Health Assembly](#) #WHA75
- The [COVAX](#) for urgent action to close vaccinated equity gap
- WHO validates the [11th vaccine for emergency use listing](#) (EUL)
- WHO working closely with [countries responding to monkeypox](#)

## Highlights

For the 23rd May 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- Geographic distribution of circulating SARS-CoV-2 variants of concern, including prevalence.
- Special focus on environmental surveillance for SARS-CoV-2 to complement public health surveillance.



Science in 5 is WHO's conversation in science. In this video and audio series WHO experts explain the science related to COVID-19. Transcripts are available in Arabic, Chinese, English, French, Farsi, Hindi, Maithili, Nepali, Portuguese, Russian and Spanish.

### [COVID-19 vaccines and children](#) (11 May)

What are WHO's recommendations for COVID-19 vaccines and children? And what does the evidence say so far about the safety of these vaccines in children? And if you live in a country where this vaccination is not available for your kids, how can you keep them safe? WHO's Dr Soumya Swaminathan explains in Science in 5.

### [Upcoming new vaccines](#) (29 April)

What are the new vaccines in the pipeline? What are the challenges to turning vaccines into vaccination? What timelines can we expect for future vaccines? WHO's Dr Katherine O'Brien explains in Science in 5.