WHO's Monthly Operational Update on COVID-19

Staff from the Kingdom of Saudi Arabia National Influenza Centre in action.
Photo credit: Public Health Authority, Kingdom of Saudi Arabia

The Eastern Mediterranean Region reflects on genomic sequencing and its future within integrated surveillance of respiratory viruses

With its multiple variants such as Delta and Omicron, the COVID-19 pandemic highlighted the need for genomic surveillance to monitor virus evolution and its implications on transmission dynamics and response measures like vaccines. Sequencing information provides crucial decision-making information during epidemics and pandemics. On 8-9 June 2022, WHO's Eastern Mediterranean Regional Office convened a meeting in Egypt with partner organizations and countries to discuss the framework for integrated respiratory pathogen surveillance including the role of genomic surveillance. The regional laboratory focal point set the scene:

> "Currently, 19 out of the 22 countries in the Eastern Mediterranean Region have genomic sequencing capabilities. A regional network has been established to enable all countries to have access to sequencing, and to strengthen their capacities coherently and collaboratively to be able to detect, investigate and respond to COVID-19 and other emerging and re-emerging infectious diseases with epidemic and pandemic potential."
>
> **Dr Amal Barakat**
> Regional Laboratory Focal Point, WHO

Continued on next page …

In this issue

Key figures (as of July 2022)

- WHO-led UN Crisis Management Team coordinating **23 UN entities** across nine areas of work
- Open WHO totaled **6.9 million enrolments** for online courses available in **64 national and local languages**, including 46 courses dedicated to the COVID-19 response
- **951 million tests** delivered via ACT-A
- **229 GOARN deployments** conducted to support COVID-19 pandemic response
- **12 130 881 147 vaccine doses** have been administered as of 12 July 2022

  4 814 711 126 persons fully vaccinated as of 12 July 2022

  5 288 330 141 persons vaccinated with at least one dose as of 12 July 2022
- **41 million** online data analysed between 15 June 22 - 14 July 2022 by WHO as part of social listening and infodemic management support to Member States

* COVAX has shipped over 1.58 billion vaccines to 146 participants as of 13 July 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.

Highlights from stories shared by countries in the meeting

Morocco

Following the significant increase in molecular diagnostic capacity for SARS-CoV-2 in the country enabling up to 250 000 tests per day, the National Influenza Centre at the Ministry of Health (MOH) swiftly recognized that the need for SARS-CoV-2 sequencing was also increasing. To address this, Morocco set up a national consortium of four laboratories – two public and two private – to cover different geographic regions in the country.

> "The Consortium enables us to address genomic surveillance needs by bringing in the capacities and capabilities of the private sector. This was a major achievement and presents an opportunity for us as we think about the next generation of public health surveillance."
>
> **Professor Hisham Ouzmil**
> National Influenza Centre, Morocco

Oman

The MOH Central Public Health Laboratory (CPHL), which serves as WHO's regional reference laboratory for COVID-19, collaborated with national and local academic partners to strengthen workforce capacities, increase national genomic surveillance coverage, and develop algorithms for selecting cases for sequencing. This helped understand virological trends associated with different sub-populations such as travelers, severely ill patients and cases from different geographic regions.

> "Genomics have helped us to better understand the epidemiology of COVID-19 in Oman. Linking genomic data to epidemiological and clinical data, and analyzing trends from other countries maximizes the utility and power of genomics. We are happy to work with other countries, share our experiences and strengthen collaborations as we learn lessons for future pandemic preparedness."
>
> **Dr Hanan Alkindi**
> Central Public Health Laboratory, Oman

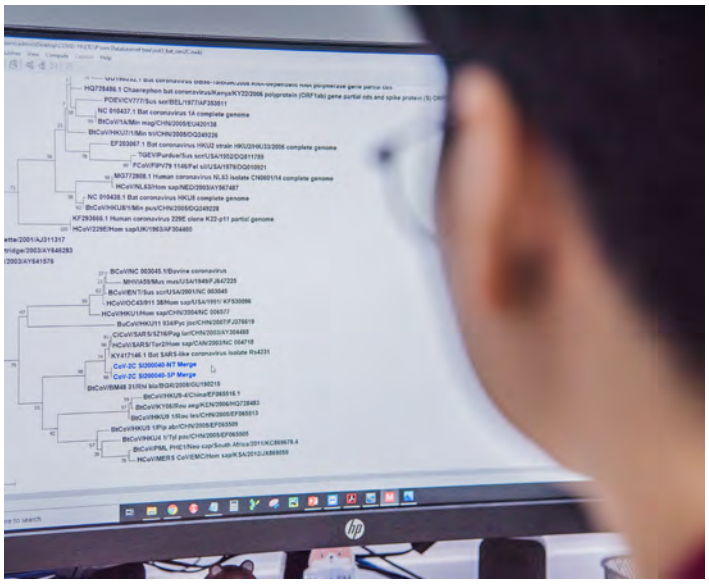
Saudi Arabia

A massive effort was undertaken to expand genomic surveillance to better understand the viral phylo-dynamics in all geographic regions of the country and look at patterns among severe cases, travel-related cases, post-vaccination cases and re-infections.

> "More than 60 000 SARS-CoV-2 samples have been sequenced from around the country. We have the opportunity to use the capacity established for various public health threats and are ready for future emergencies."
>
> **Dr Ahmed Albarraq**
> Public Health Authority, Saudi Arabia

Outputs from the meeting and reflections from countries on the role of genomics during the COVID-19 pandemic and future emergencies will enable the Region to plan effectively and focus attention on the future of integrated respiratory pathogen surveillance, inclusive of genomic surveillance. The regional operational framework for integrated surveillance is being finalized and will be available later this year. It will include opportunities for genomic surveillance in the context of the recently launched Global Genomic Surveillance Strategy for Pathogens with Pandemic and Epidemic Potential, 2022–2032.

The 10-year Global Genomic Surveillance strategy will enable countries in the Eastern Mediterranean Region, as well as in other regions, to capitalize on the gains made as part of the response to COVID-19 and to solidify the role of genomics in future public health practice.



Genomic sequencing. Photo credit: WHO

Global Outbreak Alert and Response Network (GOARN) field epidemiologists support the COVID-19 response in Papua New Guinea

The Global Outbreak Alert and Response Network (GOARN) is a global technical partnership established by WHO as a mechanism to engage resources of technical agencies beyond the UN, towards the rapid identification, confirmation and response to international public health emergencies. Since January 2020, GOARN has deployed a total of 75 experts within the WHO Western Pacific Region, 24 of whom have supported the COVID-19 response in Papua New Guinea, including 5 experts deployed as part of the Field Epidemiology in Action (FEiA) team.

Since 2014, the Field Epidemiology in Action (FEiA) team – composed of epidemiologists, physicians and researchers from Papua New Guinea, Solomon Islands and Australia – has been working with the National Department of Health's (NDoH) Field Epidemiology Training Program (FETP) in Papua New Guinea to strengthen outbreak preparedness and response capacities.

Between October 2020 and July 2022, the FEiA team was deployed to the country with support from GOARN, to help the NDoH conduct operational research on the barriers and enablers experienced by health care workers in the collection of COVID-19 samples. This study, which was published in the International Journal of Infectious Diseases identified insufficient training and personal protective equipment, inadequate staffing and lack of cold chain to store swabs as main barriers. It also included key recommendations which were presented to the Papua New Guinea Joint Agency Taskforce National Control Centre for COVID-19.

This research marked the beginning of a stronger collaborative partnership between GOARN, the FEiA team and the NDoH in two key aspects: **operational research** and **capacity building for health workers**. With GOARN's support, the following operational research was undertaken throughout 2021 and 2022:

1. A **collaborative study on COVID-19 vaccine hesitancy**, which helped guide Papua New Guinea's Expanded Program on Immunization and Risk Communication and Community Engagement teams on their approach.
2. An **evaluation of COVID-19 surveillance**, which provided insights on how to increase the quality and reliability of COVID-19 surveillance and reporting.
3. An **intra-action review**, which analysed the translation of field epidemiology knowledge and skills during the pandemic and provided recommendations on how to enhance capacity building.

The GOARN deployments also enabled the training of several rapid response teams (RRTs), which have proven to be essential to the response to COVID-19, particularly at the provincial level. Throughout 2021 and 2022, GOARN piloted and scaled up a training program based on the WHO All-Hazard Rapid Response Teams Training Package and adapted to the Papua New Guinea context. The trainings included a mix of in-person sessions and eLearning modules. GOARN experts trained FETP and RRT members to become trainers themselves, thereby enabling NDoH and WHO Country Office staff to independently pursue the RRT initiation training in remaining provinces, without external support.

To date, 190 responders from 11 provinces across the country have completed the RRT initiation training, thereby enhancing the country's response to COVID-19.

Papua New Guinea's rapid response program model, May 2022

> "We look forward to continuing our work through the support of GOARN to strengthen national RRT capacities in Papua New Guinea and to exploring joint collaborations in the Pacific more broadly."
>
> **Tambri Housen**
> FEiA Papua New Guinea Programs Lead

GOARN expert Celeste Marsh facilitating a COVID-19 Intra-Action review with FETP fellows in Port Moresby, March 2022. Photo credit: James Flint

WHO/Europe leads regional dialogue on the importance of strong infection prevention and control programmes for COVID-19, monkeypox and beyond

On 24 June 2022, the World Health Organization Emergencies Programme (WHE) conducted a regional webinar on Infection Prevention and Control (IPC) measures in the context of COVID-19 and monkeypox. IPC has been a key pillar in the response to various health emergencies, providing a practical, evidence-based approach to help prevent patients and health workers from being harmed by avoidable infection.

In response to the increased interest in IPC witnessed throughout the COVID-19 pandemic, and with new emerging health threats in the European Region such as monkeypox, WHO/Europe IPC experts from various locations across the region came together to join a panel discussion with key professionals from 21 Member States.* The aim of the session was to discuss WHO's core components of IPC programmes and how to implement these during the current outbreaks, as well as to review the various aspects of IPC programmes which support outbreak response planning in general.

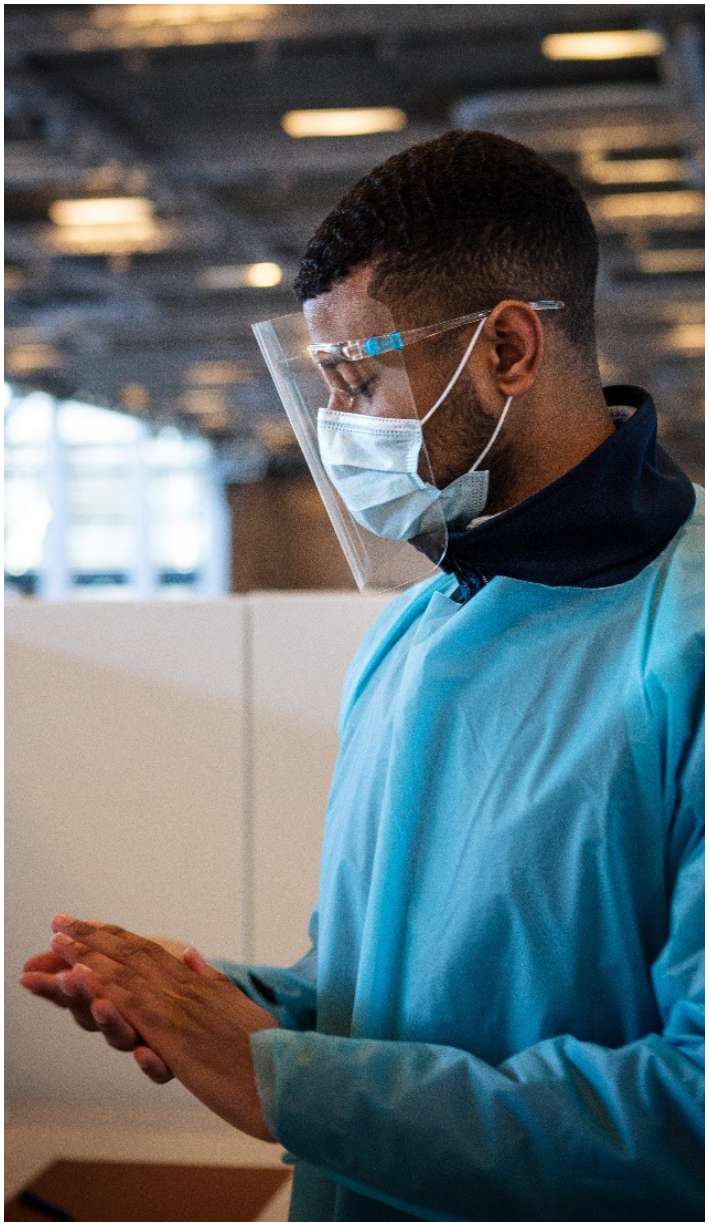
The panel provided an update on the successes of IPC that have been observed throughout current public health emergencies, with a focus on COVID-19 and monkeypox. It highlighted the critical importance of IPC within national and subnational responses and described the core areas of WHO guidance on IPC including the newly issued Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance (10 June 2022). Panel members also took the opportunity to elaborate on the implementation of this guideline in practice, using specific examples from countries.

In addition, panel discussions stressed the importance of structured IPC programmes and the need for strong IPC principles and implementation cutting across all healthcare activities. They also highlighted the recent inclusion of IPC within the International Health Regulations (IHR 2005).

A total of 129 participants attended the webinar, representing national IPC committees and ministries of health across the European region. The webinar aimed to assist countries which are currently taking action to strengthen their IPC efforts, and are looking to further strengthen these systems through the preparedness for, or response to, monkeypox cases.

** Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Germany, Hungary, Kazakhstan, Lithuania, Moldova, Montenegro, North Macedonia, Norway, Portugal, Russian Federation, Tajikistan, Turkmenistan and Ukraine*

Participant holding supplies during an IPC training in WHO mission to Azerbaijan in July 2021. Photo credit: WHO Country Office for Azerbaijan



Health care worker at a COVID-19 test center in Copenhagen, Denmark. Photo credit: WHO / Uka Borregaard EU20074

An ancient tradition to the rescue: Mayan midwives or *"comadronas"* dispel COVID-19 vaccination fears

Over the last decades, Guatemala has persistently shown one of the highest maternal mortality rates in Latin America and according to the Guatemalan Ministry of Health, COVID-19 was the main cause of maternal deaths in 2021, thereby making vaccination efforts imperative. When the COVID-19 vaccination campaign started, Guatemala, like many countries around the world, was flooded with rumors. A strategy to help reduce this maternal mortality and counter 21st century disinformation was found paradoxically in an old tradition: **the *comadronas* or traditional midwives**, who are revered in Guatemala as keepers of ancestral medical knowledge, and who support women throughout pregnancy, delivery, and motherhood.

Comadronas offer practical and spiritual guidance for indigenous families, who make up over 40% of the country's population and often live in poverty, far away from health facilities. Due to their high standing in traditional Mayan society, and as their home visits were often the only attention pregnant women received during pandemic lockdowns, the Guatemalan Ministry of Public Health and the WHO/Pan American Health Organization (PAHO) identified them as ideal messengers to fight vaccine disinformation.

Vaccinated as a priority group, *comadronas* were able to go out to their communities to inform about the efficacy and safety of vaccines. With support from WHO/PAHO, the Ministry of Public Health produced a vaccination guide translated into Mayan languages as well as Garifuna and Xinca, and broadcasted radio spots in various languages to support the dissemination of factual vaccine information in vulnerable communities. At the height of the pandemic, WHO/PAHO also provided *comadronas* with masks, sanitizers, flashlights and raincoats to help them continue their work under all circumstances in El Rancho, an indigenous community 254 kilometers from the capital.

> "I recommend the COVID-19 vaccine to pregnant women the same way I recommend folic acid and vitamins: for the good of their health and their babies."
>
> **Matilde Rax Gualim**
> 44, *comadrona* for half her life in El Rancho

These efforts are part of larger public health policies to better integrate *comadronas* in the Guatemalan health system and recognize their work, as illustrated by the establishment of 19 May as the National *Comadrona* Day. 23 000 *comadronas* are now registered officially with the Ministry of Public Health and received basic training on identifying high-risk pregnancies and referral to health centers when necessary.

As of May 2022, only 34.1% of the population has been fully vaccinated against COVID-19 and over 18 000 deaths due to COVID-19 have been registered. Showing that culturally-sensitive approaches to health are crucial, the *comadronas* will continue to play an important role in the vaccination campaign and more generally, in the health and well-being of mothers in Guatemala, while keeping ancestral knowledge and traditions alive.

For more information, click here.

PAHO provides basic protective equipment to the *comadronas*. Photo credit: WHO


Matilde Rax Gualim holds her COVID-19 vaccine certificate. Photo credit: WHO

Reviewing the COVID-19 response in Sudan amidst other national emergencies

In addition to the COVID-19 pandemic, Sudan is currently facing outbreaks of dengue fever, measles, rubella, and a surge in malaria cases. Important disease control capacities, such as routine immunization and vector control, have declined in recent years amplifying the risk and scale of outbreaks. From 12 to 17 June, the WHO Regional Office for the Eastern Mediterranean sent 10 technical experts on a country mission to Sudan to review the national and subnational response to COVID-19, as well as other priority emergency hazards.

The purpose of the mission was to support the country in reviewing the measures of response to the ongoing outbreaks of COVID-19 and high-risk infectious hazards prioritized for direct and proxy interventions (measles, cholera, dengue fever, malaria, floods and heavy rain, as well as armed conflict and civil unrest), to **identify and document strengths and areas of improvement**, and to **provide recommendations to scale up overall readiness and operations** in response to priority risks and emergencies.

The mission covered nine COVID-19 response pillars, including case management and clinical operations, infection prevention and control (IPC), International Health Regulations (2005) and social measures, as well as COVID-19 vaccine.

The mission conducted its analysis through desk reviews, interviews with key informants, group discussions, field visits, and direct observations. Mission members met with Ministry of Health officials, health care workers, partners, and other stakeholders, and visited key locations in Khartoum and River Nile states, such as emergency operations centers, health care facilities, laboratories, and refugee camps.

Preliminary recommendations included institutionalizing **the Incident Management System** for response to emergencies, conducting **locality-level community preparedness and response** planning, developing a **national plan for medical waste management**, and building a **longer-term program for intensive care unit/critical care** targeting physicians and nurses.

Preliminary findings and recommendations were presented to the Ministry of Health, partners, and the WHO Country Office, and will be shared in a final report. Recommendations will allow to strengthen the existing COVID-19 response and improve preparedness and response for other current and future outbreaks.

Hospital visit in Atbara, River Nile State, reviewing the IPC measures taken, 15 June 2022. Photo credit: WHO EMRO

Emergency Medical Teams (EMTs) provide support to Eswatini during the COVID-19 pandemic

This is a summary of the following article: Ngoy Nsenga et al. The role of emergency medical teams in Eswatini during the COVID-19 pandemic. Pan African Medical Journal. 2022;41(2):9. Published under the CC BY 4.0 licence.

Alert system and EMT Response Framework

At the height of the second pandemic wave, Eswatini's intensive care unit was saturated with all 53 critical care beds being used, and the country was experiencing a shortage of healthcare workers and oxygen supplies. Eswatini's Ministry of Health (MoH) therefore shared a request for assistance with the Emergency Medical Team (EMT) Secretariat in early January 2021.

> The WHO EMT initiative's mission is to enhance preparedness and promote the rapid mobilization and efficient coordination of both national and international medical teams and the health-care workforce in order to reduce the loss of life and prevent long-term disability as a result of disasters, outbreaks and/or other emergencies. EMTs are groups of health professionals providing direct clinical care to populations affected by outbreak and emergencies as surge capacity in supporting the local health system.

On 20 January 2021, the United Kingdom (UK) EMT came forward with an offer fitting the support requested, which was proposed to and accepted by the Eswatini MoH. The UK EMT, together with their NGO partner UK Med, deployed 11 clinical and operational specialists, including a logistician, a biomedical engineer, two critical care doctors, two critical care nurses, two infection and prevention and control nurses, a specialist in risk communications, an emergency department nurse as medical coordinator, as well as a consultant orthopedic surgeon to lead the team.

Implementation of EMT support

The EMT arrived in Eswatini on 30 January 2021. As the country was seeing a decrease in COVID-19 hospital admissions (potentially due to containment measures implemented by the government), the EMT's support was adjusted and repositioned towards the enhancement of national staff's capacity to respond to a predicted third wave in two pre-identified referral health facilities: Mavuso Treatment Centre and Raleigh Fitkin Memorial Hospital.

After conducting initial assessments of these referral health facilities and based on the WHO hospital readiness checklist, the UK team developed a plan to provide training, on-the-job supervision and clinical care alongside healthcare workers.

Intensive care unit nurse Samuel Emechebe conducting basic life support training at the Raleigh Fitkin Memorial Hospital, March 2021. Photo credit: UK-Med 2021

The 5-step process for International EMT deployment. Credit: WHO

Continued on next page …

Supportive actions conducted as part of the EMT mission included:

1. **Optimizing facilities** to create clinically appropriate patient and staff flows, putting in place a **triage and admission process** for COVID-19, and **training** national staff in this updated system.
2. Supporting the appropriate **identification and screening** of patients and **ensuring isolation and clinical care** for all cases, inclusive of severe and critical patients.
3. Providing **clinical training, on-the job supervision**, and working alongside health care workers dealing with COVID-19 cases.
4. Implementing appropriate **infection prevention and control (IPC) measures** and delivering COVID-19 related IPC trainings.
5. Adapting **clinical guidelines** and developing **standard operating procedures** (SOPs) for the identified facilities, according to context needs and resource availability.
6. Providing **biomedical support** for the repair and maintenance of essential equipment.
7. Providing support to the **regional plan for increasing oxygen supply**, moving towards self-sufficiency.
8. Supporting **Risk Communications and Community Engagement** (RCCE) activities.
9. **Optimizing existing data collection systems** to support the surveillance system within the facilities or identified areas.

During the last weeks of the deployment, the MoH, the WHO Country Office and the UK EMT jointly organized a one-week training of trainers to support the ongoing development of the care system in Eswatini, which focused on: IPC measures, the use of personal protective equipment, basic life support and escalation of care. This training, attended by staff from all MoH care facilities and the main private sector hospitals, was then followed by a week of placement support and one-to-one supervision to ensure the learning could be embedded. Significant investments were made to ensure country-wide standard operating procedures (SOPs) and case management tools were both updated and implemented across all facilities receiving COVID-19 patients.

In addition, biomedical engineering played a key part in the response and supported local staff understand the need for preventative maintenance repair, and education for medical equipment. To ensure technicians and engineers have the skills, abilities and tools to continue with the work initiated as part of the deployment on the long term, WHO and the MoH are considering funding a four-week biomedical engineer course.

Expanding and sustaining gains for national EMT

In collaboration with the WHO African Region EMT, the Eswatini MoH is committed to implementing its own national EMT to strengthen its own capacity to timely and effectively respond to emergencies and outbreaks at the national and subnational level in line with EMT standards.

Biomedical Engineer Sean Ryder and Logistician Rory Peters discussing oxygen generation with the local biomedical team at Mbabane Hospital, 18 February 2021.
Photo credit: A Kent, 2021

Malaysia trials digital community to protect mental health during COVID-19

As in most countries around the world, many persons in Malaysia experienced anxiety, fear, loneliness and boredom during the COVID-19 pandemic and related lockdowns. To respond to this, the South East Asia Community Observatory (SEACO) and the Jeffrey Cheah School of Medicine and Health Sciences at Monash University designed and piloted in collaboration with WHO the **Relate Me project: a digital community** which enables users to connect and share with members through a user-friendly social messaging platform. Relate Me was built on the findings of "corona" risk surveys conducted by Monash University researchers throughout 2020. As part of it, nearly 900 people aged 18 to 73 from rural or semi-rural Malay, Chinese or Indian communities in Johor state responded to help researchers understand the prevalence, progression and causes of mental health risks during the pandemic. The data revealed a striking link between the consequences of lockdowns and mental health risks.

The Relate Me project selected 15 survey respondents aged 20 to 60 to participate in a two-week pilot programme that focused on individual coping and relationship building skills, in an effort to improve mental health distress. Run by locally elected community health workers, the programme offered individual and group chats so participants could build relationships with health workers and their peers simultaneously. WhatsApp was chosen as it does not require high-speed internet access and is the most widely used messaging application among Malaysians, including rural residents with low digital literacy who could choose to record and send voice messages.

Results were positive and participants expressed the fact that Relate Me developed a community when a real-life community was out of reach. This success in reducing anxiety and fear has importantly been attributed to the engagement and empowerment of trusted community health care workers who were trained as part of this project - something which will be helpful for the project's long-term sustainability.

Into the future, the Relate Me project could serve as a foundation to build a sustainable relational community engagement programme for mental health.

> "It was important to find alternative approaches to community engagement during movement control to support people in overcoming these stressful situations, especially through virtual community-based programmes.(...) This project is unique in that it uses technology to support the building of trust and community connections at an isolating and stressful time in people's lives.(...) Relate Me has confirmed that relationships and a sense of community are pillars of mental health. The challenge for societies will be to develop community-based support once lockdowns have eased, to help restore and strengthen these links."
>
> **Dr Rabindra Abeyasinghe**
> WHO Representative to Malaysia, Brunei Darussalam and Singapore

For more information, click here.

Screenshot of the video "The Power of community – Relate Me: a digital intervention during COVID-19" showing Ms Fatimah Binti Mohd Bakar, community member, and a relative using the Relate Me application. Photo credit: WHO

Looking back at WHO's rapid and coordinated response to COVID-19 in Bhutan (2020-21)

Tabletop simulation exercises in Phuntsholing, Bhutan.
Photo credit: WHO Country Office, Bhutan

In this series, WHO showcases summarized country case studies that demonstrate the Organization's progress of the implementation of the 13th Global Programme of Work. The full country case studies appeared under the report "For a safer, healthier and fairer world: Results Report" , which was shared prior to the 75th World Health Assembly.

When the first case of COVID-19 was reported in Bhutan in March 2020, the risk of quickly overwhelming the health system through rapid transmission was high. The country shares long land borders with India and China and has a relatively low density of health workers: only 370 medical doctors, 1500 nurses, and 700 community health workers for a population of 760 000 people. Fortunately, years of infectious disease preparedness activities conducted by the government with technical and financial support from WHO, combined with a rapidand well-coordinated response led by His Majesty, the King of Bhutan enabled Bhutan to efficiently respond to COVID-19.

- Prior to the pandemic, Bhutan had invested in **preparedness** with WHO's support, including by enhancing screening procedures at Paro International Airport and supporting the government to develop the health emergency contingency plan, strengthen International Health Regulation core capacity, and upgrade biosafety laboratory capacity. As COVID-19 hit Bhutan, **thermal scanners** were installed at the airport and **COVID-19 simulation exercises** were conducted to develop, assess and test functional capabilities of emergency systems. Medical camp kits which had been placed across the country before March 2020 to ensure the continuity of primary health services were quickly **converted into flu clinics.**
- The WHO Country Office served as the only organization in Bhutan's **Technical Advisory Group for the COVID-19 response** and provided the Ministry of Health with the most up-to-date technical guidelines and information, thereby enabling an **evidence-based** response.
- Bhutan **assigned and trained health workers** to lead the frontline response to COVID-19 using WHO protocols, who received **personal protective equipment** and were trained on their use by WHO.
- With support from the WHO Country Office and Regional Office for South-East Asia, Bhutan organized **nationwide tabletop simulation exercises** in the capital city and five high risk border areas in June and July 2020, to test and strengthen the pandemic response plan. The 70 officials who participated increased their capacities to implement COVID-19 protocols as a coordinated team.

> The simulation exercise was carried out in a very timely manner. We tested the different roles and responsibilities needed for coordinating internal and external partners and the community. It helped us to identify gaps and fix them to strengthen our response. A clear understanding of logistics was necessary to ensure we could provide food, water, and medical services to people during lockdown."
>
> **Thinley Norbu**
> Chief Program Officer, Department of Disaster Management

As a result of this coordinated response, 2660 COVID-19 cases and four deaths occurred in Bhutan between 2020 and 2021 – a lower disease burden than many other countries. WHO's work to support the government in strengthening Bhutan's preparedness and coordination efforts was praised by Bhutan's Prime Minister and Health Minister, and the WHO Country Office was awarded a certificate for "Facilitating delivery in the time of COVID-19" by the United Nations in Bhutan.

For more information, click here.

WHO delivering personal protective equipment for COVID-19 in Bhutan.
Photo credit: WHO Country Office, Bhutan

WHO Public Health Laboratories knowledge sharing platform: Enhancing laboratory readiness

The WHO Public Health laboratories knowledge sharing platform was launched in May 2020 by the WHO Lyon office to support COVID-19 reference laboratories facing challenges such as: establishing and transferring SARS-CoV-2 testing protocols, facing reagent shortages and managing the decentralization of testing. Recognizing these challenges, the platform was established with a goal of disseminating best practices, WHO guidance and recommendations related to COVID-19 testing.

Initially including only participants from the WHO African and Eastern Mediterranean regions, the initiative was quickly expanded to include a global audience of laboratory stakeholders. The primary tool used for knowledge sharing is regular webinars, the organization of which is coordinated by the WHO Public Health Laboratory Strengthening unit (Lyon office) together with WHO Regional Offices, with simultaneous interpretation in 6 languages (English, French, Russian, Spanish, Portuguese and Arabic). In 2022, followers of the webinar series have also benefitted from a broadened scope of practice, with sessions now being offered on other epidemic-prone diseases and cross-cutting laboratory topics.

Three key objectives

1. Enhance **WHO guidance and best practices dissemination** by communicating with key laboratory stakeholders at country level
2. Enhance knowledge sharing and **peer-to-peer exchanges** across laboratories globally
3. Improve **WHO's understanding of knowledge gaps and barriers** to guidance and best practices implementation

Achievements

- **35 webinar sessions** to-date (May 2020-June 2022)
- Focus on **WHO guidance and country experiences**
- Nearly **32 000 cumulated participants** from 198 countries or territories
- Laboratory stakeholders from **1700+ places** of work including public health labs, Ministries of Health, research institutions, NGOs, private industry
- Over **800 questions answered**

Leveraging on this platform to quickly respond to health emergencies

3691 participants registered

184 countries

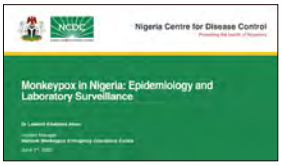
101 questions asked

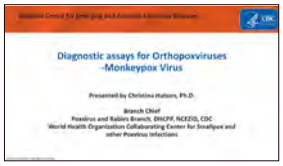
Key facts: Testing for monkeypox virus session

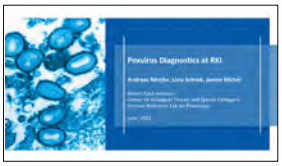
Following the publication of the WHO testing guidance for monkeypox on 1 June 2022, an information session was held on monkeypox virus testing, which featured speakers from endemic countries (Nigeria), WHO collaborating centers as well as WHO experts. WHO testing recommendations and testing protocols shared by expert laboratories were discussed.

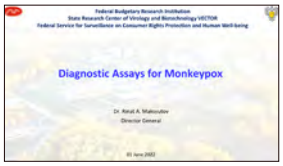
Way forward

Whilst the knowledge sharing platform was initially established during the COVID-19 pandemic to address SARS-CoV-2 testing topics, WHO is now leveraging its following to improve readiness to test for other epidemic prone diseases and continue to foster peer-to-peer exchanges across laboratories globally. Future webinars are now being planned on key cross-cutting laboratory topics, and dashboards are being created to provide visual links between webinars sessions and their participants.









For more information, contact the WHO Lyon office Public Health Laboratory Strengthening unit.

The ACT-A Health Systems and Response Connector: enhancing the equitable access and implementation of COVID-19 tools

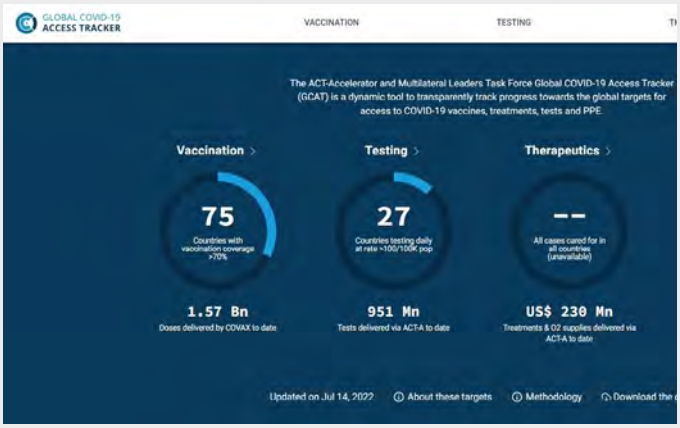
The Access to COVID-19 Tools Accelerator (ACT-A) Health Systems and Response Connector (HSRC) serves as a common link that threads together technical and financing country partners and platform, to ensure health systems are strengthened and ready for agile responses to concurrent health emergencies. The HSRC is co-led by the WHO, UNICEF, the Global Fund and the World Bank, with support from the Global Financing Facility, and is closely coordinated with GAVI, the Vaccine Alliance. The HSRC articulates its work around three thematic areas:

1. Coordinating country planning, financing and tracking against targets
2. Coordinating technical, operational and financial support to countries to ensure the translation of tools (diagnostics, therapeutics, and vaccines) into effective health interventions
3. Debottlenecking health systems (including risk communication and community engagement) and maintaining essential health services, while protecting health workers (including through infection prevention and control and personal protective equipment)

> "The HSRC has had significant impact by focusing on the provision of country support, driven by country ownership and tailored to each country's needs and requests. The HSRC's collaborative process unified multiple partners and stakeholders and provided the opportunity to coordinate and align together to have a greater impact at country level. This partnership has also provided unprecedented transparency on data through dynamic, multi-level and integrated data systems."
>
> **Dr Nedret Emiroglu**
> Director, Country Readiness Strengthening, WHO Emergency Preparedness

Multiple achievements have been made under each of these three areas so far, in close collaboration with partners:

- **The HSRC has increased alignment and collaboration across partners through coherent action relating to the uptake of COVID-19 tools.** Currently, there are five up-and-running workstreams made of technical experts from all partners, where technical work and country engagement are ongoing.
- **Dynamic, multi-level and integrated data systems were compiled by the HSRC to provide transparency on data pertaining to the impact of COVID-19.** For example, the Global COVID-19 Access Tracker (GCAT) was developed to track the delivery of vaccines, tests and treatments globally. In addition, therapeutics request forms were added to Partners Platform to facilitate the coordination of drugs allocation for eligible countries, including tocilizumab, which 55 countries opted for in the first quarter of 2022, and molnupiravir.



The Global COVID-19 Access Tracker (GCAT) is a dynamic tool to transparently track progress towards the global targets for access to COVID-19 vaccines, treatments, tests and PPE

- **40 country needs assessment for COVID-19 tools were carried out**, including in the Democratic Republic of the Congo and Ethiopia, using existing data sources such as GCAT, the Partners Platform and partners' input. These needs assessments were then reviewed during HSRC's joint country engagement missions in collaboration with the COVID-19 Vaccine Delivery Partnership. As a result, roadmaps for action were developed for each country for the implementation of COVID-19 tools, in which specific challenges and potential solutions were identified. Detailed costed action plans were finally developed in close collaboration with in-country partners.
- **Funding visibility and coordination was increased across partners.** Consolidated funding analysis were developed to estimate outstanding balances and funding gaps for COVID-19 tools, in close cooperation with key stakeholders across Partners and pillars, including civil society organizations and implementing partners.

The HRSC will continue to support the implementation of COVID-19 tools into the future, continuing to adopt a broad and integrated approach.

GOARN Steering Committee selects new leadership and agrees on its upcoming 4-year strategy

GOARN steering committee meeting, 14 June 2022, WHO Headquarters. Credit: WHO

Since the start of the pandemic in 2020, the Global Outbreak Alert and Response Network (GOARN) has responded domestically and internationally to COVID-19 as well as other major concurrent outbreaks and emergencies, thereby strengthening coordination in an unprecedented global crisis and deploying technical support to both WHO and countries.

Taking stock of lessons learned from GOARN's response to COVID-19 and from its 20 years' experience in international outbreak response, GOARN's Steering Committee (SCOM), made up of 21 major institutions, met on 14 – 16 June 2022 in Geneva, to **agree on the Network's strategy for the next four years.**

> "GOARN embodies international technical collaboration among scientists and public health experts, institutions and networks and is essential to support the bedrock of coordinated and effective early warning, alert and rapid outbreak response in countries. I welcome their guidance on how best to shape health emergency preparedness and response and to ensure buy-in from all partners."
>
> **Dr Tedros Adhanom Ghebreyesus**
> WHO Director-General

The soon-to-be-published 4-year strategy aims to enhance multidisciplinary and multisectoral collaboration in alert and response, identify priority areas of work, and strengthen the network's membership, operations and governance. Through this new strategy, GOARN will be able to deliver stronger response support to an ever-increasing number of countries and contribute to better preparedness to meet the emerging challenges and priorities of the global health community.

The SCOM also selected its new leadership, as per its regulations. **Dr Gail Carson** from the International Severe Acute Respiratory and Emerging Infection Consortium was unanimously selected as Chair, and **Dr Mohannad Al Nsour** from the Eastern Mediterranean Public Health Network was selected as Vice Chair. Both Dr Carson, and Dr Al Nsour have served as SCOM members for the past 4 years and have been instrumental in shaping the current network and its activities.

The SCOM applauded the important contributions of the outgoing Chair, **Professor Dale Fisher** from the National University of Singapore, who has significantly strengthened the SCOM's governance and has strongly advocated for placing community engagement at the heart of efforts to strengthen multidisciplinary and multisectoral collaboration for outbreak response.

For more information about GOARN, please click here or follow the network on Twitter.

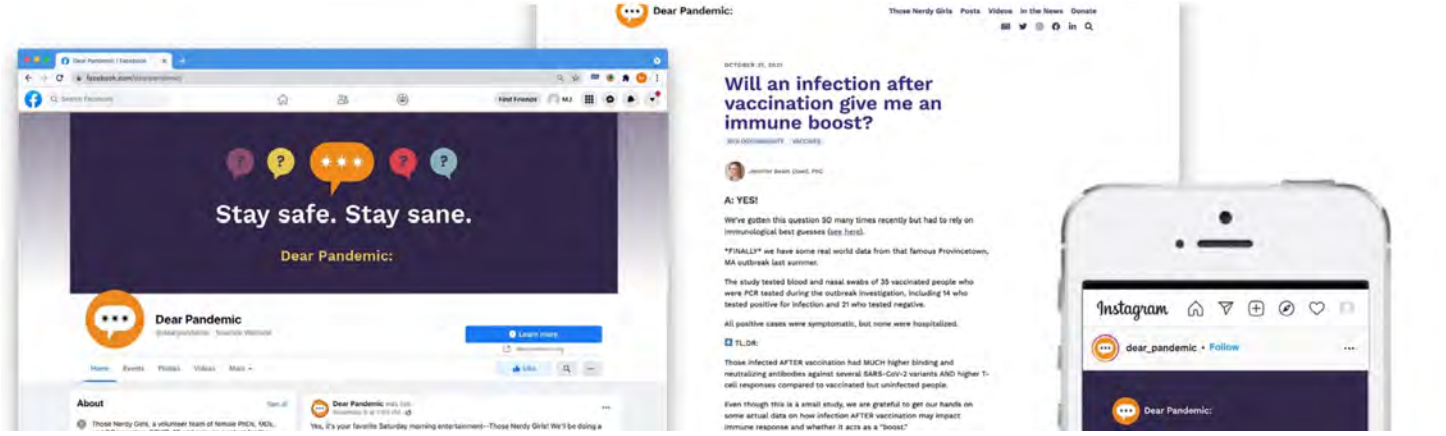
Dr Gail Carson Incoming GOARN Chair. Photo credit: WHO

Dr Mohannad Al Nsour- Incoming GOARN Vice Chair. Photo credit: WHO

During the meeting, the SCOM reviewed and prioritized the following key areas for its forward-looking strategy:

1. Acknowledging the key role of GOARN in **strengthening health emergency coordination** through standardized approaches to strategic planning, financing, operations and monitoring of health emergency preparedness and response.
2. Encouraging **GOARN's support to** the recently published **10 proposals of the WHO Director-General to build a safer world together** and GOARN's **alignment** to enhance coordination and strengthen the global health emergency workforce for domestic and international outbreak response.
3. **Strengthening GOARN's ability to: enhance strategic global networking** and **improve multisectoral coordination** among technical institutions, governments and communities to ensure the world is prepared, ready, and able to respond to future health threats.
4. Considering the **potential implications of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response**, pursuant to WHA Decision SSA2(5), and of potential prospective amendments to the **International Health Regulations (2005)**, pursuant to Decision WHA75(9), on the role of technical institutions working alongside governments to support emergency response.

"Dear Pandemic": a communication platform empowering women to navigate the flood of information on COVID-19, presented as part of WHO's Science Translation initiative



"Dear Pandemic" snapshots (from left to right): Facebook, website and Instagram. Copyright: Those Nerdy Girls. Credit: Mary-Jo Valentino

In this series, WHO showcases case studies on 20 innovative concepts to communicate science during the COVID-19 pandemic that translate the most up-to-date scientific knowledge and public health recommendations on COVID-19 in a manner that is timely and accessible to all. These initiatives were selected through an open call and are presented through the global WHO Epidemic Information Network (EPI-WIN) platform.

"Dear Pandemic" is an online communication platform created to support and empower individuals, especially women, to successfully navigate science and public health information during the COVID-19 pandemic.

The project was founded by an interdisciplinary, all-woman team ("Those Nerdy Girls") comprising researchers and clinicians with expertise in medicine, epidemiology, demography, health policy, economics, mental health, nursing, behavioural science, and immunology. Working voluntarily on this project in addition to their day jobs, this team of volunteers experienced first-hand the challenges women faced during the pandemic. A key aim of Dear Pandemic is to **provide practical advice for women in similar situations and reduce their struggle to find reliable, comprehensible and concise information**.

The team publishes organized and reliable information on COVID-19, translating recent scientific research into simple summaries to enable its audience to understand complex concepts on topics high on the public agenda, such as risk assessment, protective measures, testing, mental health, and information hygiene. Scientific references from reliable sources are openly cited, to clarify misinformation and facilitate users in their future information searches. Posts are published on a daily basis, to offer readers a consistent and steady source of information and are cross-posted across the Dear Pandemic website and social media pages (Facebook, Instagram, LinkedIn and Twitter, as well as on the Spanish version of the Facebook page Querida Pandemia), to enhance their reach.

Among others, the project innovates in the way it decreases the distance between scientists and the public – a model which could be expanded to build trust in science and enhance scientific and health literacy including in other domains. Indeed, to establish a two-way communication channel, the team actively responds to questions from the audience, providing timely, tailored, action-oriented advice and information according to the specific needs of the audience and treating them as equal members in a conversation.

By November 2021, over 200 000 users were regularly following one of the social media channels, the newsletter, and/or the website; the website had over 5 million views per month; over 2000 pandemic-related questions had been answered and many readers had commented on the usefulness of the platform.

Looking forward, the team is thinking about expanding the scope of the project beyond COVID-19, forming a separate channel for training female science communicators, called "Fight Like a Nerdy Girl"; and obtaining funding to make this effort sustainable over the long term.

For more information, click here.

Screenshot from the Dear Pandemic website. Credit: Those Nerdy Girls

OpenWHO online course spurs learners to improve infection prevention and control practices

The COVID-19 pandemic saw an exponential growth in massive open online courses, with enrolments on OpenWHO.org – the World Health Organization's learning platform – surging past 6 million. Digital learning offers flexibility in place and time, being instantly available, and is especially viable during lockdowns. Furthermore, in a constantly evolving pandemic, there is a critical need to continuously update health workers' knowledge and strengthen infection prevention and control (IPC), which remains a major challenge to health systems.

This need was reflected in the strong uptake of OpenWHO's COVID-19 IPC course. Since its launch in English on 25 February 2020, the course has been translated in 23 other languages and has become the second most popular course on OpenWHO, accounting for 1 in 7 enrolments to date.

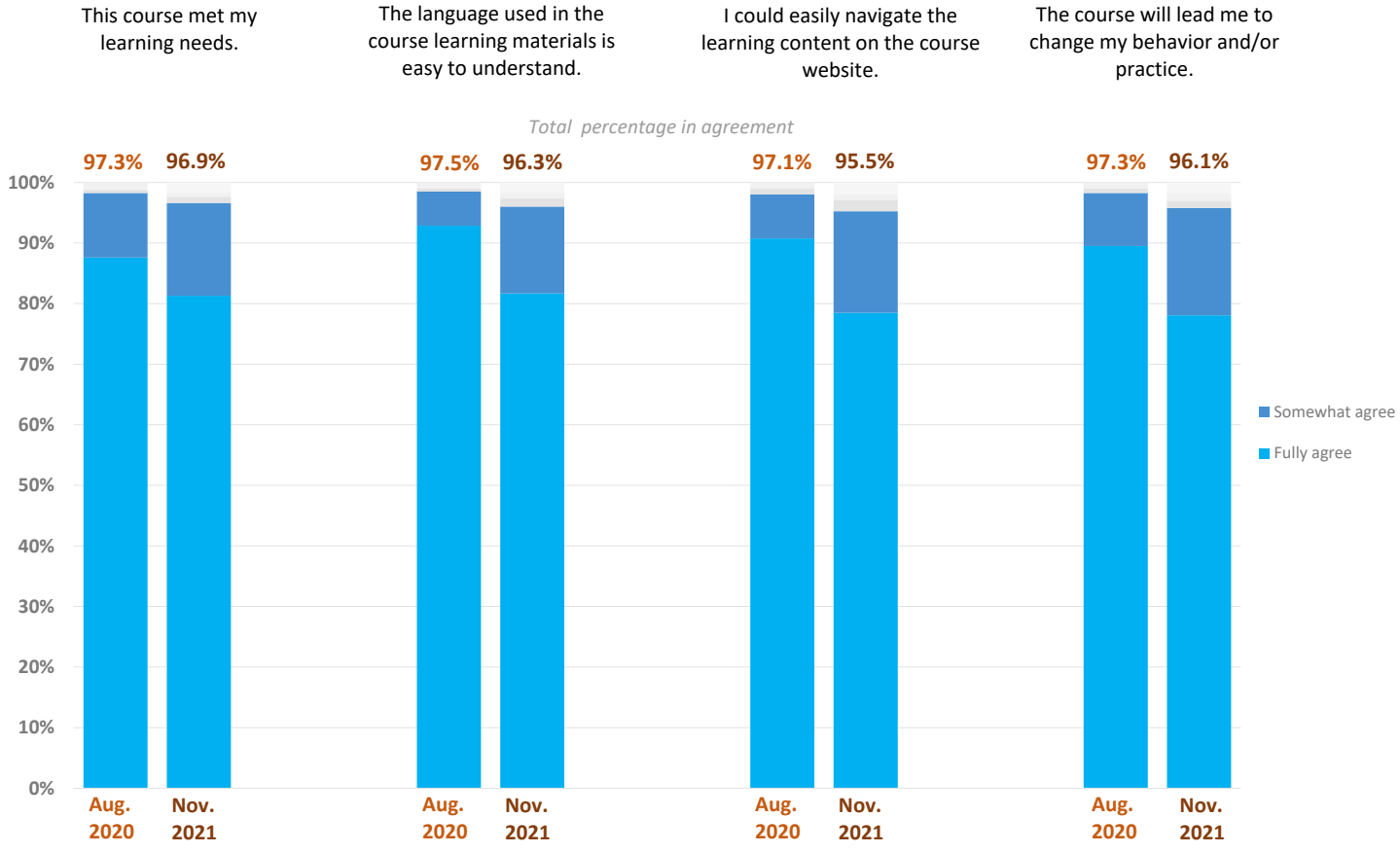
To understand the audience characteristics, exit surveys were sent out in August 2020 and in November 2021, with questions on gender, age, location, professional background, preferred language, motivation for enrolment as well as course feedback. The two time periods allowed for comparable data on changing characteristics of participants. The quantitative data was then analyzed using descriptive and comparative statistical methods.

Although the study had some limitations, such as self-reported data with no validation, it clearly confirmed high user satisfaction across both periods, with learning needs overwhelmingly met. Importantly, in both periods, more than 95% of participants said they would change at least some IPC practices after the course.

The majority of survey responders were women aged between 20 and 39 and working in a health-related profession. In the first period, 61% of the 7501 responders reported working in a health-related sector while 21% were students in health-related studies. In the second period, 85% were working in a health-related sector while only 11% were students. **The number of respondents reporting "past or current COVID-19 work" also doubled between the two periods** – possibly due to the increased proportion of health workers as well as to COVID-19's increasing spread and impact.

The motivation for enrolment also changed over time – initially, students followed the course because it was a "compulsory requirement". In the second period, with more health workers enrolled, **knowledge advancement (40%) and personal health (13%) proved to be key reasons for enrolment**.

Differences were seen in languages and locations over time. The 2020 survey found **English** was the preferred course language. In 2021, the vast majority of participants came from Ecuador – for reasons that are still unclear – and **Spanish** was the preferred course language.



Vizualization of survey responses showing high proportions of positive feedback amongst those surveyed. Credit: WHO

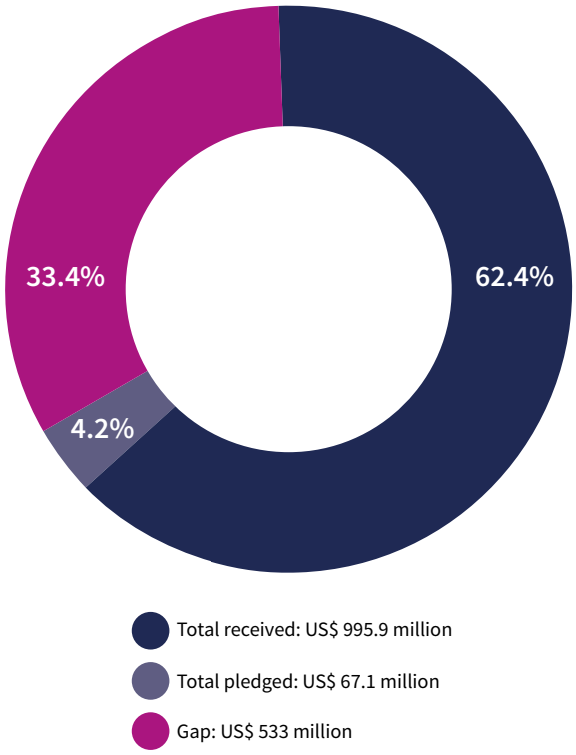
WHO's COVID-19 Response Funding in 2022: Delivering science, solutions and solidarity to end the acute phase of the pandemic

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.

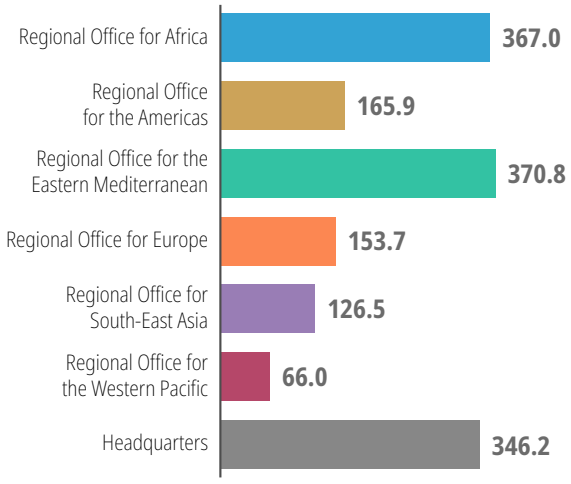
In WHO's GHEA 2022, published in March 2022, WHO called for US$ 2.7 billion to serve people around the world in the **most vulnerable settings, including US$ 1.59 billion for ending the acute phase of the COVID-19 pandemic**. Two years of COVID-19 have stretched health systems, societies and supply chains, 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 13 July 2022, WHO has received **US$ 995.9 million** in support of its COVID-19 response and **US$ 67.1 million** have been pledged. WHO's current funding gap against funds received and pledged is **US$ 533 million**.

Data as of 13 July 2022



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

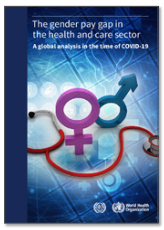


TOTAL US$ 1.59 billion

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

ACT-A Pillars	Total
Diagnostics and therapeutics	214.3
Vaccines	189.8
Health systems and response connector	332.7
Research and development	753.7
Total	**1596.1**

This section showcases new or updated guidance and publications related to COVID-19 published by WHO in the past month (as of 13 July 2022).



The gender pay gap in the health and care sector a global analysis in the time of COVID-19 (13 July 2022)

This report provides an analysis of the gender pay gap in the health and care sector using representative survey data from wage employees from countries in all geographic regions and income groups across the world.

Read guidance

Contact tracing and quarantine in the context of COVID-19: interim guidance (6 July 2022)

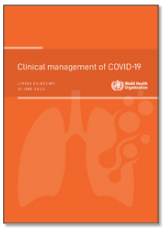
In the context of growing global population immunity from COVID-19 vaccination and past SARS-CoV-2 infection, WHO recommends that identification, contact, quarantine and follow-up should be prioritized for individuals at high risk who have been in contact with a confirmed or probable case of SARS-CoV-2 infection, rather than targeting all contacts. This updated guidance also introduces shorter recommended quarantine periods, including the ability to further shorten quarantine through the use of testing. National and local health authorities should use risk-based approaches to contact tracing and quarantine that include reviewing and adjusting to their local circumstances and disease epidemiology, population immunity, their health system's capacities, and risk tolerance.

Read guidance

Multi-sectoral impacts of the COVID-19 pandemic on nutrition outcomes: an analytical framework (5 July 2022)

This document describes the process and methodology used to develop the Analytical Framework, explains the different components and provides guidance on how it can be adapted for its application to different contexts for specific nutrition outcomes.

Read guidance



Clinical management of COVID-19: Living guideline (23 June 2022)

The WHO COVID-19 Clinical management: living guidance contains the Organization's most up-to-date recommendations for the clinical management of people with COVID-19.

This updated (fourth) version contains three new recommendations regarding hospitalized patients with severe or critical COVID-19, which includes a:

- Conditional recommendation to use high-flow nasal oxygen (HFNO)
- Conditional recommendation to use continuous positive airway pressure (CPAP)
- Conditional recommendation to use non-invasive ventilation

These guidelines were first issued on 27 May 2020, then updated on 25 January 2021 and 23 November 2021.

Read guidance

WHO mass gathering COVID-19 risk assessment tool: generic events, version 3 (16 June 2022)

The content of the tool has been updated to reflect new WHO technical guidance and new evidence on both COVID-19 pandemic and mass gatherings, as well as feedback from end-users. This revision of the risk assessment tool was developed and reviewed by the WHO Mass Gathering Technical Expert Group with input from WHO area-specific technical teams. The expanded tool includes eight tabs: 1. Instructions; 2. Assessment Overview; 3. Decision Tree; 4. Risk Evaluation; 5. Risk Mitigation; 6. Decision Matrix; 7. Risk Communication; and 8. Reviewer Sign Off. There as an additional tab with a glossary and list of abbreviations.

This assessment tool was originally published on 20 March 2020, then updated on 10 July 2020.

Read guidance

For more information on WHO's publications, click here.

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.

Epidemiological Update

For 13 July 2022 Weekly Epidemiological Update, click here. Highlights this week include:

- An update on the circulating SARS-CoV-2 variants of concern (VOCs), including their geographic spread and prevalence.
- A special focus on the WHO global situational alert system.

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 intensifies response to looming health crisis in the greater Horn of Africa as food insecurity worsens.
- World Bank Board Approves New Fund for Pandemic Prevention, Preparedness and Response in which WHO will be the lead technical partner.
- The Democratic Republic of the Congo declares 14th Ebola outbreak over.
- WHO calls for menstrual health to be recognized as a health and human rights issue, not a hygiene issue.
- UN Report: Global hunger numbers rose to as many as 828 million in 2021.
- WHO releases urgent call for better use of existing vaccines and development of new vaccines to tackle AMR.

Highlights

- AFRO/WHO publishes the latest African Infodemic Response Alliance (AIRA) report on Infodemic Trends:
  - Key COVID-19 Misinformation Trends: Children are More Susceptible to Vaccine Side Effects.
  - Key Disease Misinformation Trends: (i) Monkeypox is COVID Vaccine-Induced Shingles; (ii) Only Countries Receiving Pfizer Vaccine have Monkeypox.
- WHO publishes the COVID-19 Vaccine Delivery Partnership Situation Report – May 2022.

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: Omicron sub variant risk (19 July)

What do we know about sub variants of Omicron so far? Are they more transmissible? Do they cause more severe disease? How is the risk of infection being perceived by the experts and the public? WHO's Dr Maria Van Kerkhove explains in Science in 5.

Mental health (1 July)

WHO's World Mental health Report says that mental health is the leading cause of disability. How did the pandemic impact our mental health? What are the signs and how can we keep ourselves mentally healthy? Dr Mark Van Ommeren explains in Science in 5.