

WHO's Monthly Operational Update on COVID-19



PCR training carried out in Almaty, Kazakhstan. © WHO Kazakhstan Country Office

WHO/Europe supports Kazakhstan's national laboratory working group to develop national laboratory policy and strategic plans to address COVID-19 lessons learned

At the height of the COVID-19 pandemic, countries faced incredible challenges including massive demands on laboratory capacity, infrastructure, human resources, procurement, and difficulties in scaling up diagnostic access. Indeed, most countries had not anticipated or prepared for a public health crisis of this magnitude. After more than two years of pandemic, many countries are now **reviewing their lessons learned from their laboratory response to COVID-19 to inform national laboratory policies and strategic planning with the aim of further strengthening their laboratory systems.** This is an opportunity to share experiences, identify best practices, challenges and lessons learned on the laboratory response, and raise the issue of laboratory sustainability.

Between May and July 2022, WHO/Europe and Kazakhstan's national laboratory working group worked on a set of activities to further develop and strengthen the country's national public health laboratory system. These included:


- analyzing **available documentation of current policies and plans** in which the laboratory sector is involved
- performing a **strengths, weaknesses, opportunities and threats (SWOT) analysis** of the laboratory system during the COVID-19 scale up
- performing a **situational analysis**
- developing a **vision of Kazakhstan's laboratory services beyond COVID-19**
- defining **topics and content for policy statements**
- setting up **strategic plans** for laboratory services


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Key figures (as of August 2022)

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

 OpenWHO totaled **7 million** enrolments for online courses available in **65 national and local languages**, including 46 courses dedicated to the COVID-19 response

 **951 million** tests delivered via ACT-A

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

 **12 409 086 286 vaccine doses** have been administered as of 17 August 2022

4 867 565 350 persons fully vaccinated as of 17 August 2022

5 330 599 370 persons vaccinated with at least one dose as of 17 August 2022

 **38.4 million** online data analysed between 15 July 22 – 14 August 2022 by WHO as part of social listening and infodemic management support to Member States

* COVAX has shipped over 1.61 billion vaccines to 146 participants as of 16 August 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 national laboratory working group met to kick-off the process with a SWOT analysis and identification of strategic priorities and plans for the laboratory system on 3 May. Priorities to be addressed were identified based on the challenges that the laboratory system had faced during the COVID-19 response and included: governance and coordination, regulatory framework, human resources, quality management systems, procurement and logistics, biosafety and biosecurity, laboratory information systems, scientific cooperation.

A second meeting, held on 8 June 2022, gathered a smaller group consisting of representatives from the national laboratory working group active in public health, clinical-diagnostic, private laboratories, laboratory associations, research laboratories and veterinary and ecology laboratories to finalize the SWOT analysis.

Technical sessions continued throughout July 2022 to address the priorities identified and approved in May by the national laboratory working group. **By late July, the policy statements were finalized by the working group.**

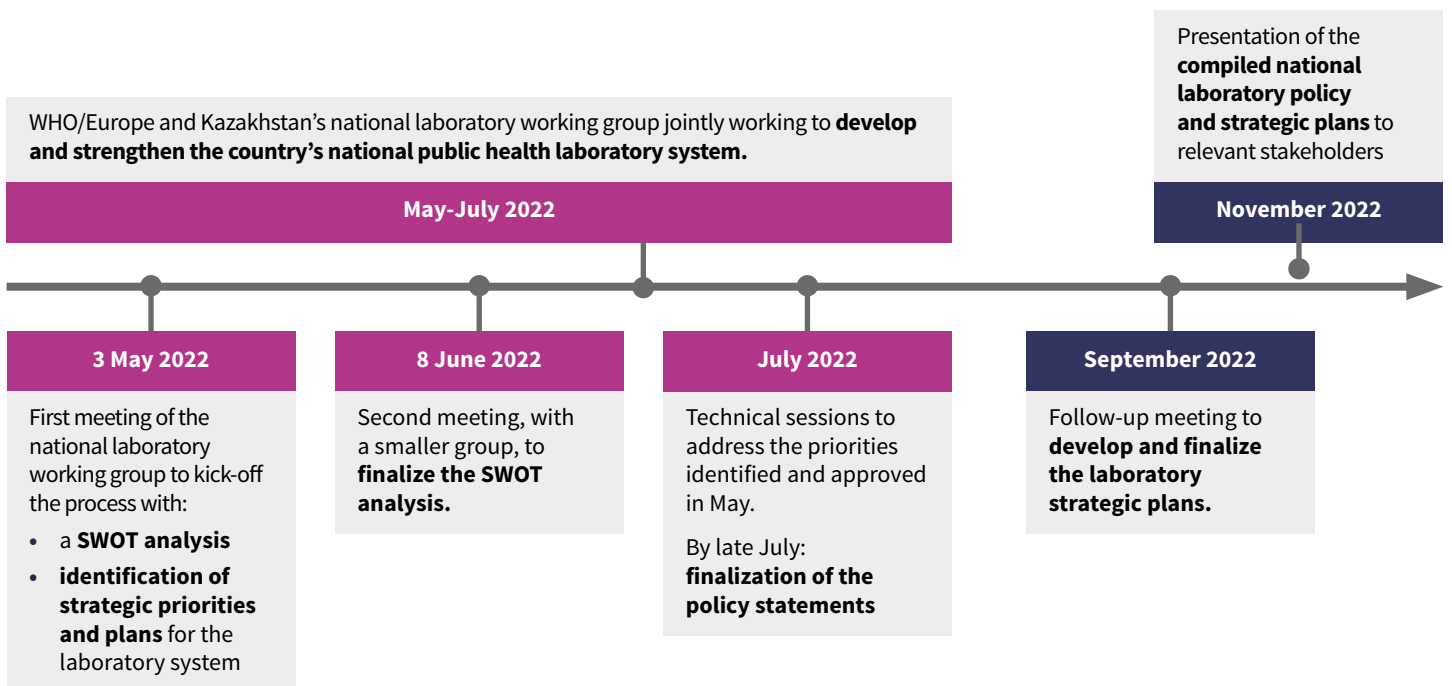
Moving forward, a follow-up meeting will take place in September to develop and finalize the laboratory strategic plans and **by November 2022, the working group will present the compiled national laboratory policy and strategic plans to relevant stakeholders.**

Through this process, WHO is supporting Kazakhstan to maintain COVID-19 laboratory capacities and ensure the sustainability of investments made into these capacities. All such activities were undertaken with the support of funding received through [WHO's 2022 Global Health Emergency Appeal](#).



WHO staff carrying out trainings in Kazakhstan. © WHO Kazakhstan Country Office

Timeline of WHO/Europe and Kazakhstan's national laboratory working group activities (2022)



Liberia's Grand Bassa county hits 71% COVID-19 vaccination coverage against its total population



Hon. Minister of Health and WHO Representative to Liberia with the Grand Bassa County Health Team, congratulated for the milestone achieved. © WHO Liberia / Letitia Nangwale

In July, one of Liberia's most populated counties – Grand Bassa – attained 71% COVID-19 vaccination coverage for its population, making it the third county to have reached the target of 70% coverage for persons aged 12 years and above.

This brings Liberia's vaccination coverage against its total population to 54%, classifying the country as low-risk for COVID-19. Liberia now stands as one of eight African countries, and the only West African country, to have reached the milestone of having vaccinated between 40% and 70% of their total populations.

Dr Peter Lugala Clement, WHO Representative to Liberia, paid a visit to Grand Bassa together with the Minister of Health, Honorable Dr Wilhelmina Jallah, to congratulate the County Health Team for their great work. As part of this visit, team members who had performed exceptional work in supporting the COVID-19 vaccination received awards. Moving forward, the County Health Team was advised to develop strategies on integrating COVID-19 vaccination into routine immunization and was challenged to reach the global target of 90% by December 2022.

“I am very proud that our big counties are setting the trend. First it was Nimba, then Lofa, and now Grand Bassa. We congratulate you on a job well done; this is important for the country. Even for vaccination coverage among health workers, Liberia is way on top of the charts – thank you.”

Honorable Dr Wilhelmina Jallah
Liberia Minister of Health

“It hasn't been an easy road, but we have been supported through and through by our national headquarters and WHO. This indeed motivated us as a team to work harder to achieve more and together we made it.”

Dr Sylvester Wheh
Grand Bassa County Health Officer

As part of the COVID-19 response, the UN in Liberia provided important technical, material and financial support to the Ministry of Health, in collaboration with other counterparts. This would not have been made possible without support from the COVAX Facility and various partners including the the European Civil Protection and Humanitarian Aid Operations (ECHO), the Center for Diseases Control and Prevention (CDC), the Governments of France and Germany and the US Agency for International Development (USAID).

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

“Vaccines came in 2021 with many unknowns, coupled with myths and misconceptions, and we gradually introduced the vaccines from the central level to the counties. (...) It is evident that giving the power to the counties, with strong community engagement and promoting community ownership of the process produces greater results. Congratulations, we are proud of you.”

Dr Peter Lugala Clement
WHO Representative to Liberia

Nepal launches the COVID-19 vaccination campaign for children

In June, Nepal launched the first phase of the COVID-19 vaccination campaign for children aged 5 to 11 years, in 27 of the country's 77 districts. This marks another milestone in Nepal's COVID-19 vaccination efforts which achieved the WHO global target of 70% vaccination coverage by mid-2022.

To increase the coverage and ensure all children in the target age group receive the life-saving vaccine, schools and health care posts were selected as vaccination sites. Alongside health care workers who travelled across the regions to reach children yet unreachable, school staff played an important role to make the campaign a success. Many volunteered to man vaccine registration booths or educate parents and children regarding the vaccines. Although the responsibilities varied, all were unanimous in their relief to see children finally able to get COVID-19 vaccines.

Here are a few stories of school staff and healthcare workers who are working to turn the campaign into a success.



Sukalaksmi Pradhan, an Auxiliary Nurse Midwife (ANM) at Dhungharkha Health Post, Bethanchok Rural Municipality, Kavre. © WHO Nepal / S.G.Amatya

“When the COVID-19 vaccination campaign began last year, there were times when no one showed up to receive the vaccine because people were anxious or scared. So, we went to spread awareness at the local level, moving from village to village. Our efforts have proven to be successful. (...) Even though I have to walk some 2–4 hours from the morning to reach a village to provide this vaccine, I am happy that I am contributing to ensuring no one is left behind in this campaign.”

Sukalaksmi Pradhan

Auxiliary Nurse Midwife for seven years and contributing to the ongoing vaccination campaign



Ram Hari Khatri, 59, Principal at Shree Sharada Secondary School, Panauti, Kavre © WHO Nepal / S.G.Amatya

“As a Nepali citizen, I have supported the nationwide COVID-19 vaccination campaign from the start and I have also requested all teachers to do the same (...) but I was disheartened to see that the children could not get the life-saving vaccines. (...) Now, with this new campaign, my school staff and I are in full swing to make sure all children receive their dose. We will make all administration and logistics go smoothly, and I am happy my school is a part of this campaign.”

Ram Hari Khatri

Principal at Shree Sharada Secondary School
Panauti, Kavre



Chameli Maya Magar (pictured left), a Community Health Volunteer, at Golanjor Municipality, Sindhuli. © WHO Nepal / S.G.Amatya

“We have been organizing the mothers group meetings where we speak to the community about the importance of this [COVID-19] vaccine, the seriousness of the disease, and the efforts from the Government of Nepal to bring these vaccines to us. We want to make sure that people have accurate and verified information at their disposal so that they can make informed choices.”

Chameli Maya Magar

Community Health Volunteer

Moving forward, the second phase of the campaign is scheduled to start in August 2022 in the remaining districts.

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

Social listening leads to more impactful communication and a stronger COVID-19 response in Fiji

As COVID-19 cases rose dramatically in Fiji in June 2021 and reports came of people dying at home or arriving at the hospital too late to be treated, Fiji's Ministry of Health and Medical Services, in collaboration with the WHO and other partners turned to **the “social listening” system**. Set up in Fiji in May 2021 with support from the European Union, this system helps understand what the public is thinking or doing, identify and counter rumours and misinformation and adjust the response to COVID-19.

To reverse the trend of people seeming to avoid healthcare, risk communication and community engagement specialists looked at over 600 comments, mostly on social media, which expressed people's fear of being trapped alone in hospital without care or dying there. Insights were then passed on to other teams responsible for the COVID-19 response.

A three-part communication campaign was then launched, to demystify and personalize healthcare:

1. To highlight the commitment of nurses, doctors and paramedics, the Ministry of Health posted the [Meet Our Frontliners](#) video on its Facebook page which shows Nurse Maria Bucago explaining in tears how she left her husband and five children to serve in Fiji's Emergency Medical Assistance Team (FEMAT) hospital in the capital, and asking her fellow Fijians to adhere to the Ministry's advice.
2. **Testimonies of patients** treated at the height of the 2021 surge in cases speaking about the professionalism, empathy and care they encountered were posted.
3. Finally, a team from the Ministry of Health was dedicated to **answering questions on social media and hotlines**, directing people to healthcare resources.



Example of risk communication and community engagement during the rollout of COVID-19 vaccines. © WHO / Arishma Devi

The online campaign was successful, generating more than 200 000 views for Nurse Bucago's video alone and hundreds of supportive comments. In real life, **this translated into a higher number of people seeking treatment for COVID-19 and other medical conditions**.

Fiji's social listening system has also helped inform the country's COVID-19 vaccination campaign. Guided by social listening insights that many people wanted to avoid further lockdowns, Fiji emphasized messages on the importance of vaccination as a mean to ease movement restrictions and provide a safer environment for communities. As a result, **the risk communication and community engagement team noticed much more positive online conversations about vaccination and as of 7 July 2022, almost 90% of Fiji's eligible population had been vaccinated**.

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

“What happens with the COVID-19 pandemic depends to a large extent on how we behave as individuals and communities. Taking the time to listen to the public and to understand the drivers of their behaviour has given the Government of Fiji, with WHO and partners, the opportunity to ensure that their communications and the broader emergency response are better tailored to people's preferences, needs and expectations. As a result, lives have been saved. Given the excellent results and the capacity that has been built, we hope social listening will be used to address other health challenges in Fiji and elsewhere in the Pacific.”

Dr Mark Jacobs

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

Building emergency care capacities through training: scaling up Afghanistan's delivery of essential health services and health system resilience during the pandemic and beyond

Around the world, the COVID-19 pandemic highlighted significant gaps in emergency and critical care, showing the necessity of a fully functional Emergency Care System (ECS) providing 24 hours services for the most vulnerable. This is particularly the case in Afghanistan where the already fragile health system is facing multiple acute health crises in addition to COVID-19 – such as acute watery diarrhoea, dengue and measles – as well as various health emergencies and disasters resulting in large numbers of casualties, such as terrorism, armed conflicts, road traffic incidents, floods and earthquakes.

Responding to gaps in clinical care training, in December 2021, WHO launched in Afghanistan the [WHO-ICRC Basic Emergency Care course](#) (BEC) – a component of the [Emergency Care Toolkit](#). Developed by WHO and the International Committee of the Red Cross, this open-access course trains frontline health care providers managing acute illness and injury with limited resources on a **systematic approach to the assessment and management of life-threatening conditions**. The course has since been cascaded throughout the country with courses run monthly. To date, there are **37 BEC trainers and 8 certified master trainers** in the training pool, all from Afghanistan, and **337 frontline health workers have been trained on the BEC in Afghanistan**, contributing to improving care for everyday and surge emergencies. **As part of the COVID-19 response this BEC course has proven life-saving**, enabling health workers to respond to severe cases while enhancing overall patient care.

When an earthquake of 5.9 magnitude struck the south eastern region of Afghanistan on 22 June 2022, affecting the lives of more than 360 000 people in Paktika and Khost provinces, causing widespread damage and resulting in over a thousand deaths and nearly 3000 injuries, WHO's investment in emergency care trainings proved invaluable to the response.



BEC participant practicing 'bag-mask' ventilation technique.
© Dr Mohammad Ismail Abid



BEC Course Master Trainer and Dr Rachel (WHO Emergency Consultant) teaching basic airway skills together. © Dr Mohammad Ismail Abid

In addition to providing clinical, logistical and technical resources, the WHO Country Office Team together with the Afghan BEC Master Trainers urgently came together to hold an **emergency care training for 48 participants in Gardez in July**, to enhance the response to the earthquake. Participants received competency-based training in Airway, Breathing, Circulation, Disability, Exposure (ABCDE) assessment, trauma care, shock, altered mental as well as other essential emergency care skills. 41% of participants were female, illustrating WHO's policy to prioritize female health workers' attendance in all BEC courses. As a result, these frontline health workers felt better prepared to respond to the aftermath of the earthquake and future potential emergencies.

Moving forward, WHO will continue to hold monthly BEC trainings across the country, expanding it in targeted provinces. By doing so, **WHO is supporting Afghanistan to enhance its health systems' resilience, improve overall patient care and ensure continuity in essential health services** delivery beyond the pandemic and during future health emergencies.

“Thank you for the efforts to make this course exist, to take action and come to life. When the students have practical sessions this makes it real and interesting. (...) BEC is the most vital and crucial course for all frontline Afghan healthcare providers. We would like to have more courses to improve our learning and train more healthcare workers.”

BEC Course Master Trainer
General Surgeon, Kandahar Teaching Hospital

The Bahamas receives the first pediatric COVID-19 vaccines through the COVAX Facility



Arrival of the vaccine doses, Lynden Pindling International Airport. © WHO

In July, the Bahamas received 24 000 doses of Pediatric COVID-19 vaccines through the COVAX Facility – a global effort between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, UNICEF, the Pan American Health Organization (PAHO) and the WHO. These 24 000 Pfizer vaccine doses arrived at the Lynden Pindling International Airport, sent by the [PAHO Revolving Fund](#), which is responsible for the procurement of COVID-19 vaccines for the countries of the Americas under the COVAX Mechanism.

The arrival marks a historic step toward ensuring the equitable distribution of pediatric COVID-19 vaccines worldwide.

Various dignitaries came to receive the vaccines, among which the Prime Minister of the Commonwealth of the Bahamas, Hon. Phillip Davis; the Minister of Health and Wellness, Dr Michael Darville; the PAHO/WHO Country Representative for the Bahamas and Turks and Caicos Islands, Dr Eldonna Boisson; and other officials from PAHO/WHO and the Ministry of Health and Wellness.

Dr Boisson encouraged the public to continue adhering to the COVID-19 public safety protocols, including wearing masks which properly cover one's nose and mouth; respecting proper coughing and sneezing etiquette; remaining 3–6 feet apart; and frequently washing or sanitizing one's hands. She added, "As our children prepare to return to their classrooms, it is vital to protect our children and loved ones from the virus. Students, parents, and educators can all have greater confidence as they participate in school initiatives and extracurricular activities once vaccinated."

COVID-19 remains a global health emergency and PAHO/WHO continues to support the Ministry of Health and Wellness in monitoring the vaccination coverage, implementing the electronic immunization information systems, and rolling out communication campaigns to address vaccination hesitancy. In addition, PAHO/WHO will continue to support the Bahamian government in its work related to other public health issues, with the aim of leaving no one's health behind.

"In the Bahamas, where children will receive the COVID-19 vaccine, we encourage parents and guardians to follow the national vaccination recommendations of the Ministry of Health and Wellness. Vaccines help to minimize disruption to children's education, routines and other things that are important to their wellbeing."

Dr Eldonna Boisson

PAHO/WHO Country Representative for the Bahamas and Turks and Caicos Islands

Palau establishes its national emergency medical team



Members of Palau's Team Klemat. © WHO

Following a five-day inaugural training in June 2022, Palau established its national Emergency Medical Team (EMT), thereby becoming the smallest country in the world by population to have such an EMT. This was done within the framework of a partnership between the Government of the Republic of Palau, the WHO and the United States Agency for International Development (USAID) with the aim to enhance preparedness for disasters, disease outbreaks and other crises.

Palau's EMT is named **Team Klemat** after the rope that holds the sails of the country's traditional canoes. It is composed of 18 health professionals, including doctors, nurses, and logisticians, trained to rapidly respond to sudden-onset emergencies or outbreaks, which could emerge among the country's population of 18 000 people, spread across 300 islands. In the future, Team Klemat may also look beyond Palau's borders to provide support to neighboring countries and territories, where necessary.

“The current pandemic has reverberated across the Pacific for months and years, and has shone a light on the importance of our local first responders. The support of the WHO and the work of the Palau Minister of Health and Human Services to continue to improve and better prepare for the next time they are called upon to serve their community in an emergency, no matter how dire or austere the conditions, is commendable. Palau's Emergency Medical Team, Team Klemat, is an inspiration to us all.”

H.E. John Hennessy-Niland

Ambassador of the USA to the Republic of Palau

WHO will provide training and technical support to Team Klemat and procure equipment and supplies to facilitate its future deployments. With these materials, known as a “cache,” Team Klemat will be fully self-sufficient and ready to deploy within hours.

With support from WHO, EMTs have already been established in multiple countries, territories and areas within the Western Pacific region, including the Cook Islands, Fiji, Northern Mariana Islands, the Solomon Islands, Tonga and Vanuatu. Additional teams are currently being established including in Kiribati, the Marshall Islands, the Federated States of Micronesia, Papua New Guinea and Tuvalu.

WHO's work to establish and enhance EMT capacity in the Pacific is supported by the Australian Department of Foreign Affairs and Trade, the European Union, the Government of Japan, the New Zealand Ministry of Foreign Affairs and Trade as well as USAID.

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

“WHO is delighted to work with the Government of the Republic of Palau, USAID and other partners to support the establishment and training of Klemat. In Palau, as in other Pacific Island countries and areas, establishing national EMTs is a critical part of country preparedness and will enable the rapid and life-saving response to a wide range of emergencies in future.”

Dr Mark Jacobs

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

Increasing COVID-19 vaccination coverage in Togo in 2021 through community dialogue and traditional leaders

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 Togo's COVID-19 vaccination campaign started in March 2021, the country promptly took measures to encourage vaccination, including the obligatory presentation of the COVID-19 vaccination card to enter any public institution. The Prime Minister, ministers, members of the national assembly, heads of United Nations agencies in Togo as well as health workers also got vaccinated, setting the example. Yet, by mid-September 2021, only 5.6% of the population aged 18 and above had received their two doses, meaning the country was below the WHO-planned 10% threshold planned for September 2021 and far away from the 40% threshold for December 2021.

To reverse this trend and enhance vaccination coverage, the WHO Country Office in Togo provided technical and financial support to the Ministry of Health, Public Hygiene and Universal Access to Health Care, to **conduct community dialogues and awareness-raising activities in the Grand-Lomé region**, where 80% of confirmed COVID-19 cases originated. These measures aimed to **reduce misinformation, break down potential barriers to vaccine acceptance, and encourage community support for COVID-19 vaccination**.



Community dialogue session in the royal palace of the township of "adétikopé."
© Joseph Koivogui

- 13 vehicles were purchased and equipped with sound equipment to **disseminate awareness-raising messages** in markets, bus stations, crossroads and areas in front of bars and restaurants in all neighborhoods of the Grand Lomé region, under the direct supervision of mayors.
- **32 community dialogues were organized** in royal palaces under the leadership of the 11 canton chiefs of the Grand-Lomé region. These dialogues mobilized approximately 1600 traditional leaders and included local chiefs, priests of voodoo temples, women leaders of market vendor associations, leaders of car and motorcycle driver unions, as well as representatives of local development committees, youth groups and arts and crafts organizations. Topics discussed included: poor communication and misinformation circulating surrounding COVID-19 vaccines; concerns about the speed with which COVID-19 vaccines were produced and made available; and the location of vaccination sites in remote communities.
- **Traditional leaders undertook initiatives to encourage the population to adhere to COVID-19 vaccination recommendations.** Vaccination centres were set up in the traditional chiefs' palaces, markets and bus stations and chiefs personally engaged with the vaccination teams to dispel rumours. They were also vaccinated in the presence of their communities, to demonstrate by example. Practitioners of voodoo cults whose beliefs made them hostile to the use of needles were vaccinated. Finally, audio-visual messages were produced and disseminated through WhatsApp groups and community radio stations to refute false information.

By providing the right information to the public and creating a channel of exchange between traditional leaders and health workers in their respective areas, these social mobilization measures helped facilitate community acceptance of COVID-19 vaccination. As a result, the national vaccination coverage increased nearly five-fold, from 5.6% in September 2021 to 25.4% by the end of December 2021.

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



Representative of WHO Country Office in Togo, WHO staff and community leaders.
© WHO Country Office in Togo / Ms Fiati

Téchne’s International Multidisciplinary Summer School on “Systemic Design for Health:” responding to needs identified during the COVID-19 pandemic and beyond



Téchne International Multidisciplinary Summer School. © Adrian Lo

In April 2020, in response to Member States’ need for guidance and assistance in addressing technical aspects and structural challenges related to their COVID-19 response activities, WHO created [Téchne, the technical science for health network](#). Regrouping a range of partners, among which architects, engineers, designers and public health practitioners from several institutions globally, **the network prepares for and responds to acute public health events with urgent and customized support.**

Téchne significantly contributed to the pandemic response on all levels, **providing technical assistance to countries in all WHO Regions on improving environmental and engineering controls to make health settings and structures safer for health workers and patients and reduce the risk of hospital-acquired infections.** As part of this, Téchne notably helped to create over 6000 new beds for COVID-19 patients by setting up new health facilities and repurposing existing ones in line with WHO’s safety guidelines.

Responding to a major gap highlighted by the pandemic surrounding the need to develop more resilient and flexible health structures, Téchne, in close collaboration with KU Leuven Faculty of Architecture (Belgium) and the Thammasat Design School (Thailand), with the Polytechnic di Turin’s participation, recently organized the first international **multidisciplinary summer school on systemic design for health.** The summer school contributes to Téchne’s long term objective of national and international capacity building through multidisciplinary and multicultural working sessions.

Held in Bangkok from 16 to 30 July 2022, the summer school was attended by 23 Belgian, Burmese, Cambodian, Thai and Vietnamese students from different backgrounds. Participants worked together to **develop a systemic design approach to improve ventilation, temperature, humidity, and daylighting control strategies for Infection Prevention and Control (IPC) in the context of mainland Southeast Asia.**

Discussions notably pursued the objective of developing **ideas for a multiple diseases treatment center** focusing not just on isolation units but on creating a safe care environment centered around patients, families and communities. Developing such multiple diseases treatment center as a new building typology for IPC could offer the flexibility needed to adapt buildings to other functions with minimal to no efforts – a big improvement compared to the major rehabilitation work usually required to convert disease-specific treatment units, such a Severe Acute Respiratory Infection treatment centers, to other purposes.

Leveraging on available WHO guidelines and standards, students had the opportunity to develop innovative context-specific spatial and structural solutions while learning from vernacular architecture and drawing upon their different backgrounds and expertise.

The summer school was opened by the Rector of Thammasat University, in the presence of the First Secretary of the Belgian Embassy in Bangkok and a representative from WHO Country Office for Thailand.

Overall, this initiative will contribute to Téchne’s aim to create safer, healthier, equitable and more sustainable healthcare systems through integrated multidisciplinary, community-based and informed approaches to problem solving in the post-COVID-19 environment.

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

“COVID-19 requires us to look critically at every component of the emergency planning cycle to identify what we did well and what we can do better. If a house can be a machine for living, a hospital must also be a machine for the delivery of healthcare. Smart design requires smart thinking so that hospitals are as fit for purpose as possible – in a world that is changing rapidly. Making architecture and engineering students aware early in their career of healthcare needs might be one of the best investments we can make.”

Richard Brown

Programme Manager Health Emergencies and Antimicrobial Resistance, Thailand WHO Country Office

Building a community of learning for women leaders in health emergencies among WHO staff and Member States

Women leaders face specific challenges working in the response to health emergencies like the COVID-19 pandemic. Recognizing this, the WHO Health Emergencies Programme (WHE) launched a new **Women in Leadership community of learning** to help address these challenges through peer learning, networking and continuous learning opportunities.

This new community of learning is open to all women who participate in the [Leadership in Emergencies programme](#), which has provided flagship training for WHO staff and member states representatives since 2019. Initially organized in-person, the Leadership in Emergencies courses were digitalized when in-person learning was disrupted by the pandemic. As a result, access to those online trainings was considerably increased and cohorts became more diverse. In particular, the proportion of women attending the courses has increased, from 31% in 2019 when courses were run in-person to 48% in 2022. Currently, 148 women leaders who participated or will participate in the Leadership in Emergencies programme and the support team form part of the Women in Leadership community of learning.

Communities of learning provide space and structure to connect people, organizations and systems that are eager to share learning and work across boundaries. [Women make up almost 70% of the global health and social workforce and nearly 90% of the nursing and midwifery workforce, but it is estimated they hold only 25% of senior roles](#). This makes it even more important for women leaders to be able to share their experiences and learn while developing their lives and careers.



Poster for the first Women in Leadership webinar. Credit: WHO

The Women in Leadership community will help engage women who are serving in or aspiring to leadership positions in emergency response and create a sustainable network for mutual support. It will also provide an opportunity to advise senior management and human resources about gender-focused inclusivity in emergencies by creating a channel to identify concerns, barriers and solutions to the advancement of women working in emergencies.

In July 2022, a community webinar was held to discuss how gender stereotypes affect the workforce, including women's leadership styles, as well as how to build capacities and systems to address the impact of these stereotypes. In the coming months, the group will meet to discuss additional challenges women face in health emergencies, including COVID-19, and participate in virtual coffees for members to get to know one another better.

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

“We want to empower and support women in our training programme who face gender-related barriers and biases in pursuing leadership roles. These are important learning opportunities and discussions that can help shift the field of health emergency response toward becoming a more equal one.”

Heini Utunen

Acting head of the WHE Learning and Capacity Development Unit, which runs the leadership training

“We will not have a sustainable tomorrow unless we have gender equality. It is not possible to deliver, and we will not be an effective programme, unless we have equity.”

Dr Michael Ryan

Executive Director, WHO Health Emergencies Programme

Leveraging lessons learned and systems from previous epidemics, Uganda builds up its response capacities to scale up COVID-19 testing and surveillance while maintaining essential health services

Rawlance Ndejjo,^{1,2} Chevy Lazenby,^{1,3} Steven N. Kabwama,² Alice Namale,² Suzanne N. Kiwanuka,² Fred Monje,² Susan Kizito,² Rhoda K. Wanyenze,² Jacqueline Maloney,³ Will Wang,³ Chris Troeger,³ Anne Liu,³ Henry Kyobe Bosa.⁴

Using the investments in Ebola response capacities for COVID-19 rapid response

During the most recent Ebola virus disease outbreak in 2019, Uganda's community surveillance program trained more than 10 000 health workers and village health teams on infection prevention and control, epidemic surveillance and other aspects of outbreak response. These trained health workers played a pivotal role in the country's ability to rapidly respond to COVID-19, through supporting surveillance and contact tracing. Since the start of

[Exemplars in Global Health](#) (EGH) identifies positive health outliers, studies successes, and shares findings so that lessons can be adapted in comparable settings to improve health across the world and be applied to future pandemics. The Exemplars in Global Health [program](#) is housed at [Gates Ventures](#) – the private office of Bill Gates – and is made possible by a coalition of global and in-country experts, funders and collaborators.

The following feature was submitted by [Gates Ventures](#), as a WHO partner organization. It highlights Uganda's exemplary approaches to [testing and surveillance](#), and the [maintenance of essential health services](#) (EHS), which was informed by research led by Makerere University School of Public Health between September 2020 and December 2021, with funding from the Bill & Melinda Gates Foundation and Gates Ventures. Many of these approaches were informed by WHO guidance.

Immediately after WHO declared COVID-19 a public health emergency of international concern at the end of January 2020, the Ugandan Ministry of Health activated the Public Health Emergency Operations Centre and the National Task Force – shifting from preparedness to response when the first case was recorded on 21 March 2020. Since then, Uganda has performed over 2.6 million tests and recorded just over 160 000 cases (including reinfections) and 3500 deaths (largely driven by the Delta variant around June 2021).⁵

Despite challenges in Uganda's testing and surveillance systems, the country was able to leverage lessons learned and systems developed from previous epidemics.⁶



Nurse Guloba Rhode administers a COVID-19 vaccine at Makerere University Hospital in Kampala, Uganda on 19 January 2022. © Gates Ventures, LLC / Sumy Sadurni

the pandemic, Uganda increased its testing capacity from one central laboratory at the Uganda Virus Research Institute to four additional central-level laboratories and GenExpert testing machines at all regional referral hospitals. The country also scaled up capacity to perform rapid diagnostic tests, introduced genotypic post-mortem surveillance and conducted several serological surveys.

Applying a multi-pronged approach to maintain access to essential health services

To maintain the provision and utilization of essential health services, Uganda established a committee, which developed and disseminated guidelines to coordinate and enhance the continuity of essential health services. Health officials also implemented a variety of interventions to mitigate supply- and demand-related obstacles, including task shifting to community health workers, leveraging technology such as the electronic logistics management information system for ordering health commodities⁷ and information dissemination via mobile phones.⁸ Additionally, virtual communication platforms (such as Zoom) were used to conduct training and support supervision. Strong subnational coordination mechanisms were established to facilitate the transportation of health care workers and supplies. Service delivery was adapted to maintain essential health services through special clinics, outreaches, designated facilities for COVID-19 treatment, community drug distribution and multi-month drug dispensing.

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3 Gates Ventures

4 Ministry of Health, Kampala, Uganda; Uganda Peoples' Defence Forces, Kampala, Uganda

5 [Our World In Data](#), accessed 31 May 2022

6 Between 2000 and 2016, Uganda experienced eight public health emergencies of international concern: five outbreaks of Ebola virus disease, most recently in 2018 and 2019, and three outbreaks of Marburg virus disease.

7 Annual Health Sector Performance Report 2019/2020; see page 107 [here](#)

8 The Pan African Medical Journal, Supplement article – Commentary, 20 May 2020

In May 2021, Uganda's Ministry of Health worked with WHO to update national Essential Health Services (EHS) guidelines and informed these updates, with support from Makerere University's School of Public Health and Exemplars in Global Health. Following their research and recommendations, Uganda's EHS Continuity Committee published updated guidelines on maintaining EHS on 24 July 2021, which included revisions surrounding: the inclusion of additional programmes (e.g. on neglected tropical diseases, noncommunicable diseases, school health, mental health, psychosocial services), updating terms of reference for regional support teams to improve coordination and for village task forces and village health teams, and adding new incentives for health care workers.

The team of researchers at Makerere University subsequently presented their findings and lessons learned at the launch of Uganda's Joint External Evaluation Plan and Global Health Security Agenda (GHSA) commitments in September 2021. Building on these, the research team emphasized the need to integrate resilience in preparedness and response planning, include EHS as a critical pandemic response pillar, and track and mitigate unintended consequences.

More information can be found in the full case studies on [Uganda's approach to diagnostic testing and surveillance](#) and the maintenance of [essential health services](#).

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Laboratory worker, Kasujja Ronald, at the COVID-19 sample testing laboratory at Entebbe Airport, Entebbe, Uganda on 21 January 2022. © Gates Ventures, LLC / Sumy Sadurni

WHO develops a method to deliver actionable infodemic insights and recommendations as part of the COVID-19 pandemic response

This feature is a summary of the following article: [Delivering actionable infodemic insights and recommendations for the COVID-19 pandemic response, WHO Weekly epidemiological record, No 27, 2022, 97, 313–324](#). Published under the [CC BY-NC-SA 3.0 IGO](#) licence.

For more information about the WHO Weekly Epidemiological Record, click [here](#).

Since the beginning of the COVID-19 pandemic, **infodemic has been a global issue** that may have **affected the effectiveness of public health responses**. Infodemics are defined as too much information, including false or misleading information, in digital and physical environments during an acute public health event, which can lead to confusion, risk-taking and behaviour that can harm health and lead to mistrust in health authorities and public health response.

To address this challenge, WHO has been using since the onset of the pandemic a **multiprong approach** consisting in four interlinked strategies, namely: promoting a whole of society response to the COVID-19 infodemic; supporting the science of infodemiology; enhancing workforce's capacities to respond to infodemics; and building a country toolbox to support Member States manage infodemics.

Within this framework, in March 2020 WHO's COVID-19 incident management support team's (IMST) developed in collaboration with research partners an **integrated method for public health infodemic analysis and insights generation**. This method is able to **generate weekly analysis of social media, traditional media and other data sources, to identify, categorize and understand the concerns and narratives expressed** by individuals and communities.

This three-step method (see below) identifies or anticipates areas of concern, questions, misinformation and information voids in narratives circulating, and **provides immediately actionable insights to WHO and Member States for use in decision-making and risk communication**. Overall, this helps to complement rumour-tracking and **provide the right health information at the right time in the right format to the people who need it**.

- **Step 1:** the WHO team collected data on a weekly basis from approximately 20 million publicly available social and news media sources in English, French and Spanish, and categorized into conversations according to a COVID-19-public health taxonomy. This **quantitative identification** helped **identify potential topics of concern and information voids**.
- **Step 2:** the dataset was **analysed qualitatively** and **compared** on a weekly basis to identify narratives and their changes and to characterize changes in sentiment in the conversation. WHO then developed and shared a **digital infodemic intelligence report** (50 pages) with its global and regional infodemic response networks, including Member States
- **Step 3:** the digital infodemic intelligence was reviewed by a WHO-led multi-disciplinary team of experts and triangulated with other data sources to derive insights on the infodemic. The team then compiled a **one-page memo**, shared across WHO's three levels and global and regional infodemic response networks, that recommended action to WHO for the week on: (i) messaging and communication optimization; (ii) research and evidence generation; (iii) improvements to WHO web pages; (iv) coordination with media or fact-checking organizations; and (v) risk communication-related actions.

“To keep public health on the agenda, maintain a whole-of-society approach, maintain your surveillance systems, or ensure uptake of e-health initiatives or future vaccination campaigns, you need to keep managing infodemic and facilitating clear communication. Infodemic management is the mother of all public health interventions – without it, their effectiveness is threatened.”

Prof. Neville Calleja

Director of Health Information and Research
Ministry for Health of Malta

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As this public health taxonomy for analysis of COVID-19 conversations could directly help Member States to deliver digital infodemic intelligence nationally, the method was further adapted and localized by WHO Country Offices, in collaboration with respective ministries of health and UN partners. 18 countries across four WHO regions, including Canada, Indonesia, Mali and the Philippines therefore adapted the tool. The taxonomy was also tested and used for automated social listening on the pilot WHO platform “[Early AI-supported response with social listening.](#)”

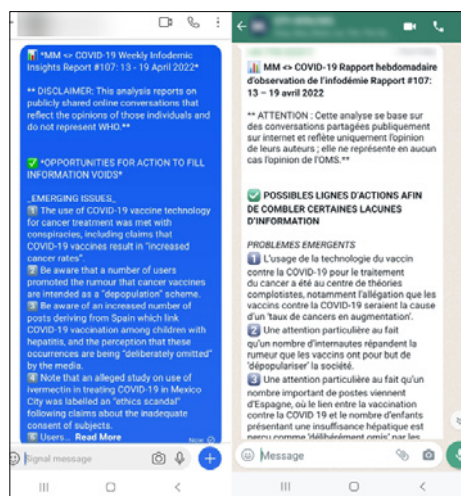
Between the start of the pandemic and 23 June 2022, **116 weekly digital infodemic intelligence reports were produced and disseminated and 4.4 billion user-generated posts and comments on social media related to COVID-19 were analysed.** Among other noticeable results based on this approach, the WHO Regional Office for South-East Asia also produced 100 weekly infodemic intelligence reports, and the [Africa Infodemic Response Alliance](#) (AIRA) produced 53 weekly infodemic trend reports between March 2021 and June 2022.

Overall, **these WHO infodemic monitoring insights and recommendations helped enhance the effectiveness of WHO’s engagement** in relation to COVID-19 and supported Member States in their response. This tool has also proven to be relevant for other topics beyond COVID-19, such as for instance the recent Olympic and Paralympic Games in Beijing, China.

Way forward: disseminating and mainstreaming infodemic management practice in Member States

Moving forward, these analytical methods for infodemic intelligence monitoring and generation **could be applied in epidemic and pandemic preparedness and prevention for other vaccine-preventable diseases**, such as seasonal influenza and routine immunization. These could also **help in preparing for acute public health events or be adapted for rapid use in outbreak and emergency response**, such as for instance [monkeypox](#).

To leverage on this opportunity, WHO developed a training programme and is developing country support packages for “pop-up” infodemic insights teams during an outbreak or emergency. **WHO recently co-hosted with UNICEF, the US-CDC and Gavi a training where 568 participants** from various Member States **learned to promote demand for routine immunization and COVID-19 vaccines** by leveraging on the integrated analysis methods for infodemic insight generation. Trainees applied this knowledge to scenarios of outbreak response to COVID-19, monkeypox and other vaccine-preventable diseases and feedback was overwhelmingly positive, signaling the relevance of the method. A new round of trainings is currently under consideration.



Sample weekly short-text-message report distributed on Signal and WhatsApp messaging platforms for 13–19 April 2022. Credit: WHO



Screenshot showing a participant to the infodemic training applying the knowledge and tools gained in the field. Credit: Joel Lamika

“I am currently participating in COVID-19 vaccination outreach and am already conducting social listening and demystifying misinformation. (...) Thanks to [the infodemic] training, I am addressing infodemics/information voids regarding monkeypox, trying to think ahead of what people need to know.”

Feedback from a participant to the infodemic training co-hosted by WHO, UNICEF, the US-CDC and Gavi, the Vaccine Alliance

Leaving no one behind: How OpenWHO.org ensures equity in health information delivery for people living with disabilities



Screenshot from the OpenWHO Indian sign language course. Credit: WHO

Across the world, the COVID-19 pandemic has disproportionately affected people living with disabilities, highlighting the need for [disability-inclusive](#) COVID-19 response. Such response measures require accessible and timely public health information, among others.

To meet the needs of people living with hearing and/or visual impairments and ensure equity of health information delivery during health emergencies, such as the COVID-19 pandemic, the [OpenWHO.org](#) learning online platform has introduced several approaches.

1. Hearing impairment

It is estimated that more than [1.5 billion people](#) globally live with hearing loss. **OpenWHO courses have transcripts and subtitles available in different languages**, which can help facilitate access for people living with hearing impairment.

In March 2020, OpenWHO's "[Introduction to COVID-19](#)" learning materials were made available in [Indian sign language](#) to help meet the needs of learners in one of the world's most populous countries and beyond. Currently, the course hosts 55 000 learners across 150 countries, with 88.1% of learners located in India, and other key learning communities situated in Bangladesh, Pakistan, Saudi Arabia and Iraq. Half of the learners are students (33.3%), health professionals (9.6%) or personnel of non-governmental organizations (8.4%).

2. Visual impairment

Globally, at least [2.2 billion](#) people have a near or distance vision impairment. Visual impairment can lead to lower levels of educational achievement.

OpenWHO has several features to improve accessibility for learners who are visually impaired, including:

- **Text alternatives** for non-text content;
- **High-contrast colour schemes** to improve readability of learning materials; and
- Allowing learners to **download text items** (e.g., slides, subtitles and supporting materials), which can be explored in the appropriate resolution or size on a different device or simply be printed.

In early 2022, OpenWHO began progressively rolling out a new typeface called [Atkinson Hyperlegible](#) across its learning materials, which adds several design features that make it easy for visually impaired people to recognise the letters, increasing legibility and improving readability.

Overall, **OpenWHO courses are free of charge and self-paced** so that anyone interested can complete a course at their convenience. This helps ensure that neither cost nor time serve as barriers to access for those who would benefit from the courses' accessible features.

The OpenWHO team is devoted to continuing to tailor its learning approaches to meet the needs of people living with disabilities. By doing so, OpenWHO can help make health information accessible and delivered on time across different communities, promoting equity in learning for health emergencies.

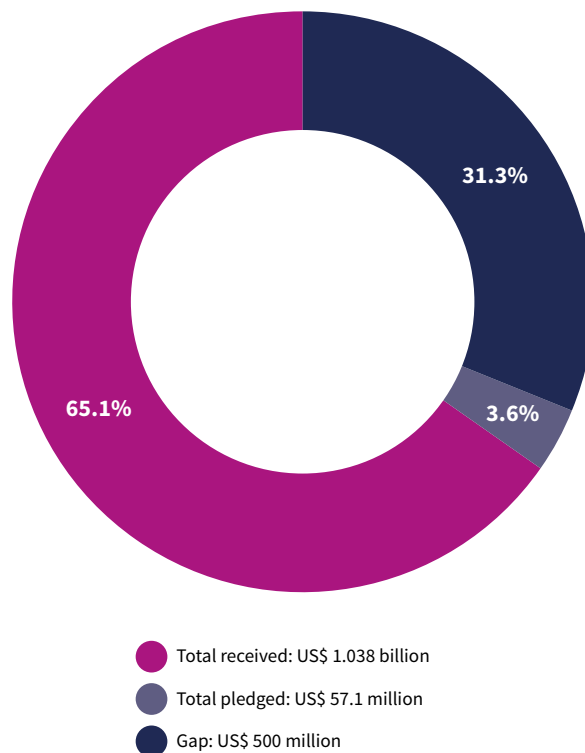
WHO's COVID-19 Response Funding in 2022: Delivering science, solutions and solidarity to end the acute phase of the pandemic

[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.

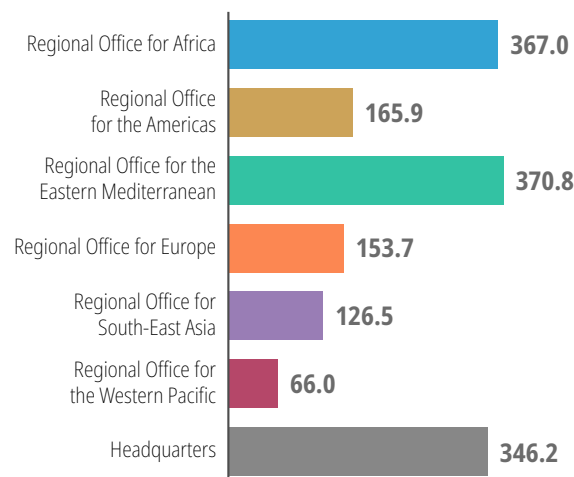
In WHO's GHEA 2022, published in March 2022, WHO called for US\$ 2.7 billion to serve people around the world in the **most vulnerable settings, including US\$ 1.59 billion for ending the acute phase of the COVID-19 pandemic**. Two years of COVID-19 have stretched health systems, societies and supply 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 15 August 2022, WHO has received **US\$ 1.038 billion** in support of its COVID-19 response and **US\$ 57.1 million** have been pledged. WHO's current funding gap against funds received and pledged is **US\$ 500 million**.

Contributions to WHO for COVID-19 appeal (Data as of 15 August 2022)



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

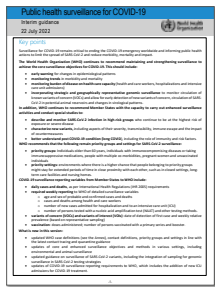


TOTAL US\$ 1.59 billion

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 15 August 2022).



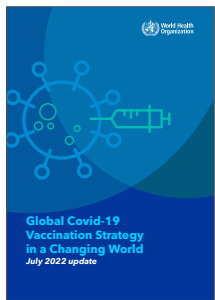
Public health surveillance for COVID-19: interim guidance (22 July 2022)

This document summarizes current WHO guidance for public health surveillance of coronavirus disease 2019 (COVID-19) in humans caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This guidance includes the new elements:

- Updated WHO case definitions, contact definitions, priority groups and settings in line with the latest contact tracing and quarantine guidance
- Updates of core and enhanced surveillance objectives and methods in various settings, including environmental and animal surveillance
- Updated guidance on surveillance of SARS-CoV-2 variants, including the integration of sampling for genomic surveillance in SARS-CoV-2 testing strategies
- Updates of COVID-19 surveillance reporting requirements to WHO, which includes the addition of new ICU admissions for COVID-19 treatment.

WHO also updated the COVID-19 [case definition](#), [case report form](#) and the [process for weekly reporting aggregated data](#).

[Read guidance](#)

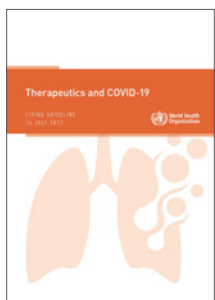


Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update (22 July 2022)

This strategy brief outlines updated goals, steps, targets, and operational priorities to guide countries, policy makers, civil society, manufacturers, and international organizations in their ongoing efforts through 2022. The goals are to sustain and enhance momentum to reduce mortality and morbidity, protect health systems, and resume socio-economic activities with existing vaccines, and to accelerate the development and access to improved vaccine products.

Towards the end of 2022, as more scientific uncertainties get resolved and more data becomes available, WHO will embark on a consultative process to develop a global Covid-19 vaccination strategy for 2023 and beyond.

[Read guidance](#)



Therapeutics and COVID-19: living guideline (14 July 2022)

The WHO Therapeutics and COVID-19: living guideline contains the Organization's most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19 and is updated regularly as new evidence emerges. This tenth version of the WHO living guideline now contains 19 recommendations, including two new recommendations regarding fluvoxamine and colchicine. No further updates to the previous existing recommendations were made in this latest version.

[Read guidance](#)

Based on these WHO Therapeutics and COVID-19: living guideline, WHO produced a series of supportive tools which are intended to provide supportive information for healthcare workers who are prescribing, administering and monitoring patients for non-severe COVID-19.

- [Remdesivir for COVID-19](#), [Administration of Remdesivir for COVID-19](#) and [Safety and monitoring in patients receiving remdesivir for COVID-19](#)
- [Nirmatrelvir-ritonavir for COVID-19](#), [Administration of Nirmatrelvir-ritonavir for COVID-19](#) and [Safety and monitoring for patients receiving Nirmatrelvir-ritonavir for COVID-19](#)
- [Molnupiravir for COVID-19](#), [Administration of Molnupiravir for COVID-19](#) and [Safety and monitoring for patients receiving Molnupiravir for COVID-19](#)

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 10 August 2022 Weekly Epidemiological Update, click [here](#). Highlights this week include:

- The COVID-19 epidemiological update at the global and regional levels.
- An update on the circulating SARS-CoV-2 variants of concern (VOCs), including their geographic spread and prevalence.

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

- Monkeypox: [experts give virus variants new names](#)
- WHO report shows [poorer health outcomes for many vulnerable refugees and migrants](#)
- Kenya and WHO launch [bold initiative to transform Africa's health emergency response](#)
- WHO launches [appeal to respond to urgent health needs in the greater Horn of Africa](#)
- UNAIDS, UNICEF, and WHO launch [New global alliance launched to end AIDS in children by 2030](#)
- [Second meeting of the International Health Regulations \(2005\) Emergency Committee regarding the multi-country outbreak of monkeypox](#)
- [Interim statement on COVID-19 vaccination for children](#)
- WHO makes [new recommendations for Ebola treatments, calls for improved access](#)
- Celebrating [70 years of GISRS, decades of collaboration](#)

Highlights

- AFRO/WHO publishes the latest [Africa Infodemic Response Alliance](#) (AIRA) report on Infodemic Trends:
 - Information Gaps: Do COVID-19 vaccines cause death?
 - Key Monkeypox Misinformation Trends: (i) Tecovirimat is being hoarded in the US; (ii) Monkeypox Vaccine Components are Dangerous
- WHO publishes the [COVID-19 Vaccine Delivery Partnership Situation Report – July 2022](#)
 - Of the 34 countries identified for concerted support by the CoVDP in January 2022, 23 countries to date have surpassed 10% coverage, and 7 countries have reached at least 20% coverage



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.

Monkeypox: Who is at risk? (22 July)

Which communities are most at risk of Monkeypox in the current outbreak and why? WHO's Andy Seale explains how we can support the communities at risk in Science in 5.