

WHO's Monthly Operational Update on COVID-19

This special edition of the Monthly Operational Update contains an update on the Monitoring and Evaluation of the COVID-19 Strategic Preparedness and Response Plan (SPRP) 2022



Community engagement in Haiti. Credit: WHO

COVID-19: Increasing vaccination coverage in Haiti through community outreach, despite serious challenges

Haiti has one of the lowest COVID-19 vaccination rates globally, with **only 2.1% of the population having completed a full two-dose vaccination series as of mid-November 2022.**

Combined with multiple logistical challenges due to restricted access to fuel, concurrent emergencies, including the 2021 earthquake in the southern peninsula, and an ongoing cholera outbreak, as well as security issues, ensuring the distribution of COVID-19 vaccines across the country has been extremely difficult.

To reverse this trend, the **Haitian Ministry of Public Health and Population (MSPP in its French acronym), with support from the Pan American Health Organization (PAHO/WHO) and other partners, shifted in June 2022 its COVID-19 vaccination strategy to expand outreach. As part of it, vaccination campaigns were launched to bring vaccine doses closer to homes and communities and promote their acceptance through risk communication and community engagement activities.**

Orchestrated by the MSPP, with the technical support of communication specialists from PAHO/WHO and the United Nations Children's Fund (UNICEF), campaigns organized since June included **information-sharing activities and community engagement dialogues** aimed at improving knowledge and confidence in vaccination and overcoming information and perception barriers.


- **Advocacy meetings** were organized to inform religious leaders, representatives of administrative and political bodies, and media associations on the benefits of the COVID-19 vaccine and garner their support to ensure people are aware that vaccines are safe and effective.
- **Community meetings** were held to inform the population about COVID-19 vaccination campaigns and discuss issues surrounding vaccines.
- **Messages promoting COVID-19 vaccination and interactive radio programs were broadcasted across multiple radio stations, and sound trucks and town criers using megaphones** were used to announce the arrival of vaccination teams and spread messages about the benefits of vaccines.
- **Communiqués** were disseminated in worship places and at **community meetings** organized by health institution.


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Key figures (as of November 2022)

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

 OpenWHO totaled **7.2 million enrolments** for online courses available in **65 national and local languages**, including 46 courses dedicated to the COVID-19 response

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

 **12 885 748 541 vaccine doses** have been administered as of 8 November 2022

4 976 582 832 persons fully vaccinated as of 8 November 2022

5 431 705 796 persons vaccinated with at least one dose as of 8 November 2022

 **40.4 million** online data analysed between 1-31 October 2022 by WHO as part of social listening and infodemic management support to Member States

* COVAX has shipped over 1.85 billion vaccines to 146 participants as of 17 November 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](#)

These vaccination campaigns, which started in two of the country's ten departments (Nord, Nord-Est) and expanded to another four (Grand'Anse, Nippes, Sud and Centre), rapidly proved successful in boosting COVID-19 vaccine uptake. Preliminary data collected in the six departments show that the number of people who received at least one dose of vaccine had risen from 188,584 in June to more than 396,000 in early November 2022.

Encouraged by these positive results, an expansion of the vaccination campaigns to the four remaining departments (Artibonite, Ouest, Nord-Ouest and Sud-Est) was planned for September and October 2022. Unfortunately, the escalating violence and crippling fuel shortages across the country forced health authorities and partners to suspend COVID-19 vaccination activities. **Despite this temporary set-back, health partners remain hopeful that vaccination campaigns will resume in early 2023**, to better protect Haitians against SARS-CoV-2 and further accelerate the integration of the COVID-19 vaccination into the routine Expanded Programme on Immunization.

In the meantime, PAHO/WHO continues to support Haiti to improve the storage and handling of COVID-19 vaccines by strengthening the country's cold chain capacity. With financial support from the United States of America (USA), PAHO/WHO is procuring a walk-in cold room with temperature monitoring devices to keep vaccines within the recommended temperatures at the [Program for Essential Medicines and Supply \(PROMESS\)](#) – the main source of essential medicines and medical supplies in Haiti.



Community engagement in Haiti. Credit: WHO

“The success of this new phase of the COVID-19 immunization campaign is based on outreach work made possible by Community Health Workers who go door-to-door to sensitize and mobilize the population to get vaccinated. (...) The role of the town criers as integral members of the vaccination teams and the commitment of religious leaders has been essential in mobilizing the population.”

Kadebe Blamm
PAHO/WHO consultant



Community engagement in Haiti. Credit: WHO

“To get people to accept the COVID-19 vaccines, we went door to door to raise awareness. Some people were worried about the side effects, but I was able to convince them that the vaccine is safe, and they agreed to be vaccinated. With our sensitizations, many people got vaccinated.”

Taxemanie Alcime
Community Health Worker from the health center of Tilory, a border community in the north of Haiti

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

Haiti is currently facing a complex humanitarian crisis, which is significantly affecting the provision of health services and humanitarian assistance. In this already challenging context, Haitians are now faced with the resurgence of cholera despite having registered no new confirmed cholera cases over the past three years. Between 2 October, when the first cholera case was declared and 8 November 2022, 712 cases were confirmed, and more than 7,500 suspected cases and 144 related deaths reported. Cholera transmission has been accelerating over the last weeks and cases have already spread geographically outside of the metropolitan area of Port-au-Prince within the Ouest department as well as to other departments nationwide. Children under 5 years of age are among the most vulnerable population group, representing over 20% of suspected cases, and are most at-risk of developing a severe infection requiring hospitalization.

Urgent actions and resources are needed to save lives, reduce morbidity and mortality and limit the spread of cholera. PAHO/WHO has activated its Incident Management System (IMS) at regional and country level and is working closely with Haitian public health authorities at national and departmental level, as well as with other health partners to [support the response](#) in the areas of coordination, case management, epidemiological surveillance and laboratory, risk communication and community engagement, WASH and vaccination. PAHO/WHO is seeking donations to rapidly scale-up response capacities to deploy cholera curative and preventive measures over the next 12 months. For more information, see the [emergency appeal](#), the PAHO/WHO [Epidemiological Alerts](#) and [Situation Reports](#).

WHO and USAID provide life-saving medical equipment to strengthen Mongolia's health system in response to COVID-19



Representatives from the WHO Country Office for Mongolia, USAID Mongolia, the Ministry of Health, and Health Departments in the provinces at the handover ceremony of the "Strengthening health systems capacity in response to COVID-19 outbreak in Mongolia" project. Credit: WHO Mongolia/N. Chuluuntsetseg

In Mongolia, WHO is partnering up with the Ministry of Health and the United States Agency for International Development (USAID) to sustain the country's response to COVID-19 and reach its dispersed and nomadic populations with critical equipment and supplies.

From October 2021 to December 2022, the USD 1.5 million project titled "Strengthening health systems capacity in response to COVID-19 outbreak in Mongolia" aims to **provide life-saving medical equipment and critical devices to healthcare facilities, strengthen preparedness for potential surges in COVID-19 cases, and improve the delivery of essential health and COVID-19-related services at the health facility level.**

Within the framework, essential medical equipment and supplies were provided to the Ministry of Health and local health departments, for distribution to family health centers and referral hospitals in urban and rural settings.

Supplies specifically include:

- **ventilators** for COVID-19 intensive care for infants, which will be used at referral hospitals in Ulaanbaatar city and provinces;
- **spirometers** for monitoring post-COVID-19 respiratory recovery, as well as **emergency care supply sets** which will be used at family health centers; and
- **mobile health (mHealth) sets**, which will support the delivery of integrated primary health care services.

In the long run, these lifesaving supplies will contribute to the development of standard emergency medical care rooms at primary health care facilities and the promotion of safe and quality primary health care services in remote areas.

As part of the project, the WHO Country Office for Mongolia is also providing technical support to capacity-building activities scheduled for November and December 2022. The practical exercises aim to train healthcare workers on the use of the received medical supplies and equipment and to strengthen the capacity of the primary healthcare workforce.

Overall, this partnership will help support Mongolia's preparedness and response both to COVID-19, specifically amid the potential threat of new COVID-19 variants, and beyond the pandemic, to other health emergencies.

"Under the project, multi-faceted measures are being organized at the national and local levels to improve the capacity of COVID-19 response and primary health care services. Following the handover, we are planning to conduct training for healthcare workers to improve the quality of primary healthcare service using the essential medical equipment and supplies provided."

Dr P. Anuzaya

WHO Representative/Officer in Charge, WHO Representative Office for Mongolia



Dr Ts. Erdembileg, State Secretary of the Ministry of Health, hands over the medical equipment set to Dr Ts. Alimaa, Head of Health Department in Uvs Province. Credit: WHO Mongolia/ N. Chuluuntsetseg

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

WHO/Europe facilitates a study tour for Azerbaijan and Portugal to share knowledge on their respective Emergency Response Information Management Systems



The Azerbaijani delegation hearing about Portuguese surveillance systems during the study tour ©WHO Azerbaijan Country Office

From 23 to 28 October, WHO/Europe in collaboration with the Azerbaijan Country Office coordinated a study tour to Portugal for experts from Azerbaijan's Ministry of Health and two public health agencies – TABIB (The Management Union of Medical Territorial Units) and SAHMI (the State Agency on Mandatory Health Insurance). This visit was organized as a follow-up to two previous missions carried out in Azerbaijan on Emergency Response Information Management Systems, respectively in [November 2021](#) and [March 2022](#). It aimed to strengthen Azerbaijan's public health emergency management system, by discovering and learning from Portugal's infrastructure and experience. Another aim was to jointly exchange on lessons learned from the pandemic.

The study tour offered the Azerbaijani delegation the opportunity to gain insight into another country's public health emergency management system, including its setup and processes. It also helped to better understand the system's functioning, both in the absence of- and in response to- an emergency.

Participants learnt about essential components of a public health emergency management system and reflected on how to further strengthen their real-time information systems within Azerbaijan. Visiting infrastructures in Portugal also gave both countries' delegations an opportunity to share experiences, challenges and best practices from the pandemic, particularly on the strengthening of national public health emergency management systems, and to identify potential areas of further collaboration.

As part of the study tour, the Azerbaijani delegation visited the Portuguese Regional Health Administration Centre. This visit helped illustrate how the Portuguese regional surveillance system concretely works, including which key indicators are gathered from health care facilities and laboratories, how the data is gathered, what the reporting modalities are, and how data is compiled and analysed at the national level. Portuguese experts also detailed the functioning of their national surveillance and information management system as well the information-sharing mechanisms in place both within and beyond the health sector.

Since the completion of the mission, the Azerbaijani delegation has been working with the WHO/Europe Regional Office to determine the needed actions and next steps to apply the key takeaways from their observations of the Portuguese system. One of the key takeaways was the importance of using the International Health Regulations (IHR 2005) communication platforms as part of the routine work of the health sector, as well as the importance of strengthening and institutionalizing IHR (2005) national focal point roles as part of the emergency response information management system – two key points which WHO will continue to advocate for.

Moving forward, WHO/Europe will also continue to work alongside Azerbaijan to strengthen its health information analysis capacities in the health sector and better integrate epidemiological information from various sources into everyday analysis and decision-making in public health.



Azerbaijan delegation visiting health facilities in Portugal ©WHO Azerbaijan Country Office

WHO supports health authorities in Mozambique to better prepare for public health emergencies

Understanding risks that threatens people's health, planning to mitigate their impact, and preparing to efficiently respond to these threats can have a significant impact on saving lives and preserving people's well-being. It is against this backdrop that across the world, WHO undertakes regular strategic risk analysis and monitoring activities and develops the related contingency plans, in close collaboration with national governments, UN sister agencies and other partners as needed.

In Mozambique, WHO together with the Ministry of Health recently facilitated a **three-day workshop on the elaboration of the health sector's multi-risk preparedness and response plan to public health emergencies**. Held in Songo district and financed with supported from the Government of Flanders, the workshop brought together 45 health professionals from the Tete province. Various participants expressed their satisfaction of following such health preparedness and response plan exercise, such as for instance Dr Milton Raul Sabonete, Medical Chief of the Tete district.

“The teachings that I received in this workshop will allow me to elaborate a detailed and thorough [multi risk preparedness and response] plan to respond to possible events of public health emergencies, such as disasters”.

Dr Milton Raul Sabonete
Medical chief, Tete district

The location and timing of the training was particularly opportune, as Tete province borders three countries – Malawi, Zambia and Zimbabwe – and is exposed to many pathologies in addition to COVID-19, such as wild polio, measles, malaria, and other diarrhea-related diseases.

Mozambique is one of the African countries which has been investing significantly in its health sector, allowing 70% of its population to access and use health services. However, several factors continue to put increasing pressure on the health system's response capacity, including population growth, epidemiological transition and other factors determining communities' health, such as climate change, the environment, water, or educational and economic factors. Altogether, these parameters lead to the health system facing difficulties in meeting the health needs of the population at all ages. In this respect, **the recent workshop health response preparedness plan workshop will help the country better plan for current and future responses to emergencies**.

“The elaboration of the district [multi risk preparedness and response] plan is crucial for the implementation of preparation and response activities to an event or outbreak, as it ensures the reduction of morbidity and mortality as well as timely local response.”

Dr Luis Maimuna
Chief Epidemiologist of the Integrated Disease Surveillance and Response and Management of Public Health Emergencies, Ministry of Health, and facilitator of the workshop



Workshop on the elaboration of the health sector's multi-risk preparedness and response plan. Credit: WHO

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

Health workers still fighting COVID-19 in an exhausted health system in Yemen

In Yemen, the COVID-19 pandemic has had a catastrophic effect, compounding one of the world's largest humanitarian crises, and further straining a long-exhausted healthcare system that is simultaneously struggling to prepare for and respond to a continuous chain of other disease outbreaks.

As of early November, the number of reported COVID-19 cases in Yemen stood at 11,926, with 2,155 confirmed deaths. However the actual numbers are under-reported and undoubtedly far higher. **Just under 5% of the country's total population has been partially vaccinated against COVID-19 and 9% fully vaccinated** – numbers which fall short of the target of having 30% of Yemen's adult population vaccinated by the end of 2022. Overall, a prevailing lack of community awareness about COVID-19 and the necessity and safety of vaccines has strongly contributed to the spread of the virus and its toll on people's lives.

In response, WHO partnered up with the Federal Ministry for Economic Cooperation and Development (BMZ) of the Federal Republic of Germany, to **procure and distribute new COVID-19 vaccines and supplies and scale up the capacities of Yemen's Ministry of Public Health and Population to test, diagnose, and vaccinate against COVID-19**. This has helped the ministry **better manage COVID-19 caseloads, and undertake health promotion activities** in governments and districts controlled by the Internally Recognized Government. About 1,000 COVID-19 patients in hospital isolation units have also been aided with life-saving medical oxygen supplies.

WHO has also supported the ministry to **enhance its data management and monitoring of COVID-19, and to establish and staff vaccination sites with trained COVID-19 mobile vaccination teams**. As in many countries of the world, the progress made to date has depended heavily on thousands of Yemeni health care workers whose lives have been profoundly impacted and imperiled by COVID-19.

Dr Habiba Al Nahari who works at Khormakser health facility in Aden was persuaded to be vaccinated after losing an unvaccinated colleague and friend to COVID-19. Since then, she has been advocating for more people to vaccinate and to seek information about vaccines from credible sources, in order to protect themselves and their communities from misinformation.

“I try my best to raise awareness in the community about the importance of getting vaccinated. A growing number of people are seeking to get vaccinated, and this is a good sign. (...) A high level vaccination coverage rate of Yemeni adults is required to achieve adequate country-wide protection against COVID-19 infections and deaths – and everyone has a role to play in this pandemic. (...) As doctors, we must be effective advocates for the vaccine's role in building natural body immunity to COVID-19, and deliver awareness to every patient we attend to.”

Dr Habiba Al Nahari

Medical worker at Khormakser health facility in Aden

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



COVID-19 vaccination in Yemen. Credit: Nesma Khan/ WHO

Promoting COVID-19 vaccination in indigenous communities in Colombia



Knowledge dialogue session with a group of indigenous people in the region of Pejendino, in the department of Nariño. Credit: WHO.

In recent weeks, the Pan American Health Organization (PAHO)/WHO Country Office for Colombia has been making progress in the implementation of a project that seeks to **promote vaccination against COVID-19 and other vaccine-preventable diseases in seven indigenous communities in the department of Nariño**, namely: the Awá, Quillacinga, Pastos, Nasa, Embera siapidara, Kofan and Ingas.

As part of this initiative, **dialogues with indigenous peoples** have been held to promote community surveillance strategies and actions to prevent the spread of the virus, and improve communities' access to information in the respect of their beliefs and cultural health practices.

Trainings have also been organized for **health workers**, with the aim of increasing knowledge and capacities to strengthen prevention, surveillance and information management on COVID-19 and other vaccine-preventable diseases. 96 health professionals, including nursing assistants, nurses, and health promoters have therefore been trained on topics, such as the importance of vaccination, monitoring vaccination coverage, and outbreak management. Likewise, trusted community members have been trained in prevention and health promotion messages.

“We recognize and value the ancestral knowledge of indigenous communities in health care. We must continue to join efforts to protect ourselves against the coronavirus and one of the best ways to do this is by completing the vaccination schedule. The vaccine is safe and effective.”

Gina Tambini

PAHO/WHO representative to Colombia

Increasing the vaccination coverage among the indigenous populations in border areas in Nariño requires an ethnic approach that allows them to make informed decisions for their own health and wellbeing, based on the co-responsibility in health care. To ensure this, all project activities need to be respectful of indigenous peoples' knowledge, beliefs and cultural health practices.

“Our goal is to achieve much more significant vaccination coverage in vulnerable communities.”

Diana Paola Rosero

Director of the Departmental Health Institute of Nariño

This vaccination project was made possible with the support of the Swiss Embassy in Colombia and was carried out in coordination with the Health Institute of the department of Nariño.

As of 5 October 2022, Colombia had registered over 6 million cases, and 141,794 associated deaths, of which 820 new cases and 25 deaths in the last week of September, thereby showing the continued need to maintain and strengthen vaccination efforts.



Knowledge dialogue session with a group of indigenous people in the region of Pejendino, in the department of Nariño. Credit: WHO.

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

WHO/Europe and the Kazakhstan Country Office complete SARI simulation courses on advanced clinical management of patients with severe and critical COVID-19



SARI Simulation course on advanced clinical management of patients with severe and critical COVID-19 in Astana, Kazakhstan ©WHO Kazakhstan Country Office

In October, the WHO Regional Office for Europe and the Kazakhstan Country Office completed two three-day Severe Acute Respiratory Infection (SARI) trainings for 46 health care professionals, focusing on the **multidisciplinary care of critically ill patients with COVID-19**. These practical, simulation-based trainings aimed to **equip participants with concrete knowledge and skills to provide time-sensitive clinical assessment and care to COVID-19 patients** through an internationally recognized treatment approach, namely the **Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach**.

The ABCDE approach allows clinicians to save time, identify and rapidly treat conditions that could lead to a patient's deterioration if untreated. Its implementation helps prioritize interventions and improve treatment outcomes, thereby saving lives and preventing avoidable deaths. Throughout the training, participants learned how to implement this approach and practiced it through 12 case-based scenarios and simulations (which together took up 70% of the total training time).

Participants, which comprised hospital teams, including doctors (from emergency medicine, intensive care unit, infectious diseases) and nurses, were also trained on effective interpersonal communication approaches during the provision of emergency care for a hospitalized COVID-19 patient. They furthermore learned about essential aspects of advanced life support, which helped them reinforce their potential in managing patients suffering from life-threatening conditions.

The training was based on the latest [WHO guidance on COVID-19 case management](#) and incorporated WHO's institutional tools, such as OpenWHO and [SARI clinical management toolkits](#). To maximize its relevance and effectiveness, its content had been specifically tailored to Kazakhstan's context and needs.

The October trainings were respectively the third and fourth SARI simulation courses delivered in Kazakhstan, which altogether aimed at strengthening a pool of national trainers built up throughout the pandemic.



ABCDE method being shown during the SARI training in Kazakhstan ©WHO Kazakhstan Country Office.

These two trainings were supervised by seven national instructors who had previously completed the WHO Training of Trainers program in 2021-22. As a result of this supervision, the seven instructors reached the status of independent course provider, which will help them expand the course's outreach and enable them to deliver these trainings further across Kazakhstan. Indeed, **moving forward, WHO plans to continue supporting the rolling-out of SARI courses in Kazakhstan using the capacities of certified national instructors.**

“I understood that the taught approach (ABCDE) can be effectively applied in the environment of my hospital. Coming back to my workplace, I realized that now I have a clear system, so I will not miss any important steps in the evaluation and treatment of my patients. I am grateful to WHO experts for sharing this comprehensive mindset, which will help me to improve the quality of care I provide to my patients.”

Dr Zhenys Setkaliev

Participant at the 1st SARI course

WHO convenes partners to enhance community engagement in support of the COVID-19 response and routine health services in Malaysia



Partners from different parts of Malaysia virtually joined the Partners Meeting, adding ground-level insights to the discussion. Credit: WHO Malaysia/Izarra Azuddin

Nearly three years after the WHO declared the novel coronavirus outbreak as a pandemic, COVID-19 remains a global emergency showing the continued relevance of **strengthening emergency preparedness, readiness and response capacities, including in the areas of risk communication and community engagement.**

It is against this backdrop that the WHO Representative Office for Malaysia, Brunei Darussalam and Singapore has been supporting the government of Malaysia to **engage with civil society organizations, academia and think tanks to provide evidence-based and people-centered health interventions, co-designed and co-implemented with the communities they aim to serve.**



The Partner Meeting was financially supported by the European Union through the South-East Asia Pandemic Response and Preparedness programme. Credit: WHO Malaysia/Izarra Azuddin

On 26 September 2022, WHO Malaysia convened with 20+ organizations to **strengthen and build collaboration for community-centered initiatives.** Partners shared their views, experiences, and ideas on **how to continuously engage and empower communities in addressing the challenges arising from the COVID-19 pandemic for better health outcomes.**

For more information, click [here](#). To learn more about WHO's community engagement approach in the Western Pacific Region, please visit this [page](#).

The discussions focused on how to best address cross-cutting health challenges that still contribute to COVID-19 transmissions, and how to ensure that joint efforts reach all pockets of society in Malaysia. In this respect, organizations were encouraged to **propose innovative approaches that would empower communities to address these challenges.** Participants highlighted the importance of **developing and implementing tailored interventions, informed by cultural and behavioural insights, to achieve positive and sustainable impact.**

COVID-19 has exposed the strengths, weaknesses and vulnerabilities of the national health system but most importantly, has highlighted the importance of investing in health. In Malaysia, WHO will continue to build on this momentum and work with the government and partners to address health challenges and priorities, and strengthen risk communication and community engagement capacities beyond COVID-19, to empower communities and enable them to play an active role in improving their health and well-being.

“We are in a better position than ever to end the pandemic, as we already have available tools and necessary resources. But these tools are only effective if they reach the population, especially the most vulnerable in the communities, and that is why we need to expand our partnerships”.

Dr Rabindra Abeyasinghe

WHO Representative to Malaysia, Brunei Darussalam and Singapore

In Benin, medical oxygen offers lifesaving therapy against COVID-19

Though indispensable to manage severe cases of COVID-19, the supply of medical oxygen often remains a challenge for countries and health facilities in Africa. It is against this backdrop that in May 2021, **WHO experts conducted an assessment mission in Benin to determine national needs and propose ways forwards to increase the supply of oxygen and oxygen-related medical devices.**

The assessment concluded that out of the six hospitals with medical oxygen production units, four were completely shut down. Additionally, the poor state of production plants had led some hospitals to source oxygen from private suppliers, sometimes across borders – a situation which resulted in enormous operating costs and severe disruptions to patient care.

As Benin's health system came under enormous pressure, especially due to the Delta-fuelled second wave in July 2021, its medical oxygen needs increased exponentially, reaching about 500 cylinders of 7m³ per day by the end of 2021, compared with the usual demand of about 280 cylinders of 7m³ per day.

In response, and with funding from the Government of Canada, WHO supported the repair of oxygen production facilities, the provision of 4981m³ of medical oxygen for patients in respiratory distress as well as the purchase of 420 empty reserve oxygen cylinders to maintain a medical oxygen supply. WHO also provided training support for five biomedical technicians.

In February 2022, these WHO-supported medical oxygen supplies helped save the life of Jonas, a 43 years old professional driver who contracted COVID-19. Admitted at the Allada Zone Hospital – one of the health facilities which received oxygen support from WHO – Jonas was immediately placed in intensive care and received oxygen therapy for five days. In total, he remained 12 days at the hospital and recovered thanks to medical oxygen.

“I spent a total of five days on oxygen, and the doctors assured me that the worst was over. I want to recognize the dedicated people who cared for me day in and out. (...) I'm grateful for a new lease on life. Without this oxygen supply, I would surely never have returned to my family. It really was a matter of life and death.”

Jonas, 43 years old

Overall, within the African region, WHO has responded to the oxygen supply crisis with technical and financial support. WHO has also supported the rehabilitation of 14 oxygen plants in nine countries and trained 245 biomedical engineers, technicians and clinicians in the maintenance of oxygen plants in six countries, as of November 2022. Finally, WHO supplied over 14 000 oxygen cylinders to 12 countries and shipped over 1500 oxygen concentrators to 22 countries.

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

“This support has allowed us to restore medical oxygen production in the four health facilities. Critically ill patients in need of oxygen have been able to receive adequate care.”

Dr Tania Bissouma-Ledjou

Acting WHO Representative to Benin



Medical oxygen in Benin. Credit: WHO

Integrating SARS-CoV-2 and influenza surveillance in Timor-Leste



National Meeting on Integrated Surveillance of Influenza (SARI/ILI) and COVID-19 in Timor-Leste. Credit: WHO

In the first phases of the pandemic, influenza surveillance in Timor-Leste was severely interrupted as its limited resources were diverted to deal with the response to COVID-19. As the pandemic evolved, moving away from its acute phase, surveillance for SARS-CoV-2 dropped and the minimal samples available from health care facilities made it increasingly difficult to identify and interpret epidemiological patterns and changes.

To overcome this challenge, Timor-Leste worked to adopt an **integrated approach which aims to sustain SARS-CoV-2 testing while maintaining the country's influenza sentinel surveillance**.

Several activities were carried out to develop and implement this integrated surveillance strategy with the support of the [Pandemic Influenza Preparedness \(PIP\) Partnership Contribution](#). Activities were in line with [WHO's integration guidelines](#) and notably included:

- Undertaking **national consultations** to help with the development of the strategy;
- Holding a **national workshop to inform stakeholders and development partners**, including municipal health directors and executive directors from national and referral hospitals, as well as from the national health laboratory;
- Organizing various **training workshops to build health workers and laboratory technicians' capacity to operationalize the strategy**.

High priority was given to **achieving consensus on the integrated surveillance strategy**, and various advocacy meetings were organized with high-level ministry officials to this end. As a result, targeted policy makers fully grasped the importance of having an integrated surveillance strategy and were clearer on both its benefits linked to sustainability and cost-effectiveness, as well as on challenges linked to the implementation.

Standard operating procedures were also developed for the integrated surveillance strategy, based on lessons learnt from the COVID-19 pandemic and recommendations which emerged as part of consultation workshops.

Overall, Timor-Leste managed to **leverage its influenza sentinel surveillance sites to develop an integrated surveillance system able to simultaneously detect and monitor SARS-CoV-2 and influenza**. Its successful rolling out and implementation has ensured the country's ability to mitigate disruptions to influenza surveillance caused by COVID-19.

Moving forward, Timor-Leste will soon begin to report its integrated surveillance data through [FluMART](#) - the platform which aims to facilitate data exchange, harmonization, consolidation and storage of influenza-related data.

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

Working to ensure a healthy FIFA World Cup Qatar 2022: WHO's support to health security



WHO functional exercise August 2022: Hamad Medical Corporation (HMC) ambulance service 'responding' to the patients at the stadium. Credit : World Health Organization/Gillian Dacey

The FIFA World Cup Qatar 2022™ will probably be remembered not only as the first-ever to be held in a State from the Middle East, but also as the first football World Cup to take place amidst the global response to the COVID-19 pandemic. Yet, high-visibility mass gathering events, such as this upcoming World Cup can place a strain on local healthcare systems and, if left unmanaged or poorly managed can lead to so-called super spreading events. To avoid this, WHO and Qatar launched on [18th October 2021 a new multi-year collaboration](#) aiming to make this World Cup and other mega sports events healthy and safe.

Globally, WHO's role with regard to mass gatherings is to provide guidance, norms and standards, risk assessment tools, as well as best practices to allow organizers to conduct risk assessment exercises, facilitate their informed decisions on whether to hold mass gatherings, and make such events safer if they proceed. Within the framework of the collaboration with Qatar, WHO's activities follow an approach integrating three pillars, namely: **health promotion, communication for awareness and visibility, and health security, with a focus on mass gatherings.**

Ahead of the FIFA World Cup Qatar 2022™, the health security pillar, led by the WHO HQ, in close collaboration with the WHO Eastern Mediterranean Regional Office (EMRO) and the WHO Country Office, has supported Qatar in reviewing the country's overall readiness to host the event. Risk-based assessments and simulation exercises were undertaken and results reviewed, COVID-19 precautionary measures were identified, an After Action Review (AAR) of the FIFA Arab Cup 2021 was undertaken and various trainings were developed and organized, among which, a training on [Mass Casualty Management](#) and an online training on [Chemical, Biological, Radiological and Nuclear \(CBRN\)](#) considerations in mass gatherings. A key area of WHO's support ahead of the World Cup was also to support the Qatar Ministry of Public Health to develop and utilize best practices and innovative event-based surveillance techniques, and apply them to enhance the country's early warning and response system, including [Epidemic Intelligence from Open Source](#) (EIOS).

During the World Cup, WHO will facilitate the deployment of a comprehensive risk communication and community engagement multi-sectoral strategy, including a comprehensive social media listening plan for infodemic management aimed at communicating and analyzing mass gathering-associated risks. To ensure a safe and successful event, WHO is also supporting Qatar to enhance its capacity to manage environmental health (e.g. by monitoring air quality or preventing foodborne and vaccine-preventable disease outbreaks), and to strengthen the Qatari Emergency Medical Teams who would swiftly intervene in case of any public health events.

After the World Cup, WHO will support Qatar to comprehensively document the health system's experience, identify best practices, and share successes and lessons learned including through a FIFA World Cup Qatar 2022™ After Action Review. Overall, the aim will be to create a lasting model to promote the integration of health, security, and wellbeing for future events amid emerging and evolving public health crises.

“WHO is committed to working with Qatar and FIFA to leverage the global power of football to help people lead the healthiest and safest lives possible.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

The WHO Partners Platform: a digital platform changing the way the international community works together to ensure fair and equitable access to COVID-19 Therapeutics

Already prior to the pandemic, there was an unfulfilled need for a centralized and global digital tool to support countries in the coordination and planning of both preparedness and response activities to multiple health emergencies and outbreak.

In March 2020, WHO and the UN Development Coordination Office launched the [COVID-19 Partners Platform](#) – an online working space aiming to operationalize the [Strategic Preparedness and Response Plan \(SPRP\)](#) and the accompanying [action checklist](#). **Within the platform, for the first time, governments, UN agencies and partners could plan, identify needs, mobilize resources and coordinate together, in real time, for an acute public health emergency.**

Since its launch, the Partners Platform has evolved to adjust to users and partners' needs, shifting away from an initial focus on multi-sectoral coordination, essential health services and risk communication towards vaccines and supporting COVAX allocations and delivery.

In January 2022, the Partners Platform launched an initiative with the [ACT-Accelerator](#) (ACT-A) [Therapeutics Pillar](#), which aims to **ensuring fair and equitable access to scarce and novel therapeutics for 138 low- and middle-income (LMIC) eligible countries**. Concretely, WHO and its partners are using the Platform to assess countries' specific needs for novel drugs and allocate them, in a fair and transparent process. The publicly available [dashboard](#), which is updated daily, helps track and visualize countries' needs, funding sources as well as the various drug allocations in real-time. By doing so, the platform also increases partners' accountability and considerably increased partner coordination.

To date, **over 70 countries were offered life-saving therapeutics – namely Tocilizumab, Molnupiravir and Nirmatrelvir-Ritonavir – for a total value of \$US 18 million**, and WHO and its partners plan to include additional therapeutic drugs on the Platform as they become available, including generics. To ensure all countries are aware of the possibilities offered by the Platform and the process, **about 50 regular country webinars have been organized**, for over 1,300 participants between January and November 2022. Additional webinars are also planned for in 2023.

Overall, WHO's Partners Platform stands as an **exemplary digital tool to support the consolidation of planning and partner coordination around key actions and needs in response to COVID-19 and other health emergencies**, such as [Cholera](#), Ebola Virus Disease and Sudan Virus Disease, [Measles](#), [Monkeypox](#), and the Ukraine crisis. The Platform also remains a key tool for Governments, UN agencies and other relevant actors across multiple sectors to access transparent and evidence-based information, able to guide readiness and response planning to public health threats and emergencies.

“The Partners Platform team has been instrumental in supporting the ACT-A Therapeutics Pillar to allocate COVID-19 therapeutics in adherence to the principle of fair and equitable allocation. The technical support provided by the team helped to achieve allocation and delivery of anti-inflammatory (tocilizumab) and novel anti-viral (molnupiravir, nirmatrelvir-ritonavir); the initiative supported over 70 countries in their access to these life-saving therapeutics.”

Karen Kreidi

WHO Project manager, ACT-A Therapeutics allocation initiative

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



Screenshot from the Partners Platform website. Credit: WHO

WHO launches the Emergency Medical Teams 2030 Strategy to strengthen rapid response amid emergencies worldwide



Dr Mike Ryan, WHO Executive Director, WHO Emergencies Programme, speaking at the 5th EMT Global Meeting in Yerevan, Armenia. Credit: WHO

Created after the devastating 2010 earthquake in Haiti, the WHO Emergency Medical Team (EMT) initiative aims 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, including doctors, nurses, paramedics, support workers and logisticians, providing direct clinical care to populations affected by outbreak and emergencies as surge capacity in supporting the local health system.

In the first week of October, **over 500 participants from the Emergency Medical Team (EMT) Network attended the 5th EMT Global Meeting in Yerevan, Armenia with the main aim of launching the EMT 2030 Strategy.**

The three-day gathering offered participants from over 110 countries – including EMTs, technical experts and international partners across a range of organizations – an opportunity to **reflect on lessons learnt from the response to multiple emergencies**, including innovative and lifesaving approaches, and to **discuss how to further strengthen the EMT Initiative over the next eight years.**

Lessons learned from the COVID-19 response were particularly useful to inform the development of the 2030 Strategy. The pandemic has indeed shown the need for specialized skills on infection prevention and control, and the management of severe respiratory infection cases across the world. Between 2020 and 2022, **nearly 200 international EMTs were deployed to support the response in 67 countries and enhance local capacities**, thereby highlighting the efficiency and importance of the EMT network as a global surge support mechanism in emergencies.

The 2030 EMT Strategy builds on these successful interventions and aims to continue to develop this network of effective and high-performing national, subnational and regional EMTs able to enhance local teams' emergency response capacities across diverse contexts. So far, 37 international teams have already been classified by WHO, and nearly 100 more are currently undergoing the classification process to meet the highest standards of healthcare assistance in emergencies.

By 2030, the network hopes to ensure that every country across the world has adopted the [EMT minimum standards and guiding principles](#) and has the capacity to respond rapidly and effectively to national emergencies, by leveraging regional and sub-regional capacities.

At a time of mounting health emergencies worldwide, including disease outbreaks, climate-related crises and man-made conflicts, **the EMT 2030 Strategy showcases new approaches to respond more swiftly and effectively to crises, through specialized care teams that both support a country's response while building their national capacities.**

“As we build a new and stronger architecture for health emergency preparedness and response, a rapidly deployable global health emergency corps will be vital, building on the experience and capacities of Emergency Medical Teams. The EMT 2030 strategy envisions a world in which every country has the ability to respond rapidly and effectively to national emergencies, leveraging regional and sub-regional capacities to support vulnerable communities and others in need.”

Dr Tedros Adhanom Ghebreyesus
WHO Director-General



Dr Tedros Adhanom Ghebreyesus, WHO Director-General speaking at the 5th EMT Global Meeting in Yerevan, Armenia. Credit: WHO

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

Country immunization staff prefer self-paced online learning formats, according to survey

The development of effective vaccines marked a turning point in the COVID-19 pandemic but also presented a capacity building challenge: immunization staff needed to be trained on handling COVID-19 vaccines, infection control and other new practices within a very short timeframe without having the possibility to conduct large-scale face-to-face training events. To quickly remedy this and inform health workers, **WHO and partners turned to a variety of online learning formats, including online courses, instructional videos and webinars.**

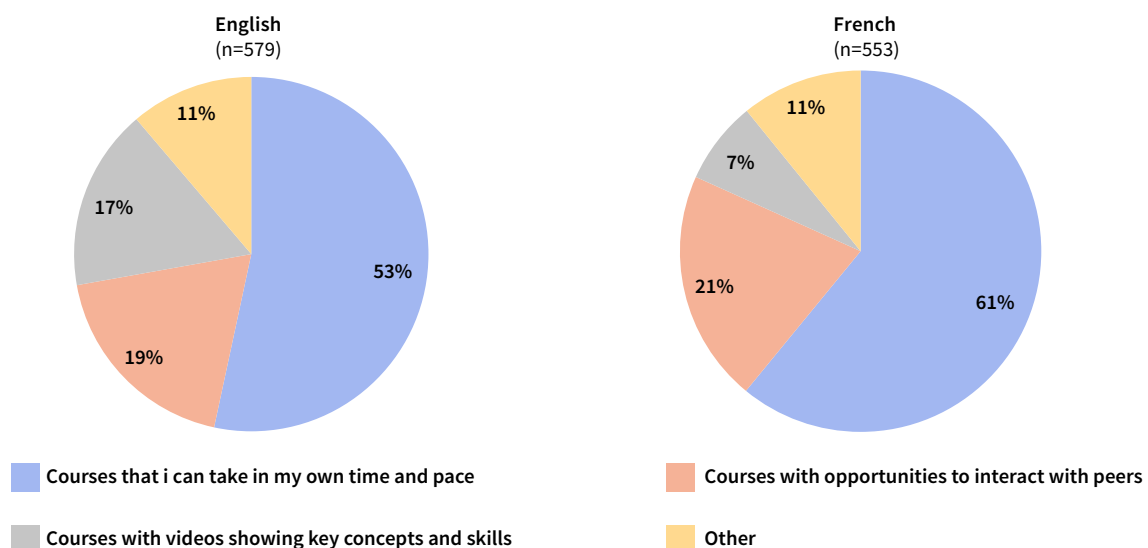
While online courses and events immediately received positive feedback, WHO and its partners strove to identify which formats were preferred by immunization staff (from both Ministries of Health and partner agencies) to better inform the development of future online learning material. An **online survey** was therefore distributed in the second quarter of 2022 in English and French, to which **1132 people responded**, split almost equally between both languages. Survey respondents worked in **90 countries**, with the vast majority in the WHO African Region (76%), followed by the Eastern Mediterranean (10%) and South-East Asia (7%) regions. Most respondents worked for Ministries of Health (40%) or partners and nongovernmental organizations (34%), with most serving at the national (30%), province/state (28%) or district (24%) levels.

Key findings from the survey included:

- The overwhelming majority of respondents indicated that they found **self-paced online courses to be most useful** (57%), with results consistent across languages and administrative levels. This was followed by courses offering peer interaction (20%) and courses with videos showing key concepts and skills (12%).
- [OpenWHO.org](https://openwho.org) self-paced courses were among the **most used online resources for English and French-speaking staff** at the national, province, state and district levels.
- The most popular **online learning events** were **experts' presentations offering the possibility to ask questions** (43%), or **presentations from different countries on experiences and lessons learned** (29%).
- Key **motivations** to participate in online learning included **career development** and **keeping abreast of the latest guidance**, whereas **poor internet connection** and **time constraints** were top challenges.

While these findings offer important insights for future online learning for immunization staff, this survey has limits. In particular, **a gap may exist between the type of courses that learners prefer and learning formats which research on adult learning have identified as most effective.** For instance, learners reported preferring presentations followed by Q&A over other more interactive formats identified by research on adult learning as more effective. Further research is therefore needed to systematically evaluate the impact of various online learning formats on performance and guide WHO in its exploration of how to balance learners' preferences with existing evidence on impactful online learning methodologies.

Top 3 responses: Which online learning course formats do you find most useful?



Summary of survey responses to the question "which online learning course formats do you find the most useful". Credit: WHO

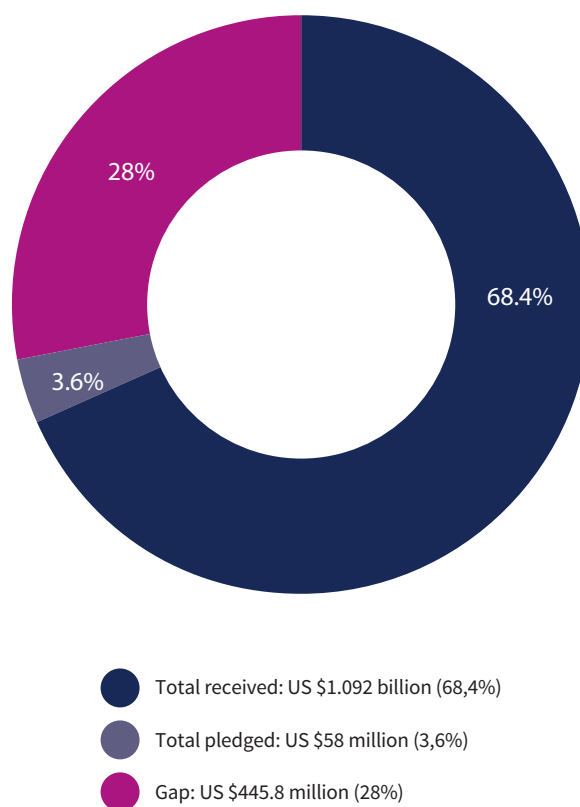
WHO's COVID-19 Response Funding in 2022: Delivering science, solutions and solidarity to end the acute phase of the pandemic

[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.

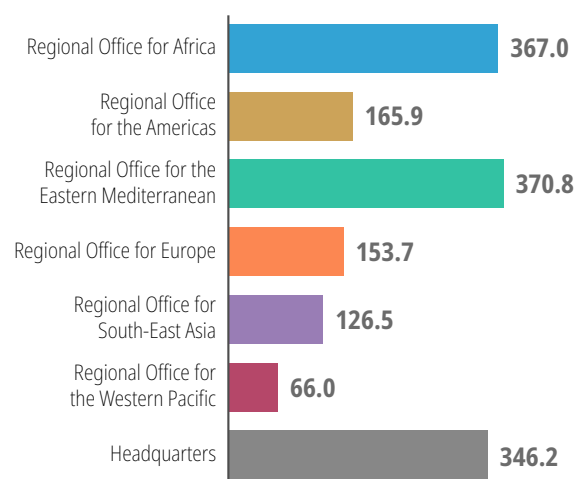
In WHO's GHEA 2022, published in March 2022, WHO called for US\$ 2.7 billion to serve people around the world in the **most vulnerable settings, including US\$ 1.59 billion for ending the acute phase of the COVID-19 pandemic**. Two years of COVID-19 have stretched health systems, societies and supply 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 15 November 2022, WHO has received **US\$ 1.092 billion** in support of its COVID-19 response and **US \$58 million** have been pledged. WHO's current funding gap against funds received and pledged is **US\$ 445.8 million**.

Data as of 15 November 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

**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 the 16 November 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)

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 releases first data on global vaccine market since COVID-19](#)
- [ACT-Accelerator launches six month plan as world transitions to long-term COVID-19 control](#)
- [WHO and FP2030 to strengthen cooperation for sexual and reproductive health and rights](#)
- [World Diabetes Day](#)
- [WHO issues consolidated guide to running effective telemedicine services](#)
- [WHO, WIPO, WTO to hold technical symposium on response, preparedness to future pandemics](#)
- COP27: [Health must be front and centre in the COP27 climate change negotiations and Act now: migrant inclusion in climate action is an obligation, not an option](#)
- [Third meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the multi-country outbreak of monkeypox](#)

Highlights

- [October COVID-19 response for Africa - monthly bulletin: situation and response actions in the African Region](#)
- The COVID-19 Vaccine Delivery Partnership report for October is available [here](#)
- [COVID-19 vaccination: Crossing the finish line together by the COVID-19 Vaccine Delivery Partnership](#)
- Podcast: [Celebrating 70 years of protecting the world: combating influenza now and in the future](#)



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.

Minimize infection at health care facilities (28 October)

Half the health-care facilities in the world do not have basic hygiene services. What are the points when you are most at risk of infection at a health-care facility? How can you lower your risk of infection? WHO's Dr Richard Johnston explains.

Future of health (11 November)









2023 will mark the 75th year of the WHO. The world has achieved many public health milestones in these 75 years. In Science in 5 today we will take a look into the future - to understand what are the innovations we can expect and what will be some of our biggest challenges. To paint us a picture of what Health for All would look like in the future is WHO's Chief Scientist, Dr Soumya Swaminathan.

This section showcases progress on a subset of indicators from the COVID-19 Strategic Preparedness and Response Plan (SPRP) 2022 Global Monitoring and Evaluation (M&E) Framework (as of September 2022)

On 30 September 2022, WHO published its [COVID-19 Strategic Preparedness and Response Plan 2022: Global Monitoring and Evaluation Framework](#) which defines the approach and methodology for tracking and reporting on the global progress of the [COVID-19 Strategic Preparedness and Response Plan \(SPRP\) 2022](#) and tracks achievements against the strategic objectives, as defined in the SPRP.

The below information provides a snapshot of the progress on some key country-level indicators (as of September 2022) and key WHO milestones (covering the second and third quarter of 2022, i.e. April to September 2022), as defined in the monitoring framework. This report is a culmination of efforts by Member States, UN Agencies, donors and partnership networks, non-governmental organizations and other partners who continue to support efforts in the COVID-19 response, and to strengthen the global architecture for health emergency preparedness and response ([HEPR](#)).

Key Milestones for 2022

-  7 Member States briefings relevant to COVID-19, organized by WHO over Q2 and Q3 (April to September 2022)
-  5 Monthly Operational Updates published over Q2 and Q3
-  26 Weekly Epidemiological Updates published over Q2 and Q3
-  57 publications COVID-19 issued (policy briefs, tools, guidance, etc) over Q2 and Q3
-  46 courses on COVID-19 related topics were available on [OpenWHO.org](#) over Q2 and Q3, amounting to a cumulative total of **5.4 million** enrollments as of September 2022
-  **1328** infodemic managers trained by WHO across **142** countries between November 2020 and July 2022
-  **42** countries supported with supplies for Therapeutics Solidarity Trial and **5** countries for Vaccines Solidarity Trial since January 2022
-  Items were shipped to **150** countries over Q2 and Q3 (April - September 2022)

1. Emergency Coordination: Review, Planning and Strategic Support

Deliverable A: Quality COVID-19 national and international strategies, plans and operational readiness are maintained

Intra-Action Review (IAR), After-Action review (AAR) or equivalent review of the COVID-19 response

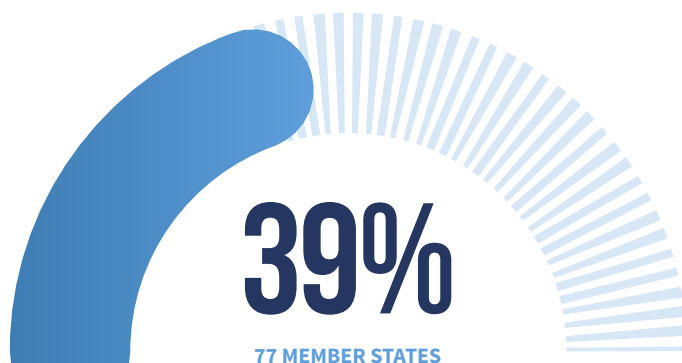
Reviewing regularly (or at least quarterly) national and subnational COVID-19 preparedness and response capabilities is critical for the control of the COVID-19 pandemic and future emergencies. This allows for continuous quality improvement and sharing of implementation strategies across countries, as well as for enhanced peer-learning. WHO recently conducted a **global analysis of 83 COVID-19 intra-action reviews (IAR) reports received from 57 countries** and the findings will be published by end of this year. The analysis identifies various strategies and innovations adopted by countries to address and overcome common challenges, and serves also as a tool to further foster peer-learning amongst countries. In 2021, WHO also advised countries to conduct focused reviews of the COVID-19 vaccination pillar - also known as **Mini-COVID-19 vaccination post-introduction evaluation (Mini-cPIE)**. These aim to assess the early phase(s) of the roll-out of COVID-19 vaccine implementation and identify vaccine delivery challenges needing corrective actions, as well as best practices. **A total of 41 COVID-19 IARs (Mini-cPIEs) have been conducted to date.**

To support countries to plan, conduct and follow up on IAR and AAR, WHO published various guidance and tools:

- In July 2020, WHO released the [WHO Guidance for Conducting a Country COVID-19 Intra-Action Review \(IAR\)](#) to guide countries to conduct periodic reviews of their national and subnational COVID-19 response;
- An [addendum to the global guidance](#) was published in April 2021, which provides guidance for conducting focused IARs for a single or few selected pillars, such as the COVID-19 vaccination pillar for which several countries conducted an IAR to inform the revision of their COVID-19 national deployment and vaccination plan (NDVP).
- **The WHO Guidance for Conducting a Country COVID-19 After Action Review (AAR)** is currently under development in consultation with WHO regional and country offices, as well as Member States. It will be published once the end of the Public Health Emergency of International Concern will have been declared by the WHO Director-General, upon the advice from the IHR Emergency Committee on COVID-19.

Current Indicator Status (as of 30 September 2022)

Proportion of countries that have conducted at least one After-Action review (AAR), Intra-Action Review (IAR) or equivalent review of the COVID-19 response



Overview (as of 30 September 2022):

127 IARs have been conducted by 77 Member States (39%)

41 IARs are Mini-COVID-19 vaccination post-introduction evaluation (Mini-cPIE)

In 2022:

9 IARs have been conducted globally: AFR (3); EMR (1); EUR (2), SEAR (1) and WPR (2)

Current Indicator Status (as of 30 June 2022)

Number of Member States that developed or updated a respiratory pathogen pandemic preparedness plan

 **2 COUNTRIES** from two regions developed respiratory pathogen pandemic preparedness plans

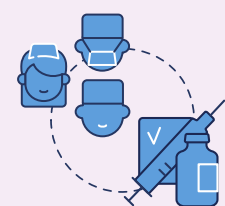
Complementary measures of progress

Considering the holistic landscape for strengthening preparedness and response capacities for public health emergencies, complementary indicators and milestones from other WHO programmes are presented. The activities described by these complementary measures are not funded through SPRP 2022. They are presented however to share a more comprehensive picture of WHO's progress to support Member State capacity strengthening in the field of emergency coordination and planning.

WHO supports countries in all six regions to strengthen their preparedness through the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC). Information and progress on these efforts are available in six-monthly progress reports available at the [PIP Framework Website](#).

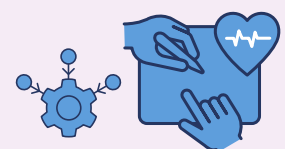
- The two countries that developed or updated their respiratory pathogen pandemic preparedness plans **incorporated lessons learned from pandemics, including COVID-19 and the 2009 H1N1 pandemic**. Globally, plans are focusing increasingly on strengthening systems and capacities that enable a whole-of-society and whole-of-government approach as well as community engagement during a public health emergency.

**FOCUS ON
STRENGTHENING
SYSTEMS & CAPACITIES**



- WHO is supporting countries in respiratory pathogen pandemic preparedness planning by providing **technical guidance, tools, and support**. Following the release of the [WHO Policy Brief](#) on respiratory pathogen pandemic planning in April 2022, some activities currently underway include: (a) piloting a simulation exercise package, (b) developing a framework for the resilient surveillance of respiratory pathogens, and (c) finalizing global guidance on developing respiratory pathogen pandemic preparedness plans. A [Partners Engagement Forum](#) was also established in April 2022 to maximize technical and programmatic coherence across stakeholders globally.

**TECHNICAL GUIDANCE,
TOOLS & SUPPORT**



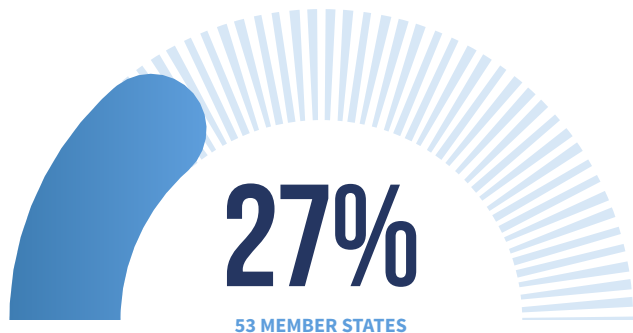
2. Collaborative surveillance and public health intelligence, laboratory capacity building for respiratory pathogens and genomic surveillance, risk forecasting, and response monitoring

Deliverable B: Countries are technically supported to operationalize their COVID-19 collaborative surveillance, diagnostics, laboratory capacity, genomic sequencing, and public health intelligence

Public health decision-making must be based on accurate, real-time and authoritative data, that will help in effective prevention and response to COVID-19. Efforts should continue to maintain and strengthen SARS-CoV-2 surveillance in countries, with a focus on tracking morbidity, by strengthening the surveillance of hospitalization and intensive care admissions. Moreover, countries are encouraged to share genetic sequencing data with public platforms, to help researchers understand how the virus is evolving and spreading during the pandemic.

Current Indicator Status (As of 30 September 2022)

Proportion of Member States that are monitoring hospitalization rates in-country on a weekly basis



Overview

Monitoring the burden of COVID-19 on health systems' capacities remains an important core surveillance objective. WHO encourages countries to collect and report hospitalizations data to monitor the burden on health care systems, and to triangulate data on the severity of the disease with genetic sequencing data. This can then be used as an early warning signal for potentially emerging variants.

Strong surveillance capabilities to monitor status at subnational, national, regional, and global levels, will enable the world to end the acute phase of the pandemic. In this respect, WHO updated its [Public Health Surveillance for COVID-19: interim guidance](#) in July 2022, to add the monitoring of new intensive care admissions as well as of new hospital admissions due to COVID-19 to the guidance.



53 Member States (27%) reported hospital admission rates due to COVID-19 to WHO in September 2022

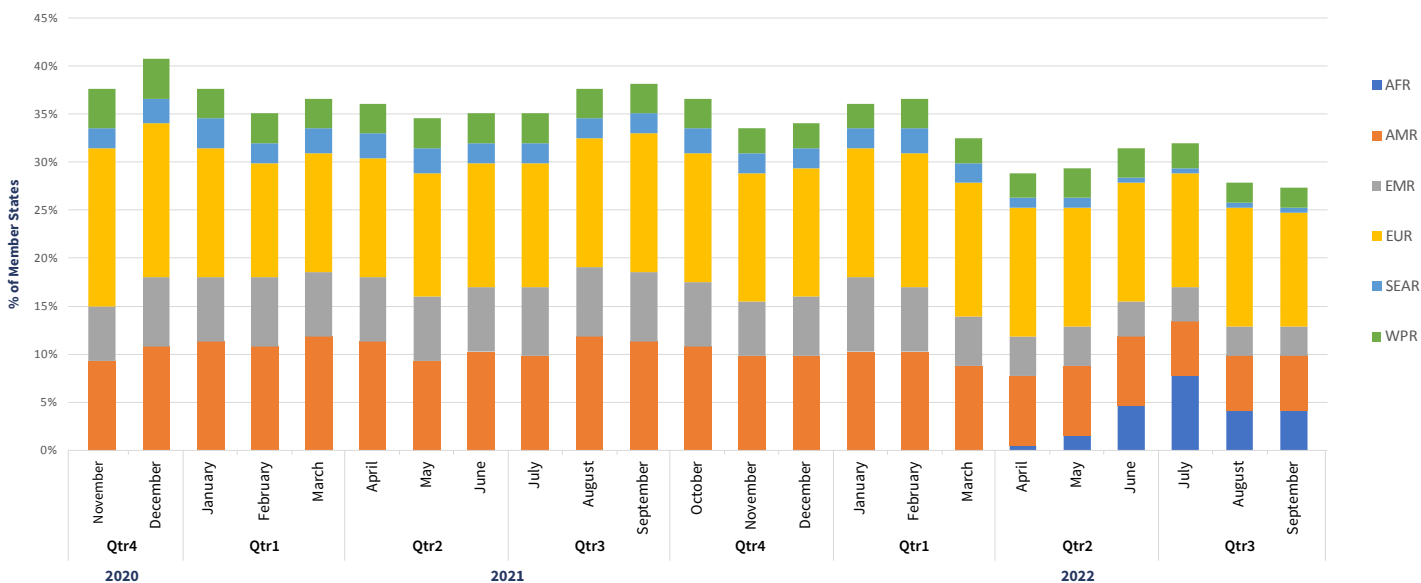


Levels of hospitalization rates reporting continue to present a declining trend in 2022.



From January to September 2022, there has been a 9% decline in Member States' reporting.

Proportion of Member States reporting to WHO their hospitalization rates on a monthly basis

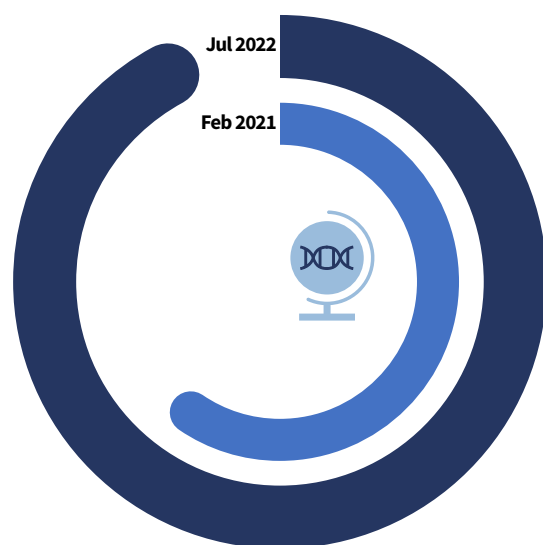


All regions are showing decreases in the reporting of hospitalization rates over 2020 to Q3 of 2022, except EUR and AFR. The increase in AFR Member States' reporting is linked to the publication by WHO of the new surveillance guidance, whereby two variables were added (namely: new hospitalization rates and new intensive care unit admission rates) and which was followed by increasing engagement with regions to encourage them to report.

Current Indicator Status (As of 31 July 2022)

Proportion of Member States that publicly share SARS-CoV-2 genetic sequence data

Overview



Feb 2021: **119 of 194 Member States** have shared SARS-CoV-2 sequence data

July 2022: **177 of 194 Member States** have shared SARS-CoV-2 sequence data

In March 2022, WHO released the [Global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022-2032](#). Since its launch, WHO, Member States and partner have been working towards achieving the Strategy's key measure of success: "By 2032, all 194 WHO Member States have, or have access to, timely genomic sequencing for pathogens with pandemic and epidemic potential".

- Member States are encouraged to share SARS-CoV-2 genetic sequence data to a publicly accessible database to facilitate country, regional and global risk assessment. Timely reporting of sequencing data facilitates public health intelligence and appropriate action. To strengthen this capability, WHO is providing support to countries through technical assistance and strategic policy support. As of July 2022, **177 of 194 Member States (91%)** shared SARS-CoV-2 genomic sequence data at least once on a publicly accessible database since January 2020 (based on the GISAID submission [tracker](#)). This represents a **49% increase over an 18-month period**.
- As of July 2022, **144 of the 194 Member States (74%)** have in-country sequencing capabilities. This represents a **40% increase in the number of Member States with in-country sequencing capabilities for SARS-CoV-2**, compared to February 2021, when only 53% of Member States had them. However, there are opportunities to sustain these gains, close the inequity gap, and strengthen our collective global health security. This will foster the use of geographically representative genomic surveillance data for better strategic decision making
- **WHO regional initiatives** are being conducted to implement the global strategy to strengthen genomic surveillance. A **report to showcase these initiatives is being developed** by a WHO internal coordination group for the strategy implementation.
- Some country and regional activities to strengthen genomic surveillance include:
 - [Building next generation sequencing capacity for SARS-CoV-2 through workforce strengthening in Kyrgyzstan](#)
 - [Reflecting on the implementation of genomic surveillance for COVID-19 and beyond in the African Region](#)
 - [The Eastern Mediterranean Region reflects on genomic sequencing and its future within integrated surveillance of respiratory viruses](#)

For more country and regional stories on genomic surveillance activities, see [WHO's strategy website](#).

- To facilitate the coherent implementation of the [global strategy](#), WHO convenes a [Partners Coordination Group \(PCG\)](#) to co-achieve its 10-year target of having all 194 WHO Member States have, or have access to, timely genomic sequencing for pathogens with pandemic and epidemic potential. The PCG enables partners to exchange information on activities, gaps and needs, lessons learnt, and other developments relating to the Strategy.



10 YEAR TARGET

of all 194 Member States have, or have access to, timely genomic sequencing for pathogens with pandemic and epidemic potential.

Complementary measures of progress

Considering the holistic landscape for strengthening preparedness and response capacities for public health emergencies, complementary indicators and milestones from WHO programmes beyond the emergencies programme are presented here. Activities described by these complementary measures are not funded through SPRP 2022; they are however presented to share a more comprehensive picture of WHO's progress to support the strengthening of Member State's capacities in the field of surveillance and laboratory systems.

Current Complementary Milestone Indicator Status (As of 30 June 2022)

Laboratory trainings and technical support missions provided to countries on influenza supported by the PIP Framework Partnership Contribution



12 Trainings



30 Countries



6 Regions

Key laboratory activities included:



Updates to testing protocols



Training on influenza and SARS-CoV-2 multiplex testing



Webinar on quality assurance for influenza and SARS-CoV-2 diagnostic methods



Training on molecular diagnostic methods

Overview

[The PIP Framework Partnership Contribution](#) supports laboratory capacity building for influenza virus detection and characterization at national level. Strengthening testing capacities and aligning diagnostic algorithms helps improve health system functioning and provide more quality data to inform risk assessments, thereby strengthening the laboratory response to COVID-18 and other respiratory pathogens.

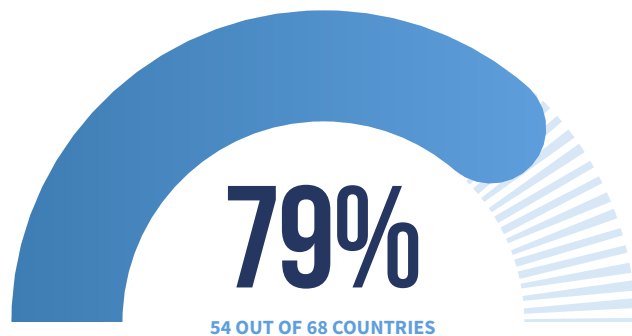
- Between April and September 2022, **30 countries from six regions benefited from 12 trainings on laboratory diagnostic techniques**, including multiplex molecular methods, quality management, and National Influenza Centre (NIC) support.
- As countries update their diagnostic algorithms and introduce genomics sequencing, WHO is providing laboratory staff with guidance on appropriate protocols and procedures as well as training in data interpretation. Through these trainings and mentorship schemes enabled by the PIP Framework Partnership Contribution, **266 laboratorians benefited from WHO's technical assistance through these trainings and mentorship schemes, enabled by the PIP Framework Partnership Contribution.**
- Information and progress on laboratory strengthening efforts through the PIP Framework Partnership Contribution are available in **six-monthly progress reports** available at the [PIP Framework Website](#).

3. Clinical care, Infection Prevention and Control, Resilient Health Systems

Deliverable C: Countries are technically supported to operationalize their COVID-19 clinical care, integration of best Infection, Prevention and Control (IPC) practices and building resilient health systems

Reinstating capabilities and strengthening health systems' resilience requires technical assistance and support. As the situation evolves, ensuring safe and effective management of COVID-19 should remain the priority, which requires translating available evidence into guidance. WHO will continue its effort to operationalize the large investments made over the past two years of pandemic response, by **continuing to develop standard operating procedures to support the development of local workforce across the continuum of care**. Based on the latest scientific evidence and situational context, **WHO has developed or updated 57 policy briefs, tools, guidance, guidelines, reviews, and meeting reports on COVID-19 in Q2 and Q3**, which are available on [WHO's publications webpage](#).

Current Indicator Status (As of 30 September 2022)



Proportion of countries where at least one vaccine preventable disease (VPD)-immunization campaign was affected by COVID-19 that has since been reinstated using risk mitigation strategies

Overview

Mass immunization campaigns complement routine immunization services and are necessary to ensure effective coverage and community protection against vaccine preventable diseases (VPD) and avoid VPD outbreaks. **COVID-19 related public health and social measures continue to disrupt both routine immunization and planned campaigns, affecting coverage of the most common childhood vaccinations. While campaigns are being reinstated in some areas, postponement due to COVID-19 mitigation measures persist in other areas.**

- As of 4 October 2022, **54 countries out of the 68 countries with VPD campaigns that were postponed due to COVID-19 across all WHO regions have reinstated 100 campaigns**. Reinstated VPD campaigns have been for measles, mumps, rubella, meningitis, typhoid, among others, and reinstated outbreak response campaigns have been for polio, measles, cholera, and yellow fever among others.
- Among the reinstated campaigns that have taken place between September 2020 and September 2022, **17 countries have conducted integrated campaigns combining vaccines for two or more diseases**, namely: Angola, Bolivia (Plurinational State of), Brazil, Central African Republic, Côte d'Ivoire, the Democratic Republic of Congo, Guinea, Honduras, Mexico, Nigeria, Pakistan, Paraguay, Philippines, Somalia, Sudan, Viet Nam and Zimbabwe.
- WHO is working with respective Ministries of Health in **drafting applications for Gavi, the Vaccine Alliance's Independent Review Committee (IRC) review**. WHO is also working to support **planning, implementation and monitoring of the reinstated campaigns**, all in coordination with in-country partners.
- As of 4 October 2022, **27 VPDP campaigns have been postponed due to COVID-19, in 23 countries**, namely: 8 in the African Region, 3 in the Region of the Americas, 5 in the Eastern Mediterranean Region, 5 in the European Region, 4 in the South-East Asian Region and 2 in the Western Pacific Region. The estimated target population affected by the postponed campaigns is approximately 128 million. Instead, **an estimated 432 million persons** have benefited from the reinstatement of campaigns that were previously postponed due to COVID-19.



54 OUT OF 68

Countries with VPD campaigns that were postponed due to COVID-19 across all WHO regions have reinstated 100 campaigns



17 COUNTRIES

Conducted integrated campaigns combining vaccines for two or more diseases



27 VPD CAMPAIGNS

Have been postponed due to COVID-19 in 23 countries



128 MILLION

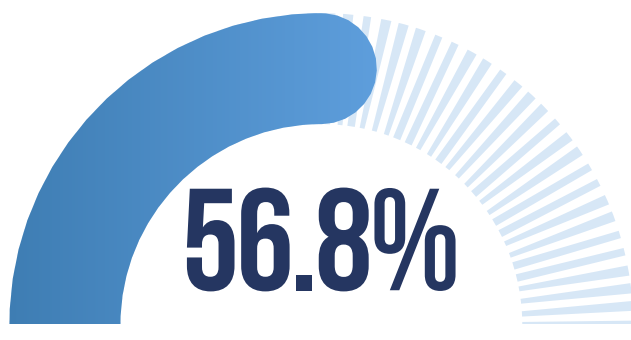
Estimated target population affected by the postponed campaigns

4. Community protection: two-way information sharing, multisectoral approach to social welfare, public health and social measures

Deliverable D: Countries are technically supported to operationalize their COVID-19 Risk Communication and Community Engagement, infodemic management and public health and social measures

Building community resilience requires careful assessment of the impact of any restrictions on movement, to minimize the exacerbation of existing inequities. Risk-based, evidence-informed and context-specific solutions require significant consensus-building, agreements and clear communication with all key stakeholders involved. As mass gatherings and events are reinstated, **WHO has increased technical assistance exercises and support missions/visits provided to countries to develop and ensure risk-based approaches for mass gatherings or international travel (including public health measures at points of entry) related to COVID-19.** Key border health activities undertaken in Q3 included, among others: trainings to strengthen national capacities at points of entry, assessments of national capacities for preparedness and response, and tabletop and simulation exercises for public health emergencies at points of entry. Key mass gathering activities in Q3 included, among others: technical assistance on event-based surveillance (EBS), risk assessments and risk assessment trainings, and Strategic Toolkit for Assessing Risks (STAR) trainings.

Current Indicator Status (As of 30 September 2022)




Proportion of countries, territories, and areas that reported having at least one mass gathering event affected by COVID-19 (cancelled, postponed, suspended, otherwise modified or re-opened in post crisis scenario) as a result of a risk assessment exercise/risk-based approach.


Overview


As a result of the FIFA world cup 2022, the [first steering committee meeting](#) of the “Healthy FIFA World Cup Qatar 2022™ - Creating Legacy for Sport and Health” partnership was launched. Participants agreed to a range of measures, including building on actions taken at the FIFA Arab Cup™ in late 2021, strengthening health emergency preparedness and ensuring the maintenance of precautionary measures for containing infectious diseases, including COVID-19, to keep people safe and healthy. **A Risk Communication and Community Engagement Strategy was also developed** (cf. article on the World Cup on page 12 above).


Significant capacity to mitigate infodemics have also been developed. 1328 infodemic managers across 142 countries and areas have been trained by WHO between November 2020 and July 2022. The OpenWHO course on [“infodemic management 101”](#) available, has seen more than 19 000 enrollments (as of October 2022).


Key information surrounding trainings and capacity building through online courses:

 2 COVID-19 EPI-WIN Webinars which were organized by the science translation team in [September \(Omicron and COVID-19 variants of concern\)](#) and [October \(What we know about influenza and COVID-19\)](#)

 2 EPI-WIN updates on COVID-19 were released in [September \(new COVID-19 variants of concern\)](#) and [October \(influenza and COVID-19\)](#)

 The [OpenWHO course on “infodemic management 101”](#) currently available, which has seen over 18,000 enrollments as of October 2022

 4 training courses were held since November 2020, with the last one on [vaccine demand promotion](#)

 1 [webinar on infodemic management](#) was organized in Q3, and 1 [webinar on infodemic stories](#) is planned for Q4

5. Access to countermeasures: vaccine, research and development

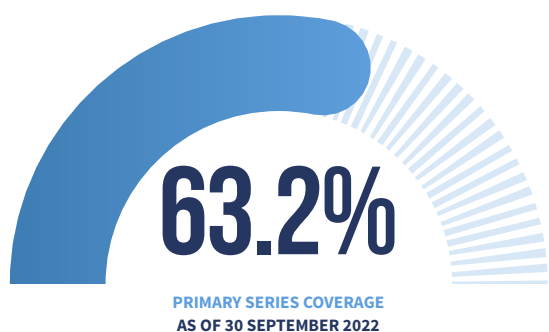
Deliverable E: Countries and front-line responders have access to COVID-19 resources, tools, guidance, and strategic support to scale-up countermeasures including research and COVID-19 vaccination to end the acute phase of the pandemic

The persistence in inequitable access to medical countermeasures has magnified and prolonged the acute phase of the pandemic, and the international community needs to adopt ways of working together that deliver collaboration and coordinated, collective action. Since the beginning of the pandemic, WHO has shipped vaccine supplies to 186 countries, and to 150 countries between March and September 2022. Important mechanisms enhancing access to countermeasures include: the [COVID-19 Vaccine Delivery Partnership \(CoVDP\)](#), which supports 34 countries, the [Vaccines Solidarity Trials](#), which support 5 countries, and the [Therapeutics Solidarity Trials](#), which support 42 countries.

With WHO and UNICEF country teams' support, the CoVDP undertook four technical missions (to the Democratic Republic of the Congo, Malawi, Sudan and the Syrian Arab Republic) and four high-level political advocacy missions (to Chad, Guinea-Bissau, Madagascar, and the United Republic of Tanzania) between June and September 2022. In Sudan, the CoVDP's technical support included: preparatory activities, the development of macro- and micro-planning and of relevant guidelines and standard operating procedures, as well as work to improve coordination among the various stakeholders for planning upcoming COVID-19 vaccine campaigns. Nevertheless, global vaccine inequity in access persists.

Current Indicator Status (As of 30 September 2022)

Share of total population vaccinated with a complete primary series and share of total population vaccinated with at least one booster/additional dose



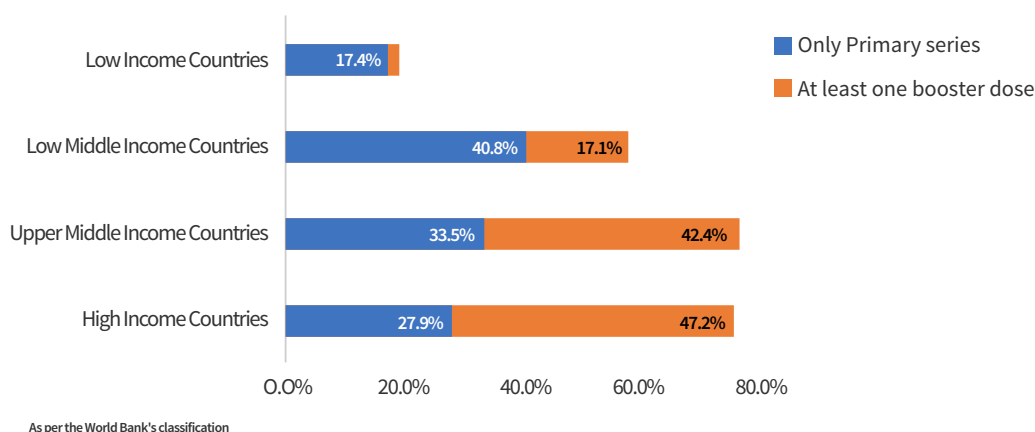
Overview

Global vaccine inequity persists, with 63% of the global population, representing nearly 5 billion people, having completed their primary series of COVID-19 vaccine. This only represents 18% in low-income countries and 24% in Africa.

- 31% of the global population have not yet received a single dose of a COVID-19 vaccine. The rates are lowest in the AFR and EMR regions, where 73% and 45% of the population respectively remain unvaccinated
- Of the 34 countries receiving support from the COVID-19 Vaccine Delivery Partnership (CoVDP), the majority have increased their average vaccination rate from 16% in March 2022 (Q2) to 20% in October 2022 (Q3). Seven countries have raised coverage rate to above 20% between March and October 2022. Two more countries have increased their primary coverage to above 10% of the population, over the same time period.

Share of total population vaccinated with a complete primary series and share of total population vaccinated with at least one booster/additional dose by income group

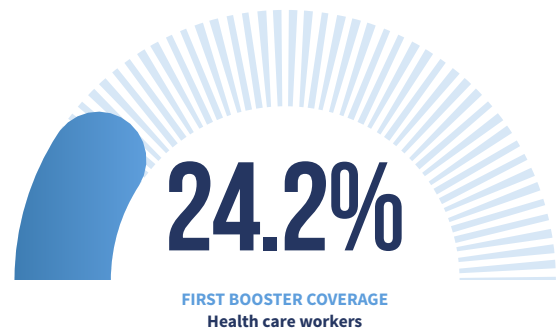
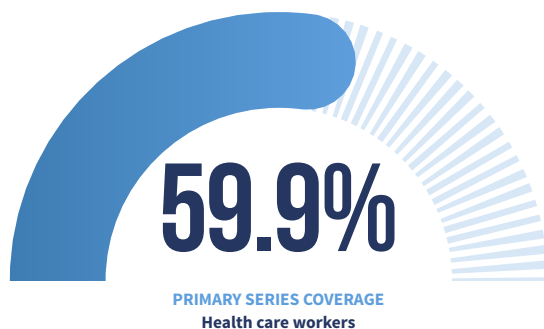
As of 30 September 2022



Many countries are overcoming seemingly insurmountable challenges to ensure access and increase COVID-19 vaccine coverage rates among their population. For instance:

- Political upheavals in **Burkina Faso**, which resulted in a significant internal displacement of 2 million persons (about 10% of the total population) slowed down the vaccination campaign in early 2022. The **country crossed the 10% primary series coverage threshold in September**.
- Despite ongoing challenges such as the withdrawal of some partner support and competing health priorities (measles and polio outbreaks, and rising levels of malnutrition), **Afghanistan** has made significant progress on COVID-19 vaccinations since the start of 2022 and **has seen its primary series coverage rate jump from 17% in July to 25.5% by the end of August** (representing 52% of their national target), as a result of launching an ambitious vaccination campaign.
- At the global level, as of 28 October 2022, **nearly 58 million health care workers are estimated to have been vaccinated with a complete primary series, and 22 million have received at least one booster dose**. Reporting from all Member States continues to be a challenge in a complete picture

Share of healthcare workers vaccinated with a complete primary series, and share of health workers vaccinated with at least one booster/additional dose



- As of 28 October 2022, **about 740 million older adults (60 years and above) have received a complete primary series and approximately 316 million have received at least on booster dose**. Vaccine inequity persists within this population. The vaccination coverage in older populations seems to be significantly lower in low-income WHO Member States, and in the African Region. Close to 87% of older adults in high income countries have received a complete primary series as opposed to only 29% in low-income countries.

Share of older adults vaccinated with a complete primary series, and share of older adults vaccinated with at least one booster/additional dose

