

# Weekly Operational Update on COVID-19

18 January 2022

Issue No. 87



WHO COVID-19 Dashboard



As of 16 January 2022

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

Confirmed cases

**323 610 370**

Confirmed deaths

**5 529 693**

For the 7 January 2022 update to *Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States*, click [here](#).

## WHO supports COVID-19 control measures in Islamic Republic of Iran with donation of new equipment

In a recent effort to enhance the cold chain system and improve existing capacities in laboratories of the Islamic Republic of Iran, the WHO has procured and donated a total of 208 advanced refrigerators and 210 suction equipment through financial support from the Federal Republic of Germany.



©WHO/Islamic Republic of Iran

The donation will greatly contribute to boosting national capacity in the fight against COVID-19 amid circulation of new variants. The supplies were delivered to the Ministry of Health and Medical Education on 9 January to be further distributed among health facilities across the country.

The refrigerators are an essential component of the cold chain system in the country, helping with storage of vaccines in proper condition and subsequently supporting the national vaccine rollout programme; while the suction machines will help strengthen infection prevention and control measures in health facilities.

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

## Key Figures



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



More than **6.1 million** people registered on [OpenWHO](#) and accessing online training courses across **40** topics in **60** languages



**22 763 262** PCR tests shipped globally



**215 785 426** medical masks shipped globally



**99 140 700** gloves shipped globally



**9 611 511** face shields shipped globally



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



**9 395 059 118** COVID-19 vaccine doses administered globally as of 17 January

<sup>a</sup>COVAX has shipped over **1 billion** vaccines to **144 participants** as of 17 January

<sup>a</sup>See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

## From the field:

### Providing continued support to countries on the detection of Variants of Concern (VOC) in the European Region

In the light of the emerging variant of concern (VOC) Omicron, WHO/Europe is continuing its efforts to support Member States in the detection and monitoring of SARS-CoV-2 variants through the donation of single nucleotide polymorphism detecting PCR assays (SNP assays).

Early detection and close monitoring of the spread and circulation of VOCs is an important part of optimizing countermeasures in countries. In order to characterize the circulating SARS-CoV-2 genotypes, costly, time- and labor-intensive whole genome sequencing (WGS) is required which many Member States have just started to establish. To bridge the gap SNP assays are a rapid, high-throughput and low-cost alternative method with a high predictive value which allow the screening of variants in a high number of samples contrary to WGS.



*WHO Country Office in Kazakhstan hosted a laboratory training on SNP analysis for national specialists.*

WHO/Europe provided more than 41,000 pre-screening tests to detect VOCs in countries and areas before the emergence of Omicron in late November 2021. During the third round of distribution, 11 countries and areas received about 10,560 tests and an additional 7,680 tests are currently being shipped to support a further 8 countries. In addition, WHO/Europe has conducted trainings on the use of SNP assays, both on-site and online, to 13 countries and areas within the WHO European Region: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Montenegro, Serbia, Tajikistan, Ukraine, Uzbekistan, and Kosovo [1]. Overall, more than 30 people including WHO personnel and local specialists, have been trained across the Region.

WHO/Europe continues to support countries and areas of the region in strengthening laboratory capacities to quickly respond to emerging variants.

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

## From the field:

### COVAX delivers its 1 billionth COVID-19 vaccine dose

On 15 January 2021, a shipment of 1.1 million COVID-19 vaccines to Rwanda included the billionth dose supplied via COVAX. Together with our partners, COVAX is leading the largest vaccine procurement and supply operation in history, with deliveries to 144 countries to date.

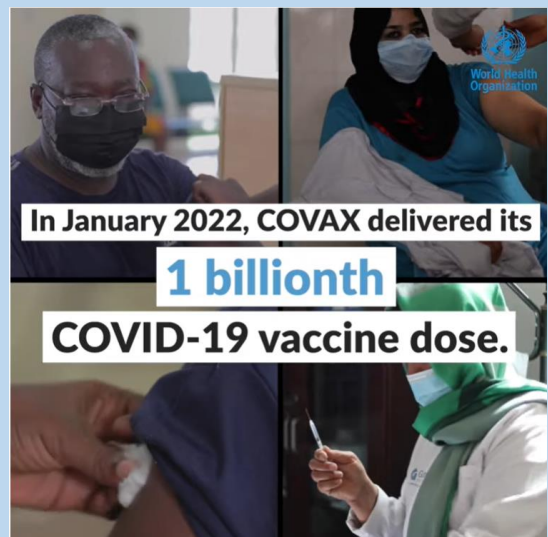
But the work that has gone into this milestone is only a reminder of the work that remains. As of 17 January 2022, out of 194 Member States, 36 WHO Member States have yet to vaccinate 10% of their population, and 87 have still not met the 40% target.

COVAX's ambition was compromised by hoarding/stockpiling in rich countries, catastrophic outbreaks leading to borders and supply being locked. This lack of sharing of licenses, technology and know-how by pharmaceutical companies meant manufacturing capacity went unused. COVAX is working with governments, manufacturers and partners to ensure that when countries receive vaccines they can get them to people quickly.

WHO works in country with Ministries of Health to develop and implement national vaccination deployment plans and vaccination strategies, including supporting regulatory authorisation for vaccines, support for countries vaccine policies and prioritisation, tools and trainings for healthcare workers, adverse event surveillance and monitoring systems, support to the cold chain planning and deployment, planning and support for the data systems including electronic vaccine records, support for vaccine demand and communication, and crisis and risk communications advice in the event of adverse events following immunisation.

With updated vaccines in the pipeline, now is the moment for all citizens to demand that governments and pharmaceutical companies share health tools globally bring an end to the death and destruction cycles of this pandemic, limit new variants and drive a global economic recovery.

For further information, click [here](#) or click [here](#) to watch and share a video on YouTube about the achievement.



## From the field:

### WHO and the European Union provide lifesaving medical-grade oxygen to the Philippines to fight against new COVID-19 variants

On 10 December 2021, representatives from WHO and the European Union (EU) handed over 200 oxygen concentrators and other medical supplies to the Philippine Department of Health.

The donation – valued at over PHP 7 million – supports pandemic preparedness and the longer-term capacity strengthening of health facilities amid the potential threat of new COVID-19 variants and beyond the pandemic.

With the EU's support, WHO Philippines previously distributed 250 pre-filled oxygen cylinders – valued at PHP 2.6 million – to 11 health facilities in seven regions in the country during the surge of cases driven by the Delta variant.



These commodities enabled hospitals that had reported shortages of medical-grade oxygen, due to logistical or production limitations, to provide urgent lifesaving care to COVID-19 patients.

“About 20% of COVID-19 patients will require oxygen therapy to prevent respiratory failure. Early and ready access to medical oxygen can make all the difference to patients with severe illness from COVID-19 and those at high risk for developing severe illness,” said Dr Rabindra Abeyasinghe, WHO Representative to the Philippines.

“WHO remains committed to support the Department of Health to reduce the loss of lives through supporting expansion of access and availability of medical oxygen, as the country deals with emerging variants of the virus such as Omicron”, Dr Abeyasinghe added.

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

## From the field:

### Supporting prevention measures and COVID-19 vaccination for migrants struggling during lockdown in Thailand

In May 2021, Si Mum Muang market reported more than 900 COVID-19 cases; 70% of those infected were migrants, according to the Pathum Thani Health office.

The incident closed the market and affected nearby communities that also went into lockdown to prevent the spread of infection. This heavily affected the migrants, many of whom were undocumented. Everyone had to remain inside their homes.

Small shop owners and daily wage employees quickly ran into difficulties without work and an income.

Most of the migrants were reluctant to come forward, but it was critical that they got the healthcare support they needed, so the Health Department of Bangkok Metropolitan Administration, the Thai Red Cross, the UN Refugee Agency (UNHCR), Michael's Church, Sapan Mai Sub-District of Bangkok, WHO Thailand and other NGOs came together to provide help to these vulnerable groups and to ensure that no one was left behind. Overall, almost 100 migrants from Cambodia, Myanmar and Vietnam learned about COVID-19, along with sharing prevention measures and providing vaccinations.



Then on 11 November 2021, these stakeholders disseminated prevention measures and administering COVID-19 vaccinations at Michael's Church, Sapan Mai for vulnerable populations.

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

## Health Operations



### WHO Global Clinical Platform for COVID-19

Data for public health response

## CALL TO ACTION

### Mitigating the COVID-19 outbreak through global data sharing: The WHO Global Clinical Platform for COVID-19 Call to action

*To help inform pandemic responses, clinical management guidelines and improve our understanding of COVID-19, through global data sharing.*

On 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern (VOC), on the basis of advice from [WHO's Technical Advisory Group on Virus Evolution](#). This new VOC, called Omicron, is a highly divergent variant with a high number of mutations, some of which may be associated with immune escape potential and higher transmissibility. However, there are still considerable uncertainties.

The main uncertainties are: (1) how transmissible the variant is and whether any increases are related to immune escape, intrinsic increased transmissibility, or both; (2) how well vaccines protect against infection, transmission, clinical disease of different degrees of severity and death; and (3) does the variant present with a different severity profile.

To address these uncertainties, we call to action Member States, health facilities and research networks to voluntarily contribute to the WHO Global Clinical Platform for COVID-19 anonymized clinical data of people hospitalized for COVID-19.

#### What is the WHO Global Clinical Platform for COVID-19?

The COVID-19 Platform is an online data repository which facilitates rapid and systematic collection and analysis of anonymized, individual, clinical data of hospitalized COVID-19 cases to improve the global understanding of the clinical presentation of all COVID-19 variants, including Omicron. This secure access database is hosted on the REDCap server.

The [updated WHO Core Case Report Form](#) enables efficient and standardized collection of relevant clinical data, including vaccination status and variant types.

#### Why is your contribution important?

Through enhanced surveillance of the clinical features, diagnostic modalities, and therapeutic strategies we will better understand the Omicron variant and its impact. This is a global priority. We hereby call on Member States and other relevant parties to commit to reporting new hospitalized cases diagnosed with the Omicron variant as soon as they occur.

For further information, including how to contribute data, click [here](#). For the WHO Global Clinical Platform for COVID-19, click [here](#).



### Pandemic learning response

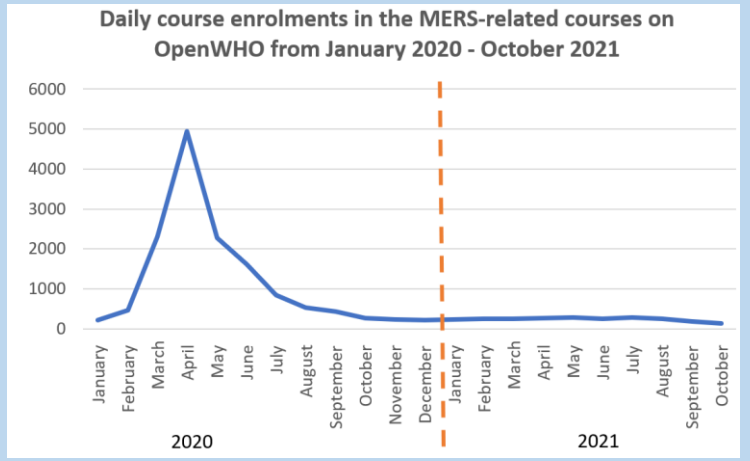
#### Early months of COVID-19 pandemic brought more learners to MERS courses

Courses on respiratory pathogens have been hosted on the [OpenWHO.org](https://openwho.org) platform since 2017. OpenWHO enrolment numbers show that the COVID-19 pandemic has stimulated learners' interest, not only in COVID-19, but also in related respiratory pathogens.

The beginning of the COVID-19 pandemic saw a resurgence in enrolments in courses on Middle East respiratory syndrome coronavirus (MERS-CoV), at a time when much was still unknown about the novel coronavirus, now known as SARS-CoV-2.

The two MERS courses available on the platform ([Introduction to MERS](#) and [MERS: methods for detection, prevention, response and control](#)) have garnered more than 20 000 enrolments across the three available languages (English, French and

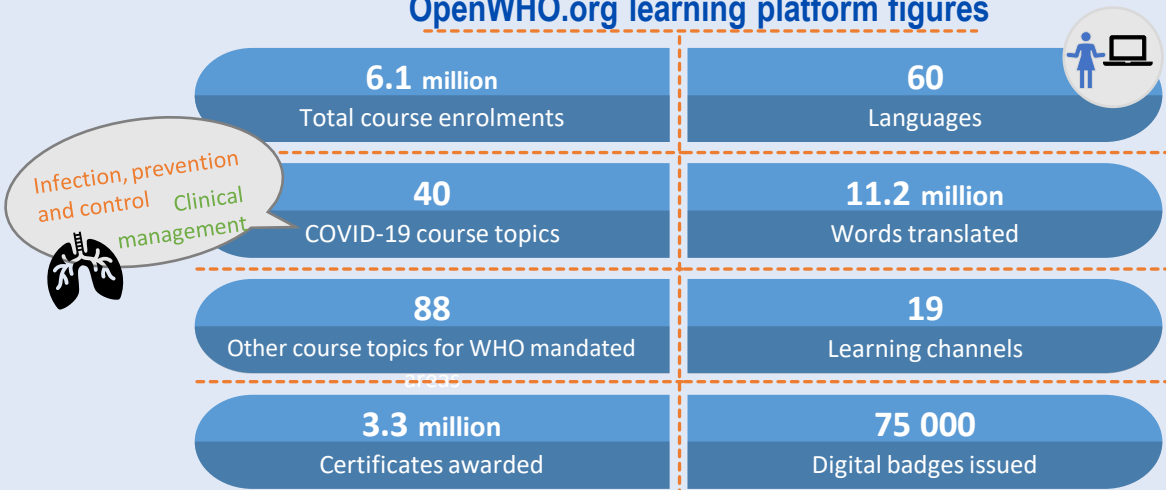
Arabic) since publication in 2017 and 2018. Saudi Arabia, which has had the highest number of MERS cases and deaths reported worldwide since the disease was first identified in 2012, is the country with the second-highest number of enrolments in both courses, accounting for 8.2% of total course enrolments.



Coronaviruses have, particularly in recent years, demonstrated the threat they pose to human health: from the severe acute respiratory syndrome (SARS) coronavirus epidemic of 2002-2003, the identification of MERS-CoV in 2012 and now the emergence of SARS-CoV-2, first reported to WHO in December 2019. Overall, enrolments in coronavirus-related courses make up 81.9% of total enrolments on the OpenWHO platform.

Following the first reports of COVID-19, the MERS OpenWHO course was quickly repurposed into an initial [novel coronavirus pathogen containment course](#) which was made available in January 2020. Indeed, many of the initial COVID-19 technical guidance and training materials were derived from similar products on related coronaviruses, including MERS-CoV. This initial COVID-19 course now has 1 million enrolments and is available in 44 languages, with further updates and courses planned this year.

### OpenWHO.org learning platform figures



## Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO and PAHO-procured items that have been shipped as of 11 January 2022.

Shipped items as of 11 January 2022	Laboratory supplies			Personal protective equipment*					
	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5,344,375	1,782,550	2,585,668	1 569 810	36 637 300	555 536	2 633 079	56 774 400	4 321 630
Americas (AMR)	1 446 132	21 062 950	11 200 192	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 681 943	2 435 875	2 600 738	1 619 945	17 185 000	375 120	3 150 222	33 877 550	2 603 695
Europe (EUR)	913 300	1 441 525	707 400	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 300	4 695 000	3 201 042	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 811 450	180 650	2 468 222	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>16 402 500</b>	<b>31 598 550</b>	<b>22 763 262</b>	<b>9 627 111</b>	<b>99 579 700</b>	<b>2 291 893</b>	<b>11 972 579</b>	<b>217 555 426</b>	<b>28 498 965</b>

*Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Personal protective equipment data are as of 23 December*

For further information on the **COVID-19 supply chain system**, see [here](#).

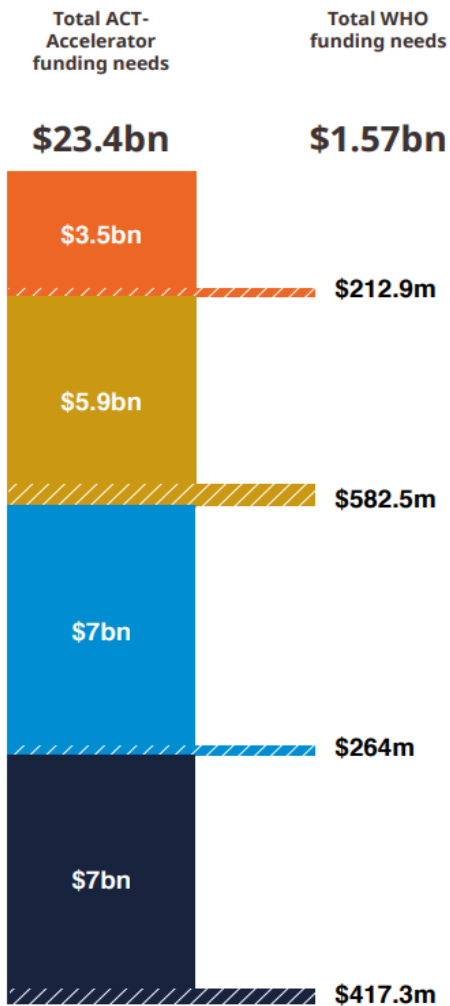




## Appeals

### New Appeal for WHO’s work under the ACT-Accelerator October 2021- September 2022

#### Funding needs from Oct 2021 to Sept 2022 by Pillar



WHO has recently published the [WHO ACT-Accelerator Appeal: Supporting the spinal cord of the global COVID-19 response \(December 2021\)](#), including WHO’s unique role and funding requirements to deliver on its role and work under the Access to COVID-19 Tools (ACT)-Accelerator, October 2021 to September 2022.

The ACT-Accelerator – and WHO’s funding requirement within it – is a subset to WHO’s global Strategic Preparedness and Response Plan (SPRP) which outlines WHO’s overall objectives and funding needs for the COVID-19 response.

The ACT-Accelerator needs US\$ 23.4 billion until September 2022. Of this, WHO’s funding needs are US\$ 1.57 billion, less than 7% of the total ask. This is an urgent call for the international community to fund the low cost, high impact work of the WHO to deliver on its new role within the new ACT-Accelerator.

- Vaccines
- Diagnostics
- Therapeutics
- Health Systems & Response Connector

## COVID-19 Global Preparedness and Response Summary indicators

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

Indicator (data as of)	Previous Status	Status Update	2021 Target
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 17 January 2022) <sup>c</sup>	99% (n=192)	99% (n=192)	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 17 January 2022) <sup>c</sup>	9 194 549 698	<b>9 395 059 118</b>	N/A
<b>Pillar 10:</b> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 17 January 2022) <sup>c</sup>	58.9% (n=4.58 billion)	<b>59.6% (4.64 billion)</b>	N/A

<sup>a</sup> The term "countries" should be understood as referring to "countries and territories"

<sup>b</sup> countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

<sup>c</sup> Weekly reported indicator

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 10 November 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 256 million from more than **676 626** donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including activities with partners to suppress transmission, reduce

exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by WHO.

**More than US\$ 256 Million**



**676 626 donors**

[individuals – companies – philanthropies]

### The following amounts have already been disbursed to WHO and partners:





## Key links and useful resources



### GOARN

For updated GOARN network activities, click [here](#).

### Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

### WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

### WHO clinical case definition

For the WHO clinical case definitions of the post COVID-19 condition, click [here](#).

### EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

### WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on  
COVID-19 regional  
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 11 January 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), and summarize their phenotypic characteristics based on available studies.

## News

- For further information on WHO recommending two new drugs to treat COVID-19, click [here](#).
- For more information on the extraordinary meeting of the Strategic Advisory Group of Experts on Immunization (SAGE) that will take place on 19 January 2022, click [here](#).
- For the interim statement on COVID-19 vaccines in the context of the circulation of the Omicron SARS-CoV-2 Variant from the WHO Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC), click [here](#).
- For the Director-General's opening remarks at the 10<sup>th</sup> meeting of the IHR Emergency Committee on COVID-19, click [here](#).