

Weekly Operational Update on COVID-19

1 February 2022

Issue No. 89



As of 30 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

370 572 213

Confirmed deaths

5 658 702

For the 21 January 2021 update to *Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States*, click [here](#).

Germany and PAHO Donate 230 Oxygen Cylinders to Suriname

On 25 January, Germany, in collaboration with PAHO/WHO, donated 230 oxygen cylinders with a capacity of 250 cubic feet to the Ministry of Health in Suriname to support case management for COVID-19.

These cylinders were procured and shipped through PAHO and will be distributed to various medical institutions in Suriname by the Ministry of Health.



©PAHO

This is the second donation of COVID-19 response supplies by Germany in collaboration with PAHO in the past 6 months, following an earlier donation of 462,500 medical masks procured through PAHO/WHO.

“Oxygen provision remains one of the main components in the package of care for severe cases of COVID-19 and may help to prevent the need for mechanical ventilation. This donation of oxygen cylinders to the Ministry of Health demonstrates PAHO’s ongoing commitment to support the country in all pillars of its response to the COVID-19 pandemic”,

Dr. Karen Lewis-Bell, PAHO/WHO representative in Suriname.

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

Key Figures



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



More than **6.2 million** people registered on [OpenWHO](#) and accessing online training courses across **40** topics in **62** languages



22 934 359 PCR tests shipped globally



215 785 426 medical masks shipped globally



99 140 700 gloves shipped globally



9 611 511 face shields shipped globally



205 GOARN deployments conducted to support COVID-19 pandemic response



9 901 135 033 COVID-19 vaccine doses administered globally as of 31 January

^a COVAX has shipped over **1 billion** vaccines to **144 participants** as of 17 January

^a See Gavi’s [COVAX updates](#) for the latest COVAX vaccine roll-out data

THE FIRST MENTORS TRAINING HELD IN THE WORLD HEALTH EMERGENCIES BALKAN HUB: 25-27 JANUARY 2022

In 2017 [the Better Labs for Better Health](#) initiative within the WHO Regional Office for Europe established the mentoring programme with an aim of providing continuous training, on the job mentoring and capacity building to laboratory experts by developing a sustainable approach of capacity building in quality management system (QMS) implementation.

The mentors programme has been an asset and has helped to increase in laboratory capacity. During the pandemic, WHO/Europe continued to scale up the programme.

As a result, many countries have been able to rely on their national laboratory experts to implement quality management systems in COVID-19 laboratories. Currently there are 34 mentors across four countries.

Overall, the implementation of QMS has been shown to be effective and efficient for strengthening medical laboratories based on the international quality standard ISO 15189:2012. Using the Laboratory Quality Stepwise Implementation tool (LQSI tool), developed in 2014, WHO/Europe has helped to guide laboratories through the practical day-to-day implementation of the quality management system.

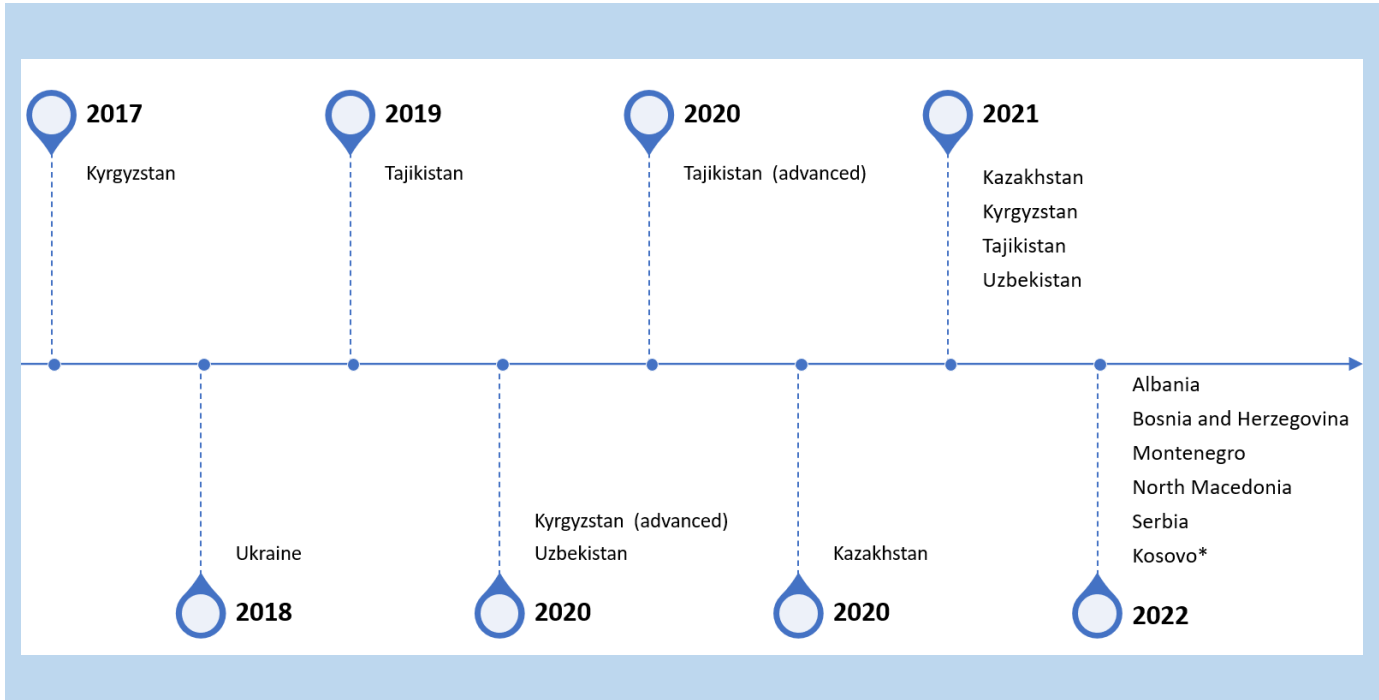


National mentors in the Balkans perform competency assessment to indicate mistakes in donning and doffing of PPE ©WHO/Europe

Although trainings have been carried out, there remain needs for external assistance in the implementation process. Regular mentoring therefore remains crucial to achieve the implementation of the quality management system.

Continued on the next page...

CONTINUED: THE FIRST MENTORS TRAINING HELD IN THE WORLD HEALTH EMERGENCIES BALKAN HUB: 25-27 JANUARY 2022



Roll-out of the WHO/Euro Mentors program

Following the successful implementation of the mentoring program in Central Asian countries, the same model was implemented with the first mentors training taking place in North Macedonia from 25 – 27 January 2021. The training in the Balkans Hub was attended by a total of 15 laboratory experts from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, and Kosovo [1].

The aim of the training was to establish the mentors programme within these additional countries and areas and empower mentors who will in turn support laboratories in implementing quality management systems based on ISO 15189:2012.

The mentors will also provide support in ensuring that the primary processes of the laboratory operate correctly and safely, controlling and assuring quality and creating traceability, ensuring proper management, leadership and organization to create continuous improvement and prepare for accreditation. This training was implemented with the support of the [EU DG Near Project](#).

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

From the field:

India marks one year of COVID-19 vaccination

India crossed the one-year milestone of the launch of its COVID-19 vaccination drive on 16 January 2022, in which 1.56 billion vaccine doses have been delivered to help protect people against the disease. By 16 January 2022, 70% of the adult population has been fully vaccinated and 93% have received their first dose.

The vaccination drive has been expanded exponentially over the past year. What began as vaccinating health care workers, frontline workers and adults over 60 years was progressively expanded to include people over 45 with co-morbidities, all adults 18 years and older, and since 3 January 2022, teenagers in the 15-18 years age group.

“Precaution” or booster doses for at-risk population began on 10 January 2022. India delivered the highest single-day vaccinations of 25 million doses on 17 September 2021. The drive is also the world’s largest digital vaccination drive with 9.9 billion registrations through the [CoWIN](#) app. The WHO Country Office for India, particularly the field teams, have supported the national and state government to plan and deliver quality vaccine doses at speed and scale.



Health care workers trudged snow to vaccinate older adults with comorbidities in Chadoora block of Budgam district of Kashmir Division in the UT of Jammu and Kashmir



Health care workers vaccinate a teenager in Chadoora block of Budgam district of Kashmir Division in the UT of Jammu and Kashmir following the start of COVID-19 vaccination of children in the 15-18 years of age group on 3 January. Around 33 million children have received their first dose of the vaccine in 13 days

“Apart from technical guidance to the government of India in all areas of the pandemic response, WHO’s network of 2600 field officers from various programmes (polio, TB, Neglected Tropical Diseases, etc.) based in 23 states but reaching all states and UTs, have been repurposed to provide on-ground support to health authorities at all levels to respond to the pandemic, including vaccinations. WHO field personnel are also working to build vaccine confidence by providing support at the COVID-19 vaccination monitoring sites and by providing feedback to local governments for addressing vaccine hesitancy.”

Dr Roderico H. Ofrin, WHO Country Representative to India.

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

SETTING UP COUNTRY SUPPORT TEAMS TO SCALE UP COVID-19 VACCINATION IN THE WHO AFRICAN REGION

Almost 2 years have passed since the first laboratory confirmed case of COVID-19 in the African region. Since then, the region has been hit by four waves of the virus, with the last wave still ongoing in some countries. However, as of 27 January 2022 only 7.5% of the African Region's population has been fully vaccinated against COVID-19, compared to 51% globally on 24 January. Additionally, **only 27 countries out of the 47 have attained at least 10% of populations fully vaccinated and fewer than 5 managed to reach the year-end target of 40%.**

Over the past year, the main causes of low vaccination coverage in Africa were severe shortages of supply coupled with erratic and unpredictable shipments, as well as shortfalls in operational funding to support planning and implementation.

Now that the supply situation has improved dramatically, the main challenges include insufficient capacity and heavy processes to access or absorb available funding from GAVI and the World Bank, insufficient decentralization of vaccination capacities, insufficient communication strategy around adverse events following immunization

(AEFI), the rising tide of vaccine hesitancy fueled by misinformation as a result of insufficient risk communication and community engagement, the growing anti-vaccine campaigns on social media and insufficient involvement of community leaders to support buy-in of vaccine uptake by communities. These and many other challenges are slowing down the COVID-19 vaccination rollout in the region.

To increase the chance of reaching the set vaccination targets for 2022, the WHO Regional Office for Africa (WHO AFRO) has developed country support teams in countries with high populations and low vaccination coverage. These teams will support the Member States to scale up COVID-19 vaccination, as well as leverage experiences learned from polio, yellow fever and meningitis campaigns, the reaching every district (RED) approach and HIV community-based responses.



**CONTINUED: SETTING UP COUNTRY SUPPORT TEAMS TO SCALE UP COVID-19 VACCINATION IN THE WHO
AFRICAN REGION**

Participants from the three-day pre-deployment briefing held in Brazzaville Credit: WHO AFRO

Each country support team is composed of at least three experts (tailored to each individual country needs), including at least 1 senior immunization expert, 1 data science expert, and 1 social anthropologist. These support teams will work through the new 'One Country Team' approach with one plan and one budget for each country as agreed upon by the Ministry of Health and partners.

A three-day pre-deployment briefing was held in Brazzaville, Republic of Congo the third week of January for country support team members for 20 priority countries (Angola, Burkina Faso, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Madagascar, Mali, Mozambique, Nigeria, Senegal, South Sudan, Tanzania, Uganda and Zambia).

Participants were provided with updates on various aspects of the COVID-19 vaccine roll-out, strategies at global and regional levels to improve vaccine uptake using lessons learned from country Intra-Action Reviews (IARs) and surge missions conducted in quarter four of 2021. Several country-specific resource documents and tools to aid the teams at country level were also reviewed and discussed in detail.

"With an unprecedented vaccination campaign in both speed and scale, there is inevitably some fine-tuning as we go. WHO is central to supporting this, and there are many valuable best practices and lessons emerging that countries can share," [says Dr Richard Mihigo](#), WHO Immunization and Vaccines Development Programme Coordinator for Africa.

From the field:

WHO supports Iraq with over 20 tons of medical supplies to enhance national response to COVID-19 health challenges in Kurdistan region

WHO has delivered more than 20 tons of urgently needed medical technologies to the Ministry of Health in the Kurdistan region of Iraq. The 117-pallet consignment contains a variety of emergency medical devices, mechanical and intensive care unit beds and other hospital equipment and personal protective equipment that will contribute to boosting the quality of medical care services and enhance the local health authority's preparedness in responding to an increasing number of cases as a result of the Omicron variant as Iraq experiences its fourth wave of the COVID-19 epidemic in Iraq.

“I am happy at the level of collaboration between the Ministry of Health in the Kurdistan region and WHO, and express my appreciation of all efforts behind this continued support,” said Dr Saman Barzangy, Minister of Health of the Kurdistan region.

“This shipment of emergency medical supplies will make a difference in the quality and quantity of health care services delivered in our health institutions. Hundreds of thousands of people will now be assured better access to essential and emergency health care services, including COVID-19 treatment,” said H.E. Dr Barzangy.



Minister of Health of the Kurdistan region Dr Saman Barzangy and WHO Representative Dr Ahmed Zouiten attending to the downloading of the medical and laboratory equipment. © WHO/Iraq

After a significant decrease in the number of COVID-19 infections in the last few months of 2021, helped by an increase in the number of people vaccinated, infections are starting to surge again recently following the detection of the Omicron variant in the northern city of Duhok in the Kurdistan region and the capital Baghdad on 6 January 2022.

In 2021, WHO Iraq supported the Ministry of Health in the Kurdistan region with medical equipment and pharmaceuticals worth over US\$ 2.5 million. The support strengthened provision of essential and emergency health care services and productively contributed to addressing the urgent health needs of the community, which continues to host nearly a quarter of a million Syrian refugees and over 1 million internally displaced Iraqis.

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

From the field:

Lao People's Democratic Republic receives additional COVID-19 vaccines donated by the United States of America through the COVAX Facility



On 2 and 24 January 2022, the Lao People's Democratic Republic received more than 1.6 million doses (799 110 and 899 730) of the Pfizer/BioNTech COVID-19 vaccine donated by the United States of America via the COVAX Facility. These shipments build on the donation of one million Johnson & Johnson vaccines delivered in July 2021.

According to the National Deployment and Vaccination Plan (NDVP), these vaccines will be used to immunize adolescents aged 12 to 17 years as well as individuals at risk of severe COVID-19, including people 60 years and above, people with underlying health conditions and pregnant women. This contribution will also support the country's efforts to vaccinate 80% of its population by the end of the year. The United States of America, through WHO, USAID and UNICEF, is working closely with Lao People's Democratic Republic to help strengthen the country's capacity to distribute COVID-19 vaccines safely and effectively.

Lao People's Democratic Republic has been making steady progress in vaccinating its population against COVID-19. Since March 2021, over 4.6 million people have received at least one dose of the COVID-19 vaccine and more than 3.9 million people are fully vaccinated.



Pandemic learning response

Strengthening occupational health and safety in Japan during the pandemic

Online courses aimed at safeguarding occupational health during the COVID-19 pandemic are available in Japanese on OpenWHO.org thanks to collaboration between the WHO Collaborating Centres for Occupational Health in Japan, the Occupational and Workplace Health Programme at WHO Headquarters and the WHO Regional Office for the Western Pacific.

The two free courses, which address COVID-19 and work and occupational health and safety for health workers, were translated into Japanese by two WHO collaborating centres for occupational health that provide support to WHO's global and regional activities to protect and promote the health of workers: the University of Occupational and Environmental Health, Japan and the National Institute of Occupational Safety and Health, Japan.

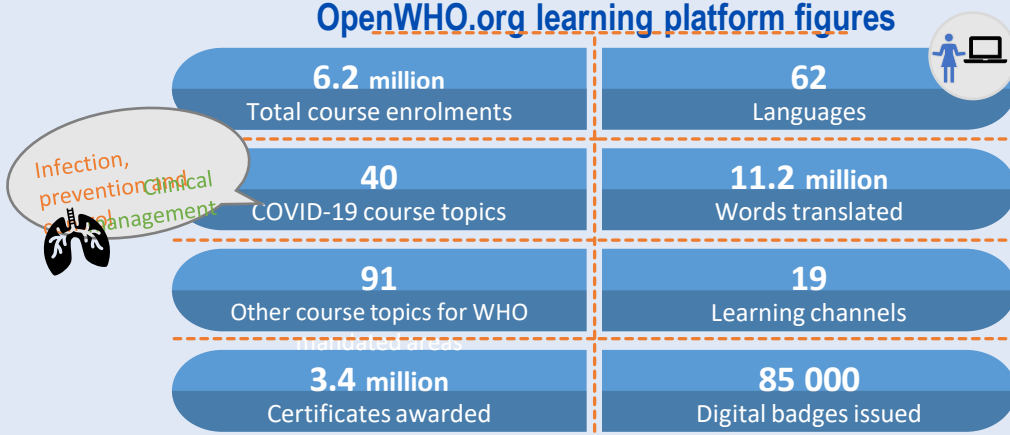


WHO collaborating centres for occupational health have reoriented their work in response to WHO's call for action to support in the context of COVID-19. The Japanese online courses are being used for occupational health and safety education for employees in general workplaces, education of health care professionals when they engage in COVID-19 practice and basic training for newly hired occupational health staff. They were disseminated through the SANSUIKEN network of occupational health staff and academic researchers and used by members to develop educational programs in their workplaces, including hospitals.

“Currently, the ‘sixth wave’ of COVID-19 infection by the Omicron variant has spread throughout Japan. In this wave, a series of cases of infection have been reported even among vaccinated people. Therefore, there is renewed interest in the need for infection control measures in the workplace based on the principles of occupational health and safety, which are covered in the courses,”

Dr Tomohiro Ishimaru, Associate Professor for the University of Occupational and Environmental Health, Japan.

OpenWHO.org learning platform figures



As of 25 January 2022

Partnerships

The Emergency Medical Teams - EMT

Emergency Medical Teams (EMT) Training Centre for Africa hosts first Regional team member training

The first Regional Emergency Medical Team (EMT) training course of the new EMT Regional Training Centre for Africa took place in Entebbe from 29 November to 4 December 2021. Hosted by the Regional Training Center in collaboration with the Ministry of Health in Uganda, the training proved to be an important step towards building self-sufficient national EMTs, that adhere to guiding principles and minimum standards, within the African Region.

By facilitating the transfer of knowledge and skills from international experts and between national teams, the EMT Regional Training Centre for Africa will help to build in-country capacity.

In turn, this will strengthen the preparedness and ability of national EMTs to respond to health emergencies across the African Region, including the current COVID-19 pandemic. Twenty-three participants from Uganda and Namibia took part in the four-day Team

Member Induction Course. Twelve Ugandan and Namibian team members remained for the subsequent two-day Training of Trainers (ToT) course.

The Team Member Induction course comprises a series of informative and interactive workshops that build on participants' existing skills and knowledge base. The final day of the Team Member Induction course involved a simulation exercise, giving participants the opportunity to practice the key teachings in a safe and controlled environment.



©WHO/EMT

“Our aim is to create fully trained and self-sufficient EMTs who can deploy to an emergency without burdening an already stressed local system. That means having the right mix of clinical and operational support specialists, equipped with the skills to effectively treat patients and support national systems in time of need, as we’ve seen in the current COVID-19 pandemic.”

Dr Thierno Balde, COVID-19 Incident Manager for the Region and Team Lead, Operational Partnerships and WHO Readiness in the WHO Regional Office for Africa.

The objective of the two-day ToT course was to train a pool of facilitators to be available within the Region to support delivery of EMT courses within their countries and share their experiences at the EMT Training Centre for the African Region. Following this course in Uganda, the Namibia team is equipped to run their own team member training to mobilize to respond to COVID-19.

For further information on the EMT training course, click [here](#). For a video to learn more about the Training Centre for Africa, the WHO EMT Initiative, and highlights from the recent training on YouTube, click [here](#).

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 25 January 2022.

Shipped items as of 25 January 2022	Laboratory supplies			Personal protective equipment*					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 344 375	1 782 550	2 627 372	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	735 720	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 800	4 695 000	3 207 762	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 908 750	180 650	2 562 575	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	16 500 300	31 598 550	22 934 359	9 627 111	99 579 700	2 291 893	11 972 579	217 555 426	28 498 965

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*

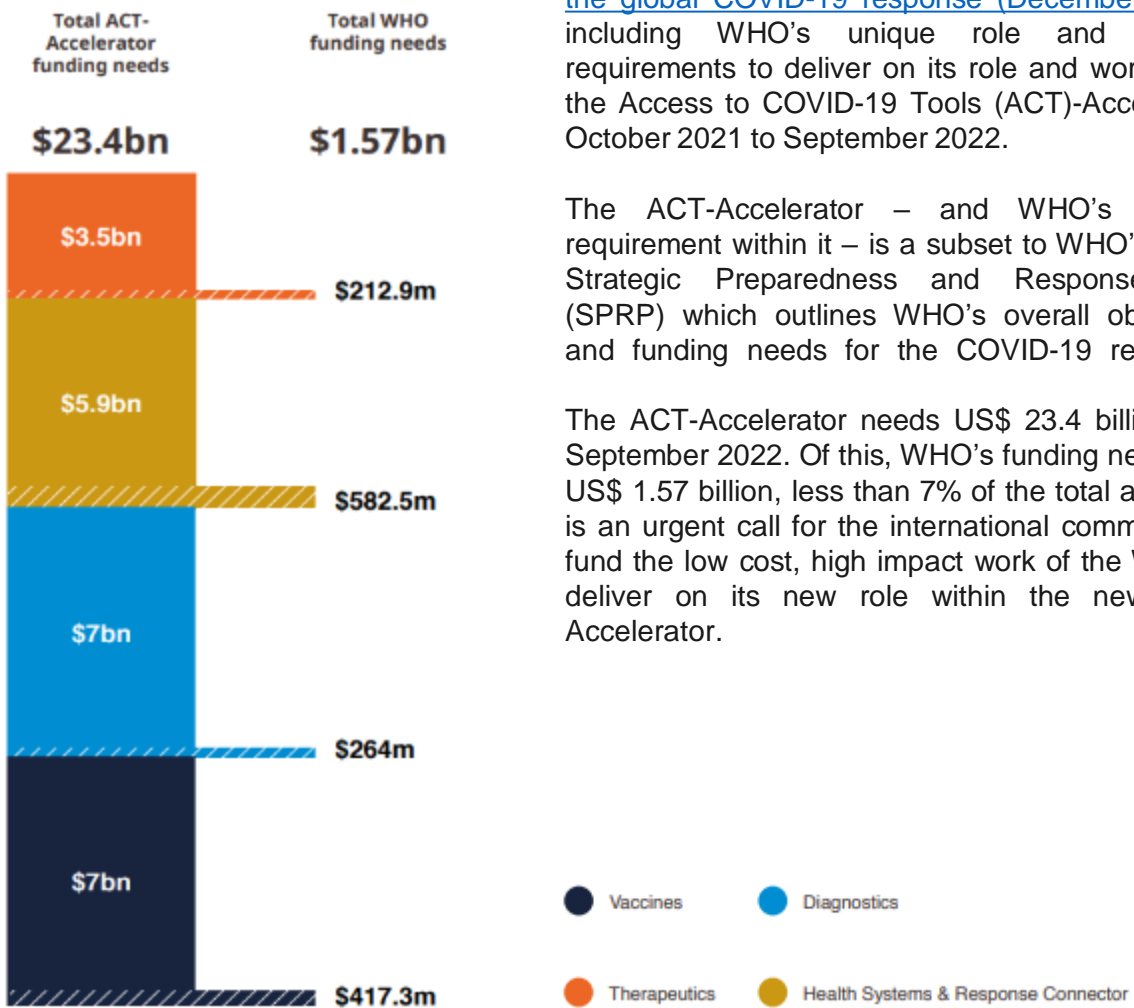
For further information on the **COVID-19 supply chain system**, see [here](#).



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.

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
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=116 ^b , as of epidemiological week 01/2022) ^c	45% (n=52)	52% (n=60)	50%
This week (epidemiological week 01/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 60 (52%) have timely reported COVID-19 data. An additional 5 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.			
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 31 January 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 31 January 2022) ^c	9 620 105 525	9 901 135 033	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 31 January 2022) ^c	60.4% (4.7 billion)	61.2% (4.76 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 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

^c 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 25 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. A specific brief update on the Omicron variant, is also provided.

News

- To read the WHO Strategic Advisory Group of Experts on Immunization updates recommendations on boosters, COVID-19 vaccines for children from 21 January, click [here](#).
- For the WHO Director-General's opening remarks at the 150th session of the Executive Board, including comments about ending the acute phase of the pandemic, click [here](#).
- For 15 figures on 732 days of COVID-19 in the WHO European Region, click [here](#).