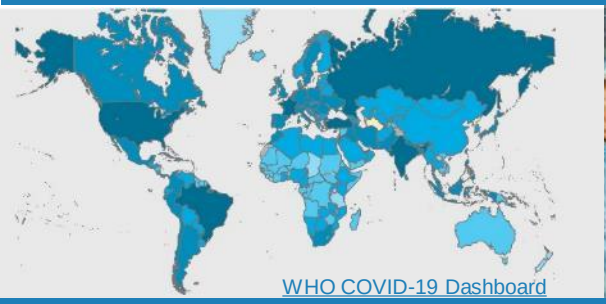
Weekly Operational Update on COVID-19

15 February 2022

Issue No. 91



WHO COVID-19 Dashboard

As of 13 February 2022

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

Confirmed cases

408 910 752

Confirmed deaths

5 802 226

For the 21 January 2022 update to ***Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States***, click here.

Strengthening South Sudan's emergency response with phase two of public health emergency operations center

On 10 February 2022, South Sudan inaugurated its Public Health Emergency Operations Center (EOC). This is a critical component of detecting and controlling any potential outbreak and serves as the strategic coordination center for health emergencies, including the COVID-19 response.

The center is part of a WHO-implemented US$ 4.2 million African Development Bank grant project that included procuring an oxygen plant, vehicles, essential medicines, biomedical equipment and personal protective equipment.

"The African Development Bank and WHO have played a crucial role in strengthening our capacity to reduce, mitigate and manage the adverse impacts of COVID-19," said Dr Victoria Anib, the Undersecretary, Ministry of Health.

WHO South Sudan Representative, Dr Fabian Ndenzako, Dr Ndenzako described the establishment of the second phase of the Public Health Emergency Operations Center, which equipped it with hardware and software to facilitate emergency response operations, as "a key milestone in line with compliance with the International Health Regulations (2005) to strengthen communication and coordination for effective public health response."

For furth information, click here.

Key Figures

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

More than **6.4 million** people registered on OpenWHO and accessing online training courses across **43** topics in **62** languages

22 917 159 PCR tests shipped globally

218 439 426 medical masks shipped globally

122 881 700 gloves shipped globally

9 789 511 face shields shipped globally

219 GOARN deployments conducted to support COVID-19 pandemic response

10 227 670 521 COVID-19 vaccine doses administered globally as of 14 February

[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

From the field:

Romania: boosting the mobility of health-care workers to support communities during the pandemic and beyond

"During the pandemic the need for health-care workers to visit patients and care for them at home has become increasingly important. Community health nurses and health mediators are often a person's first point of contact with the health and social care system, and as members of the communities themselves, they have a unique understanding of the neighbourhoods and people they serve," said Dr Cassandra Butu, acting WHO Representative in Romania. To address this need, the WHO Country Office in Romania recently donated over 1 800 bicycles and helmets to health-care workers serving vulnerable communities, including rural areas where transport links are poor.

Mirela Cidoiu is one of the health mediators who received the equipment. **"I serve a community of 7 000 residents across nine villages. Having a bicycle allows me to travel faster, visit more patients and be wherever and whenever I'm needed. It is fair to say that this means of transport will really help me in my work, not just during this global emergency, but also far beyond,"** she said.

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When the COVID-19 pandemic began, restrictions limited people's ability to access health care services and required many vulnerable people to self-isolate. Without the visits of community health care workers many people would have seen their health suffer severely. Particularly at risk were elderly patients who needed help with deliveries of basic goods (food, medicines and protective face masks), as well as regular health check-ups.

Many patients with chronic conditions, disabilities and special needs required medical care that could not be postponed and could only be carried out at home due to the pressure on hospitals and risk of exposure to SARS-CoV-2. Pregnant women and new mothers needed regular health checks, practical training on correct breastfeeding techniques and nutrition, as well as immunizations for their babies and infants.

Another vital service provided by these health care workers over the last year is mobilizing their communities to get vaccinated – informing people about the vaccination schedule, ensuring that they have not missed doses, educating about vaccine benefits, and helping them to get to vaccination centres.

Community health nurses and health mediators serving their patients through home visits travel hundreds of kilometres a month, both tiring and time-consuming. The WHO-donated bicycles enable them to deliver timely care.

The equipment donation was made possible with the support of the WHO Regional Office for Europe, the Romanian Ministry of Health and the County Public Health Directorates as part of measures to invest in professionals providing essential health services in local communities during the pandemic.

For further information, click here,

From the field:

WHO and the Syrian Arab Republic combine efforts to raise COVID-19 vaccine accessibility and uptake

In coordination with the national health authorities, WHO and partners continue to bridge vaccine inequity and increase vaccination rates in the Syrian Arab Republic, aiming for the 40% national COVID-19 vaccination target by April this year; despite sufficient supply as of 27 January to vaccinate 39% of the population, currently the percentage of fully vaccinated Syrians remains as low as 5%.

Data registration at Damascus Mosque. ©EMRO

With WHO supporting the operating costs of vaccine administration, vaccination is now offered in 962 fixed vaccination sites: 39 hospitals and 923 primary health care centres. Implementing various strategies to scale up vaccination campaigns in the country, the national health authorities are supporting special teams to conduct vaccination at government institutions, universities, and schools. Syrians can also receive the vaccine whether or not they are pre-registered through an online platform.

With an additional 1075 vaccination teams in static locations and 391 mobile teams deployed in all governorates – a total of 5162 health care workers and over 420 supervisors – the teams are operating at maximum capacity. The WHO-supported mobile teams are providing vaccination services at shopping centres, mosques, churches, ministries, and lately at the Syrian parliament. Moreover, mobile clinics have been stationed close to Immigration Directorates throughout the country to ease access to vaccination services. These significant efforts have been implemented hand-in-hand with regular vaccination campaigns at health centres all over the country.

"I was hesitant and would come up with different reasons to avoid getting the vaccine. However, when the mobile teams started providing vaccination services at the mall, I could not argue anymore, especially when I observed how professionally the services were rendered," said one of the employees at Cham City centre in Damascus after receiving the vaccine.

©EMRO

WHO efforts to address vaccine hesitancy among the population include training skilled communication personnel and availing them to respond to people's fears about COVID-19 vaccines. Seventy health care workers who were recently trained on how to address vaccination concerns based on the regional package are now applying new skills on the ground to increase uptake.

For further information, click here.

From the field:

Maintaining influenza surveillance and SARS-CoV-2 monitoring in Indonesia

As part of the pandemic influenza preparedness framework, WHO established Global Influenza Surveillance and Response System (GISRS), a global platform for monitoring influenza epidemiology and disease, and a global alert system for novel influenza viruses and other respiratory pathogens. Responding to COVID-19, WHO developed a guideline on maintaining surveillance of influenza and monitoring SARS-CoV-2 that the Ministry of Health (MoH) adapted.

Currently, there are 31 Influenza Like Illness (ILI)-based primary healthcare centers and 14 Severe Acute Respiratory Infection (SARI)-based hospitals as sentinel surveillance sites in Indonesia that are part of the GISRS network.

COVID-19 and influenza positivity rates from ILI/SARI sentinel sites, 2021 ©Endang Wulandari/WHO).

To maintain ILI/SARI sentinel sites and expand their function to monitor SARS-CoV-2, WHO supported an orientation on the updated guideline, an online refresher training and review meetings, data collection and analysis, sample collection and shipment for ILI and SARI sentinel sites, and field monitoring and evaluation. A total of 30 participants from ILI and 52 participants from SARI sentinel sites attended the review meeting.

The refresher training was attended by around 100 participants. During field monitoring of 22 selected sentinel sites from March to November 2021, the MoH team delivered brief refreshment on case operational definition, sample collection and shipment and discussed gaps and challenges in implementing influenza surveillance. Impacted by the pandemic, outpatient visits to ILI sentinel sites have decreased, leading to lower case detection and sample collection.

Among 98% (636 out of 647) specimens tested for SARS-CoV-2, 222 were confirmed positive for COVID-19 (35%). The positivity rate of COVID-19 from sentinel sites is higher compared with COVID-19 positivity rate from the national COVID-19 surveillance data. Overall, the COVID-19 positivity trend from sentinel sites is aligned with COVID-19 national surveillance data, increasing around June with a peak in mid-July and declining since August 2021. This indicates ILI/SARI sentinel surveillance can be used to monitor COVID-19 and provide input for policy making with maintaining and improving data quality, completeness and timeliness of reporting and specimen collection, shipment, and testing.

Health worker performed nasopharyngeal swab sample collection in Makassar City-Gowa Regency. Credit: Herwin Bahar/ / Getty Images)

For further information, click here

Pandemic learning response

Online courses in Ukrainian support national response to the COVID-19 pandemic and other emergencies

A Ukrainian learning channel was established in 2021 as part of the Serving Countries portal launched on the OpenWHO.org platform. The main purpose of the learning channel is to provide easy access to up-to-date online learning courses in Ukraine's national language.

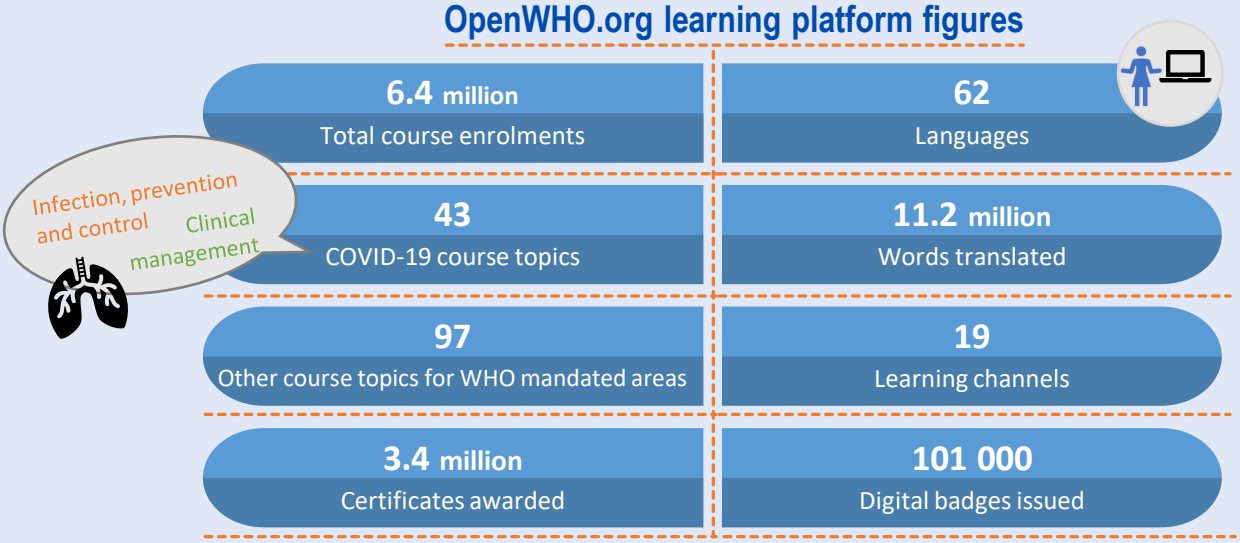
Courses have been developed by the WHO Country Office team in Ukraine with the involvement of national medical and public health experts. The Ukrainian learning channel targets health care workers, public health professionals, laboratory experts and other specialists working in different levels of the health systems in Ukraine.

As of February 2022, the Ukrainian channel hosts 11 courses addressing COVID-19 epidemiology, COVID-19 surveillance, infection prevention and control for the COVID-19 outbreak, risk communication and community engagement for the COVID-19 pandemic, and other thematic areas. In total, the Ukrainian courses have more than 2100 enrolments, including 1300 enrolments in the popular COVID-19 epidemiology course.

The initial course produced for the channel was the Ukrainian version of the *Introduction to Go.Data – Field data collection, chains of transmission and contact follow-up* course. Adaptation of this course was highly important given contact tracing roll-out in the country and WHO support for this work. The course has been piloted by the contact tracing team in 3 regions – Chernivtsi, Odessa and Lviv – where contact tracing for COVID-19 was established leveraging the Go.Data software.

In addition, a national online platform created by the Public Health Center of the Ministry of Health of Ukraine has a WHO "corner" that hosts the courses developed for or adapted from OpenWHO.

OpenWHO.org learning platform figures



As of 8 February 2022

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 8 February 2022.

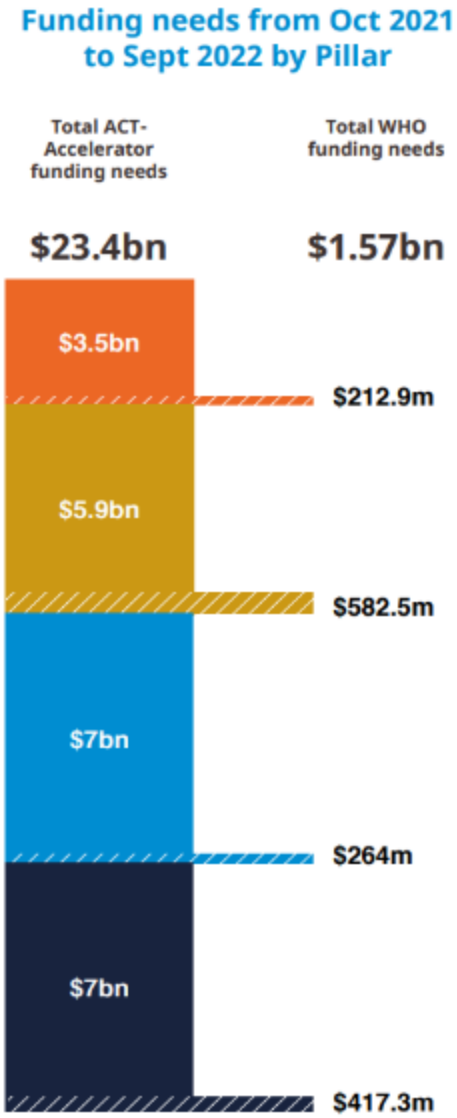
Shipped items as of 8 February 2022	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	5 343 000	1 904 300	3 088 556	1 559 330	36 769 300	563 616	2 673 079	56 866 400	3 871 630
Americas (AMR)	1 446 132	21 062 950	11 246 176	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 660 518	2 465 875	2 417 572	1 617 785	39 335 000	351 760	3 156 222	34 297 550	2 590 695
Europe (EUR)	913 300	1 441 525	739 752	2 103 380	29 255 900	634 900	3 774 548	50 148 500	7 863 950
South East Asia (SEAR)	4 205 800	4 750 000	3 153 234	390 076	9 183 500	91 470	654 300	6 950 500	2 936 695
Western Pacific (WPR)	1 908 750	180 650	2 271 869	777 100	3 479 000	311 927	488 710	15 008 146	3 206 035
TOTAL	**16 477 500**	**31 805 300**	**22 917 159**	**9 789 511**	**122 881 700**	**2 276 613**	**12 386 579**	**218 439 426**	**28 185 965**

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.
**Laboratory supplies data are as of 14 February 2022*

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



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 04/2022)[c]	45% (n=52)	**47% (n=54)**	50%
This week (epidemiological week 04/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 54 (47%) have timely reported COVID-19 data. An additional 6 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 14 February 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 14 February 2022)[c]	10 095 615 243	**10 227 670 521**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 14 February 2022)[c]	61.7% (4.8 billion)	**62.1% (4.83 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

The pandemic continues to take so much from all of us, and the world can still only defeat it through solidarity. We saw the true hope and potential of solidarity in the spring of 2020 as the world rallied around WHO's COVID-19 response including through the COVID-19 Solidarity Response Fund (SRF).

The SRF, jointly launched on 13 March 2020 by the World Health Organization (WHO), United Nations Foundation (UNF) and Swiss Philanthropy Foundation (SPF), was created as an innovative resource mobilization mechanism that needed to respond very quickly to the emerging COVID-19 pandemic. It was intended to facilitate direct financial contributions from companies, organizations and individuals to the COVID-19 response efforts of WHO and its partners in alignment with the three pillars of the 2020 SPRP for COVID-19.

The Fund filled a critical WHO need for fast, flexible funds to provide urgent lifesaving equipment and therapeutics to fight the pandemic all over the world. It was a uniquely innovative mechanism that demonstrated global solidarity in the fight against COVID-19, allowing anyone anywhere - from governments, to philanthropists, to corporations, to ordinary citizens - to take part in our shared fight against the virus.

- The Fund was a demonstration of global generosity, with more than **US$ 250 million in** support received **from nearly 700,000 individuals, and over 150 global organizations in more than 190 countries.**

- **50% of COVID-19 supplies sent to low and middle-income countries in 2020 were from Fund-supported Supply Chain System.**

continued on to next page

Continued: WHO Funding Mechanisms

- **12,000 intensive care beds in health systems** that might otherwise have been overwhelmed were supported by the Fund.
- The Fund **supplied 250 million COVID-19 tests** and provided technical support to hundreds of national and local laboratories around the world.

A recently released **annual report** chronicles the results of the Fund's first year, featuring key data on the overall impact of Fund resources. The lessons from creating and managing the Fund provide an essential foundation for future similar mechanisms for health emergencies and key to assuring preparedness. For this purpose, a **Playbook** has been published as a guide to how the Fund operated, and to serve as a resource for future endeavors.

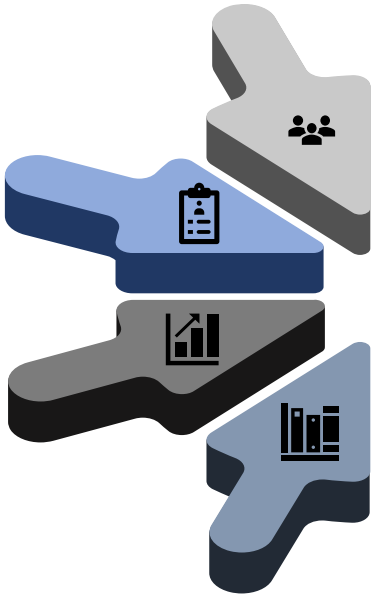
Last month, the WHO Evaluation Office and the United Nations Foundation published an **independent joint evaluation of the SRF** (see aso the related evaluation brief). The evaluation documented key achievements, best practices, challenges, gaps and key factors influencing the latter, along with areas for improvement in the set-up and administration of the SRF; identified key lessons for use by the WHO Foundation (WHOF) and by other partners, and to inform future similar mechanisms; and, made recommendations for WHO, UNF and partners to consider.

The evaluation's findings and key lessons from its review of the architecture, establishment, and operation of the Fund showed that:

- The Fund was "**highly relevant, highly effective, and highly efficient** in responding to urgent needs."
- **WHO can deliver rapidly and at scale** to support communities around the world, be innovative in building global solidarity, and be transparent and accountable on the use of financial resources.
- The SRF is a "**proof of concept**" for a rapidly created resource mobilization mechanism responding to an emergency, targeting non-state actor donors, including private sector and individuals, whilst ensuring the integrity of the Fund through rapid and timely due diligence.
- Within **broader sustainable financing efforts**, the innovative approach of the SRF represents a successful example to prove how non-earmarked, flexible funds have been critical to rapidly financing early needs of the pandemic response, especially Personal Protective Equipment supply chains and mechanisms and in general to timely act where it is most needed.
- The essential **role of trust; value of using "solidarity**" and collective action principles in resource mobilization outreach

The COVID-19 Solidarity Response Fund ceased active fundraising at the end of 2021. However, given that COVID-19 continues to have a devastating and uneven impact on countries around the world, those wishing to donate to support WHO and its partners' response to COVID-19 are encouraged to do so via the WHO Foundation.

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 8 February 2022 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant. We also provide updates on vaccine effectiveness for the Delta and Omicron variants

News & upcoming events

- On 16 February from 11-12:30 (GMT +1), the WHO Public Health Laboratories Knowledge Sharing Webinars will host “From SARS-CoV-2 sequences to actionable public health data”. To register click here. For the information and agenda, click here.
- For the WHO Director-General’s remarks at the mRNA Technology Transfer Hub, click here.
- For more on WHO prequalifying the first monoclonal antibody (tocilizumab) to treat COVID-19, click here.
- For the Director-General’s remarks at the ACT-A Advocacy Event, click here.