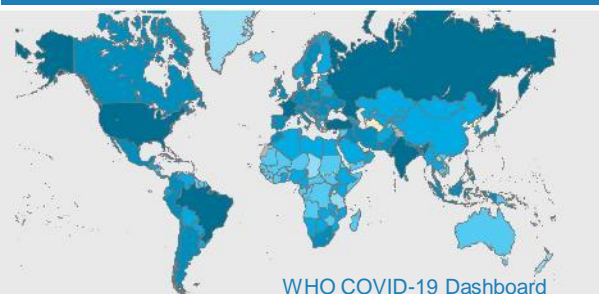


Weekly Operational Update on COVID-19

22 February 2022

Issue No. 92



As of 21 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
423 437 674

Confirmed deaths
5 878 328

For the 17 February 2022 update to **Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance**, 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 **63** 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



220 GOARN deployments conducted to support COVID-19 pandemic response



10,407,359,583 COVID-19 vaccine doses administered globally as of 21 Feb 2022

^a COVAX has shipped over **1.2 billion** vaccines to **144 participants** as of 22 Feb 2022

WHO supports the acceleration of COVID-19 vaccination rollout in Georgia: 05 – 12 February 2022

Among the Member States of the WHO European region, Georgia is one of the countries with low COVID-19 vaccination coverage with only 28% of its population having completed their vaccine dose series.

In recent months vaccination uptake has stagnated considerably, with only 4,000 vaccine doses administered daily instead of 30,000, as was the case during the peak of vaccination uptake in mid-2021.

WHO/Europe has provided substantive technical support to COVID-19 vaccine roll-out which

includes the development of the national deployment and vaccination plan, support with required cold-chain equipment, supporting information and risk communication work based on the behavioral insights surveys conducted, and mass vaccination associated waste management.



COVID-19 vaccination ©WHO/Frozen Monkey Media

continued on to the next page

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



From the field:

Continued: WHO supports the acceleration of COVID-19 vaccination rollout in Georgia: 05 – 12 February 2022

Targeted country missions to support the Member States with low COVID-19 vaccine uptake to rapidly scale-up vaccine roll-out have been prioritized by the WHO European Region. From 05 – 12 February 2022, a country mission was undertaken by the WHO Regional Office for Europe in close cooperation with the WHO Country Office in Georgia and Health Emergencies Programme South Caucasus Hub.

The main objective of the mission was to identify specific areas of support in Georgia to help the country progress towards the global vaccination target of 70% by mid-2022. The week-long mission consisted of meetings with key national experts from the national health system in charge of various aspects of immunization including the national immunization technical advisory group, representatives of the partner agencies (UNICEF, USCDC, USAID, IFRC, Curatio International Foundation) and selected vaccination site visits in the capital of Tbilisi and other regions.

The mission looked at best practices and achievements of the country to date and identified challenges impeding vaccination progress. Targeted recommendations were made ranging from improvements to the overall COVID-19 vaccination governance structure and enabling efficient coordination and collaboration among stakeholders to intensifying effective communication with an emphasis on the high-risk population groups and remote areas.

In addition, suggestions were made on efforts focused towards vaccinating or providing a booster dose to older adults as well as addressing vaccine-related concerns of healthcare workers and those involved in delivery of the vaccines through primary health care structures in the country. Additional support was provided to finalize the activities plan under the comprehensive USAID-funded waste management project aimed at addressing the issues around increased vaccination waste being generated due to mass COVID-19 vaccination.

Over the coming weeks, several in-country missions are planned to other priority countries in the WHO European Region where vaccine uptake remains low. A similar mission to Kyrgyzstan, is ongoing at the time of writing this report.

From the field:

Scaling up genomic sequencing in Nigeria

Nigeria has stepped up COVID-19 genomic surveillance to effectively track the evolution of the virus and adjust responses to pandemic waves driven by variants of concern. Before the pandemic, the country only had two laboratories with sequencing capacity. Genomic sequencing is currently done through a network of four laboratories coordinated by the Nigeria Centre for Disease Control's National Reference Laboratory. Beginning genomic sequencing in March 2020, the country can now carry out around 500 sequences per month.

“Virus genome sequencing is playing an important role in Nigeria's efforts to tackle the pandemic. An analysis of the mutation rate in hundreds of sequenced genomes has enabled the country and the world at large to quickly identify the emerging mutations and how quickly the virus spreads,” says Dr Ndodo Nnaemeka, chief molecular bioengineer of the genomics and sequencing laboratory at the National Reference Laboratory in the capital Abuja.

Laboratory experts have received trainings from WHO and partner organizations. WHO has also provided polymerase chain reaction (PCR) screening kits for rapid detection of variants of concern, laboratory consumables for PCR and sequencing as well as sample transport and storage equipment to Nigeria and other countries in Africa.

“By capacitating countries to promptly detect the existence of new and existing variants through PCR screening and genomic sequencing will help to better inform diagnostics, vaccines and treatment,” says Dr Walter Kazadi Mulombo, WHO Representative in Nigeria.

“We receive samples from all over the country. Sequencing has enabled us to monitor the pattern of the virus and support the policymakers in taking measure to keep the public safe.”

*Babatunde Olajumoke,
Director, Public Health and Laboratory
Services at the Nigeria Centre for Disease
Control*



©WHO/Eromosele Ogbeide

Beyond COVID-19, genomic sequencing will enable the health authorities and researchers to monitor the evolution of other diseases of concern such as Lassa fever and yellow fever.

“We have recorded improvement with sequencing in the country based on three strategies: collaboration with partners, resource mobilization and political commitment of the government,” says Dr Ifedayo Adetifa, the Director-General of the Nigeria Centre for Disease Control.

For more information, click [here](#)



AS COVID-19 GAINS A FOOTHOLD IN THE PACIFIC, COUNTRIES, WHO AND PARTNERS WORK TOGETHER TO SAVE LIVES

©WHO/A. Lopez

At the end of 2021, the Pacific was home to some of the last countries in the world to remain entirely COVID-free. However, several Pacific island countries and areas (PICs) are now facing their first community transmission, while the few remaining COVID-free PICs are reinforcing their preparedness. The turn of the new year saw a spate of PICs detecting their first cases outside of quarantine and in the broader community. The Cook Islands, Kiribati, Solomon Islands and Tonga have all recently detected their first community transmission of the virus.

“The World Health Organization (WHO) and partners have been working together to support Pacific island countries and areas (PICs) to ready themselves to respond to the virus since the pandemic began. Together, PICs and partners are building on many years of joint efforts to boost emergency preparedness – two specifically focused on the preparing for the pandemic – to save lives and protect people’s health from COVID-19.”

WHO’s Representative to the South Pacific, Dr Mark Jacobs

In Tonga, like in the other PICs confronting COVID-19 for the first time, WHO is lending a hand. In addition to providing technical advice, 10,000kg of medical equipment, PPE, laboratory supplies, medicines and other items have been sent to Tonga by WHO and pre-positioned in the country to facilitate the rapid response to COVID-19 cases.

WHO has worked with the Ministry of Health for several years to establish and train the Tongan Emergency Medical Assistance Team (TEMAT), which recently deployed to provide medical care in the aftermath of the Hunga Tonga-Hunga Ha’apai volcanic eruption.

TEMAT could also be used to support COVID-19 response, particularly establishing intermediate care facilities, or supporting outer island response.



WHO and partners are supporting Pacific island countries and areas to reach the hardest to reach populations with COVID-19 vaccines, such as in the remote Ha’apai islands of Tonga, which were later heavily affected by a volcanic eruption and tsunami. © WHO/Yutaro Setoya

Continued on the next page...

CONTINUED: AS COVID-19 GAINS A Foothold IN THE PACIFIC, COUNTRIES, WHO AND PARTNERS WORK TOGETHER TO SAVE LIVES

PICs that have not yet recorded a COVID-19 case are now reinforcing preparedness measures based on lessons identified from the pandemic response in neighbouring countries in the Pacific and the broader region.

More than 1.2 million doses of COVID-19 vaccines have been provided to Pacific island countries via the COVAX facility to date with other partners providing additional doses bilaterally. By the end of 2021, ten PICs had successfully double-vaccinated more than 80% of their eligible populations.

At the same time that WHO is supporting PICs to respond to

the pandemic, the Organization is also strengthening local capacities that will also serve countries long after the pandemic is over, such as emergency medical teams that can respond to COVID-19 but also the next climate-fuelled disaster, or laboratories that can test for SARS-COV-2, but also for measles, dengue or tuberculosis.



15,000kg of equipment and supplies on its way from WHO's regional warehouse to the Pacific.
© WHO/S. Adriaensens

Six lessons from the response to COVID-19 in the Pacific and beyond

- **Border controls and vaccination are important, but not enough on their own**
- **Epidemiological data collection, contact tracing and testing should be strengthened**
- **Systems for the isolation, management and treatment of COVID-19 patients need to be carefully reviewed** to avoid hospitals becoming overwhelmed and ensure that people seek care at the right place at the right time.
- **The whole of government needs to cooperate on the response**
- **Plan for the hardest to reach, as the virus will eventually reach every corner** – Vulnerable or marginalized communities are often disproportionately affected by the pandemic. Countries and partners need to plan for those who are geographically remote (e.g. outer islands or isolated mountain villages), those who are less able to adhere to response measures (e.g. living close to others, reliant on daily wages) and those who may not understand, trust or be reached by mainstream media (e.g. because of language or literacy).
- **Strong health systems fare better during emergencies** – The health capacities that are best positioned to save lives during emergencies are the capacities that have already been established and practised before an emergency starts (e.g. infection prevention and control, quality clinical care, disease surveillance, laboratories, emergency medical teams, community engagement networks etc).

From the field:

Suicide prevention in Bhutan: scaling-up during the pandemic



Psychological First Aid+ training sessions with community volunteers in Bhutan. © WHO/Bhutan

COVID-19 has brought significant change and uncertainty to people's lives. Even before the COVID-19 pandemic, Bhutan realized that suicide was becoming a serious public health issue. In 2015, Bhutan's Ministry of Health established a multi-year National Suicide Prevention Programme to address this significant public health issue. The country's Suicide Prevention Action Plan (2018-2023) includes strategies to increase detection of suicidal ideation and respond to ideation and suicide attempts.

At the start of the pandemic, Bhutan had few human resources for mental health, with only two practising psychiatrists and a handful of trained psychiatric nurses and clinical counsellors. Anticipating the mental health consequences of the pandemic and the disruption to mental health services, in March 2020, the Ministry of Health set up, with guidance from the WHO team based in the country, a National COVID-19 Mental Health and Psychosocial Response Team to address mental health and psychosocial needs across the country.

Training is a core component of scaling-up services for mental health and suicide prevention. During 2020-21, Bhutan's Mental Health Response Team trained more than 20 000 frontline workers and community volunteers across Bhutan in identification of risk factors for suicide, how to provide basic psychosocial support to community members in distress and how to make referrals. [WHO Psychological First Aid+ \(PFA+\) guide](#) was adapted and used during these training programmes. The Response Team also conducted over 200 webinars on suicide prevention, mental health, and substance abuse management. Participants shared that, following the training, not only were they able to identify risk factors among community members, but they had also learned to recognize signs of stress in themselves and knew when to seek help.

The Response Team also organized a training workshop for media representatives in November 2021 to encourage responsible reporting of suicide. Bhutan's Mental Health Response Team revived a crisis helpline, staffed by trained mental health professionals that has supported more than 1500 people dealing with mental health problems, alcohol and drug use issues, domestic violence and self-harm.

For more information, click [here](#)

From the field:

With support of WHO's core contributors, health services and on-site vaccine opportunities were implemented in Iraq

The COVID-19 pandemic has severely impacted an already fragile health system in Iraq. World Health Organization (WHO) and the Iraqi Ministry of Health (MoH) forged a close cooperation in the fight against the COVID-19 pandemic and succeeded in mapping a quick response to critical health issues like the low vaccination rates across the country's 18 governorates.

Capitalizing on donors' support and contributions, WHO and MOH jointly planned a vast on-site vaccine project to provide the population, including the vulnerable groups of the refugees and IDPs with equal opportunities to get the vaccine quickly and easily.

Um Salam, a 73-year-old widow- who lives in rural western Kut city in Kut governorate west Iraq, recently lost a relative due to complications caused by COVID-19 infection.

The realization of the severity of the consequences of the virus led Um Salam to reached out to the city's local PHC to enquire about vaccinations for herself and her two grandsons. She was pleased when the vaccination process was simple and effortless.

Her queries were immediately answered, and she was able to take the vaccine herself along with her two grandsons at the site.



Um Salam has got her vaccine in a mass vaccination site in Kut City, west Iraq on 17 November 2021. © WHO Iraq

” We are grateful for the continued support of our core contributors. The latest support from the Qatar Fund for Development and other core contributors has indeed enabled WHO and the Ministry of Health in implementing multiple projects including strengthening the national surveillance system, promoting the prevention and control of communicable diseases like COVID 19, and facilitating the preparedness for mass gathering events, especially in central and southern Iraq.”

Dr Ahmed Zouiten, WHO Representative and Head of Mission in Iraq



From the field:

GOARN expert deployed by WHO to support the Commonwealth of Northern Mariana Islands' COVID-19 response

For five weeks in December 2021 and January 2022, Dr Ali S. Khan, Dean of the University of Nebraska Medical Center's College of Public Health and a member of the Global Outbreak Alert and Response Network (GOARN) Steering Committee, was deployed to assist the Commonwealth of the Northern Mariana Islands' (CNMI) COVID-19 response.

His role was to work closely with local health officials, and provide technical assistance with surveillance, COVID-19 testing strategy and operations, care pathway planning and safe school reopening.



Dr Khan, GOARN expert with the Governor and health officials, Commonwealth of the Northern Mariana Islands. ©Dr Ali S. Khan

Despite strong efforts to control and contain COVID-19, the CNMI, a United States territory in the Pacific, began identifying a large community outbreak among its population in late 2021, prompting a request through WHO for urgent technical assistance. In response, GOARN was activated to identify a technical expert to support the ongoing COVID-19 response.

GOARN is a technical partnership that provides support upon request to prevent and control outbreaks and public health emergencies. GOARN experts help countries strengthen their operations and support local capacity-building initiatives.

Dr Khan's assistance to the CNMI is one of over 60 individual GOARN deployments since January 2020 to support the COVID-19 response in WHO's Western Pacific Region.

For more information on GOARN's continued support for the COVID-19 response, click [here](#)



Dr Khan, GOARN expert with CNMI COVID-19 testing staff. ©Dr Ali S. Khan



Pandemic learning response

More than half of OpenWHO superusers based in India

As the COVID-19 pandemic increased demand for online learning, many learners have returned to the OpenWHO platform to participate in multiple courses. Nearly half of all OpenWHO learners have enrolled in at least 2 courses and 71 000 superusers have completed at least 10 courses.

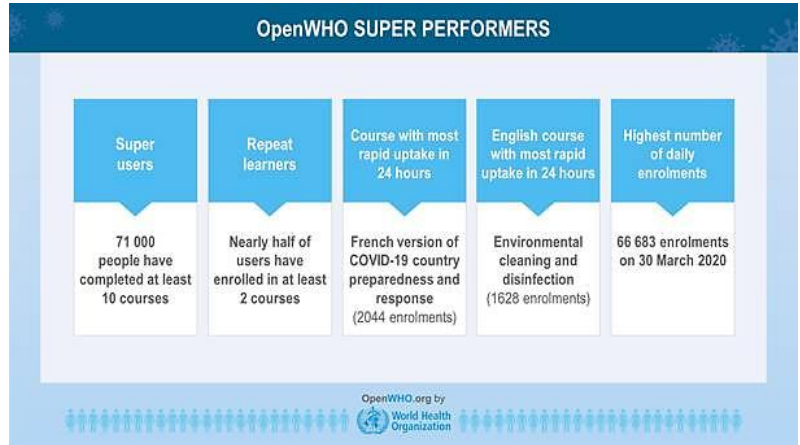
The majority of superusers are from India (54.3%), followed by the United States of America (4.4%), the Philippines (3.3%), Pakistan (3.0%), and Nigeria (2.4%).

Although India also contributes the most overall enrolments to the platform (28.8%), the portion of superusers is almost double that figure.

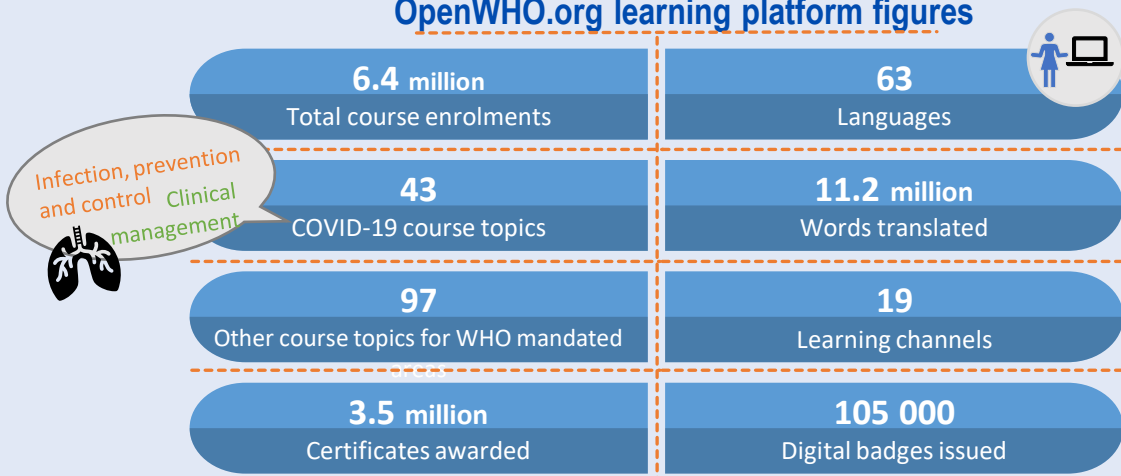
Students (31.2%) and health care professionals (26.5%) made up more than half of superusers, reflecting overall platform trends. Male learners (57.0%) were more represented than females (42.9%) among superusers, however, whereas female learners (51.7%) outnumber males (48.1%) across the platform overall. People aged 20-29 years old were more represented among superusers (49.2%) compared to other age groups and are similarly the most dominant age bracket across all OpenWHO learners.

The most popular courses among superusers all address aspects of COVID-19: [introduction to COVID-19](#), [infection prevention and control](#), [country preparedness and response](#), [ePROTECT respiratory infections](#) and [personal protective equipment](#).

Across all learners, the [French version](#) of the COVID-19 country preparedness and response course had the most rapid uptake in 24 hours, with 2044 enrolments. The English course with the most rapid uptake in 24 hours was the [environmental cleaning and disinfection](#) course, with 1628 enrolments.



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 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
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*

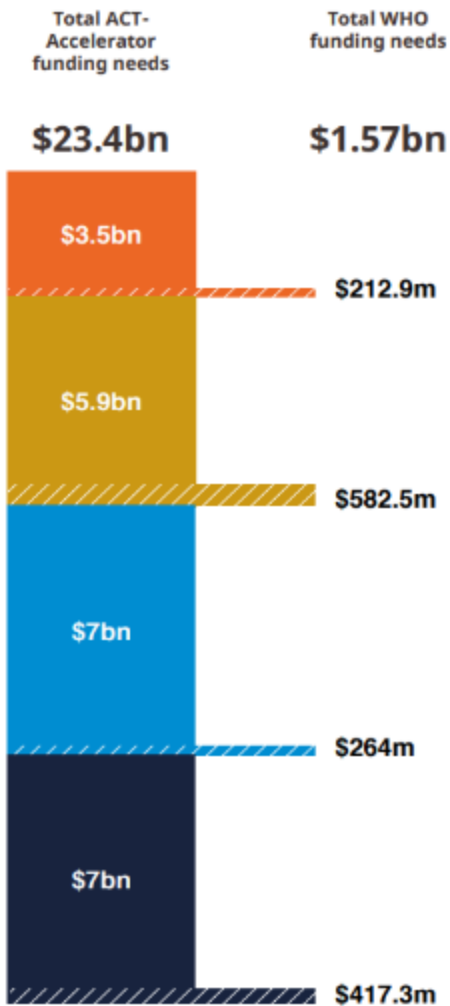
For further information on the **COVID-19 supply chain system**, see [here](#).



Appeals

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

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
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 05/2022) ^c	66% (n=76)		50%
This week (epidemiological week 05/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 76 (66%) 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 21 February 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 21 February 2022) ^c	10 407 359 583		N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 21 February 2022) ^c	62.5% (4.86 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



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 15 February 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant
- The BA.2 Pango lineage of the Omicron variant of concern

News

- WHO announces [first technology recipients of mRNA vaccine hub](#) with strong support from African and European partners (Egypt, Kenya, Nigeria, Senegal, South Africa and Tunisia)
- [WHO prequalifies first monoclonal antibody- tocilizumab- to treat COVID-19](#)
- WHO and WFP's [Initiate](#) look for rapid solutions for emergency response, including [treatment centre in a box](#)