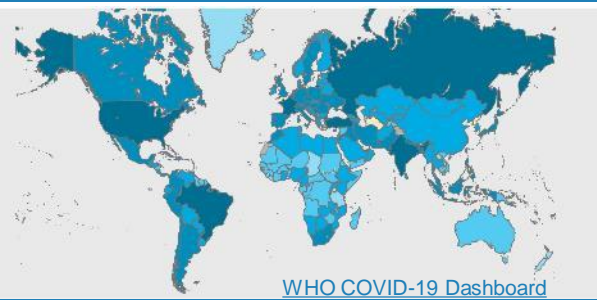


Weekly Operational Update on COVID-19

8 March 2022

Issue No. 94



As of 7 March 2022

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

Confirmed cases
445 096 612

Confirmed deaths
5 998 301

For the 8 March 2022 **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**, click [here](#)

New push to drive up Africa's COVID-19 vaccination

One year since the COVAX Facility delivered the first COVID-19 vaccines to Africa, around 400 million doses have been administered – the region's largest ever vaccine rollout in a single year. However, vaccination rates in the continent are the lowest in the world.

To help bolster uptake, World Health Organization (WHO), UNICEF, Gavi, the Vaccine Alliance, and partners are supporting mass vaccination campaigns in 10 priority countries to reach 100 million people by the end of April 2022.

Ninety per cent of the total COVAX deliveries to date have been in the last six months. COVID-19 vaccine deliveries to the continent have increased by more than 100% from November 2021 to January 2022, compared with the previous three months.

WHO, UNICEF, Gavi, the vaccine alliance, and other international and local partners are supporting countries to scale up COVID-19 vaccination and have deployed 66 experts to 18 priority countries to form country support teams, with several experts on their way to two more countries.

For more on the scale-up, click [here](#)



New push to drive up Africa's COVID-19 vaccination ©WHO

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 **44** topics in **64** languages



22 917 159 PCR tests shipped globally



219 588 426 medical masks shipped globally



123 573 260 gloves shipped globally



9 792 166 face shields shipped globally



225 GOARN deployments conducted to support COVID-19 pandemic response



10,704,043,684 COVID-19 vaccine doses administered globally as of 6 March 2022

^a COVAX has shipped over **1.36 billion** vaccines to **144 participants** as of 8 March 2022

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

WHO/EUROPE RAPIDLY ESCALATES SUPPORT TO ADDRESS URGENT HEALTH NEEDS OF POPULATIONS AFFECTED BY THE CONFLICT IN UKRAINE AND IN SURROUNDING COUNTRIES

Refugee coming from Ukraine in a camp situated near by Palanca border crossing point between the Republic of Moldova and Ukraine ©WHO

Following eight years of protracted conflict in eastern Ukraine, the conflict escalated when the Russian Federation recognized the two non-government-controlled areas (NGCAs) in Luhansk and Donetsk, followed by significant armed offensive mounted across the rest of Ukraine.

An estimated 12 million people are in need of humanitarian assistance, of which 6 million are targeted for health assistance. Ukrainian authorities have reported over 2,000 civilian deaths associated with the conflict since the escalation. As of 02 March, close to 1 million people may have already fled the violence in Ukraine, moving into and beyond Hungary, Republic of Moldova, Poland, Romania, Slovakia and other European countries. UNHCR estimates that over 4 million people could flee from Ukraine and seek protection and support across the region.

This large armed conflict and refugee crisis is occurring at an unprecedented time, during the COVID-19 pandemic which had already intensified needs and highlighted health system deficits. During late February, Ukraine was seeing a decline in COVID-19 incidence rates whilst hospitalization rates remained high.

As of 20 February 2022, Ukraine has the sixth lowest rates of vaccine uptake in the WHO European Region, with 34% uptake of a complete vaccine series. As refugees from Ukraine arrive in neighboring countries and are received in centers along the border, the risk of COVID-19 spread and other disease outbreaks is of concern due to their susceptibility to disease and due to the overcrowded conditions people on the move may face.

In response, WHO has rapidly adapted and increased planned support into Ukraine, including through the shipment of oxygen, trauma, and COVID-19 supplies.



WHO Country Office in Moldova continues to support the Ministry of Health and delivered much-needed supplies to refugees from Ukraine ©WHO

**WHO/EUROPE RAPIDLY ESCALATES SUPPORT TO ADDRESS URGENT HEALTH NEEDS OF POPULATIONS
AFFECTED BY THE CONFLICT IN UKRAINE AND IN SURROUNDING COUNTRIES**

*Patients are moved from the hospital to a 1950s-era underground bomb shelter each time an air raid siren goes off in Ukraine
©WHO / Olha Izhyk*

WHO has also deployed three advance teams to assess immediate needs and scale-up WHO's response in Poland, Republic of Moldova and in Romania. These forward teams have been sent to:

- Carry out an assessment of current and future evolving health needs of refugees with a focus on immediate health needs of those in the border regions from Ukraine;
- Provide health services for the migrants and refugee population including COVID-19 management and vaccination, management of chronic and non-communicable diseases and services for maternal, newborn and child health, mental health and psychosocial support as well as trauma and emergency medical care;
- Strengthen surveillance capacities for communicable diseases, prevention efforts through vaccination for measles and polio, health information management and risk communication;
- Engage with partners to coordinate health response efforts and ensure complementarity with government preparedness and response efforts;
- Identify immediate gaps in the health response and options to mobilize immediate support, and scale up the WHO Country Office capacities;
- Hold in-depth consultations with authorities and partners on immediate priority needs to develop a resource mobilization plan to address immediate and medium-term needs.

To further its support on the ground, WHO has developed an [emergency appeal](#) of USD 45 million to secure medical supplies and cover essential health interventions in Ukraine and USD 12.5 million to secure medical supplies and cover essential health interventions in neighbouring countries.

From the field:

Ramping up COVID-19 vaccination among hard-to-reach communities in Kenya

In a 10-day campaign targeting 11 of Kenya's 47 counties that had some of the lowest vaccination coverage, WHO along with the county governments, non-governmental organizations and other partners were determined that no one would be missed.

Rather than meet people in health facilities only, outreach campaigns were set in different locations where beneficiaries would be reached such as markets, bus parks and other social settings. Additionally, different groups including women and youth groups, motorcycle taxi drivers and religious leaders were engaged to help with outreach activities.

During the December campaign, WHO provided technical and financial support in the 11 counties to help accelerate the coverage of COVID-19 vaccine through strategic risk communication, community engagement and vaccination outreach teams.



Ramping up COVID-19 vaccination among Kenya's hard-to-reach communities. ©WHO Kenya

WHO experts worked with county health teams to coordinate operations at the grassroots so that local authorities took ownership of the efforts to boost COVID-19 vaccination. These efforts included public health information campaigns (printed messages and public addresses) to dispel vaccine myths misconceptions such as concerns that it affects fertility, male libido, or that it causes death. In addition to public education, the teams would announce the location and dates where the community could access the vaccination.

In Kisumu County in western Kenya, one of the 11 counties targeted, WHO teams and the County Department of Health also worked with an association for people living with disabilities and a street families consortium to register members of these groups to leave no one behind. Using a local church backyard as the vaccine site and donations from the business community, including facemasks, a tent, snacks and vehicle to support transport vulnerable persons, vaccine teams were able to vaccinate 321 people in one day. Among them were 132 people living with a disability and 189 people without a home.

“As the county health team, we shall continue to work with partners in increasing access to COVID-19 vaccination and support this noble idea in ensuring that all segments of the population are vaccinated, including the vulnerable and marginalized persons”

*Florence Aketch,
Kisumu County Coordinator for the Expanded Programme on Immunization.*

For more information, click [here](#)

From the field:

Mauritius' strong COVID-19 vaccination drive reaches 76% of population

When Mauritius kicked off COVID-19 vaccination in January 2021, it set a goal of vaccinating 60% of the population by September of that year. It reached the goal a month in advance. How did they do it?

The health authorities devised a national vaccine deployment plan as COVID-19 vaccine were becoming available in December 2020. A key plank of the strategy was facilitating people's access to the vaccines. This meant deploying mobile teams to communities to set up neighbourhood vaccination sites and to administer doses at home to those unable to reach the vaccination stations, for instance, those living with disability. This was in addition to health facility-based vaccination services. Private clinics were also drawn to bolster the vaccination campaign.



A core vaccination team was trained in immunization surveillance and management as well as cold chain supply and maintenance and additional health workers recruited. The country also allocated funds to procure vaccines early and in significant quantity. With support from World Health Organization (WHO), the country negotiated the purchase and donation of COVID-19 vaccines through the COVAX Facility and initiated deals to procure more vaccines.

To reinforce the efforts for an effective vaccine rollout, WHO deployed an expert on cold chain management, supported health worker training, provided guidance and technical advice to the government in designing a vaccination plan and outlining high-risk population groups to be given priority and how to effectively administer the available doses to them.

As of 21 February 2022, around 928 000 people had been fully vaccinated in the island nation home to 1.3 million people while about 965 000 have received a first dose vaccine. Ninety-four per cent of people aged 15–17 years have been vaccinated and around 44% of children aged 12–14 years have also received the vaccines.

However, challenges remain including failure to return to the scheduled second dose and cold chain capacity. In response, a team has been assigned to reschedule those who miss their second dose and deployed new logistics and procured ultra-cold freezers to ensure proper cold chain maintenance, especially during summer, and trained 850 additional health workers.

For more on Mauritius vaccine roll-out including experienced challenges, click [here](#).

From the field:

Strengthening resilience among migrants impacted by COVID-19 in India

Leveraging a 'whole of society' approach through the involvement of civil society organisations (CSOs), WHO supported strengthening of community resilience to protect the health and well-being of vulnerable populations in India. In 2021, WHO collaborated with DISHA Foundation, a CSO, to address, strengthen, support migrant workers holistically and mitigate the COVID-19 pandemic adversity as best as possible. This was done in five locations - Delhi-NCR, Goa, Nagpur, Nashik and Shirdi - in consultation with local authorities.



Sensitization of peer educators in Delhi. ©DISHA foundation for WHO India

“WHO India, through its strategic engagement with civil society partners, supports efforts to enhance health outcomes among the most vulnerable communities. Strengthening such interventions plays a pivotal role in building community readiness and resilience to help reduce the impact of COVID-19 pandemic and other health emergencies among the people at risk,”

*Dr Roderico Ofrin,
WHO Representative to India*

With a multi-pronged strategy to reduce vulnerability of migrant workers and mitigate the impact of the pandemic on the population's health and well-being, WHO prioritized the support and engagement of relevant government departments regularly. The focus of this effort was to support migrant workers' needs by providing awareness on health issues.

Main achievements include:

- **Collation of resource bank with relevant COVID-19 information, education and communication materials in local language from Ministry of Health and Family Welfare;**
- **Conducted online COVID-19 awareness sessions,** one-to-one meetings for migrants using Google Meet and WhatsApp networks conducted with local engagement led to increasing participation on these forums, helping over **48 000 migrants;**
- Trained 350 peer educators who have been identified and trained to raise awareness about COVID-19;
- Conducted referrals and health camps with the support of local government hospitals and medical colleges in project locations to support migrants with needs-based health services/screening, Through this initiative, over 73,000 migrants were engaged with information and access to health, financial inclusions and social security services provided by the government;
- **Expansion of the migrant workers initiative to promote vaccine uptake;** rapid assessment of migrant needs and behavioral insights analysis was used to inform vaccination strategy, from which 12 000 migrants were supported for vaccine registration and 7 500 migrants were mobilized for championing vaccination

Mental Health and Psychosocial Support

COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide - *Wake-up call to all countries to step up mental health services and support*

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO). The brief also highlights who has been most affected and summarizes the effect of the pandemic on the availability of mental health services and how this has changed during the pandemic.

The brief, which is informed by a comprehensive review of existing evidence about the impact of COVID-19 on mental health and mental health services, and includes estimates from the latest Global Burden of Disease study, shows that the pandemic has affected the mental health of young people and that they are disproportionately at risk of suicidal and self-harming behaviours, and women were more severely impacted than men.



© Getty Images/Justin Paget

In addition, data suggests that people with pre-existing mental disorders do not appear to be disproportionately vulnerable to COVID-19 infection. Yet, when these people do become infected, they are more likely to suffer hospitalization, severe illness and death compared with people without mental disorders. People with more severe mental disorders, such as psychoses, and young people with mental disorders, are particularly at risk.

Since the early days of the pandemic, WHO and partners have worked to develop and disseminate resources in multiple languages and formats to help different groups cope with and respond to the mental health impacts of COVID-19, including “My Hero is You” in 142 languages.

WHO has also worked with partners, including other UN agencies, international NGOs and the Red Cross and Red Crescent Societies, to lead an interagency mental health and psychosocial response to COVID-19. Throughout the pandemic, WHO has also worked to promote the integration of mental health and psychosocial support across and within all aspects of the global response. Yet there still remains a global shortage of mental health resources.

“While the pandemic has generated interest in and concern for mental health, it has also revealed historical under-investment in mental health services. Countries must act urgently to ensure that mental health support is available to all.”

Dévora Kestel, Director of the Department of Mental Health and Substance Use

Public health response and coordination highlights

Moving forward on goal to boost local pharmaceutical production, WHO establishes global biomanufacturing training hub in Republic of Korea

The World Health Organization (WHO), the Republic of Korea and the WHO Academy announced the establishment of a global biomanufacturing training hub that will serve all low- and middle-income countries wishing to produce biologicals, such as vaccines, insulin, monoclonal antibodies and cancer treatments. The move comes after the successful establishment of a global mRNA vaccine technology transfer hub in South Africa.

“One of the key barriers to successful technology transfer in low- and middle-income countries is the lack of a skilled workforce and weak regulatory systems,” said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. “Building those skills will ensure that they can manufacture the health products they need at a good quality standard so that they no longer have to wait at the end of the queue.”

The Government of the Republic of Korea has offered a large facility outside Seoul that is already carrying out biomanufacturing training for companies based in the country and will now expand its operations to accommodate trainees from other countries. The facility will provide technical and hands-on training on operational and good manufacturing practice requirements and will complement specific trainings developed by the mRNA vaccine technology transfer hub in South Africa. The WHO Academy will work with the Korean Ministry of Health and Welfare to develop a comprehensive curriculum on general biomanufacturing.



© WHO / Blink Media - Nana Kofi Acquah

In parallel, WHO is intensifying regulatory system strengthening through its Global Benchmarking Tool (GBT), an instrument that assesses regulatory authorities' maturity level.

Five more countries will also receive support from the [global mRNA hub](#) in South Africa: Bangladesh, Indonesia, Pakistan, Serbia and Viet Nam.

“Support from the World Health Organization in this process is of essential importance for the development of continuing, quality and safe production of vaccines and medical products. The development of new technology means the development of professional knowledge of Serbian experts and training of new young staff, as the absolute national priority.”

Dr Zlatibor Loncar, Minister of Health, Serbia

Numerous countries responded to the call for expressions of interest from the technology transfer hub in late 2021. WHO will provide support to all of the respondents but is currently prioritizing countries that do not have mRNA technology but already have some biomanufacturing infrastructure and capacity. WHO will enter into discussions with other interested countries and other mRNA technology recipients will be announced in the coming months.

For more, [click here](#)



Pandemic learning response

Learning resources for leadership in health emergencies

The COVID-19 pandemic has shined a light on the critical role that leadership plays in effective health emergency response. To support the development of leadership skills, WHO offers self-paced online courses addressing different aspects of leadership on the free OpenWHO.org learning platform.

Launched in February 2022, the [Discover your leadership moment](#) course was produced for immunization and other health professionals in partnership with the [Boost Community](#), an initiative of the [Sabin Vaccine Institute](#), and [Adaptive Change Advisors](#).

The course strengthens participants' capacity to lead consequential, "adaptive" change in challenging and uncertain contexts, such as the COVID-19 pandemic.



OpenWHO also provides open access to leadership lectures and learning resources from eminent public health leaders produced for the [Leadership Programme on Epidemic and Pandemic Preparedness and Response](#). Jointly developed by the WHO Regional Office for the Eastern Mediterranean with the United Nations Systems Staff College, this programme was designed for WHO representatives, senior WHO staff and leaders of Ministries of Health in the Eastern Mediterranean Region.

To help support effective management of infection prevention and control (IPC) programmes, OpenWHO offers a course on [leadership and programme management in IPC](#) that explores aspects of leadership, project management, implementation science, communication and conflict management. It also addresses education for IPC and how multimodal strategies can support behaviour change and influence stakeholders.

In addition, WHO runs detailed Leadership in Emergencies courses in an online face-to-face format over 8 weeks, to help participants develop key leadership skills to fulfil team lead, Health Cluster Coordinator and Incident Manager roles. These courses are part of a blended programme that includes the OpenWHO Ready4Response [Tier 1](#) and [Tier 2](#) courses, which received Continuing Professional Development accreditation in January.

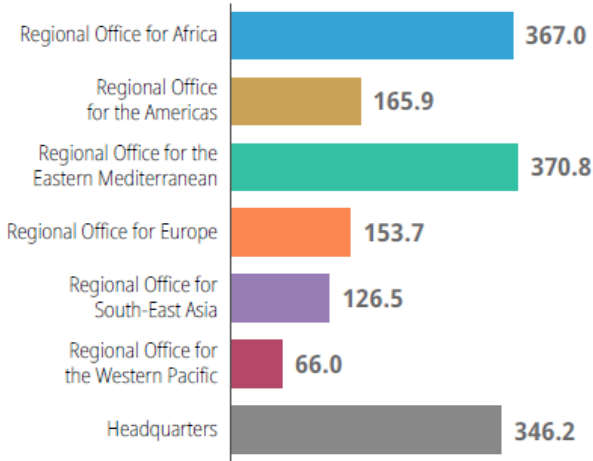
OpenWHO.org learning platform figures





Appeals

WHO COVID-19 budget by major office (US\$ million)



TOTAL US\$ 1.59 billion



“ By getting the vaccine equity equation right, by continuing to implement the measures we have at our disposal, continuing to protect the most vulnerable in our countries and in the world, we can bring the acute phase of the pandemic, that phase of death and hospitalization, to an end.”

Dr Michael Ryan
Executive Director, WHO Health Emergencies Programme

Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic’s destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need them most. WHO has the authority, the regulatory, legal and scientific firepower, the in-country integration and the relationships at the most senior levels of government at the scale needed to address the equity problem. But to turbocharge these capabilities requires additional financing. Without the capabilities WHO provides, donors won’t be able to ensure the full and effective deployment of their investments in other parts of the ACT-Accelerator. Vaccines, treatments and tests will be delivered to people who haven’t been trained to use them, new products will emerge but countries who lack their own regulator won’t know whether or not they are safe to use and the coordination that is the hallmark of the ACT Accelerator won’t be possible. The ACT-Accelerator needs **US\$23.4 billion** until September 2022. Of this, WHO’s funding needs are just **\$1.59 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.

Contributions to WHO for COVID-19/ ACT-A

Data as of 2 March 2022

Total Pledges:
US\$ 115 million

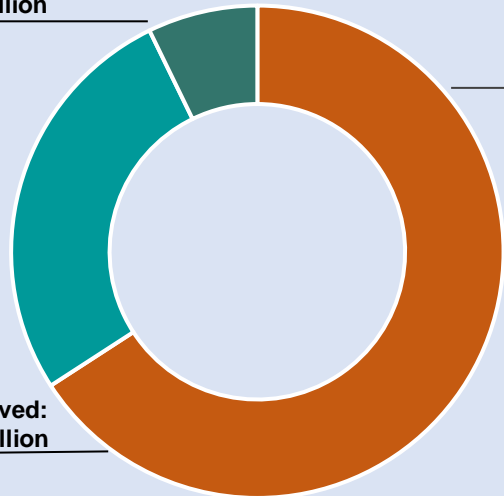
7.22%

Gap:
US\$ 1 billion

66.85%

Total Received:
US\$ 430 million

26.93%



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 28 February 2022*.

Shipped items as of 28 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	1 559 570	36 784 300	564 096	2 674 079	56 874 400	3 873 630
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	39 885 000	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	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	16 477 500	31 805 300	22 917 159	9 792 166	123 573 260	2 278 983	12 389 105	219 588 426	28 192 340

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](#).

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 07/2022) ^c	59% (n=69)	63% (n=73)	50%
<p>This week (epidemiological week 07/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 73 (63%) have timely reported COVID-19 data. An additional 7 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.</p>			
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 8 March 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 6 March 2022) ^c	10 585 766 316	10 704 043 684	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 6 March 2022) ^c	63% (4.897 billion)	64% (4.965 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 1 March 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

In this edition, WHO provides updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant.

News

- [WHO has updated its treatment guidelines to include molnupiravir](#) as part of its ninth update to WHO living guidelines on COVID-19 therapeutics
- [WHO and the Medicines Patent Pool \(MPP\) jointly welcome](#) that the United States National Institutes of Health (NIH) will offer several technologies to the COVID-19 Technology Access Pool (C-TAP) for potential licensing through MPP.
- [Act-Accelerator welcomes Germany's generous 'fair share' commitment](#) with a generous contribution of US\$ 1.22 billion