

Weekly Operational Update on COVID-19

11 January 2022

Issue No. 86



As of 9 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

304 178 368

Confirmed deaths

5 482 275

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

Supporting countries with Variants of Concern (VOC) in the Americas

On 15 December 2021, PAHO/WHO hosted a webinar on the factors that will continue to drive COVID-19 surges and the potential impact of the Delta and Omicron Variants of Concern (VOC).

The event was primarily aimed at Ministry of Health officials, health care workers, social services providers and educators from Barbados and the Eastern Caribbean Countries.



Objectives included discussing the factors contributing to the increase in cases during and after the holiday season as well as preventive steps to reduce the spread; providing information on the factors driving transmission of the new VOCs; discussing the impact of social mobility and social mixing and the importance of public health and social measures; strengthening health systems and services for the clinical management of patients with severe cases; and giving advice to countries on reassessing and revising national plans for COVID-19 for the new year based on the current situation.

For more information on PAHO/WHO's work in the Americas, click [here](#).

Key Figures



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



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



22 763 262 PCR tests shipped globally



215 785 426 medical masks shipped globally



99 140 700 gloves shipped globally



9 611 511 face shields shipped globally



211 GOARN deployments conducted to support COVID-19 pandemic response



9 194 549 698 COVID-19 vaccine doses administered globally as of 10 January

^a COVAX has shipped over **965 million** vaccines to **144 participants** as of 7 January

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

From the field:

WHO donates 6 advanced genomic sequencing machines to Islamic Republic of Iran to support nationwide monitoring of variants

In order to help strengthen the screening capacity of genetic variants causing COVID-19 in the Islamic Republic of Iran, WHO has donated 6 sets of advanced genomic sequencing equipment with next-generation sequencing technology through financial support from the Federal Republic of Germany on 6 January.

The donation, procured through the German Federal Foreign Office, honours a request by the Ministry of Health and Medical Education to help boost the existing testing and screening capacities, particularly the fast-circulating variant of concern 'Omicron'. The advanced genomic sequencing machines will equip 3 diagnostic and reference centres in Islamic Republic of Iran, namely the National Influenza Reference Laboratory, the Pasteur Institute of Tehran, and the Virology Research Center of Masih Daneshvari Hospital in Tehran.



Credit: WHO//Islamic Republic of Iran

Identification of genetic variations of the SARS-CoV-2 virus is of great importance in containing the pandemic as it identifies viral characteristics of potential spread, pathogenicity and vaccine resistance. Its importance has been further intensified as Iranian health authorities plan ahead for a potential peak caused by Omicron across the country.

Advanced genomic sequencing machines equipped with next-generation sequencing technology are used to identify different variants and strains of different microbes, including the SARS-CoV-2 virus causing COVID-19, and offer ultra-high throughput, scalability and speed.

Their use will be highly instrumental at the Pasteur Institute of Tehran, the leader of the national COVID-19 laboratory network and a centre for advanced research and innovative programmes in basic and applied medical sciences and production of biopharmaceuticals. The equipment will also highly benefit the National Influenza Reference Laboratory that serves as the key point of contact between WHO and Islamic Republic of Iran in all matters relating to epidemiological and virological aspects of influenza and SARS-CoV-2, as well as Masih Daneshvari Hospital, the country's reference centre for all pulmonary and respiratory diseases, including COVID-19, since the beginning of the pandemic.

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

From the field:

Intercountry National mentors workshop supporting the development of standard operating procedures for COVID-19 from 20 – 21 December 2021

In 2017 the Better Labs for Better Health initiative within the WHO Regional Office for Europe established the national mentoring programme with an aim of providing continuous training, on the job mentoring and capacity building to national laboratory experts through a sustainable approach of in country capacity building in Quality Management Systems (QMS) implementation.

Following the establishment of the national mentors scheme in Kyrgyzstan in 2017, other countries in the region established the programme including Kyrgyzstan, Uzbekistan, Kazakhstan and Tajikistan for all types of public health, antimicrobial resistance (AMR) and clinical diagnostic laboratories.

During the pandemic, WHO/Europe has continued to scale up the in-country programmes. As a result, many countries were able to rely on their national laboratory experts to implement QMS in COVID-19 laboratories. Within the program,



Mentored lab in Uzbekistan ©WHO/Europe

annual mentor meetings were organized to help the pool of experts exchange their experience and knowledge.

These meetings involved national and international mentors working together to develop new processes and procedures to be implemented in mentored labs. Following the Intercountry National Mentors meeting which took place in Kyrgyzstan in August 2021, it was decided that a series of Standard Operating Procedures (SOP) were needed specifically for COVID-19 laboratories.

To further this process, a workshop was organized in Istanbul, Turkey from 20-21 December 2021 to elaborate and establish an SOP handbook. The workshop brought together 28 lab experts from Kyrgyzstan, Tajikistan, Uzbekistan, Kazakhstan, and Ukraine as well as from the WHO/Europe Regional Office and World Health Emergencies (WHE) Programme Balkans Hub. These experts supported the development of an essential set of SOPs on pre-analytical, analytical, post-analytical phases of the laboratory process, quality management and biosafety. The handbook will compile the SOPs from these five areas and will serve as a template for SARS-CoV-2 diagnostics for Russian speaking countries in the Region.

Moving into 2022, a national mentors meeting will take place in the WHE Balkans Hub to establish the national mentoring scheme in the Hub and support capacity building across participating countries.

From the field:

Accelerating COVID-19 vaccination uptake among People Living with HIV in Nigeria

The Network of People Living with HIV in Nigeria (NEPWHAN) in partnership and collaboration with the Joint United Nations Program on HIV/AIDS, through WHO and UNAIDS, kicked off a sensitization and mobilization exercise to increase COVID-19 vaccination among people living with HIV (PLHIV) through its network support groups.

While receiving the COVID-19 vaccine in Abuja recently, twenty-year-old John Audu who was born with HIV narrated that he advocates for the COVID-19 vaccine as well as HIV testing in his school and community. Like many PLHIV, John was hesitant to get the COVID-19 vaccine but was convinced after attending the sensitization sessions organized by NEPWHAN, UNAIDS and WHO.



*John Audu after taking his first dose of COVID-19 vaccination.
©WHO Nigeria*

There have been reports of fear and vaccine hesitancy among PLHIV due to concerns on safety and potential negative effects on their already compromised immune status and interactions with antiretroviral treatment (ART), compromising their treatment outcomes. Through the sensitization sessions that have been cascaded to the state level, initially targeting 15 states, there has been increased awareness of safety among PLHIV resulting in willingness to take the COVID 19 vaccine.

There was low awareness. A lot of PLHIV were not aware of the importance of the vaccine. Most of them didn't even know they are supposed to take it. There was a lot of hesitancy before we started these activities.

I am glad that we are able to convince most of our members about the COVID-19 vaccination. I can assure you that over 90% of PLHIV in Nigeria have accepted and taken the vaccine. We have only a little left now. This is all made possible with the support of WHO.

Mr Abdulkadir Ibrahim, National Coordinator of NEPWHAN

PLHIV can have a greater prevalence of the known risk factors for COVID-19 acquisition and complications. Clinical data suggest that the risk of developing severe or fatal COVID-19 was 30% greater in PLHIV compared to people without HIV infection. All vaccines currently on the market can be used safely among people living with HIV regardless of CD4 count and/or viral load suppression status.

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

From the field:

Nepal's first teleconsultation centre to bridge treatment barriers

Earlier this month, to enhance the reach of quality health services across the country, the Ministry of Health and Population (MoHP) and WHO launched the first teleconsultation centre at Bir Hospital.

People can call the toll-free number 24x7 to receive medical advice from licensed doctors and nurses for COVID-19 related queries, seek assistance on ailments, and obtain information related to vaccines and vaccination services.

Most health facilities in Nepal are concentrated in urban areas making access difficult and expensive for the rural population and the establishment of teleconsultation centres aims at bridging barriers.



The teleconsultation service is a safe way to triage patients, identify suspected/mild cases of COVID-19 and provide early diagnosis and treatment. This is expected to help reduce the patient load in the health facilities, decrease the risk of exposure during the ongoing pandemic, and provide adequate health information and appropriate counselling related to COVID-19. A customer relationship management software also records all calls, details of the patient, and the provided treatment.

One coordinator, one supervisor, eight medical doctors, and four nurses are currently deployed at the centre with each shift staffing two doctors and one nurse; all staff have been trained and oriented on a number of issues such as variants, home isolation, post-COVID syndrome, vaccination, and treatment modalities.

As many as 613 calls were received on the toll-free number in the first two weeks of its launch with most queries concerning vaccination centres, booster doses, and the cost of RT-PCR tests for COVID-19.

“This service is very effective for us to get authentic information about COVID-19. I stay in the rural part of the country and there is a lot of misinformation and I got correct information from the free teleconsultation service,”

”

Deepa Pun (31 year old)

There are plans to integrate teleconsultation with eight existing telemedicine centres in the country which WHO supported the MoHP to establish.

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

Health operations

WHO and SeroTracker: Global analysis of SARS-CoV-2 seroprevalence 2020-2021

On 16 December 2021, WHO and SeroTracker posted a [preprint](#) of a global analysis of SARS-CoV-2 antibody studies – or seroprevalence – from January 2020 to October 2021.

The largest meta-analysis of general population seroprevalence studies to date, the study included results from 92 countries, areas and territories. All were aligned with the WHO's [UNITY Studies](#) standard protocol for investigating SARS-CoV-2 sero-epidemiology studies. In total, studies included 53/135 (39%) of low- and middle-income countries (LMICs) and 29/63 (46%) of the vulnerable Humanitarian Response Plan (HRP) countries.



Key findings:

- About 1 in 4 (26.1%) people around the world had SARS-CoV-2 antibodies in April 2021, with a steep rise in the first half of 2021 due to infection or of having received vaccination. This suggests most of the world's population remained susceptible to SARS-CoV-2 infection at that time.
- Seroprevalence differed by region: The proportion of those with SARS-CoV-2 antibodies varied from 0.3% (WHO Western Pacific region) to 57% across high-income countries in the Americas.
- Seroprevalence differed by age: children 0-9 years and adults aged over 60 years were less likely to be seropositive than adults aged 20-29 years.
- Current COVID-19 surveillance and reporting largely under-estimates the true extent of infection and immunity, especially in LMICs, with an estimated seroprevalence to confirmed case ratio of 34:1 in the third quarter of 2020.

Collaborative data-sharing of early results, and WHO UNITY's contribution to [SeroTracker's living evidence synthesis efforts](#) enabled geographic coverage and helped reduce publication bias in support of an evidence-based global pandemic response.

This is an achievement for many countries, with WHO country and regional office support, especially in LMICs who do not routinely conduct sero-surveillance. To support the use of this data in these settings, the UNITY Studies provided scientific writing courses, helped acquire high-performing serological assays, initiated a special journal issue with PLOS Med that will exclusively focus on LMICs, and developed an Operational Brief for interpreting seroprevalence data to guide public health and policy decision-making.

The UNITY framework, strengthened throughout COVID-19, has the potential to form the basis for standardized investigations and is a crucial step towards better monitoring the COVID-19 pandemic, informing decision-making around control measures, and strengthening readiness for emerging respiratory pathogens.

Pandemic learning response

Health emergency and disaster risk management for resilient cities in the COVID-19 era

Cities are home to more than half of the world's population and have been at the centre of and deeply impacted by the COVID-19 pandemic and concurrent emergencies and disasters, which has continued to highlight the wide socioeconomic inequities and multi-hazard risks that exist in urban settings.

WHO has launched a new [online course](#) that examines the existing risks from all hazards in cities and aims to introduce participants to the



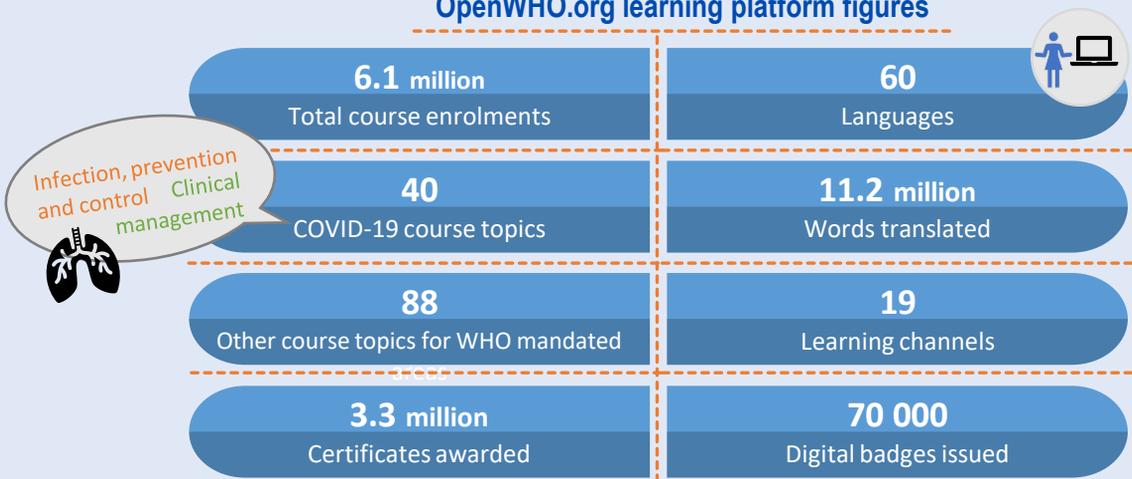
knowledge and tools to take a whole of society, risk management approach for effective preparedness actions and building resilience in cities for any health emergencies and disasters.

The course highlights the importance of using an equitable, gender-sensitive and rights-based lens to ensure inclusiveness by maintaining alignment with all relevant international frameworks, including the International Health Regulations, the Sendai Framework for Disaster Risk Reduction and the Paris Agreement on Climate Change.

Available for free on the [OpenWHO.org](#) learning platform, the 1.5-hour course offers a Confirmation of Participation certificate to those who complete all course material. It targets local and national government officials in charge of disaster risk reduction and management, urban development and planning, and public health; emergency preparedness and national associations of municipalities; urban resilience and development practitioners; civil society, private sector and academia.

With 68% of the global population projected to be living in cities by 2050, integrating good practices from the COVID-19 pandemic management is key. Technical actions such as [strategic risk assessments](#), [intra-action reviews](#) and [simulation exercises](#) help cities take risk-informed policies to build resilience and protect development gains through risk-informed emergency preparedness and multi-sectoral planning to prevent, prepare for and mitigate the impacts of emergencies in urban settings.

OpenWHO.org learning platform figures



Operations Support and Logistics

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

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

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

Shipped items as of 23 December 2021	Laboratory supplies*			Personal protective equipment					
	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 344 375	1 782 550	2 601 036	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	718 440	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 300	4 695 000	3 201 042	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 811 450	180 650	2 468 222	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
TOTAL	16 402 500	31 598 550	22 763 262	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.

**Laboratory supplies data are as of 29 November 2021*

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

Appeals

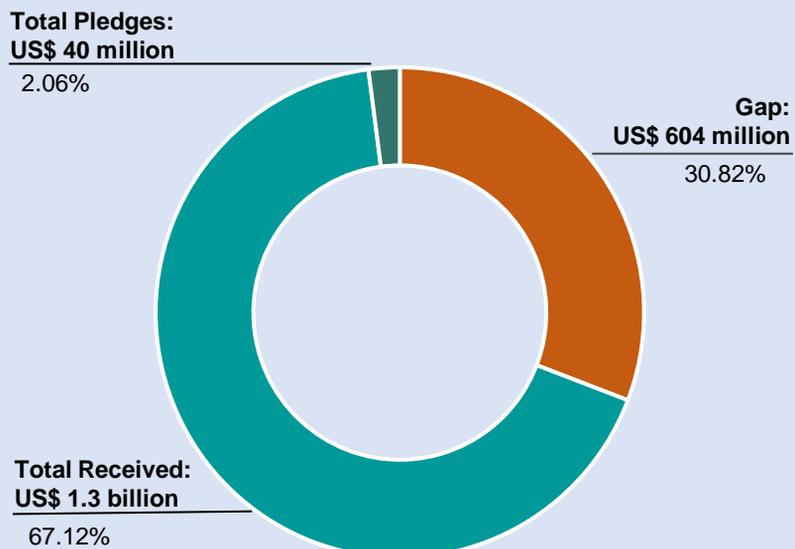
WHO's [Strategic Preparedness and Response Plan \(SPRP\)](#) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

As of 28 December 2021, WHO has received US\$ 1.3 billion out of the 1.9 billion total requirement. **A funding shortfall of 32.88% remains during the final days of the fourth quarter of 2021, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 5% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 28 December 2021



A [mid-year report on SPRP 2021](#) is now available, in addition to an [updated appeal](#) with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

The status of funding raised for WHO against the SPRP can be found [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 51) ^c	49% (n=57)	49% (n=57)	50%
This week (epidemiological week 51), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 57 (49%) 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 3: Number of countries ^a that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, as of Quarter 4 / 2021)	71	76	N/A
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 10 January 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 10 January 2022) ^c	8 387 658 165	9 194 549 698	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 10 January 2022) ^c	56.3% (n=4.37 billion)	58.9% (n=4.58 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 6 January 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

All regions reported an increase in the incidence of weekly cases, with the Region of the Americas reporting the largest increase (100%), followed by the South-East Asia Region (78%) and the European Region (65%). The African Region reported a weekly increase in the number of new deaths (22%), while all the other regions reported a decrease as compared to the previous week.

News

- For the Statement of the Independent Allocations Vaccine Group of COVAX (IAVG) on achieving 70% COVID-19 immunization coverage by mid-2022, click [here](#).
- For further stories on how WHO is responding to COVID-19 in countries, click [here](#).
- For the Director-General's opening remarks at the media briefing on 6 January, including on how we need "vaccine equity, treatment equity, test equity and health equity", click [here](#).