

Weekly Operational Update on COVID-19

25 January 2022

Issue No. 88



As of 24 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

349 641 119

Confirmed deaths

5 592 266

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](#).

PAHO/WHO & German Embassy partner to bolster COVID-19 Response in Jamaica

Germany and PAHO/WHO have partnered to bolster Jamaica's health response to the COVID-19 pandemic. In a handover ceremony on January 18, 2021, Mr. Ian Stein, PAHO/WHO Representative in Jamaica, Bermuda and the Cayman Islands and Chargé d'Affaires at [the Embassy of the Federal Republic of Germany](#) in Kingston, delivered equipment and supplies valued at J\$ 43 800 000.



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Almost half a million non-sterile surgical masks, 300 long-range vaccine carriers, 2 ultra-low temperature vaccine freezers and 2 vital signs monitors to establish observation areas at vaccination sites were received in addition to laptops, printers and promotional materials to support COVID-19 communications and vaccination efforts.

At the handover, Mr. Stein noted, "As we work towards containment of the fourth wave of the pandemic through bolstering support to countries, territories and areas in the Region of the Americas, PAHO remains an international partner that prioritizes current health challenges and those that are projected to result from the individual, community and national realities."

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

Key Figures



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



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



22 763 262 PCR tests shipped globally



215 785 426 medical masks shipped globally



99 140 700 gloves shipped globally



9 611 511 face shields shipped globally



214 GOARN deployments conducted to support COVID-19 pandemic response



9 620 105 525 COVID-19 vaccine doses administered globally as of 24 January

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

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

From the field:

WHO Country Office Turkey leads the development of a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens: 18 – 21 January 2022 in Ankara, Turkey.

Genomic sequencing, whole genome sequencing (WGS) in particular, has been a critical component of the COVID-19 pandemic response and continues to inform public health interventions through characterization of SARS-CoV-2 lineages and detection and monitoring of variants of concern (VOC) and variants of interest (VOI). In May 2021 WHO Member States adopted Resolution 74.7 urging countries to increase their capacity to detect new threats including through laboratory techniques, such as genomic sequencing.

In Turkey, the “Strengthening national capacities against COVID-19” project, funded by the European Union and implemented by the Ministry of Health with technical collaboration from the WHO Country Office, aims to strengthen laboratory capacities for diagnosis and surveillance of SARS-CoV-2 and other emerging and re-emerging pathogens of epidemic potential, ultimately reinforcing health security in Turkey. An integral component of the project is to strengthen national capacity on WGS, bioinformatics and molecular epidemiology through the delivery of a series of interactive theoretical and hands-on trainings for laboratory personnel in Turkey.



Strengthening disease surveillance and laboratory systems as part of the COVID-19 response operation across WHO/Europe ©WHO Country Office Tajikistan

To facilitate this, the WHO Turkey office convened a technical working group of global and regional experts in Ankara, Turkey from 18 to 21 January 2022, to develop a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens. The 43 participants included experts from Turkey, the WHO Regional office for Europe, four other WHO Regional offices and WHO headquarters, as well as technical experts from WHO collaborating centers and academia. The technical working group was conducted as a hybrid meeting with both in-person (22) and virtual (21) participants.

The meeting began by mapping the needs and existing initiatives related to genomic sequencing in each WHO Region, with a broad overview of the global genomic sequencing strategy provided by WHO headquarters. Through facilitated discussions, five overarching themes were defined for the training programme, within each of which several topics were identified, and further refined into individual training modules.

Continued on next page...

From the field: *Continued*

WHO Country Office Turkey leads the development of a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens: 18 – 21 January 2022 in Ankara, Turkey.

Learning objectives and broad content areas for each module were elaborated on throughout the four-day meeting, including different bioinformatic tools, pipelines and their applications, as well as use of global databases such as [GISAID](#) and [TESSy](#) for data sharing and analysis. Practical demonstrations, exercises and activities were designed for each module to ensure an interactive experience for trainees. Adaptations required for different pathogens and laboratory levels were also considered and the overall structure, timing and training approach for the course was agreed upon.

Following the meeting, the project team will further develop the detailed training content for all modules and in early 2022 will organize and deliver a series of interactive workshops on bioinformatics and molecular epidemiology for SARS-CoV-2 and other pathogens, in Turkey. The training package will then be adapted and made available for regional and global application to support the development of laboratory staff expertise on bioinformatics and molecular epidemiology in the European region and beyond. This comprehensive training package will subsequently contribute to building a network of trained, experienced, and competent staff, thus strengthening public health laboratory workforce. Beyond the COVID-19 pandemic, capacities built through these investments can be adapted and applied to different areas of infectious disease genomic surveillance (e.g. antimicrobial resistance) and enhancing global preparedness for emerging and re-emerging pathogens.



Technical working group to develop a comprehensive training package on bioinformatics and molecular epidemiology for SARS-CoV-2 and other high threat pathogens ©WHO Country Office Turkey

From the field:

Iraq concludes first-of-its-kind workshop for journalists and Ministry of Health communications focal points on public health information sharing and verification

More than 80 journalists and Ministry of Health communications focal points from across Iraq participated in a workshop on information-sharing and responsible reporting on public health issues, including COVID-19.

“Misinformation can kill, as we have tragically seen in other countries since the start of the pandemic. Rumours can create fear and panic, causing people to make wrong choices regarding their health,” said Dr Ahmed Zouiten, WHO Representative in Iraq.

“This workshop is not just a training, but the beginning of a stronger partnership between the media and the health sector in Iraq. Ensuring that the public has access to verified and correct information will allow them to make informed decisions about their health, and ultimately support our collective goal of improving the health and well-being of all people across the country.”

-Dr Ahmed Zouiten, WHO Representative in Iraq



The workshop – conducted by WHO, the Iraqi Ministry of Health, and Al-Jazeera Media Institute from 19 to 24 December 2021 in Baghdad, Iraq – marks the first time that journalists and Ministry of Health communications focal points came together to discuss common challenges and solutions. WHO technical experts updated participants on communicable diseases, noncommunicable diseases, mental health, maternal and child health, and COVID-19 to ensure that they have access to the latest information on public health issues that are relevant to Iraq.

During the practical sessions and simulation exercises, facilitators from Al-Jazeera Media Institute trained journalists on research and interview skills, methods and techniques to verify the credibility of information before publishing and amplifying and using their influential role to address rumours and misinformation.

Ministry of Health communications focal points were made aware of their role in ensuring the availability of accurate and relevant information to both the media and the public, and working closely with journalists to ensure that the correct information is disseminated at the right time and as widely as possible.

For longer term impact, an information-sharing and fact-checking network was established during the workshop to allow participating journalists and Ministry of Health communications focal points to collaborate more effectively in sharing and verifying information related to public health in Iraq.

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

From the field:

Strengthening health systems in Timor-Leste to respond to pandemic

WHO has been working with the Ministry of Health of Timor-Leste to build strong, effective and resilient health systems to respond to the pandemic with an EU grant of nearly US\$ 3 million grant, spanning 20 months.

“The technical and logistical comparative advantage of WHO coupled with the funding support of partners, specially EU, has facilitated Timor-Leste’s response to the pandemic, including the surge caused by the ‘Delta’ wave in recent months,” said Dr Arvind Mathur, WHO Representative to Timor-Leste.



The WHO-EU partnership has helped train over 150 health professionals in the areas of critical care management and infection prevention and control. The EU support also aims at enhancing COVID-19 preventive measures, strengthening capacity of the national laboratory, and provide new diagnostics equipment and medicines, the EU Ambassador said.

Acknowledging the WHO-EU support, Endang Soares Da Silva, Executive Director of the National Health Laboratory, said they helped recruit 25 health professionals to support Ministry of Health boost COVID-19 surveillance across all municipalities, including Dili, and provided over 40,000 test kits. The WHO-EU support was critical in scaling up testing capacities, especially during the surge triggered by the Delta variant in July fueled surge across the country.

Supported by EU, WHO through the International Organization for Migration (IOM) trained Border Agencies in – Bobonaro, Covalima and Special Administrative Region Authority of Oé-Cusse Ambeno (RAEOA) to monitor and manage immigration flows. This opportunity was also used to raise awareness among local communities about COVID-19 and support the Border Agency with community surveillance.

Continuing to support the scale up of capacities, WHO is focusing on critical care and referral facilities at the sub-national level. High Dependency Units (HDUs) are being planned in all referral hospitals. WHO has supported Ministry of Health to conduct an assessment of critical care gaps of intensive care experts at Suai and Maliana Referral Hospitals. Additional medicines and equipment are being provided to develop these sites as high quality and safe critical care facilities. This will also include a systematic program of competency building for health workers and support staff.

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



Pandemic learning response

Marking 2 years of pandemic learning response on OpenWHO.org

The 26th of January marks 2 years since WHO launched its first course on [OpenWHO.org](#) introducing learners across the globe to the then novel coronavirus. That [course](#), which has been updated 13 times to reflect the latest evidence, is now available in 45 national and local languages and has surpassed 1 million enrolments.

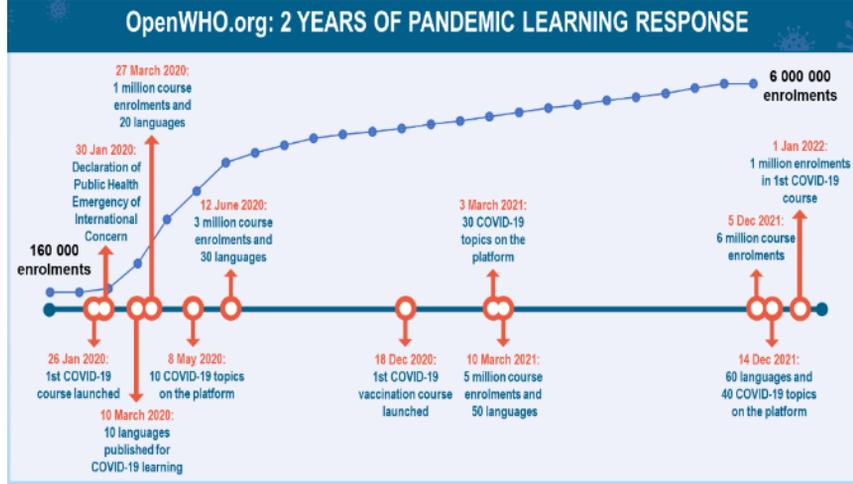
Overall, the OpenWHO platform hosts 6.2 million enrolments across courses on 129 topics, including 40 courses for the COVID-19 response.

To address the evolving learning needs, OpenWHO has focused on key thematic areas to shape its pandemic production strategy:

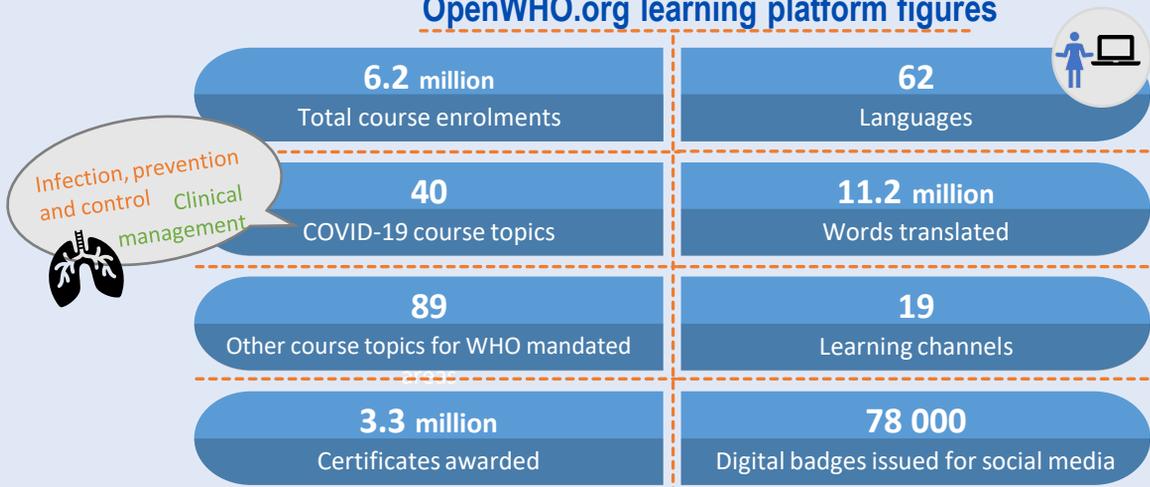
- In 2020, the core focus was on providing information for mass audiences and health workers so they could protect themselves and others, including basic information about COVID-19 and infection prevention and control.
- In 2021, OpenWHO prioritized learning support for the rollout of COVID-19 vaccines, providing essential information for health workers and national planning.
- This year, OpenWHO will work to expand support to countries by providing localized learning based on WHO guidelines and developing additional channels for country-originated learning content.

At the centre of this work, OpenWHO continuously seeks to advance equity in the pandemic learning response.

“Everyone deserves access to knowledge to protect their health and the health of their loved ones,” said Dr Michael Ryan, Executive Director of the WHO Health Emergencies Programme. **“Providing open-access online learning is an integral part of capacitating countries and communities to prepare for and respond effectively to health emergencies like the COVID-19 pandemic.”**



OpenWHO.org learning platform figures



COVID-19: Fragile, conflict-affected and vulnerable (FCV) settings

Conducting a Joint Operational Review (JOR) in Nigeria

In Nigeria's north-east region, 8.4 million people are in need of humanitarian assistance and face insecurity everyday. In 2021 alone, WHO provided services to more than 500 000 people, detected and investigated more than 3,000 outbreak alerts, and responded to epidemics of cholera, measles, all while still supporting the COVID-19 pandemic response.

WHO's response to protracted crises shifts to strengthening health systems while still meeting its commitment as provider of last resort, following the Humanitarian-Development-Nexus (HDN) approach. Reorienting a response from acute to protracted is challenging and requires joint work of emergencies and health system experts, as well as engagement with both humanitarian and development partners.

From 15 – 18 November, WHO's Nigeria country office, supported by AFRO and HQ, conducted its 11th Joint Operational Reviews (JOR) bringing together all stakeholders, including the State ministry, to reflect on work done in the last year, discuss, and plan for 2022. JOR Results for the efforts related to the COVID-19 response include joint work with development actors such as UNDP to transfer WHO mobile health teams (currently conducting COVID-19 surveillance and response, largely in difficult to access areas) to government authorities. Additional results from the JOR include integrating the current WHO-led surveillance system into the state-led surveillance system and continuing to fill critical humanitarian gaps.

These results from the JOR then feed into the WHO emergency response plan, the Humanitarian Response Plan, the WHO Country office biennium plan and more to ensure an adaptable and reoriented approach as needed. Lessons from conducting JORs in Nigeria have also been applied to support other countries in the Central Sahel and Lake Chad Basin regions.

“In rapidly changing and unpredictable emergency contexts like North-East Nigeria, conducting Joint Operational Reviews on a regular basis helps us to reflect on the past year, to reorient, and to jointly come up with a plan for the future. The 11th Joint Operational Review for our operations in North-East Nigeria was completed in November 2021. I can only underline the importance of this exercise, especially in protracted emergencies like the ones we face in the Central Sahel and Lake Chad Basin regions.”

– Dr Walter Kazadi Mulombo, Country Representative
WHO Nigeria



The WHO Country Representative with WHO and State officials, among them Hon State Commissioner for Health, Juliana Bitrus, during the Joint Operational Review. Credit: Kingsley Igwebuikie, WHO Nigeria

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 11 January 2022 | 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 | 2,585,668 | 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 | 707 400 | 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.

**Personal protective equipment data are as of 23 December*

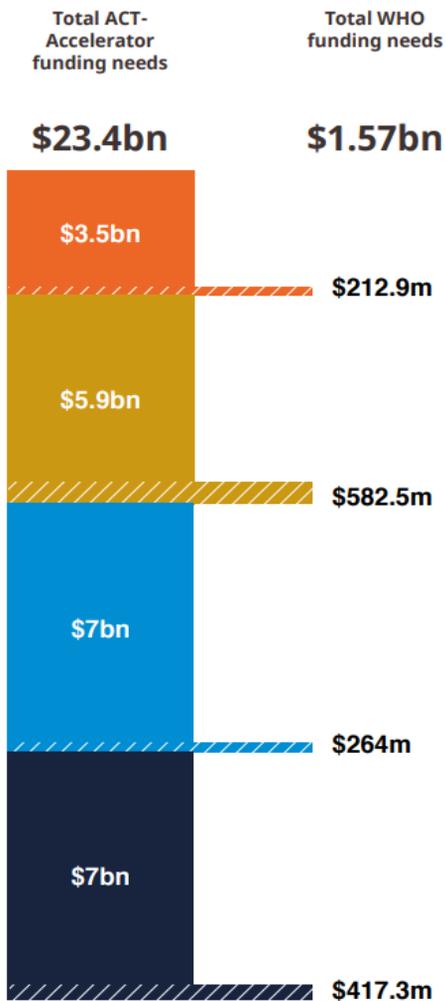
For further information on the **COVID-19 supply chain system**, see [here](#).



Appeals

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

Funding needs from Oct 2021 to Sept 2022 by Pillar



WHO has recently published the [WHO ACT-Accelerator Appeal: Supporting the spinal cord of the global COVID-19 response \(December 2021\)](#), including WHO’s unique role and funding requirements to deliver on its role and work under the Access to COVID-19 Tools (ACT)-Accelerator, October 2021 to September 2022.

The ACT-Accelerator – and WHO’s funding requirement within it – is a subset to WHO’s global Strategic Preparedness and Response Plan (SPRP) which outlines WHO’s overall objectives and funding needs for the COVID-19 response.

The ACT-Accelerator needs US\$ 23.4 billion until September 2022. Of this, WHO’s funding needs are US\$ 1.57 billion, less than 7% of the total ask. This is an urgent call for the international community to fund the low cost, high impact work of the WHO to deliver on its new role within the new ACT-Accelerator.

- 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 52) ^c | 49% (n=57) | 45% (n=52) | 50% |
| This week (epidemiological week 52), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 52 (45%) have timely reported COVID-19 data. An additional 4 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 24 January 2022) ^c | 99% (n=192) | 99% (n=192) | 100% |
| Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 24 January 2022) ^c | 9 395 059 118 | 9 620 105 525 | N/A |
| Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 24 January 2022) ^c | 59.6% (4.64 billion) | 60.4% (4.7 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.

More than **US\$ 256 Million**



676 626 donors

[individuals – companies – philanthropies]

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.

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

updates on:

- The WHO COVID-19 global rapid risk assessment
- The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs)

News

- To read the WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines, click [here](#).
- To watch the “Science in 5: Why are experts concerned about Omicron?” on YouTube, click [here](#).
- For the statement on the tenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic, click [here](#).