

## Updates on variant of concern: Omicron (B.1.1.529)

- On 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern (VOC). 63 countries have identified Omicron cases in all six WHO regions (9 December).
- Based on current limited evidence Omicron appears to have a growth advantage over Delta. Whether Omicron's observed rapid growth rate in countries with high levels of population immunity is related to immune evasion, intrinsic increased transmissibility, or a combination of both remains uncertain. However, given the current available data, it is likely that Omicron will outpace the Delta variant where community transmission occurs.
- The diagnostic accuracy of routinely used PCR and antigen-based rapid diagnostic test (Ag-RDT) assays does not appear to be influenced by Omicron. Most Omicron variant sequences reported include a deletion in the S gene, causing some S gene targeting PCR assays to appear negative.
- There are still limited data on the clinical severity of Omicron. While preliminary findings from South Africa suggest it may be less severe than Delta, and all cases reported in the EU/EEA to date have been mild or asymptomatic, it remains unclear to what extent Omicron may be inherently less virulent.
- The overall risk related to the new variant of concern Omicron remains very high** for a number of reasons. First, the global risk of COVID-19 remains very high overall, and second, preliminary evidence suggests potential humoral immune escape against infection and high transmission rates, which could lead to further surges with severe consequences. Our understanding is still evolving, and the risk assessment will be updated as more information becomes available

For further information, see [the Technical Brief and Priority Actions for Member states](#).

## WHO provides testing kits to Uganda for screening the COVID-19 Omicron variant of concern

As part of the prevention and rapid identification of a new COVID-19 variant in Africa, WHO has provided the Uganda Virus Research Institute (UVRI) with a total of 3,360 test kits for the genotyping of variants of concern.

"These PCR screening assay kits procured by WHO is a boost to the county's existing capacity to identify the predominant Delta variant and indicate the presence of Omicron, the new COVID-19 variant of concern."

said Dr Jane Ruth Aceng,  
Uganda's Minister of Health.



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"Highly operational, these kits offer a triple benefit in preventing and limiting the spread of Omicron and other variants of concern. They will allow rapid identification of the highly transmissible delta variant, screen for Omicron, and help in prioritizing specimens for genomic sequencing."- said Dr Yonas Tegegn Woldemariam, WHO Representative in Uganda.

*continued on next page*

## Key Figures



More than **6 million** people registered on [OpenWHO](#) and accessing online training courses across **39** topics in **58** languages



**21 375 808** PCR tests shipped globally



**215 785 426** medical masks shipped globally



**99 140 700** gloves shipped globally



**9 611 511** face shields shipped globally



**199** GOARN deployments conducted to support COVID-19 pandemic response



**8 200 642 671** COVID-19 vaccine doses administered globally as of 13 December

<sup>a</sup> COVAX has shipped over **610 million** vaccines to **144 participants** as of 6 December

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

Click [here](#) for the WHO COVID-19 dashboard

### **Continued: WHO provides testing kits to Uganda for screening the COVID-19 Omicron variant of concern**

SARS-CoV-2 variant B.1.1.529, also known as Omicron, was first identified from a specimen collected on 9 November 2021, with the variant first reported to WHO on 24 November 2021. A meeting of WHO's Technical Advisory Panel on Variant Progression, held on 26 November 2021, named it "Omicron" and designated it a variant of concern.

This variant is reported to have 26-32 mutations (genetic changes) in the spike protein gene (the virus envelope), which is more than those identified in several other variants of concern, including the Delta and Alpha variants.

Currently, WHO is coordinating with a large number of researchers around the world to better understand Omicron, including assessments of transmissibility, the severity of infection, the performance of vaccines and diagnostic tests, and the effectiveness of treatments.

The government interventions to curb the importation of the Omicron variant include the intensified surveillance at points of entry, increased uptake of COVID-19 vaccines through accelerated mass vaccination campaigns, and adherence to COVID-19 standard operating procedures.

In addition to these measures, Dr Jane Aceng emphasized, "samples from individuals that test positive to COVID-19 will be subjected to genomic sequencing. This will enable laboratories to search for the presence of the Omicron variant or any other variant that may develop in the country."

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

### **COVID-19 Contact Tracing Communication in Honduras**

In Honduras, on 26 November 2021, the Universidad Autónoma de Honduras (UNAH) in collaboration with PAHO/WHO, presented the results from a knowledge survey on COVID-19 contact tracing.

The initiative is part of the National Pandemic Response Plan and its results will support the implementation of communication interventions, as well as the design and implementation of refresher training courses for journalists on the importance of contact tracing and preventive measures related to the COVID-19 pandemic.

The survey was carried out in the following municipalities with a higher incidence of COVID-19 cases: Distrito Central, La Paz, Nacaome and San Pedro Sula.



The results provide information about the perception and the knowledge level of the population regarding COVID-19 and its management from 1148 men and women aged 18 to 19 years old who were interviewed. Questions covered their concerns, impact on family environments, COVID-19 prevention, and their sources of information about the pandemic.

For further information in Spanish including some survey results, click [here](#).

## From the field:

### WHO/Europe laboratory system strengthening mission to Kazakhstan: 25 November – 15 December 2021

International networks are an important tool for strengthening national laboratory capacities relating to outbreaks caused by high threat pathogens (HTPs), such as influenza, coronaviruses (e.g. SARS, MERS and SARS-CoV-2), because they can serve both as a platform for sharing information and expertise, and as a system for the referral of diagnostic specimens for primary and confirmatory testing.

In Kazakhstan, as part of a broader laboratory mission from 24 November – 15 December 2021, a laboratory assessment was conducted in several different COVID-19 and high threat pathogen laboratories in three regions of the country (Almaty, Nur-Sultan and Taraz).

The assessment evaluated laboratory capacity through a pathogen-based questionnaire with in-depth analysis of their expertise regarding HTPs diagnostic capabilities, quality assurance, and laboratory network involvement, as well as identifying gaps and needs. The information collected will be the basis for the development of an action plan for country-specific needs.



*Laboratory expert in Kazakhstan preparing to do an extraction. ©WHO Kazakhstan Country Office*

Additionally, the [Global Laboratory Leadership Programme](#) (GLLP) continues in Kazakhstan since early 2020 to provide specialized training for laboratory experts in the areas of leadership and management. A total of 15 lab experts in the GLLP have now finalized both areas of the competency-based learning programme which included over 700 hours of on-the-job assignments, face-to-face sessions on biosafety, biosecurity and quality management systems.

Among the WHO Health Emergencies Programme (WHE) priority countries in the WHO European Region, some have not previously participated in international laboratory networks for HTPs, which has left a gap in the Region's preparedness. WHO Regional Office for Europe's European Regional Laboratory Task Force for High Threat Pathogens is addressing this gap by helping countries in the Region improve their surveillance, preparedness, and response capacities. The Lab Task Force focuses on facilitating national and international coordination and knowledge transfer related to laboratory preparedness and capacity-building for high threat pathogens.

This work to strengthen SARS-CoV-2 and high-threat pathogen diagnostics systems is financially supported by the Government of Canada and the European Union.

## From the field:

### UN agencies support intensive COVID-19 vaccination drive in the Philippines

WHO and other UN agencies in the Philippines, including UNDP, UNFPA, and UNICEF, supported the National Vaccination Days (NVDs) that took place between 29 November and 3 December, vaccinating nearly 10 million Filipinos.

WHO supported the vaccination drive in various ways – including technical preparations, risk communication and crisis preparedness, vaccine logistics, data management, and by optimizing day-to-day operations through supportive supervision.



*A WHO personnel provides technical support on improving the operations at a vaccination site in Lipa City, Batangas during the National Vaccination Days in the Philippines © WHO*

WHO and partner agencies commended the Government of the Philippines and all stakeholders involved for coming together to amplify the information drive and deliver vaccines where they are most needed, highlighting the critical support provided by volunteers working in vaccination sites nationwide. The vaccination drive contributed to the resilience of Filipinos in all regions of the country by bringing vaccination services closer to vulnerable populations and hard-to-reach communities in the spirit of leaving no one behind.

As of November 2021, the Philippines has received more than 146 million COVID-19 vaccines and at least 50 million more doses are expected to arrive before the year ends. Over 35 million of these doses have been donated through the COVAX Facility.

A second round of NVDs, scheduled from 15 - 17 December 2021, aims to vaccinate more Filipinos from vulnerable groups, such as older persons and those coming from indigent communities.

Together with other UN agencies and partners, WHO will continue working closely with the Philippine Government to ensure equitable access to COVID-19 vaccines, a crucial tool to end the pandemic and to build a path for a healthy and resilient Philippines.

To learn more, please click [here](#).



### Pandemic learning response

#### Protecting the vulnerable amidst flu season and a pandemic through online learning

As the COVID-19 pandemic continues, countries are also grappling with concurrent threats to the health of their populations, including flu season in the northern hemisphere. Influenza causes 3-5 million cases of severe illness and up to 650 000 respiratory deaths a year globally.

Thus, while in the midst of the COVID-19 pandemic, reducing the burden of seasonal influenza is critical to preserve health system capacity and protect vulnerable populations. Some populations are particularly at risk, either because they have a greater risk of exposure or because they have a greater risk of developing severe disease.

These groups include: pregnant women; health workers; people with chronic health conditions (such as diabetes, HIV , asthma, heart or lung disease); people over the age of 65 years; and children from 6 months to 59 months.



WHO has launched a [free online course](#) that provides an overview of the tools that can be used to prevent and control influenza, such as seasonal influenza vaccines, diagnostics and therapeutics. More than 6000 learners have enrolled in the one-hour training on OpenWHO.org, which is designed for health workers and other stakeholders involved in preventing and treating influenza. A Record of Achievement certificate is awarded to those who score at least 80% across all quizzes.

Additional influenza learning materials are available on OpenWHO’s [Preparing for Pandemics](#) channel, including popular courses on the Flutool Plus seasonal influenza immunization costing tool (18 000 enrolments), an introduction to seasonal influenza (14 000 enrolments), influenza sentinel surveillance (12 000 enrolments) and risk communication for influenza events (11 000 enrolments).

#### OpenWHO.org learning platform figures





## EMERGENCY MEDICAL TEAMS (EMT) IN THE PACIFIC: STRENGTHENING NATIONAL CAPACITY FOR HEALTH EMERGENCY RESPONSE

*The Fiji Emergency Medical Assistance Team (FEMAT) setting up an intermediate care facility for COVID-19 in Suva.*

In Pacific island countries and areas (PICs), establishing national Emergency Medical Teams (EMTs) is a critical part of country preparedness and response for a wide range of hazards.

“When a crisis strikes, Emergency Medical Teams rapidly deploy to wherever they are needed and provide crucial clinical care. In the Pacific, we are seeing worsening natural disasters due to climate change and the emergence of infectious disease outbreaks such as measles, dengue and now COVID-19. Having well-prepared and well-equipped EMTs ready for immediate deployment can make the difference between life or death,” explained Sean Casey, WHO’s EMT Focal Point in the Western Pacific Region and Pacific COVID-19 Incident Manager.

National EMTs have proved to be crucial in deploying surge capacity for COVID-19 and in other emergencies in the Pacific. To date, EMTs have been established in a number of Pacific countries and areas including: Cook Islands Medical Assistance Team (KukiMAT), Fiji Emergency Medical Assistance Team (FEMAT), Solomon Islands Medical Assistance Team (SOLMAT), Tonga Emergency Medical Assistance Team (TEMAT), and Vanuatu Medical Assistance Team (VanMAT).

Teams are currently in development in Kiribati, the Republic of the Marshall Islands, Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Palau, Papua New Guinea and Tuvalu.



*Vanuatu Medical Assistance Team (VanMAT) provide medical assistance during an outreach activity. ©WHO/P. Metois*

COVID-19 deployments have been ongoing and include FEMAT and SOLMAT at the national level. EMTs in Tonga and the Cook Islands also supported national preparedness and response efforts, including for clinical surge, repatriation and quarantine support, and vaccination.

To meet the demand for the training and to encourage more Pacific countries to develop their own national EMTs, WHO and its partners recently have provided substantial remote support to Pacific EMTs, including through an 11-week online webinar series in 2021.

## CONTINUED: EMERGENCY MEDICAL TEAMS (EMT) IN THE PACIFIC: STRENGTHENING NATIONAL CAPACITY FOR HEALTH EMERGENCY RESPONSE

“The goal of the webinar series was to go over the key concepts with current and prospective teams across the Pacific and to share ideas and best practices,” explained Anthony Cook, EMT Consultant at the WHO Representative Office for the South Pacific. “The webinar series included technical briefings on specific topics, but also included *talanoa* sessions – the Pacific way of sharing stories and having a discussion. And in every webinar session, Pacific EMT leads and team members provided guidance to their Pacific counterparts around EMT development and operationalization in the small island context.”

“It was great to go through the webinar series and for KukiMAT to be included as we are still developing the team in the Cook Islands. It made sense to see what other Pacific countries went through with their own health emergencies and how they approached it for their country context. We extracted the bits and pieces that we can apply in our context when the time comes that we are faced with an outbreak.”

Mary Kata, Chief Nursing Officer at  
Te Marae Ora - Cook Islands  
Ministry of Health. “



*Presenters and participants discuss during the webinar series.*

While training and technical support continue to be provided remotely, once travel restrictions are eased, WHO and partners plan to re-start face-to-face trainings and simulation exercises with Pacific EMTs. In addition, the procurement of equipment and supplies for new and existing teams is ongoing.

“COVID-19 has highlighted the importance of preparedness for health emergencies. Pacific Island Countries had the foresight to invest in health security early and we can see how this investment has saved lives and will continue to be useful for the future. We are grateful to our Ministry of Health colleagues for their commitment and to our donors – the Governments of Australia, New Zealand, and the United States – for supporting the EMT initiative in the Pacific,” said Dr Mark Jacobs, Director of Pacific Technical Support and WHO Representative to the South Pacific.

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

## 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 4 December 2021.

Shipped items as of 4 December 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 281 025	1 554 300	2 601 036	1 554 210	36 198 300	503 616	2 475 079	56 016 400	3 659 630
Americas (AMR)	1 446 132	18 692 200	11 197 692	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 625 143	2 345 875	2 554 888	1 619 945	17 185 000	375 120	3 154 222	33 877 550	2 603 695
Europe (EUR)	913 300	1 195 125	718 440	1 933 380	28 255 900	634 900	3 421 548	48 764 500	7 808 950
South East Asia (SEAR)	4 145 800	4 645 000	3 173 290	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	659 450	180 650	1 130 462	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>15 070 850</b>	<b>28 613 150</b>	<b>21 375 808</b>	<b>9 611 511</b>	<b>99 140 700</b>	<b>2 239 973</b>	<b>11 818 579</b>	<b>215 785 426</b>	<b>27 836 965</b>

*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.

Click [here](#) for the status of funding raised for WHO against the SPRP or [here](#) for an SPRP mid-year report.

As of 8 December 2021, WHO has received US\$ 1.29 billion out of the 1.9 billion total requirement. **A funding shortfall of 34.1% remains during the final quarter of the year, 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 6% 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

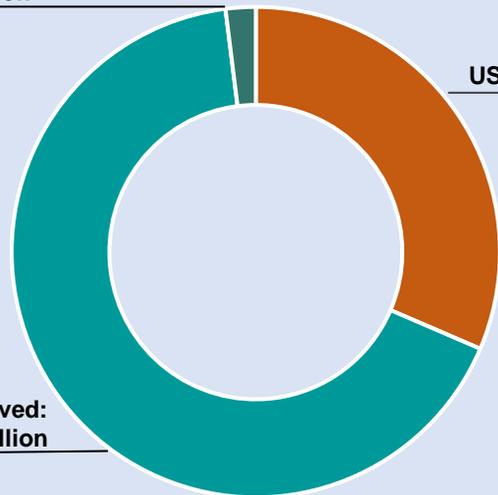
Data as of 8 December 2021

Total Pledges:  
US\$ 38 million

1.97%

Gap:  
US\$ 630 million

32.13%



Total Received:  
US\$ 1.29 billion

65.90%

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.

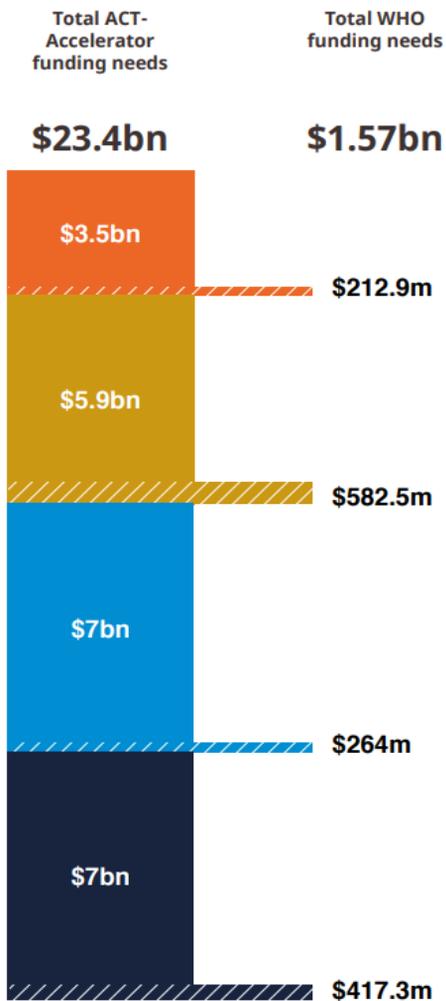
The status of funding raised for WHO against the SPRP can be found [here](#). Continued on the next page is an update on the new appeal, released this month.



## 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.



## 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)	2020 Baseline	Previous Status	Status Update	2021 Target
<b>Pillar 3:</b> Proportion of countries <sup>a</sup> 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=69 <sup>b</sup> , as of epidemiological week 47 2021) <sup>c</sup>	22% (n=15) <sup>d</sup>	<b>59% (n=68)</b>	<b>58% (n=67)</b>	50%
This week (epidemiological week 47), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 67 (58%) 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.				
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 13 December) <sup>c</sup>	0 <sup>f</sup>	99% (n=192)	<b>99% (n=192)</b>	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 13 December) <sup>c</sup>	0 <sup>f</sup>	7 952 750 402	<b>8 200 642 671</b>	N/A
<b>Pillar 10:</b> Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 13 December) <sup>c</sup>	0 <sup>f</sup>	54.9% (n=4.3 billion)	<b>55.9% (n=4.3 billion)</b>	N/A

<sup>a</sup> The term "countries" should be understood as referring to "countries and territories"

<sup>b</sup> 69 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

<sup>c</sup> Weekly reported indicator

<sup>d</sup> Baseline for epidemiological week for southern hemisphere season

<sup>e</sup> Quarterly reported indicator

<sup>f</sup> Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

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:

<p><b>\$169 million</b></p> <p>to the World Health Organization to procure and distribute essential commodities and coordinate response.</p>	<p><b>\$10 million</b></p> <p>to CEPI to catalyze and coordinate global vaccine R&amp;D.</p>	<p><b>\$10 million</b></p> <p>to UNHCR to protect at-risk Internally Displaced People and refugees.</p>
<p><b>\$10 million</b></p> <p>to UNICEF to support vulnerable communities in low-resource settings.</p>	<p><b>\$20 million</b></p> <p>to WFP to support the shipment of vital commodities where they are most needed.</p>	<p><b>\$5 million</b></p> <p>to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.</p>
<p><b>\$2.6 million</b></p> <p>to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.</p>		



## 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 7 December 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A special focus update is provided on SARS-CoV-2 Variants of Concern (VOCs) and Variants of Interest (VOIs). An update on Variant of Concern Omicron is also provided and includes the current situation in terms of the epidemiology and transmissibility, clinical severity, risk of reinfection and potential impact on diagnostics, vaccines and therapeutics.

## News

- Click [here](#) for the updated recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine.
- Click [here](#) to read more about WHO recommending against the use of convalescent plasma to treat COVID-19.
- Click [here](#) to read about how more malaria cases and deaths in 2020, linked to COVID-19 disruptions.