

# Weekly Operational Update on COVID-19

8 February 2022

Issue No. 90



As of 6 February 2022

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

Confirmed cases  
**392 145 701**

Confirmed deaths  
**5 724 353**

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 Belize and Denmark donate SD Biosensor Test Kits to support Belize's COVID-19 response

On January 27, PAHO/WHO, through funding from the Kingdom of Denmark, donated 69 SD Biosensor test kits for a total of 1725 tests to the Ministry of Health and Wellness (MoHW) of Belize.



In the midst of emerging COVID-19 variants, it is crucial to ensure continuous and quality-assured testing as part of the national response to prevent, control and manage the COVID-19 cases.

With these SD Biosensor test kits, the country will be able to timely and accurately detect the virus including the new omicron variant. Early detection of cases allows for quick response measures like contact tracing, isolation, quarantine etc.

Dr. Julio Sabido, Chief Executive Officer of the Ministry of Health and Wellness, accepted the donation on behalf of the Ministry of Health and Wellness and showed appreciation to PAHO/WHO and supporting partners like the Kingdom of Denmark for their continued support to Belize.

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

## Key Figures



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



More than **6.3 million** people registered on [OpenWHO](#) and accessing online training courses across **42** topics in **62** languages



**22 934 359** PCR tests shipped globally



**215 785 426** medical masks shipped globally



**99 140 700** gloves shipped globally



**9 611 511** face shields shipped globally



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



**10 095 615 243** COVID-19 vaccine doses administered globally as of 7 February

<sup>a</sup> COVAX has shipped over **1 billion** vaccines to **144** participants as of 17 January

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

## From the field:

### Enhancing risk communication and community engagement activities as migrant workers count on vaccination to get back to work

Mae Sot, a Thai town close to the Myanmar border, has been home to Myanmar people of all ages – from newly born children to grandparents. In November, a survey was carried out among the Myanmar migrant workers in this area to identify their knowledge, attitude, risk perception and health behavioral practices regarding COVID-19 and find out if they'd received any COVID-19 vaccine.

The survey was carried out to inform the Thai government of any specific prevention and control measures required for the population, and to determine if a COVID-19 vaccination program needed to be established for Myanmar migrant workers.

The activity is part of a project titled 'Enhancing Risk Communication and Community Engagement Among Thai and Non-Thai People on COVID-19 Vaccine Communication', supported by WHO and funded by the Australian Government's Department of Foreign Affairs and Trade. The survey reached out to 500 people, including migrants with one-day passes, local communities, and Myanmar workers in Thailand from agriculture and manufacturing sectors.



*Kriengsak Armeen and his wife Wahe Dao restarted their street food business five days ago after a long break triggered by the pandemic. Every day, he encourages others to get the vaccine to protect themselves and the community, while still trying to secure a vaccination appointment in Mae Sot for himself. The border closure meant the father of three was unable to work for almost a year.*

During the two-day visit, over 3,000 migrant workers were also vaccinated by the district health office, with the support of local healthcare professionals and volunteer organisations.

**"The Ministry of Public Health realised how important it is to take care of the health of migrant workers in Thailand. Results from the survey will be used to inform policy recommendations on COVID-19 prevention and response for these migrant populations"**

*Dr Pahurat Khongmuang Taisuwan,  
the project manager and the Director of the Secretariat Office of the Royal Development Projects  
Committee, Department of Disease Control, Ministry of Public Health.*

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

## From the field:

### Italy joins other European Union Member States to increase pledge of COVID-19 vaccines to Syria

On 26 January, 3 996 000 doses of the Johnson & Johnson's Janssen COVID-19 vaccine arrived in Syria, donated by Italy through the COVAX Facility.

In May last year, Italy hosted the Global Health Summit alongside the European Commission, which saw many European countries pledge to share millions of vaccine doses to priority countries like Syria, boosting short-term supplies. The European Union (EU) and its Member States are so far the biggest donor of COVID-19 vaccines in the world, having shared over 350 million doses for donation to countries, via the COVAX Facility (around 300 million) and bilaterally (over 45 million).

The roll-out of the vaccines donated by Italy and the awareness campaign will be funded by EU humanitarian aid and implemented by WHO. The EU, in particular, is providing humanitarian support to WHO in Syria to help the health system cope with the ongoing pandemic and reach the target of 70% people being vaccinated by mid-2022. EU humanitarian funding allows for vaccine roll-out and the deployment of vaccination teams.



**“Vaccine supply to Syria has been slow. While we aimed to vaccinate 20% of the population by end of December 2021, the available vaccines by then were only enough to cover 13% of the population. This consignment generously donated by the Government of Italy will reach an additional 20% of the population with life-saving COVID-19 vaccines**

**Availability of vaccines is an important step in ensuring equitable vaccination, but so are vaccine administration and demand generation. We need to step up our concerted efforts to continue building public trust in COVID-19 vaccines to reach the national vaccination target of 40% by April this year and at least 70% by the end of 2022.”**

*Akjema Magtymova, Head of Mission  
and WHO Representative in Syria.*

UNICEF and WHO will continue to support efforts to deliver vaccines safely through cold chain management, supporting vaccinators in fixed facilities and mobile teams, increasing testing and lab capacity to detect COVID-19 cases and prevent the further spread of the pandemic, and boosting public knowledge and confidence in vaccines.

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

## From the field:

### Integration and expansion: Leveraging influenza systems for the COVID-19 response



WHO representative for Nepal handing over the Oxford Nanopore MinION Gene Sequencer and reagents to the director of the National Public Health Laboratory.

Since early 2020, Nepal has been working to expand and adapt its epidemiological and laboratory influenza surveillance networks to enable an effective COVID-19 response.

Integration has long been at the heart of pandemic preparedness and response capacity building in Nepal, supported by the [Pandemic Influenza Preparedness Framework Partnership Contribution](#). In early 2020, Nepal's Ministry of Health and Population used integration to enable a more effective response, adapting existing influenza surveillance systems on three fronts to detect and monitor the new virus.

**Expanding the laboratory network:** The National Influenza Centre (NIC) at the National Public Health Laboratory became the first reference laboratory for SARS-CoV-2 testing in January 2020 when the first case was diagnosed. Under the guidance of the NIC, Nepal quickly expanded its network of SARS-CoV-2 diagnostic laboratories, reaching 104 provincial public health laboratories (PPHLs) by December 2021. To ensure quality throughout the network, the PPHLs adapted the WHO External Quality Assessment Programme focusing on proficiency panels, parallel testing of samples, monthly re-testing, and on-site reviews.

**Harmonizing surveillance networks:** In October 2021, Nepal began a multisectoral process involving human and animal health authorities to harmonize its surveillance networks for influenza and SARS-CoV-2. Authorities integrated sentinel surveillance across both viruses, thus expanding the existing influenza laboratory surveillance network to include the PPHLs being used for SARS-CoV-2 testing.

**Building capacity for genetic sequencing:** In March 2021, led by the Nepal NIC and supported by WHO, the [National Pathogen Genetic Sequencing Consortium](#) was established to boost capacity to sequence both influenza and SARS-CoV-2 viruses. In October 2021, the consortium became operational; and by mid-December, members of the consortium had sequenced around 100 genomes of SARS-CoV-2 and had detected and confirmed the latest SARS-CoV-2 variant of concern, Omicron. Data from the consortium are now being regularly shared with [GISAID](#).

The steps taken by Nepal to integrate and expand their influenza and SARS-CoV-2 surveillance networks at a national and provincial level are a testament to the multisectoral commitment to effective respiratory pathogen detection and monitoring in the country. They have proved vital in supporting the COVID-19 response over the past two years and will further support influenza preparedness and response in the years to come.

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



### Pandemic learning response

#### Multilingual approach to COVID-19 online learning response on OpenWHO.org

In pursuit of equitable access to emergency-related knowledge, the OpenWHO.org open-access platform provides COVID-19 and other infectious disease courses in 62 languages. The Learning and Capacity Development Unit of the WHO Health Emergencies Programme prioritizes languages spoken by vulnerable or underserved populations in low- and middle-income countries and in outbreak-prone and affected areas. Accessing learning in preferred languages enhances uptake and comprehension.

An assessment and comparison of the initial enrolment levels and global reach of OpenWHO's multilingual courses found that languages were used differently across geographic regions, calling for localized and country-specific learning offerings. A streamlined multilingual publishing scheme ensured quick and effective delivery of learning materials in diverse languages, which is critical to attaining greater equity of access to knowledge.

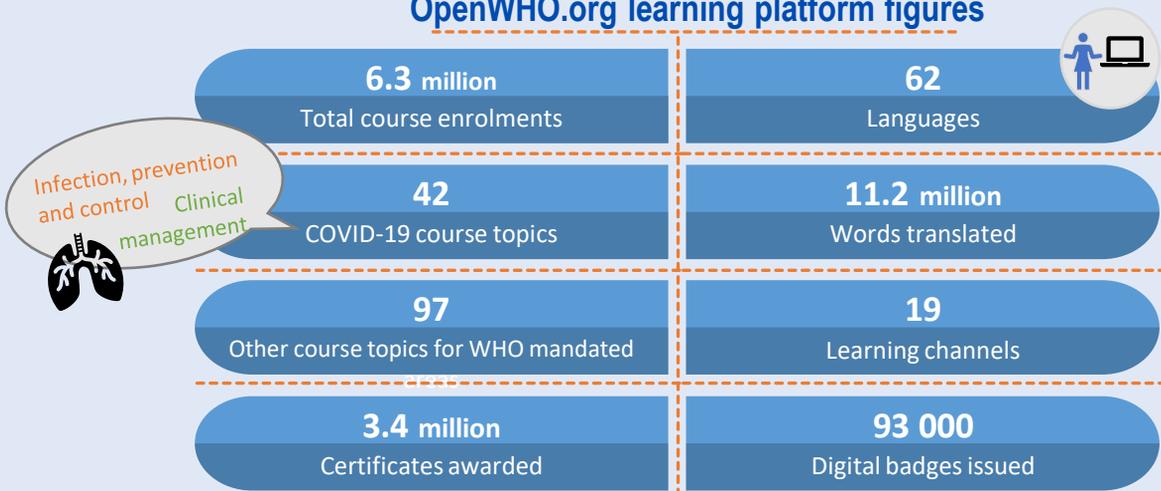
The scalability of OpenWHO's response was achieved through a fast-paced production system with strengthened commitment to equity of access. This was bolstered through local and co-ownership, as WHO country offices, health institutes, individuals and other volunteers translated materials to meet their needs and further adapted them for field use in plain language and other localized formats. A multiplier effect has occurred with national language materials in particular, as the translated and adapted learning resources have been used extensively outside of the platform context.

WHO's health emergency online learning platform supports global COVID-19 preparedness and response while seeking enhanced health literacy through multilingualism. The OpenWHO translation production system has successfully scaled up to meet the global demand for learning during the pandemic and can be further refined based on usage patterns.

Top languages by first 4-week average enrolments per COVID-19 course.

Language	Enrolments
English	26 327
Spanish	12 628
French	7510
Portuguese	3878
Arabic	2052
Indian Sign	1877
Hindi	1862
Indonesian	1667
Russian	1151
Italian	878

#### OpenWHO.org learning platform figures



## Risk Communication, Community Engagement and Infodemic Management

### SocialNet online course launched on OpenWHO

WHO released a new SocialNet basics course on 28 January 2022: “SocialNet: Empowering communities before, during and after an infectious disease outbreak” on OpenWHO for individuals to polish their skills in applying social-behavioral principles to emergency responses. The four-hour course contains five modules, covering topics such as community engagement; data collection and analysis; considerations for intervention design, risk communication; and interpersonal skills – all elements that strengthen the



effectiveness of public health initiatives, programs and service delivery. The course can be taken wherever and whenever, all at once or in several sittings.

The COVID-19 pandemic and its impact on communities have increasingly highlighted the importance of applying social and behavior insights in response efforts. In this course, learners will gain skills to support communities and build trust, using proven social-behavioral principles. Learners will see why communities are at the heart of every emergency response, and why it’s important to include them as equal partners throughout the response cycle.

Effective risk communication and community engagement (RCCE) supports communities and individuals in understanding the risks they face and making informed decisions about how to protect themselves and the people around them. Social sciences – including sociology, psychology and anthropology, among other disciplines – are an important part of developing effective RCCE interventions that are sensitive to the cultural, historical and behavioral perspectives of communities.

The SocialNet learning series was developed in 2017 as a face-to-face pre-deployment training to pave the way for social sciences to be more fully integrated into response practices during health emergencies. The series is growing to include online and blended-learning experiences to ensure that social sciences are systematically included in emergency responses. Other SocialNet online and blended-learning courses are in development, featuring specific tools and strategies.

Translations are underway, so watch for the SocialNet course in additional languages.

## 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 25 January 2022.

Shipped items as of 25 January 2022	Laboratory supplies			Personal protective equipment*					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 344 375	1 782 550	2 627 372	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	735 720	1 933 380	28 255 900	634 900	3 421 548	49 776 500	7 808 950
South East Asia (SEAR)	4 205 800	4 695 000	3 207 762	385 036	9 203 500	91 470	639 300	6 950 500	2 841 695
Western Pacific (WPR)	1 908 750	180 650	2 562 575	777 100	3 439 000	311 927	488 710	15 008 146	3 206 035
<b>TOTAL</b>	<b>16 500 300</b>	<b>31 598 550</b>	<b>22 934 359</b>	<b>9 627 111</b>	<b>99 579 700</b>	<b>2 291 893</b>	<b>11 972 579</b>	<b>217 555 426</b>	<b>28 498 965</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.*

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

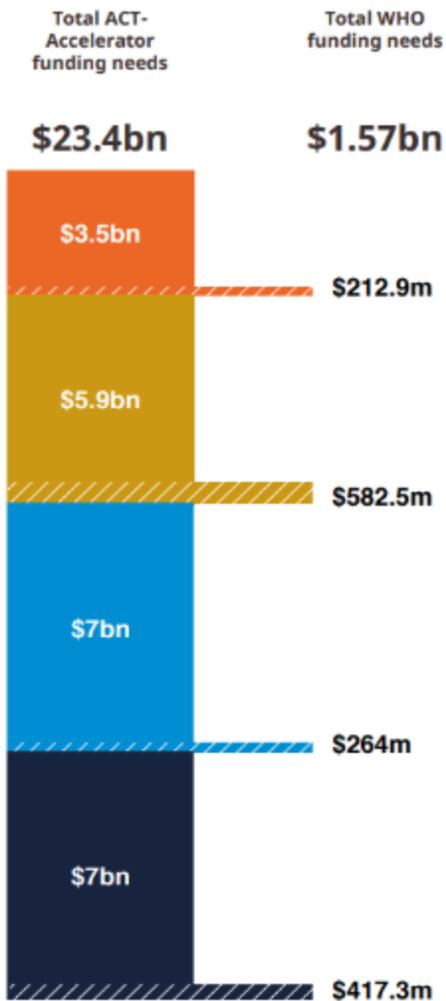
For further information on the **COVID-19 supply chain system**, see [here](#).



## 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
<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=116 <sup>b</sup> , as of epidemiological week 03/2022) <sup>c</sup>	52% (n=60)	<b>45% (n=52)</b>	50%
<p>This week (epidemiological week 03/2022), 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 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.</p>			
<b>Pillar 10:</b> Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 7 February 2022) <sup>c</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 7 February 2022) <sup>c</sup>	9 901 135 033	<b>10 095 615 243</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 7 February 2022) <sup>c</sup>	61.2% (4.76 billion)	<b>61.7% (4.8 billion)</b>	N/A

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

<sup>b</sup> 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

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

The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs)

## News

- To read about the Global analysis of health care waste in the context of COVID-19, click [here](#). To watch the Science in 5 on COVID-19: Medical Waste on YouTube, click [here](#).
- To learn more about the COVID-19 Clinical Care Pathway, updated on 3 February 2022, click [here](#).
- The ACT-Accelerator will launch its advocacy campaign from 1500-1600 CET on Wednesday 9 February. For the full agenda or the livestream of the even, click [here](#).