

Weekly Operational Update on COVID-19

7 December 2021

Issue No. 83



As of 5 December 2021

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

Confirmed cases

264 663 035

Confirmed deaths

5 247 742

Supporting Omicron variant detection and COVID-19 response as COVID-19 cases rise in southern Africa

African countries are stepping up measures to detect and control the spread of the Omicron variant; working with African governments to accelerate studies and bolster the response to the new variant, WHO is urging countries to sequence between 75 and 150 samples weekly.

As of 2 December 2021, Botswana and South Africa have reported 19 and 172 Omicron variant cases, respectively. While globally, more than 20 countries have detected the variant to date, the two southern Africa countries account for 62% of cases reported.



Africa steps up Omicron variant detection as COVID-19 cases rise in southern Africa. ©WHO AFRO

For the seven days leading to 30 November, South Africa reported a 311% increase in new cases, compared with the previous seven days. Cases in Gauteng, the country's most populous province, have increased by 375% week on week and COVID-19-related deaths in the province jumped 28.6% from the previous seven days.

WHO is deploying a surge team to Gauteng Province to support surveillance, contact tracing, infection prevention and treatment measures.

Key Figures



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



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



7 952 750 402 COVID-19 vaccine doses administered globally as of 6 December

^aCOVAX has shipped over **610 million** vaccines to **144 participants** as of 6 December

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

continued on next page

From the field:

Continued: Supporting Omicron variant detection and COVID-19 response as COVID-19 cases rise in southern Africa

Additional epidemiologists and laboratory experts are also being mobilized to boost genomic sequencing in Botswana, Mozambique and Namibia. WHO has mobilized US\$ 12 million to support critical response activities in countries across the region for the next three months.

“The combination of low vaccination rates, the continued spread of the virus and mutations are a toxic mix. The Omicron variant is a wake-up call that the COVID-19 threat is real. With improved supplies of vaccines, African countries should widen vaccination coverage to provide greater protection to the population.”

- Dr Matshidiso Moeti, WHO Regional Director for Africa

Operational planning and funding challenges, vaccine delivery as well as communication and community engagement bottlenecks have hindered the efforts to widen vaccinations in some African countries. WHO and its partners are supporting countries to scale up vaccine delivery and uptake, including intensified assistance to roll out more than 5 million doses at risk of expiring by the end of the year due to having been donated with a short shelf life.

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

Kenya increases uptake and equity for COVID-19 vaccinations

Like many other people in Siaya County, Margaret Awino, a member of the Doho Ukwaka Magombe Masat Association (DUMMA) women’s group, was fearful of receiving the COVID-19 vaccine due to negative rumours circulating in the community.



@WHO/John Kisimir

“When the COVID-19 vaccination was introduced I heard people say it will kill older people. I was afraid. But I have now been well-informed and I have also seen that those who were vaccinated earlier did not die. I want to go for vaccination. And today I heard WHO say that when one is vaccinated and gets the disease, it will not be severe enough to cause death,” said Ms Awino.

Working closely with County Health Management Teams, WHO liaised with political, administrative and community leaders and provided technical support for advocacy, risk communication and social mobilization. The experience has shown that creating demand and providing a mix of vaccine delivery mechanisms to reach key priority groups is an effective way to improve vaccine uptake. Outreach efforts in Kisumu County, for example, led to a 4.8 fold increase in demand and uptake of the COVID-19 vaccine.

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

From the field:

New oxygen production stations to be constructed in Yemen

WHO has joined efforts with the Islamic Development Bank (IsDB) Group and Yemen's Ministry of Public Health and Population to construct 14 new oxygen production stations that will save lives from the COVID-19 pandemic.

The oxygen production stations, valued at over US\$ 3.4 million, are being constructed in 11 southern governorates of Yemen and will be gradually put into operation between December 2021 and February 2022.

The oxygen stations will be jointly managed and implemented by the Ministry of Public Health and Population and WHO, financed through a US\$ 20 million loan from IsDB Group, as part of its Emergency Support for the COVID-19 Preparedness and Response Plan in Yemen.



© WHO / Blink Media - Mustafa Saeed

“The availability of uninterrupted oxygen supply is key to the survival of patients with severe cases of COVID-19 who otherwise face lung failure,” said Dr Adham Rashad Ismail Abdel Moneim, the WHO Representative in Yemen. “This is why the construction of these oxygen stations is one of the most important things we can do to save the lives of many more patients suffering from COVID-19.”

“Through this Project, the IsDB seeks to support the Republic of Yemen to overcome the humanitarian, social and economic difficulties that continue to threaten poverty alleviation efforts and disease control, particularly COVID-19.”

- Dr Ilker Ersegun Kayhan,

The IsDB Operations Team Leader for the Gulf Cooperation Council countries and Yemen.

Yemen is facing urgent challenges in securing oxygen supplies that are critical to effective management of severe cases of COVID-19. The installation of 14 new oxygen production stations will strongly reinforce other efforts underway by WHO, the Ministry of Public Health and Population and IsDB to save lives and contain the spread of COVID-19 – including provision of essential medicines and supplies, personal protection equipment and other medical equipment and technologies that are critical to infection prevention and control and COVID-19 case management.

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

From the field:

“Data for action”: WHO/Europe pilots enhanced Emergency Response Information Management System (ERIMS) with Azerbaijan

Challenges in accessing critical information have created significant bottlenecks during the COVID-19 pandemic. Lessons at global, national, and subnational levels have revealed a critical need to strengthen data for action. Strong information collection, integration and real-time analysis of data from health system and other sources lead to better and faster decision-making. The continuous availability of comprehensive and standardized emergency information also allows for better response monitoring and knowledge management at the national level and for increased capability to report data internationally.



District Epidemiology and Hygiene center visit as part of the ERIMS mapping @WHO/Europe

Using the updated Support Tool to Strengthen Health Information Systems and respective annex modules, the WHO Regional Office for Europe developed an additional module specifically focused on Emergency Response Information Management System (ERIMS). The emergency module guides an assessment of the existing health information system and the local capacity to collect, share, integrate, consolidate, analyze, report data. It also ascertains the extent to which information is relevant for the management of the emergency response at different health system level.

From 27 November – 05 December 2021, WHO/Europe deployed a team of six experts to Azerbaijan to pilot the ERIMS module which brings together key indicators related to epidemiology (cases, deaths), health system information (bed occupancy, service delivery, access to care, laboratory), and public health information (vaccination, risk communication and community engagement, public health and social measures). The module involves mapping workflows (data collection, integration, analysis, reporting and prediction) and capacities (process, technologies and resources) in place to support emergency response data and information management.



Mapping of the emergency health information management system at TABIB in Azerbaijan @WHO/Europe

The objective was to test the adequacy and suitability of the checklist for the assessment of emergency response management systems. The work will contribute to the overall goal of the HIS support tool, which is to strengthen Member States health information systems in managing and using data to enhance the response and save lives. As part of the mission, the team visited various health facilities including hospitals, polyclinics, national and regional epidemiological centers, and the Ministry of Health and the Management Union of Medical Territorial Units (TABIB) under the State mandatory health insurance in Azerbaijan.

Based on this pilot, mission findings and recommendations will be provided to further strengthen the emergency response information management system in Azerbaijan. In addition, the piloted module is being refined and revised to be fully integrated as part of WHO Europe’s HIS tool that can be applied across the European Region. These activities are undertaken with the support of Canada, under the Health Systems Connector pillar in the ACT-Accelerator.

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

From the field:

Home-based care for COVID-19 patients begins with community engagement in Lao People's Democratic Republic

In light of the surge of positive COVID-19 cases in recent weeks in the Lao People's Democratic Republic and the added stress on the health care system, particularly in the Vientiane capital, the Ministry of Health on 13 November announced its plan to implement home-based care for positive COVID-19 patients that met certain criteria (see prior update on this [here](#)).

The Ministry of Health will mobilize more than 300 workers as part of a response team to work with local authorities in 7 districts in Vientiane to implement home-based care for select COVID-19 patients. WHO provided technical support in the development of the care pathway and home-based care guidelines and facilitated trainings for hotline operators and those working with district authorities.



The response team explains to local authorities on home-based care guideline
©WHO Laos

By engaging with the district authorities, the Ministry hopes that home-based care can be successfully implemented in

communities, and that this bottom-up approach can help to minimize COVID-19 transmission in households, promote health seeking behaviours and reduce the number of cases and deaths in the capital. This initiative also aims to encourage vaccine uptake, establish care pathways that support early detection of patients whose health may be deteriorating and facilitate their admission to a hospital, and support families facing emergencies at home due to the pandemic.

A hotline has been established to answer enquiries from those who are placed on home-based care and a home-based care guideline will also be made available to the public. The response team will work with the local authorities to collect information of vulnerable groups in communities, including the elderly, people with disabilities and pregnant women, who are included in COVID-19 vaccination priority groups but have not receive their vaccine. Vaccination fixed sites have also been set in villages and the teams are using a “house-to-house approach” to reach these groups.



A house-to-house visit to vaccinate a mother who have recently delivered her baby
©WHO Laos

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



Pandemic learning response

Small island states bring the most learners per capita to OpenWHO

When population is taken into consideration, small island states bring the highest proportion of learners per population to the OpenWHO learning platform. Four of the top five countries, territories and areas based on per capita enrolments are small island states: Guam, Niue, Tokelau, and Montserrat. Among the top 20 countries, territories and areas per capita, a total of 16 are small island states.

On the island of Guam, approximately 6% of the population has taken OpenWHO courses (n=3199 users).

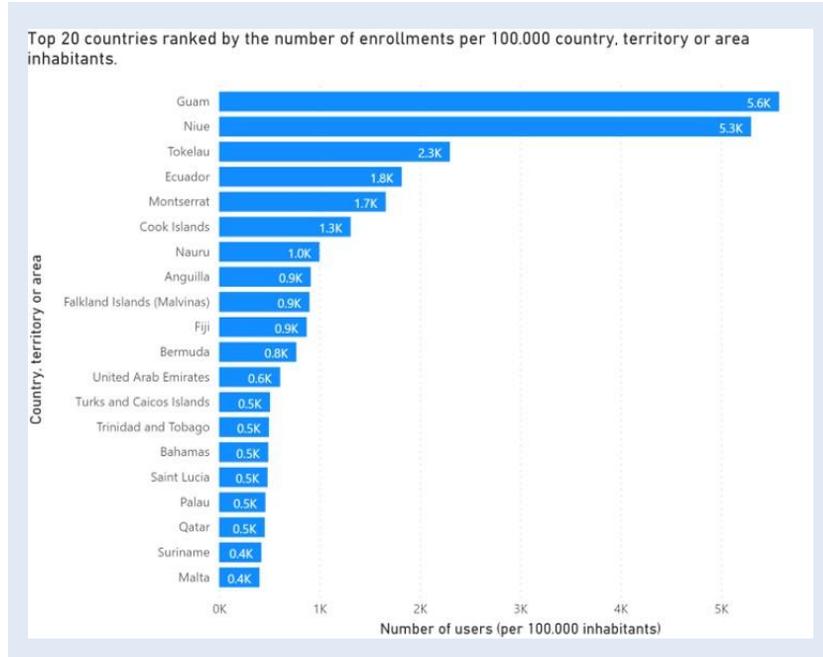
Learners in the top 10 countries, territories and areas (of which 9 are small island states), based on the number of users per 100 000 inhabitants, have the following sociodemographic backgrounds:

- 32% are in the 20 – 29 year-old age group;
- 28% are in the 30 – 39 year-old age group;
- 68% are female.

Notably, a much larger percentage of these learners identify as female than across the platform as a whole, where female learners have a slight majority (52%).

The most popular courses among these learners are all related to COVID-19. The [infection prevention and control](#) course tops the list, followed by the [introduction to COVID-19](#), [country preparedness and response](#), [hand hygiene](#) and [personal protective equipment](#) courses.

Online learning contributes to equity and accessibility by making it possible for remote locations like small island states to participate in the learning experience.



OpenWHO.org learning platform figures



6 million

Total course enrolments

58

Languages

Infection, prevention and control
Clinical management

39

COVID-19 course topics

11 million

Words translated

81

Other course topics for WHO mandated areas

18

Learning channels

3.3 million

Certificates awarded

56 000

Digital badges issued



COVID-19 Partners Platform



New COVID-19 Vaccine Delivery (CDS) funding from UNICEF is available on the Partners Platform to 30 non-GAVI eligible AMC countries

COVID-19 Vaccine Delivery Support (CDS) funding is now available from UNICEF to 30 AMC countries that weren't previously eligible for Gavi funding through the Partners Platform.

Following the most recent round of needs-based CDS funding from Gavi, country administrators can now apply for CDS funding that will be provided to UNICEF country/regional offices, who will disburse funds to governments, WHO/PAHO and UNICEF based on amounts in the approved applications. The deadline for this round to apply for UNICEF funding is 15 December 2021. Allocated funding must be spent by 31 July 2023.

Country administrators interested in applying can do so through the Partners Platform, provided they've already updated their National Deployment and Vaccination Plan and where applicable uploaded a Human Resource for Health

Deployment Plan to scale-up COVID-19 vaccination coverage. Each country should designate country administrative focal points authorized to upload all application documents. A list of designated admin focal points with their respective email addresses should be submitted to Ulla Griffiths ugriffiths@unicef.org.

To learn more, country administrators are invited to drop into a **recurring UNICEF CDS info meeting** held every Wednesday drop into this session with your questions from 16:00 to 16:30 Geneva time CET/(GMT+1). ([Click here to join the meeting](#)) Troubleshooting online sessions can also be organized on request, please contact poncec@who.int or whestl@who.int



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
TOTAL	15 070 850	28 613 150	21 375 808	9 611 511	99 140 700	2 239 973	11 818 579	215 785 426	27 836 965

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 7 December 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 30 November 2021, WHO has received US\$ 1 billion out of the 1.9 billion total requirement. **A funding shortfall of 36% 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 30 November 2021

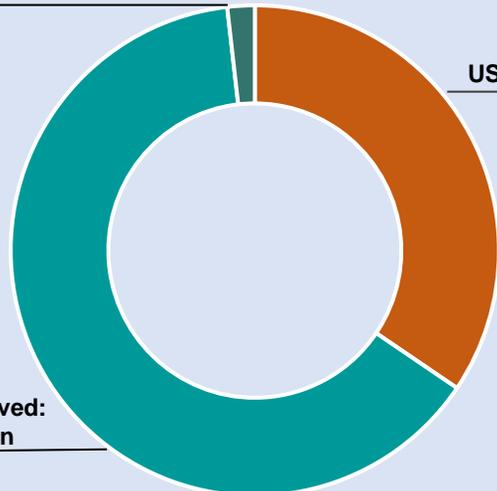
Total Pledges:
US\$ 35 million

1.81%

Gap:
US\$ 676 million
34.47%

Total Received:
US\$ 1 billion

63.71%



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)	2020 Baseline	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=69 ^b , as of epidemiological week 46 2021) ^c	22% (n=15) ^d	57% (n=66)	59% (n=68)	50%
This week (epidemiological week 46), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 68 (59%) 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.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 6 December) ^c	0 ^f	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 6 December) ^c	0 ^f	7 772 799 316	7 952 750 402	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 6 December) ^c	0 ^f	53.6% (n=4.2 billion)	54.9% (n=4.3 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 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

^c Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e Quarterly reported indicator

^f 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.

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

- Details on the newly designated SARS-CoV-2 Variant of Concern (VOC) Omicron (B.1.1.529)
- Updates on the geographic distribution of VOCs
- A summary of phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of VOCs based on available studies.

News

- For the WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant (B.1.1.528), click [here](#).
- For the joint statement on dose donations of COVID-19 vaccines to African countries, click [here](#).
- For more information on the World Health Assembly agreeing to launch process to develop historic global accord on pandemic preventions, preparedness and response, click [here](#).