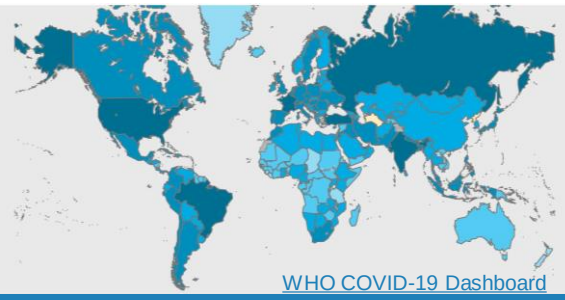
Weekly Operational Update on COVID-19

15 March 2022

Issue No. 95



WHO COVID-19 Dashboard

As of 13 March 2022

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

Confirmed cases

456 797 217

Confirmed deaths

6 043 094

For the SARS-CoV-2 **antigen-detection rapid diagnostic tests for COVID-19 self-testing interim guidance** released 9 March 2022, click here

WHO scales up sub-regional training on intra and after-action review (IAR/AARs) for COVID-19 in the European Region

Training on IAR/AAR in Serbia ©WHO EURO Balkans HUB

The COVID-19 pandemic has demonstrated the need for documenting lessons learned from the response in order to improve ongoing responses and ultimately be better prepared for future emergencies.

To strengthen preparedness and response capacities in the Western Balkans, a two-day training on Intra- and After-Action Review (IAR/AAR) management was held in Belgrade, Serbia between 24 -25 February 2022.

The training aimed to introduce participants to the WHO's established IAR/AAR methodology, as a tool for countries to evaluate their COVID-19 response and other public health emergencies and events as well as sharing lessons learned.

The training also aimed to equip participants to support the planning, development, and implementation of these components, and later they will be expected to design and run IARs/AARs in future in their respective countries/areas.

Continued on the next page…

Key Figures

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

More than **6.5 million** people registered on OpenWHO and accessing online training courses across **44** topics in **64** languages

44 374 196 PCR tests shipped globally

219 588 426 medical masks shipped globally

123 573 260 gloves shipped globally

9 792 166 face shields shipped globally

225 GOARN deployments conducted to support COVID-19 pandemic response

10 712 423 741 COVID-19 vaccine doses administered globally as of 13 March 2022

[a] COVAX has shipped over **1.37 billion** vaccines to **144 participants** as of 15 March

[a] See Gavi's COVAX updates for the latest COVAX vaccine roll –out data

Continued: **WHO scales up sub-regional training on intra and after-action review (IAR/AARs) for COVID-19 in the European Region**

The IAR/AAR management course was attended by representatives of the health authorities and emergency and preparedness experts from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo[1].

Nearly 25 participants from key institutions participated in working group discussions, as well as simulation exercises. The training was also attended by Health Emergencies Technical Officers from the WHO Country/Field Offices in the Western Balkans.

The IAR/AAR management training was led by team of WHO health emergency preparedness experts who interacted with the participants face-to-face.

Training on IAR/AAR in Serbia ©WHO EURO Balkans HUB

It included hands-on experience in the use of tools and guidance contained in WHO manuals. Specialists from the Western Balkans involved in the COVID-19 response actively participated in the discussion, reflecting on the work done and collectively acknowledged the importance of using IAR/AAR tools to further strengthen the response to all emergencies in the whole healthcare system. In addition, experts from the European Centre for Disease Prevention and Control (ECDC) supported the training online and introduced their IAR/AAR tools and guidance complementing WHO materials.

As of 11 March 2022, more than 68 AARs have been conducted globally by 43 countries and 113 COVID-19 IARs conducted by 71 countries using the WHO guidance and tools. Within the WHO Regional Office for Europe, 14 IARs have been conducted of which WHO/EURO directly supported missions on the ground in seven countries and areas with three in 2020 (Kyrgyzstan, Republic of Moldova, Uzbekistan) and four in 2021 (Montenegro, North Macedonia, Ukraine, Kosovo[1]).

[1]All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

From the field:

Women in Rajasthan lead the fight against COVID-19

Away in a rural hamlet in Bali block in the Pali district in Rajasthan, members of the self-help group Ghoomar Mahila Samiti are sensitising communities about COVID-19 appropriate behaviours (CAB), the importance of COVID-19 vaccination and, last but not the least, combating rumours and misinformation. These women are leveraging community engagement and communication tools to disseminate messages related to COVID-19 to hard-to-reach populations in areas of western Rajasthan.

In 2021, these women leaders organised over 600 village level meetings and focused trainings to educate people on the 3 Ws (Wear a mask, Wash your hands, and Watch your distance) and 2Vs (Stay in well-Ventilated places; Vaccinate as your turn comes). Close to 20,000 people in 27 villages were reached through these interventions.

These meetings were attended by members of village Panchayat and supported by the Village Swachhta (cleanliness) Mission Committee.

The programme provided a platform for young women and girls to take ownership of health promotion campaigns in their villages. Women and young girls are also taking turns to make community-level announcements in their neighbouring villages to encourage people to register for vaccination and reiterate the messages on 3Ws and 2Vs.

Extensive poster campaigns and wall paintings were used to share information on safe behaviours. ©Achin Phulre/WHO India

Poster campaigns and wall paintings were used to share information on local concerns, such as washing hands after touching agricultural/ animal waste. Young girls from the community took the lead in developing short videos in the local dialect to amplify the reach of COVID-19 behavioral messages. Young men and women were also informed on the science behind vaccines and trained on communicating the information to communities.

"As vaccine ambassadors, we shared verified information from social media channels of Ministry of Health and Family Welfare, Rajasthan state health department, and World Health Organization. We actively scanned for any rumours and misinformation on vaccines and shared verified information to stop the spread of such fake news. Fake reports of impotency in young men and women, early aging, etc., were common and became a barrier to vaccination among young people. However, talking to peers helped them accept the science,"

- Ms Sita Devi, vaccine ambassador.

For more information, click here.

From the field:

Nigeria holds its first national infodemic management workshop

From 1-3 February 2022, the National Infodemic Management Team (NIMT) under the Nigerian Centre for Disease Control (NCDC) and the African Infodemic Response Alliance (AIRA) with support from WHO, and Breakthrough Action Nigeria (USAID), hosted its first national infodemic management workshop.

Attended by 20 organizations including major Nigerian public health agencies, media organizations, INGOs and fact checking organizations the workshop sought to review the infodemic management response in-country, harmonize the rumor management system and develop an integrated and costed plan for responding to infodemics both at the national and sub-national levels.

Participants at the Infodemic Management workshop in Nasarawa State, Nigeria. ©WHO AFRO

Under the leadership of Dr Danjuma Abdulrahman Isiaka who joined WHO-AIRA as the National Infodemic Manager for Nigeria in March 2021, Nigeria has focused on tackling key challenges such as a lack of common understanding on what infodemic management is and weak collaboration and coordination between the main public health institutions, agencies, the media and non-governmental organizations on managing infodemics. The NIMT was created to serve as a national coordination platform for infodemic management. Its secretariat lies with the NCDC and with the joint efforts of its members, a rumor tracking system was set-up and trend reports are regularly shared to help with decision making.

During the workshop, participants reviewed the current COVID-19 situation, resources and challenges across the four AIRA intervention pillars [(1) identify, (2) simplify, (3) amplify and (4) quantify]. The workshop also provided an opportunity for partners to update the existing infodemic management tools and processes (e.g. rumor log, information ecosystem analysis, prioritization matrix) and to pre-test the new rumor logging form.

Major recommendations from the infodemic management workshop included:

- Support deployment/employment of dedicated officers or team (to be embedded with specific terms of reference) for infodemic management for NCDC
- Encourage multidisciplinary and multi-sectoral approach in Infodemic Management (verification of information through fact checking, messaging and content developers, etc.)
- Provide technical and financial assistance for research and evidence generation in infodemic management to support RCCE interventions and activities
- Incorporate infodemic management into education/curriculum for health professionals
- Provide technical and financial assistance for implementation of Infodemic Management activities at national and subnational levels (states and Local Government Areas)

From the field:

Leveraging digital technology to promote COVID-19 vaccine update: A joint PAHO/WHO-ITU initiative in the Eastern Caribbean

Since the summer of 2021 the COVID-19 vaccine continued to be rolled out in the Eastern Caribbean countries in a scenario of shortage of health care workers and a surge of COVID-19 cases related to variants of concerns (VOC). The roll out and vaccine deployment, in the countries was also met with hesitancy among the population after initial strong interest.

Thus, strong efforts are required to scale up vaccination uptake, achieve maximum utilization of vaccines, and increase coverage. It's very critical to ensuring vaccines are valued, trusted, easily available, and actively sought out.

This is important for the most vulnerable and those who greatly benefit by avoiding severe illness and death if they are affected by COVID-19.

The Pan American Health Organization/World Health Organization (PAHO/WHO) and the International Telecommunications Union (ITU) joined efforts on October 25, 2021, to launch a new public health education campaign designed to tackle the high level of misinformation referred to as the infodemic about the COVID-19 pandemic and vaccine hesitancy, in the Eastern Caribbean Countries of Antigua and Barbuda, Grenada and Saint Lucia.

During the eight-week campaign, the messages provided reliable, evidence-based advice and guidance to debunk misinformation related to COVID-19 vaccines, messaging was provided via videos, social media cards and public service announcements. Topics of the delivered messages included how vaccines are developed, how vaccines work, on safety, side effects of vaccines and the benefits of vaccines. During the campaign approximately two million SMS were sent, 150,000 people received awareness raising information and 10,000 people watched educational videos.

"We are pleased to have collaborated with partners in this very important campaign as every effort should be made to reach all populations with a full series of effective vaccines focusing on at risk and vulnerable groups and attain at least 70% coverage by July 1st, 2022, so that we can end the pandemic as a global health emergency this year as vaccines are safe and they work"

Dr. Yitades Gebre,
PAHO/WHO Representative for Barbados and the Eastern Caribbean Countries

For more information, click here

From the field:

WHO, in partnership with UNICEF, hands over a modern reconstructed central drug warehouse to serve over 1 million residents in Lebanon

Today marks the handover of the Ministry of Public Health's central drug warehouse in Qarantina, one and a half years after it was destroyed by the explosion in Beirut port.

Early in 2020, WHO initiated the expansion of the warehouse from 600 m^3 to around 2000 m3. However, the work was put on hold by the devastating explosion in August 2020. In response, a new plan was developed aimed at fully reconstructing the warehouse and increasing the storage capacity to 8 000 m^3, as well as modernizing its storage and distribution capacities.

"Within our support to the people living in Lebanon who are burdened under so many difficult livelihood circumstances, we prioritized our efforts to ensure that this medicine hub that gives relief to people is restored and upgraded to serve faster, better and leave no one behind,"

Dr Iman Shankiti, WHO Representative in Lebanon.

©WHO Lebanon

The team of engineers supervised by WHO rebuilt the warehouse with the highest standard and safety measures. Bloc A houses the cold rooms,
short-term storage, order preparations, with office spaces on the higher floors; Bloc B is dedicated to long-term storage and has safe rooms for high-value medications. Through the support of UNICEF, 14 refrigeration rooms were also rebuilt at the warehouse and linked to a solar power system to guarantee the safe storage of all vaccines.

"The restoration of the cold rooms at the central drug warehouse was critical to ensure the safe delivery of vaccines to support the routine immunization of children and mothers, as well as the country's COVID-19 vaccination campaign," said Ettie Higgins, UNICEF Representative in Lebanon. "We are extremely grateful to the Government of Australia for having provided critical funding to restore the cold chain for vaccines."

The new capacity of the warehouse allows for the storage of medication supplies and vaccines that can serve over 1 million beneficiaries either directly or through 830 primary health care centres, dispensaries or mobile clinics across the country.

For more information, click here

Risk Communication, Community Engagement and Infodemic Management

WHO Information Network for Epidemics (EPI-WIN) co-developing solutions with networks

During the COVID-19 pandemic, employers and workers alike have experienced enormous upheaval, including business closures, school closures and a switch to an entirely new way of working, all whilst trying to safeguard health and play their part in the fight against the virus. Early in the COVID-19 pandemic WHO Information Network for Epidemics (EPI-WIN) consulted with key world of work stakeholders to not only share critical information but to listen to the concerns, needs and experiences of partners.

One area deeply affected was the tourism sector. The EPI-WIN team, along with relevant departments and technical experts, held consultations with concerned partners including the Food, Farms, Hotels and Catering Global Union (IUF). These consultations informed the development of sector-specific WHO technical guidance such as the August 25, 2020: COVID-19 management in hotels and other entities of the accommodation sector.

Co-developing solutions is a fundamental principle of EPI-WIN's approach. Through listening, discussion and collaborative design, guidance is tailored and applicable for stakeholders. In this vein, EPI-WIN, the International Labour Organization (ILO) and the IUF participated in a webinar on the safe operation of hotels during COVID-19 in May 2021.

During the webinar hotels shared their strategies including risk assessments, protocols and standards; and speakers addressed concerns, mis-practice and good practices for safe and healthy hotel operation during the pandemic. James Ritchie, Assistant General Secretary of IUF noted, "Hotel Guests arrive from afar. Hotel workers live in local communities. This fact is crucial for understanding the need for robust workplace protections to minimize the spread of SARS-COV-2 through the accommodation sector. Our common challenge is to connect public health measures with occupational health and safety standards and practices to foster community safety and promote the protection of incomes and livelihoods"

The IUF Guide to COVID-19 Occupational Safety and Health (OSH) in Hotels was recently finalized in January 2022. This new IUF resource includes evidence-based knowledge about the transmission of COVID-19 with international safety and health standards based on the WHO guidance from 2020.

This collaborative approach to interpreting and tailoring WHO recommendations during the pandemic exemplifies the importance of utilizing the expertise of different partners. As a result, guidance is more relevant and more implementable.

Pandemic learning response

OpenWHO COVID-19 vaccination training: Health workers' experiences in India, Indonesia, Kenya and Pakistan

The Access to COVID-19 Tools (ACT) Accelerator's Country Readiness and Delivery Workstream developed an OpenWHO.org course on COVID-19 vaccination for health workers in December 2020 to address the need for large-scale, timely training. The course includes a series of six video lectures presented by technical experts with accompanying pre- and post-course multiple-choice questions. A feedback survey was launched to analyse the experience of learners.

Overall, health care workers in India, Indonesia, Kenya and Pakistan were among the top survey participants for the OpenWHO course *(Table 1)*.

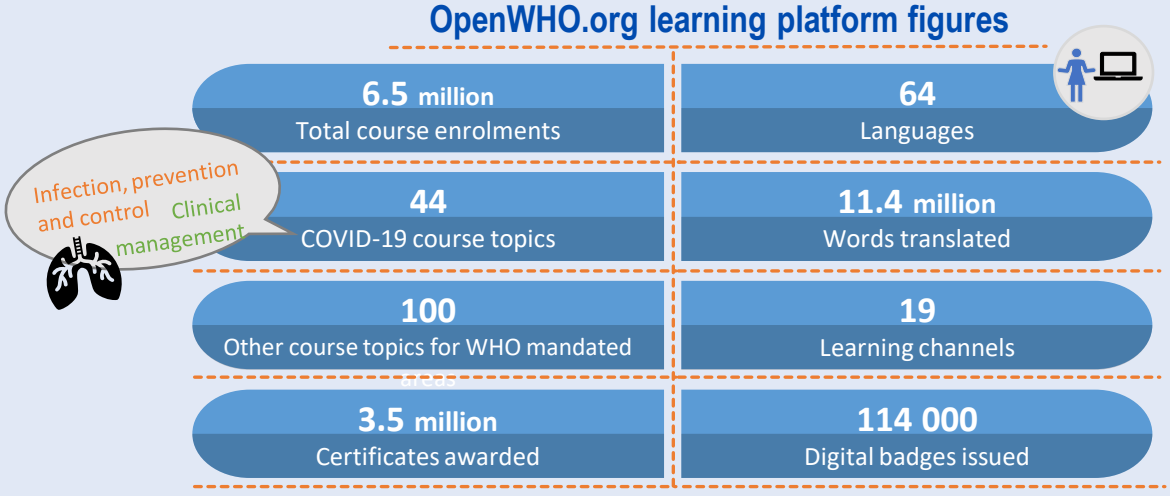
Country	Top motivations	Top preferred course features	Top reasons for online training	Top barriers
All 4 countries India (N=57) Indonesia (N=45) Kenya (N=45) Pakistan (N=26)	To help me prepare for specific professional responsibilities	Watch videos Read transcriptions Download presentations	Can take course at any convenient time Can take course at own pace	None Internet connection

Table 1: Feedback survey results from the OpenWHO COVID-19 vaccination training: Health workers' experiences in India, Indonesia, Kenya and Pakistan

Across those countries, participants named watching videos, reading transcripts and downloading presentations as top preferred course features. Health workers in India, Indonesia, Kenya and Pakistan were primarily motivated to take the online COVID-19 vaccination training to prepare themselves for specific professional responsibilities, according to the survey results.

Among the top reasons for choosing an online format of training, participants mentioned the flexibility of this approach, in particular the ability to take the course at any convenient time, at the learner´s own pace, with an option to download or revisit course materials. Poor internet connection, not enough time to complete the course, difficulty navigating pages, and system or IT-related issues were identified as top barriers among the participants in India, Indonesia, Kenya and Pakistan.

The feedback provides support for continued prioritization of online learning in self-paced, multi-use formats through the OpenWHO platform with a focus on modular and low-bandwidth friendly materials to reduce barriers to access and transfer critical professional knowledge in future emergencies. A detailed examination of the survey results can be found in the recent paper, "Learning From a Massive Open Online COVID-19 Vaccination Training Experience: Survey Study."



As of 8 March 2022

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 28 February 2022*.

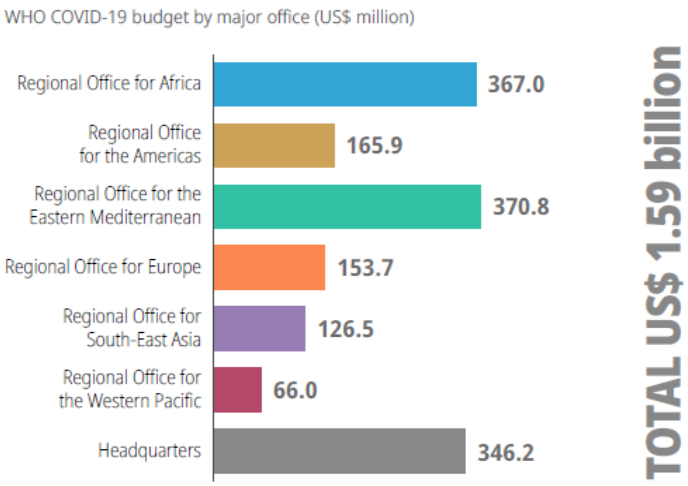
Shipped items as of 28 February 2022	Diagnostic Supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	7 423 980	37 545 600	16 512 676	1 559 570	36 784 300	564 096	2 674 079	56 874 400	3 873 630
Americas (AMR)	1 636 332	22 624 575	11 902 322	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	3 889 243	3 262 775	5 365 788	1 617 785	39 885 000	351 760	3 156 222	34 297 550	2 590 695
Europe (EUR)	1 116 842	6 181 084	2 341 052	2 103 380	29 255 900	634 900	3 774 548	50 148 500	7 863 950
South East Asia (SEAR)	4 374 200	9 489 300	4 947 473	390 076	9 183 500	91 470	654 300	6 950 500	2 936 695
Western Pacific (WPR)	2 222 200	2 620 725	3 304 885	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	**20 662 797**	**81 724 059**	**44 374 196**	**9 792 166**	**123 573 260**	**2 278 983**	**12 389 105**	**219 588 426**	**28 192 340**

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.
Diagnostics supplies data are as of **11 March 2022*

For further information on the **COVID-19 supply chain system**, see here.

Appeals

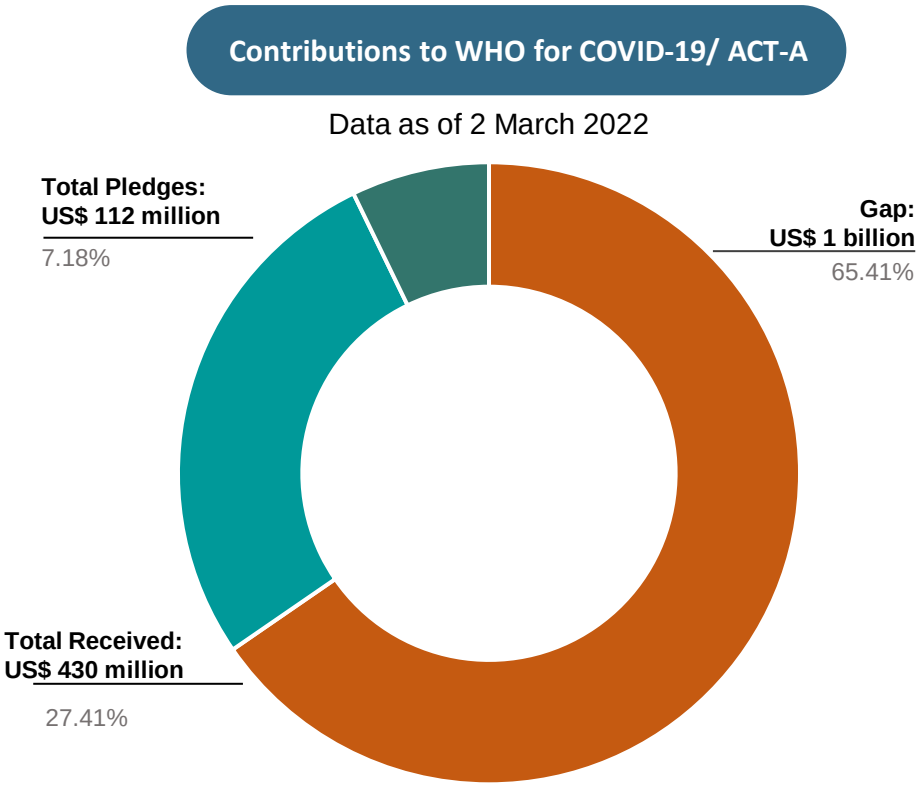
Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need them most.



WHO has the authority, the regulatory, legal and scientific firepower, the in-country integration and the relationships at
the most senior levels of government at the scale needed to address the equity problem. But to turbocharge these capabilities requires additional financing. Without the capabilities WHO provides, donors won't be able to ensure the full and effective deployment of their investments in other parts of the ACT-Accelerator.

Vaccines, treatments and tests will be delivered to people who haven't been trained to use them, new products will emerge but countries who lack their own regulator will not t know whether or not they are safe to use and the coordination that is the hallmark of the ACT Accelerator won't be possible.

The ACT-Accelerator needs **US$23.4 billion** until September 2022. Of this, WHO's funding needs are just **$1.59 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.



The status of funding raised for WHO against the SPRP can be found here.

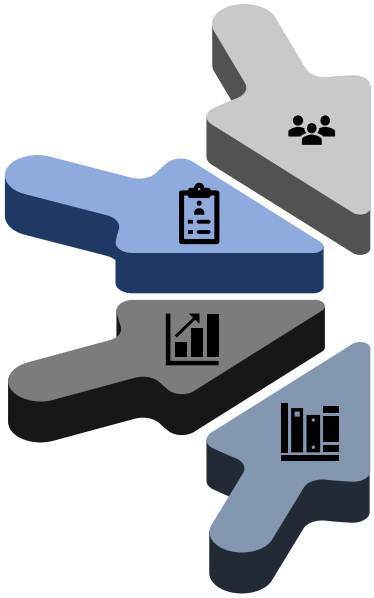
COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator (data as of)	Previous Status	Status Update	2021 Target
Pillar 1: Proportion of countries that have conducted at least 1 Intra-Action Review (IAR) or equivalent country-level review of the COVID-19 response	**71 (37%)**		100%
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 08/2022)[c]	63% (n=73)	**63% (n=73)**	50%
This week (epidemiological week 08/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 73 (63%) have timely reported COVID-19 data. An additional 7 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 14 March 2022)[c]	99% (n=192)	**99% (n=192)**	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 14 March 2022)[c]	10 704 043 684	**10 712 423 741**	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 14 March 2022)[c]	64% (4.965 billion)	64% (4.971 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

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 8 March 2022 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the prevalence and summary of current evidence of the Omicron variant. We also provide updates on vaccine effectiveness for the Delta and Omicron variants

News

- **Young people leading the way to a brighter post-COVID world** leading the COVID-19 response and recovery
- **WHO launches a new repository on urban health**
- **EPI-WIN slides issued this week for Therapeutics**
- **WHO issued a Medical Product Alert for Falsified DESREM (Remdesivir) for Injection 100mg/vial (Alert No2/2022)**