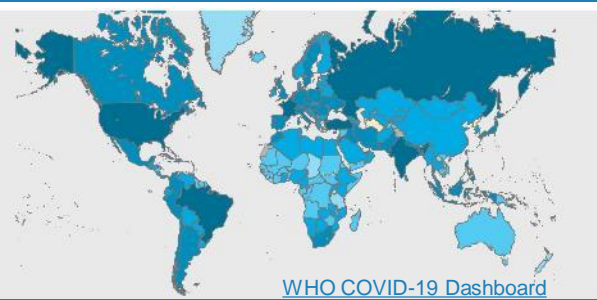


# Weekly Operational Update on COVID-19

22 March 2022

Issue No. 96



As of 21 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

**469 212 705**

Confirmed deaths

**6 077 252**

**Note:** The WHO Weekly Operational Update (WOU) will shift to a Monthly Operational Update (MOU) starting in April 2022.

## Lao People's Democratic Republic Ministry of Health and WHO prepare local media for informed reporting of potential Omicron surge

With the COVID-19 Omicron variant of concern contributing to surges in neighbouring countries, the Lao People's Democratic Republic is working with the media to share timely and accurate information to help keep the community safe and protect the health system.



On 1 March 2022, the Ministry of Health, with support from the World Health Organization (WHO) and the European Union (EU), conducted a briefing in Vientiane Capital to provide journalists with the latest updates on COVID-19 in the country and information about a potential surge of Omicron cases. Thirty local journalists participated in person, while more than 50 other participants joined online from the provinces.

The briefing aimed to help country media provide the public with clear, understandable information, as well as promote behaviour that allows people to protect their health, their loved ones and the health system. By disseminating accurate and timely information, the media can also minimize rumours and misinformation, helping reduce public anxiety and fears about COVID-19 and the Omicron variant.

For more, click [here](#)

## 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



**124 373 260** gloves shipped globally



**9 792 166** face shields shipped globally



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



**10,925,055,390** COVID-19 vaccine doses administered globally as of 18 March 2022

<sup>a</sup> COVAX has shipped over **1.39 billion** vaccines to **144 participants** as of 22 March 2022

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

## From the field:

### Rallying to combat COVID-19 rumours in the Democratic Republic of the Congo

In the Democratic Republic of the Congo (DRC), a network of myth busters is on constant watch, tracking and addressing misinformation thanks to government efforts with support from WHO and partner organizations.

WHO has worked with the Ministry of Health to establish a rumour alert and refutation system. Health workers, community and religious leaders, and journalists have been trained to detect and manage disinformation. The goal is to equip the public with accurate COVID-19 information so that vaccines can protect more lives.

A recent study by DRC and international researchers on vaccine acceptance shows that 45% of false information on COVID-19 is transmitted by word of mouth, 20% via social media. A further 16% is spread through television and radio, and an equal measure by traditional healers. Since August 2021, the WHO-coordinated Africa Infodemic Response Alliance has provided community rumour-monitoring training for more than 20 people in government institutions and 160 others in the provinces of Haut-Katanga, Kinshasa and Kong Central.



**“Having a local team trained in rumour management has helped us turn an anti-vaccine narrative into a pro-vaccine one. And having community feedback analysis has allowed us to adapt our communication strategies to the information needs surrounding COVID-19 vaccines”**

*David Olela*

*Communications lead for the Ministry of Health’s Expanded Vaccination Programme*

Winning over the vaccine-hesitant has called for considerable effort. More than 600 health workers with direct community access have been trained in identifying and refuting myths surrounding the COVID-19 vaccine. Some 144 media professionals have also been trained in fact-checking and source reliability. Additionally, to reinforce the essential role of political authorities in combatting disinformation, question-and-answer sessions on rumour refutation have been organized in the national parliament, before 300 national and provincial representatives.

COVID-19 vaccination rates in DRC remain among the continent’s lowest. However, the WHO infodemic team’s efforts are bearing fruit,” enthuses Dr Moïse Yapi, who heads the Immunization and Vaccination Department at WHO DRC. “Community feedback analysis has allowed us to collect rumours on public health issues beyond COVID-19. The infodemic team has also been helping us manage rumours about cholera and meningitis and promoted vaccine acceptance.”

For more information on infodemic management efforts in DRC, click [here](#)

For the full cross-sectional study “COVID-19 Vaccine Acceptance in the Democratic Republic of Congo: A Cross-Sectional Survey”, click [here](#)

## From the field:

### **WHO recommends the Kingdom of Saudi Arabia's public health laboratory for recognition as national influenza centre**

A WHO mission to Saudi Arabia has found that the country's public health laboratory operating within the Public Health Authority has fulfilled the requirements for WHO to recommend recognition of the laboratory as a national influenza centre for Saudi Arabia.

The public health laboratory plays a critical role in surveillance and support of public health informatics to rapidly detect and monitor infectious diseases, outbreak investigations and scientific analysis of known, novel and emerging diseases.



*Procedures are in place for processing specimens from start to finish. © WHO/A. Barakat*

The aim of the mission was to assess the compliance of the laboratory through the WHO terms of reference to become a WHO-recognized national influenza centre, as well as a formal member of the WHO Global Influenza Surveillance and Response System (GISRS).

The laboratory designated by the Ministry of Health as the national influenza laboratory in 2017 has been expanding its services for the subtyping of influenza and other respiratory viruses to participate in the new integrated surveillance programme in the country. This in addition to the COVID-19 laboratory that acted as a reference laboratory through the pandemic for COVID-19 testing. There is also a genome laboratory with a very wide range of platforms and advanced technologies for genome sequencing.

Saudi Arabia's public health laboratory was found to have facilities that can accommodate the activities of virological surveillance of circulating influenza viruses and other respiratory pathogens. The facilities are well-maintained, and the equipment is modern and functional. The laboratory has an excellent quality and biosafety management system with procedures in place for processing specimens from start to finish and adequate capacity for the storage of clinical specimens and propagated viruses. The influenza unit is also adequately staffed to perform registration, processing, testing, and storage of specimens collected for influenza surveillance and reporting. The virology laboratory has Biosafety Level 2 plus (BSL-2+) facility, real-time PCR capability, facilities for virus isolation and for serological studies, and sequencing facilities.

The laboratory has already contributed to the regional influenza network and to GISRS by sharing clinical specimens with the WHO Collaborating Centre for Reference and Research on Influenza in London.

For more information, click [here](#)



## From the field:

### **WHO and Ministry of Health Zambia scale-up COVID-19 Response and Continuity of Health Services through Act-A Health Systems Connector**

On 14 March 2022, the High Commissioner of Canada to the United Republic of Tanzania, the Republic of Zambia, the Seychelles, and Ambassador of Canada to the Union of Comoros, HE Pamela O'Donnell visited the World Health Organization (WHO) Zambia to learn about WHO's work and discuss steps and achievements made in the implementation of the Access to COVID-19 Tools Accelerator (ACT-A) program funded by the Department of Foreign Affairs and International Trade of Canada.

In April 2021, WHO and Canada signed a global grant for a contribution of 100m Canadian dollars (about US\$ 78.5m) to the WHO ACT-A Health Systems Connector Implementation of which WHO Zambia received an allocation of US\$ 674,385.

The implementation of the ACT-A has so far seen WHO Zambia conduct the first and second round frontline health service capacity and readiness assessment of 253 health facilities and 50 health posts in COVID-19 case management capacity,

continuity of essential health services, community needs, perceptions, COVID-19 prevention and care, and health service resilience.

Further, the grant has enabled WHO and Global Fund support the Ministry of Health (MoH) to conduct a harmonized health facility assessment in 3229 health facilities in Urban, Rural, Public, Private and NGO hospitals, health centers and health posts across the country. With the data collected, WHO Zambia in collaboration with cooperating partners is working to analyze, interpret and develop policy briefs that will guide the National Health Strategic Plan (NHSP) 2022 -2026 implementation and in building a better resilient health system in the post COVID-19 era.



**“The Harmonized Health Facility Assessment Census is the first of its kind in the Africa region and we are very grateful to Canada for the support making this happen”,**

*Dr Nathan Bakyaíta. WHO Representative to Zambia*

For more information, click [here](#)

## From the field:

### **WHO/Europe holds workshop on data analysis and information managements for emergency response for Azerbaijan, under the Emergency Response Information Management System (ERIMS) initiative**

The Emergency Response Information management system (ERIMS) initiative was established by the WHO/Europe Incident Management Support Team for COVID-19 to integrate critical health information into all-hazard emergency management.

The ERIMS assessment module was piloted as part of a first mission to Azerbaijan in November – December of 2021, with the support of the WHO Azerbaijan Country Office and the national health authorities.

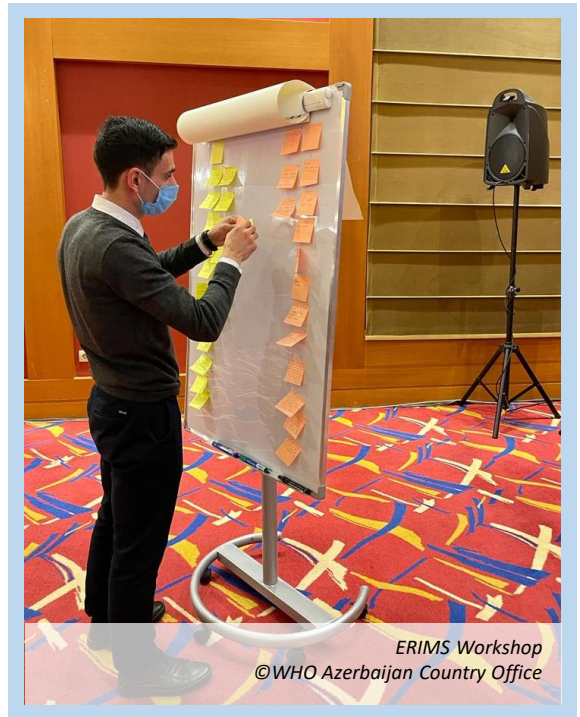
The ERIMS pilot exercise, which visited various health facilities including hospitals, polyclinics, epidemiological centres at both the national and regional levels, brought together key indicators related to epidemiology (cases, deaths), health system information (bed occupancy, service delivery, access to care, laboratory), and public health information (vaccination, risk communication and community engagement, public health and social measures).

Using 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.

This second follow-up mission to Azerbaijan from 07 – 12 March 2022 provided guidance and advise on data management solutions to cover bottlenecks on detection, monitoring and reporting for emergencies. During the three-day workshop, WHO experts aimed to enhance existing knowledge of data processes for the detection and monitoring of health emergencies, share information on the use of proxy indicators for ERIMS monitoring and reporting as well as contribute to a better understanding and improvements in data reporting at national, subnational, and international level.

The workshop was attended by more than 20 participants and covered data collection, integration, extraction, analysis, displaying, reporting and use, through plenary sessions and group work in mixed teams of policy and technical experts.

Following the mission, WHO/Europe will continue to engage with different stakeholders at technical and policy level to promote the systematic use of critical health information and provide a series of trainings related to data management in health emergencies, as identified during the missions. Additional capacity building activities including for the International Health Regulations National Focal Point in Azerbaijan will also be considered.



ERIMS Workshop  
© WHO Azerbaijan Country Office

## Public health response and coordination highlights

### The Plurinational State of Bolivia leverages influenza capacities for COVID-19 response

Bolivia has received capacity-building support through the [Pandemic Influenza Preparedness \(PIP\) Framework Partnership Contribution \(PC\)](#) since 2013. Now the country is reaping the rewards as it leverages strengthened capacities in surveillance, epidemiological analysis, risk communication and clinical care to deliver its COVID-19 pandemic response.

Key areas where pre-pandemic PIP support is really paying off include:



- **Early response.** Previous training and simulations on timely intervention for unusual respiratory events helped shape the country's early response to the pandemic, informing the identification, clinical care, isolation and risk communication of the first recorded cases of COVID-19.
- **Clinical care.** Existing capacity to care for severe cases of influenza in sentinel hospitals combined with pre-pandemic training in intensive care helped direct the clinical care of severe cases of COVID-19.
- **Biosafety.** Biosafety training held months before the pandemic built widespread skills, quantified the national need for personal protective equipment, and enabled the development of biosafety manuals for hospitals, laboratories and isolation centers, which are now being used for COVID-19.
- **Laboratory diagnosis.** Before the pandemic, Bolivia had three laboratories, including a WHO-recognized National Influenza Centre, with molecular capacity to diagnose respiratory viruses. When COVID-19 hit, these laboratories provided a vital platform for expansion through training and supervision. Over the past year, the country's network of molecular biology laboratories capable of diagnosing respiratory viruses, including SARS-CoV-2, has grown to 12. The NIC provides a central link that also ensures quality control for the network as a whole.
- **Epidemiological analysis.** The SARI case form and PAHO Flu sentinel information system that Bolivia routinely uses for influenza served as models for developing a national COVID-19 case information system.

Bolivia looks forward to continued collaboration under PIP. Priorities include using the expanded laboratory network to keep up its surveillance of novel respiratory viruses including influenza, and to strengthen its capacity for genetic sequencing.

## Public health response and coordination highlights

### WHO Global Health Facilities Database: Leveraging insights from COVID-19 to ensure better access to primary healthcare and Universal Health Coverage

The COVID-19 pandemic has revealed urgent gaps in countries' current ability to locate health facilities, impeding progress to provide equitable access to therapeutics, diagnostics, and vaccinations through the [ACT-Accelerator](#) and other initiatives. In response to these gaps, WHO is building a Global Health Facilities Database to support countries with equitable access to COVID-19 tools and health care services for all populations.



The database will include a digitized master list of health facilities with name, location and type coded by a unique identifier. At the start, it will host data for 46 countries representing 40% of the world's population with the aim of including all 194 WHO Member States by 2027.

“Understanding health infrastructure at the national and subnational levels is essential to address pressing global and local challenges and achieve universal health coverage, as outlined in WHO’s triple billion targets,” said Steve MacFeely, Director, Department of Data and Analytics, World Health Organization. “The Global Health Facilities Database will allow us to harness geospatial technology and use data to create better health outcomes for all.”

The database will be regularly updated and maintained by WHO in line with best practices on [data governance](#), [data sharing](#) and [WHO’s data principles](#) in agreement with participating countries and will be made publicly available as a global good by the end of 2022.

“With a complete, comprehensive and current health facility master list, countries and partner organizations can reduce fragmentation, avoid duplication, and promote efficiencies in the delivery chain,” said Ravi Shankar, Technical Lead for the World Health Organization’s [GIS Centre for Health](#). “With this resource, we can truly transform health facility data from a global gap into a global public good.”

For more information, click [here](#)





## Public health response and coordination highlights

In the UN Crisis Management Team meeting held on 10 March 2021,

- **WHO** updated on the global COVID-19 epidemiology situation, and commented that there is emerging evidence to suggest a morbidity and mortality pandemic of the unvaccinated, and that this will constrain efforts to transition to a sustained, manageable post-acute phase of the pandemic. WHO, as the Chair of the CMT, stressed the need to integrate antivirals into strong clinical pathways, particularly in countries with high rates of immunosuppression, where the generation of new variants of the SARS-CoV-2 virus may emerge from. In addition, WHO informed of the recent detection of recombinant variants of Delta (AY.4 lineage) and Omicron (BA.1 lineage) and the assessment that it is probably currently circulating at low / undetectable levels.
- WHO warned that the future trajectory of COVID-19 transmission and impact is complicated and multi-factorial, while all future scenarios will need to plan for managing post-COVID-19 condition. In light of the situation in Ukraine, WHO reported that the country experienced its peak number of COVID-19 cases in February 2022, but vaccination coverage in Ukraine to date has been sub-optimal with only 34 per cent of the population covered by one dose.
- **UNHCR** advised that 2.3 million people had left the Ukraine, with 1.8 million internally displaced.
- **IOM** further noted the tens of thousands of third country nationals from dozens of nationalities face heightened risk due to challenges attempting to leave Ukraine and gain safety in neighbouring countries, as well as accessing services in those countries.
- **IOM and OHCHR** called that protection and immediate assistance need to be provided in a non-discriminatory, cultural culturally appropriate manner, in line with humanitarian imperatives.
- On another note, **FAO, OIE** and **WHO** published a [statement](#) on monitoring SARS-CoV-2 infection in wildlife and preventing the formation of animal reservoirs. The statement indicated that wildlife is known to not play a significant role in the spread of SARS-CoV-2 in humans in current knowledge but spread in animal populations can affect the health of these populations and may facilitate the emergence of new virus variants.





## Pandemic learning response

### Measuring the impact of online COVID-19 vaccine training courses

To prepare key stakeholders for the global COVID-19 vaccination rollout, WHO and partners developed an [online vaccination training package](#) for health workers. The course was launched on OpenWHO in December 2020. Topics covered include organizing vaccination sessions, infection prevention and control, storage and handling, adverse events following immunization, and communication with the community.

The key benefits of delivering this online training were convenience, the self-paced nature, access to downloadable material and the ability to replay material. An evaluation was done to provide insights into the experience and challenges faced by users, measure its impact and inform the development of future courses. The results were published in the peer-reviewed journal [JMIR Public Health and Surveillance](#).



WHO/Blink Media – Giliane Soupe

The evaluation found that 56% of enrolled learners completed the course – higher than the industry benchmark of 5-10% for a massive open online course.

It found that learners' scores increased an average of 9% between the course pre-quiz and post-quiz, with the biggest increase seen in the module on monitoring adverse events following COVID-19 immunization.

Nearly 98% of survey respondents “fully” or “somewhat agreed” that they had more confidence in their ability to support COVID-19 vaccination after the course. This showed that the training course was well received with a measurable impact on the knowledge gained. The paper concluded that Ministries of Health and health facilities should consider the potential of training their health professionals using virtual or blended approaches to increase rapid accessibility and exchange of information.

OpenWHO hosts 4 additional [COVID-19 vaccination courses](#) on national deployment and vaccination planning, vaccine-specific resources, costing, and leadership. The courses have more than 256 000 enrolments across 16 languages.

### OpenWHO.org learning platform figures



Infection, prevention and control  
Clinical management



## 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 17 March 2022\*.

Shipped items as of 17 March 2022	Laboratory 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	4 373 630
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	40 650 000	351 760	3 152 222	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	7 883 950
South East Asia (SEAR)	4 374 200	9 489 300	4 947 473	390 076	9 218 500	91 470	668 300	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
<b>TOTAL</b>	<b>20 662 797</b>	<b>81 724 059</b>	<b>44 374 196</b>	<b>9 792 166</b>	<b>124 373 260</b>	<b>2 278 983</b>	<b>12 399 105</b>	<b>219 588 426</b>	<b>28 712 340</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 **11 March 2022**

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



### Appeals

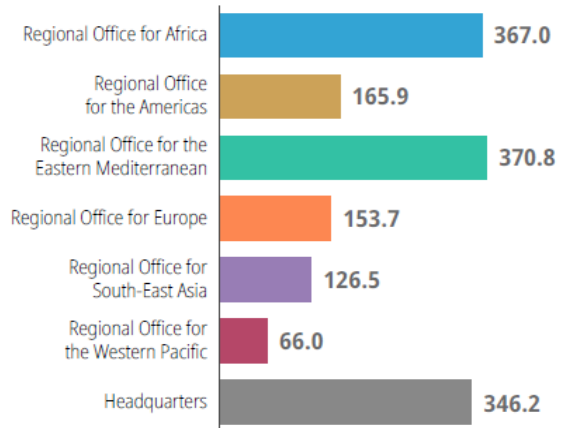
Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need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

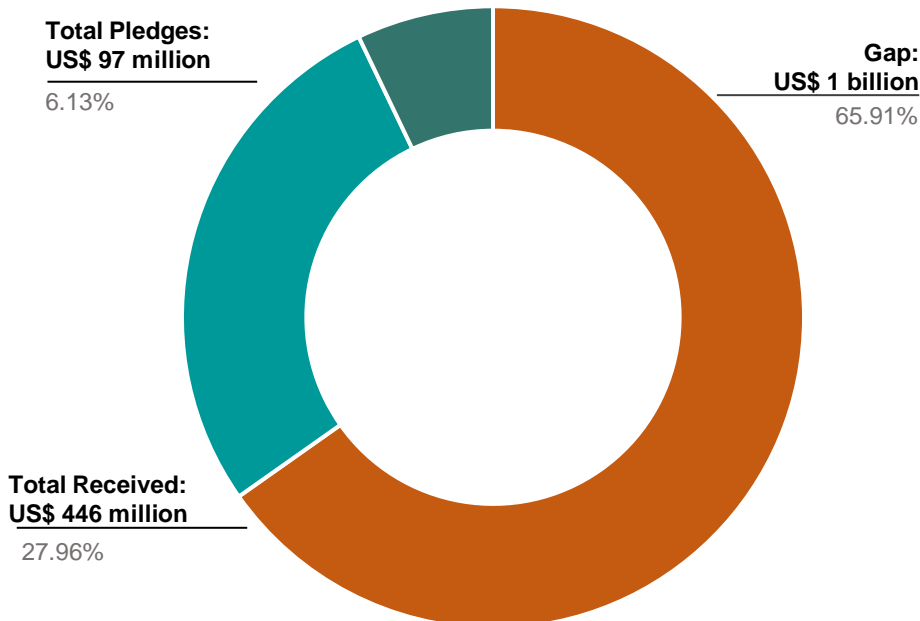
WHO COVID-19 budget by major office (US\$ million)



TOTAL US\$ 1.59 billion

### Contributions to WHO for COVID-19/ ACT-A

Data as of 15 March 2022



## 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 07/2022) <sup>c</sup>	<b>63% (n=73)</b>	<b>61% (n=71)</b>	50%
This week (epidemiological week 09/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 71 (61%) 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 18 March 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 18 March 2022) <sup>c</sup>	10 704 043 684	<b>10 925 055 390</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 18 March 2022) <sup>c</sup>	<b>64% (4.965 billion)</b>	<b>64% (5.007 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





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

- Updates on the new WHO Designation of SARS-CoV-2 Variants
- Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the spread and prevalence of the Omicron variant.
- Special Focus: Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance

## News

- [WHO Director-General's remarks at United Nations Security Council meeting](#)
- [Transforming health care: stories of changemakers across the world](#)
- WHO and Kuaishou Technology [provide access to COVID-19 information and mental health tips](#)
- [High-level delegation of WHO visits Iraq to boost health system](#) as part of Universal Health and Preparedness Review (UHPR) process