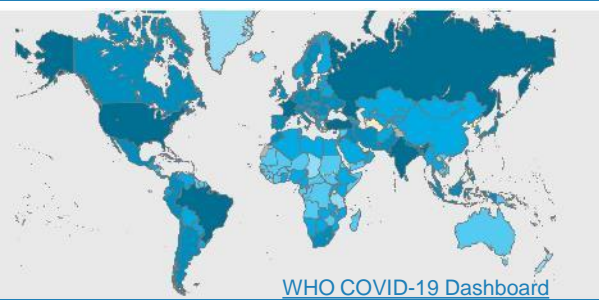


# Weekly Operational Update on COVID-19

30 March 2022

Issue No. 97



As of 29 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

**481 756 671**

Confirmed deaths

**6 127 981**

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

## Honduras Receives 349,830 Doses of Pfizer Vaccine Donated by the U.S. Government Through the COVAX Mechanism

Honduras received the donation of 349,830 doses of Pfizer vaccines donated by the government of the United States of America through the COVAX Mechanism, the global initiative for equitable access to vaccines against the disease caused by the SARS-CoV-2 virus.



Today the first batch composed of 116,610 doses was received and the remaining ones will be received over the next two days. This amount is part of COVAX's first 2022 allocation for Honduras that will amount to 696,150 doses of Pfizer vaccines donated by the government of the United States of America through the COVAX Facility.

Last year, Honduras received 4,714,820 doses of COVID-19 vaccines through COVAX, of which 3,876,880 doses were by donation from the United States. The donation was received at the National Biological Center of the Expanded Program on Immunization (EPI), with the participation of Dr. Suamy Montalván, Deputy Minister of Health; Ms. Colleen Hoey, Chargé d'Affaires of the Embassy of the United States and Ms. Piedad Huerta, PAHO/WHO Representative in Honduras.

## 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 30 March 2022

<sup>a</sup> COVAX has shipped over **1.40 billion** vaccines to **144 participants** as of 30 March 2022

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

*Continued on the next page...*

## ***Continuation:* Honduras Receives 349,830 Doses of Pfizer Vaccine Donated by the U.S. Government Through the COVAX Mechanism**

"Although the number of cases and deaths is decreasing globally, and several countries have suspended restrictions, the pandemic is far from over," emphasized **PAHO/WHO Representative Piedad Huerta**. She reiterated that "the only sustainable strategy to overcome the acute phase of the pandemic is to achieve high vaccination coverage in all countries and especially in the most vulnerable people."

These vaccines will help to continue with the application of recommended doses to achieve a higher level of protection against COVID-19. The population is recommended not to lower their guard and continue with the fulfillment of the use of biosecurity measures, get vaccinated against COVID or complete their vaccination schedule, the use of a mask, hand washing, physical distancing and avoid places with crowds of people, in order to prevent getting infected or infecting others.

For more information, click [here](#)

## **WHO increases medical oxygen generation capacity to manage COVID-19 and other health needs in northwest Syrian Arab Republic**

Medical oxygen is crucial for patients with a range of conditions, including those with COVID-19, and other acute medical needs including during pregnancy and birth, for chronic diseases, to manage sepsis, and to treat physical injuries and trauma.

In conflict settings, this critical component of healthcare is often quickly depleted due to increased demands and disruption to the supply networks. Over the past several weeks WHO has been increasing the capacity to supply medical oxygen in both the Syrian Arab Republic and in Ukraine.

Under the whole-of-Syria approach, WHO and its health partners provide cross-border health services to populations in northern Syrian Arab Republic from Gaziantep, Turkey, under the framework of the United Nations Security Council Resolution 2393 and its extensions.



WHO's COVID response in northwest Syrian Arab Republic has been focused on prevention, surveillance, response, and vaccination. As part of this, WHO directly supports ICU units and COVID-19 hospitals with essential medicines and supplies for delivery of quality of care.

**From the field:**

*Delivery of mobile oxygen generator in Northwest Syria ©WHO/ Country Office Turkey*

On 24 March, a high-capacity mobile oxygen generator was shipped into northern Syrian Arab Republic to serve a network of 17 hospitals in northern and western Aleppo with a catchment population of 1.7 million. During the COVID-19 pandemic, when COVID-19 cases have risen quickly or when safe oxygen supplies have been temporarily disrupted in Syrian Arab Republic, health partners have had to look for new solutions to access oxygen as one of the most critical interventions for patients with severe disease.

To date, WHO and local health partners have relied on an existing fixed oxygen generator and on the provision of liquid oxygen cylinders, to meet increased demands but this has not been sufficient or sustainable.

Watan, one of WHO's implementing partners in northwest Syrian Arab Republic, will pilot the use of the mobile generator to increase both the overall medical oxygen generation capacity in the northwest and to enhance agility of the oxygen supply system to fill acute supply gaps at different times, in different locations. The mobile oxygen generator includes a compressor that can either be used to fill up to 150 cylinders (40-litre) per day, or, to be directly linked to a piped oxygen network at a health facility. Depending on the needs, the generator can be moved to meet immediate needs at specific health facilities.

WHO and health partners are active across the entire conflict-affected population in northwest Syrian Arab Republic. WHO will continue to support technical planning and implementation, and coordination of COVID-19 preparedness and response. WHO will also continue to support the gaps in surveillance, laboratory capacity, referral system, case management, risk communication and community engagement (RCCE) and vaccination.

## From the field:

### Expanding COVID-19 vaccination in Cote d'Ivoire

When Cote d'Ivoire set to drive up COVID-19 uptake, a three-week mass vaccination campaign in February saw over 2 million people vaccinated, yielding an 8% rise in the number of people fully vaccinated. In a country with less than 20% vaccine coverage, the increase realized in a matter of weeks marks a significant progress. Vaccinations have more than doubled from 4.8 million doses administered at the end of December 2021 to 10.1 million by mid-March 2022

Tailored and targeted mass vaccination campaigns will continue through 2022, as the country races towards its national target of fully vaccinating 70% of its population. Early lessons reported by the multi-partner country support teams show that mass vaccination campaigns, coupled with strong community engagement enable countries to reach large numbers of people quickly.

In Cote d'Ivoire, national and local political leaders, religious and community leaders, as well as the media and selected public figures and social network influencers are being

sensitized to the importance of vaccination against COVID-19 and encouraged to lead by example. In addition, WHO in Cote d'Ivoire has tapped into its network of 160 radio partners to relay messages, producing interactive public awareness programmes by inviting influential community members, including traditional and religious leaders, civil servants and teachers. WHO has also reallocated nearly 40 consultants originally recruited for polio control to the fight against COVID-19.



Expanding COVID-19 vaccination in Cote d'Ivoire ©WHO

**"We have managed to mobilise religious and community leaders, but above all we have benefited from the commitment of the authorities at the highest level. We have been able to adapt our vaccination strategies to reach out to the population."**

*Professor Joseph Bénié Bi Vroh,  
Director General of the National Institute of Public Hygiene, the structure in charge of the  
vaccination against COVID-19.*

To address operational and financial bottlenecks, multi-partner country support teams from WHO, Gavi, the Vaccine Alliance, UNICEF, World Bank, Africa Centre for Disease Control and Prevention, United States Centres for Disease Control and Prevention, and others have been deployed to 20 priority countries in Africa, including Cote d'Ivoire. The country support team is currently assisting the Ministry of Health with logistics planning, financing and risk communication and community engagement activities to run regular mass vaccination campaigns.

The next COVID-19 mass vaccination drive will be from 25 March till 3 April 2022.

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

## From the field:

### **KwaZulu-Natal province reviews its COVID-19 vaccination programme to improve planning and actions**

The KwaZulu-Natal provincial Department of Health with technical support from WHO South Africa organized the COVID-19 vaccination intra action review (IAR).

As a country-led facilitated discussion, an IAR provides an opportunity to review the functional capacity of the public health and emergency response systems at the national and subnational levels and to identify practical areas that need immediate remediation or can be targeted for sustained improvement of the outbreak response.



Held in Durban city of KwaZulu-Natal province, the IAR exercise involved over 200 health workers and health administrators from the 11 districts of the province

As a country-led facilitated discussion, an IAR provides an opportunity to review the functional capacity of the public health and emergency response systems at the national and subnational levels and to identify practical areas that need immediate remediation or can be targeted for sustained improvement of the outbreak response. Held in Durban city of KwaZulu-Natal province, the IAR exercise involved over 200 health workers and health administrators from the 11 districts of the province. The three-day intensive discussions are part of a series of exercises planned in different provinces of South Africa in the coming weeks to take stock of the ongoing COVID-19 response efforts with particular focus on vaccination roll-out.

WHO's South Africa Incident Manager, Dr. Julius Wekesa appreciated the collaboration between WHO and health partners at the national and sub-national levels. The WHO will continue to provide necessary and timely technical support to South Africa in curbing the impact of COVID-19 pandemic. WHO has worked with the national and provincial health authorities from the preparedness phase into response mode.

Throughout the three days of the IAR, the participatory exercise with highly interactive working sessions closely reviewed and reflected on the ongoing COVID-19 vaccination programme, as part of the COVID-19 outbreak response, to identify current best practices and lessons learned. The participants also worked on identifying gaps and bottlenecks inhibiting the successful implementation of the COVID-19 vaccination campaign in the province. There were proposed corrective measures and actions to improve existing capacity and districts' response in scaling up vaccination. The discussions along with the best practices, areas of improvements, and the way forward were documented in the IAR report and will inform the COVID-19 provincial and district vaccination plan for KwaZulu-Natal.

The outputs of the IAR will help to update the provincial COVID-19 vaccination plan that is being implemented by the government health partners in the province and across the districts. Ultimately, the IAR, although focused on vaccination, will contribute to and strengthen the overall pandemic preparedness and response capabilities and the resilience of the health systems.

For more, click [here](#)

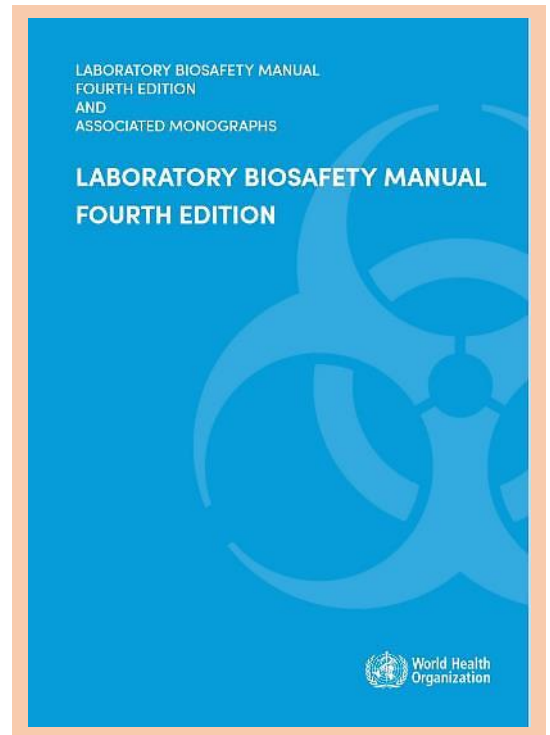
## From the field:

### Enhancing laboratory biosafety in South East Asia

WHO's Regional Office for South East Asia (SEARO) is supporting countries to boost laboratory biosafety and biosecurity through regular training.

Biological safety, also known as biosafety, uses a structured approach to minimize infectious, chemical, and physical risks in clinical and laboratory settings. Laboratory biosafety has always been important but the ongoing COVID-19 pandemic has made it a primary concern as countries grapple with widespread circulation of SARS-CoV-2 combined with a lack of biosafety practices, protocols and equipment. For example, a lack of viral transport media without inhibitors of the growth of SARS-CoV-2 have impacted testing specimens for influenza.

In this context, the [4<sup>th</sup> edition of the WHO Laboratory Biosafety Manual \(LBM4\)](#), which promotes a risk-based and cost-effective approach to biosafety, offers an economically feasible and sustainable option for scaling up biosafety practices in countries. To help implement the LBM4 approach, SEARO developed a practical guide and a series of bio-risk assessment templates.



The new guide contains straightforward descriptions of recommended biosafety practices alongside stepwise illustrations of for example how to perform routine biosafety activities and how best to respond to a laboratory emergency.

In addition, SEARO organized two regional trainings to support biosafety:

- **Bio-risk assessment and management training of trainers** aimed to deepen potential biosafety trainers' understanding of the LBM4; and equip participants with biosafety management and occupational health and safety skills. The first phase of this training was delivered virtually to 19 participants from Bhutan, Maldives and Nepal. It included a combination of tests, practical and other assignments as well as teach-back exercises. For participants, the training built knowledge and confidence to organize cascade trainings for laboratory staff in their own countries. For SEARO, it was a learning experience to inform further training of trainers in the region.
- **Infectious substances shipping training (E-ISST)**, an online course for shippers, aimed to support safe and timely transfer of specimens and other biological materials between healthcare providers and laboratories. Through WHO's Health Security Learning Platform, this training was delivered in six countries in the region. Following the training, 19 participants were certified as shippers; 29 more participants are now being trained.

These activities have been partly supported by the [Pandemic Influenza Preparedness Framework Partnership Contribution](#).

## From the field:

### Global Outbreak Alert and Response Network (GOARN) deploys technical support for the COVID-19 response in Kiribati



©WHO/Louise Laurie

Over the past 2 months, Louise Laurie, infection prevention and control (IPC) expert from COVID-19 Quarantine Victoria and the Australasian College of Infection Prevention and Control (ACIPC), a Global Outbreak Alert and Response Network (GOARN) partner, was deployed to support the COVID-19 response in Kiribati.

During the deployment, Louise worked in close collaboration with the Ministry of Health and Medical Services and the Pacific Community (SPC) to provide technical assistance on IPC during the first wave of COVID-19 community transmission.

Since the initial surge in COVID-19 cases, WHO and partners have been working to support the COVID-19 response in Kiribati and other Pacific Island countries and areas. In Kiribati, the Ministry of Health and Medical Services and WHO, in collaboration with other stakeholders, have mobilized experts for deployments, provided tailored technical support, delivered personal protective equipment, medicines and other supplies and strengthened the capacity of healthcare workers and other stakeholders all to support the Government-led response.

Louise's expert assistance is one of 69 individual deployments to support the COVID-19 response in WHO's Western Pacific Region through GOARN, a technical partnership that provides support upon request to prevent and control outbreaks and public health emergencies and help countries strengthen their operations and build capacity at the local level

To learn more about GOARN please visit this [page](#). Further information about the COVID-19 response in Kiribati is available [here](#).

## From the field:

### **WHO and EU hand over life-saving medical oxygen plant to Somalia: a landmark achievement in bridging gaps in oxygen supply in the country**

On 17 March 2022, Dr Mamunur Rahman Malik, the World Health Organization (WHO) Representative and Head of Mission to Somalia, handed over a duplex pressure swing adsorption (PSA) oxygen plant to H.E. Fawziya Abikar Nur, the Minister of Health of Somalia, alongside H.E. Tiina Intelmann, European Union (EU) Ambassador to Somalia and Mr Adam Abdelmoula, Deputy Special Representative of the United Nations Secretary-General and UN Resident and Humanitarian Coordinator (DSRSG/UNRC/HC) for Somalia. This milestone event took place at the De Martino Hospital in Mogadishu where the oxygen plant is currently installed.

At the onset of the COVID-19 pandemic in Somalia in March 2020, none of the public sector hospitals had medical oxygen available and the health workforce was not trained on its use. Since then, WHO has worked with partners to procure, install and deliver PSA oxygen plants for large specialized hospitals, solar-powered medical oxygen systems for small hospitals and oxygen concentrators for primary health centres to ensure high-grade medical oxygen is available at points of care for every patient struggling to breathe.

Deputy Special Representative of the UN Secretary General Mr Adam Abdelmoula said, “WHO is using a two-pronged approach to offering medical oxygen – while offering medical oxygen to health facilities and the Government, they are also training health care workers, biomedical engineers and technicians in using the installed oxygen plants, with support from the EU and other partners. These steps are essential in improving a health system and advancing towards health-related Sustainable Development Goals”

**We are very grateful to WHO and the EU Delegation for the support they have offered to Somalia for this medical oxygen. The PSA oxygen plant they have provided is placed in our national specialized hospital for COVID-19 patients, the De Martino Hospital and can serve up to 25 intensive care patients facing dire health challenges at once, while another unit refills cylinders. Together, they can fill 100 40-litre oxygen cylinders in a day. This support is part of a strategic roadmap to boost oxygen supply in hospitals across the country.**

*H.E. Fawziya Abikar Nur,  
Federal Minister of Health and Human Services in Somalia.*

“Simple medical oxygen is effective in treating many health challenges – including COVID-19 and surgical, emergency and critical care services, such as trauma. In 2018, pneumonia was estimated to kill around two children aged under five every hour in Somalia and yet global evidence shows that simple medical oxygen can reduce up to 35% of child deaths. It is so crucial and yet has no substitute,” said WHO’s Representative Dr Mamunur Rahman Malik. “After noting its scarcity in Somalia during the COVID-19 pandemic, WHO mounted a speedy response, and provided medical oxygen as a smart, cost-effective investment to save more lives. In the coming months, WHO will continue to work to procure more medical oxygen to Somalia to bridge the gap in access.”

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



## From the field:

### **COVID-19 pandemic: testing capacities grow manifold in WHO South-East Asia Region, focus now on enhancing genome sequencing**

Now third year into the COVID-19 pandemic, for WHO South-East Asia Region enhancing capacities of laboratories to test for SARS-CoV-2 continues to be one of the key focus areas. The rapid detection of Omicron by countries in the Region, within a week of its announcement as a variant of concern, is a testimony of the enhanced capacities of laboratories where molecular testing and genomic sequencing was limited at the start of the pandemic.

#### **Expansion and strengthening of laboratory capacities**

WHO, along with partners, has worked with member countries in the Region to set up, expand, and enhance testing capacities up to the sub-national levels to ensure testing is accessible to everyone, everywhere. As a result, the number of laboratories testing for SARS-CoV-2 has grown from five at the start of the pandemic to now over 4,800.



In addition to strengthening capacities of national laboratory networks, WHO supported expansion of testing capacities to subnational levels, to increase access to testing at the community level across the Region. This was achieved with cross-sector collaboration involving academia, animal sector and private sector as well as integrating existing laboratory networks and infrastructure. Partnerships either through local, regional or international expertise enabled rapid workforce deployment, technology transfer and stronger coordination and collaboration to respond to increasing testing demands as countries experienced surge in cases of COVID-19. New diagnostic tools were rapidly integrated into national testing strategies with ten countries now implementing rapid antigen tests.

#### **Strengthening lab networks and genome sequencing capacity**

WHO also supported countries for implementing dynamic testing strategies in view of the emergence of SARS-CoV-2 variants. Over time, genome sequencing capacity was strengthened across the Region. To date, eight countries in the region have in-country capacity to carry out genomic sequencing, while the others have external access to such facilities. Two countries are in the process of building sequencing capacity. Thailand has been conducting genetic sequencing for specimens from Maldives and Myanmar.

WHO is proposing setting up a SARS-CoV-2 genomics consortium in South-East Asia Region this year. The consortium will help enhance genomic sequencing and surveillance to develop a robust regional system to detect and monitor the evolution of SARS-CoV-2 viral threats for epidemics and pandemics. This will also help improve the timely use of genomic data for public health decision-making and to strengthen preparedness and response to future outbreaks/pandemics.

## From the field:

### Ensuring quality

At the backdrop of rapid expansion of laboratories and testing has been the focus on ensuring quality. WHO organised external quality assurance programme for detection of SARS-CoV-2 for national and sub-national laboratories during 2020 and early 2021. All countries with reported SARS CoV-2 cases participated. The exercise was critical in identifying challenges for addressing and further strengthening national laboratory responses.

Ensuring safe environment for the laboratory personnel has been critical always, and more during the COVID-19 pandemic. Recognizing its importance, WHO has been organizing periodic and need based trainings and technical assistance in countries, beginning with the first regional webinar on biosafety considerations for SARS CoV-2 as early as in January 2020.

### Challenges remain

Limited trained workforce and other resources are key barriers identified by countries for sustained long term testing and sequencing capacities. In a bid to address this, WHO is building a community of practice - sharing of experiences through webinars and sharing of information through platforms such as the regional laboratory network.

**“With COVID-19 cases once again beginning to increase, amid emergence of a new variant Omicron, we need to remain vigilant. Which means enhance our capacities to quickly test and provide timely results and conduct genome sequencing for the new variants.”**

*Dr Poonam Khetrapal Singh, Regional Director WHO South-East Asia Region*

Though the focus currently is on enhancing testing and sequencing, WHO aims to also bring in a more systematic approach for sustained testing and genomic surveillance for rapid detection and characterization of emerging and reemerging high threat pathogens.

For more information, click [here](#)

## Global highlights

### **Building on the momentum from the COVID-19 pandemic: Launch of the Global genomic surveillance strategy for pathogens with pandemic and epidemic potential**

With unprecedented speed and scale, a new era of genomic surveillance emerged during the COVID-19 pandemic as scientists, countries and partners worldwide strengthen capacities and tracking of the SARS-CoV-2 virus.

In the last year alone, there was a 14% increase in the proportion of WHO Member States that can sequence the virus (from 54% to 68%). Why is this important? Having more countries with the ability to monitor virus evolution and circulation means that public health risks – including variants of concern – can be detected and addressed more quickly. This strengthens global health security.



### **Recognizing the opportunities**

The COVID-19 pandemic highlighted the importance of geographically representative, timely and high-quality genetic sequence data, but it also revealed disparities. Key challenges include access to the relevant tools, skilled workforce, sustained financing and data quality.

International governing bodies, independent committees and partners have recognized the criticality of genomic surveillance as an element of pandemic and epidemic preparedness and response systems. Of note:

- The International Health Regulations (IHR 2005) Review Committee in 2021 recommended that ‘WHO should develop options to strengthen, and where appropriate, build global genomic sequencing infrastructure with a view to maximizing this critical technology as a component of future pandemic preparedness and response.’
- In Resolution 74.7, the World Health Assembly in 2021 ‘urged WHO Member States to increase their capacity to detect new threats including through lab techniques such as genomic sequencing’.

With this mandate, a global strategy on genomic surveillance was needed to establish a unifying high-level framework that is country-focused, pathogen agnostic, builds on the gains made, and focuses on addressing the gaps and challenges.

**“We’re still very much in the centre of the COVID-19 storm, but we have to start to think about the future. We have to ensure that we sustain this effort, and we sustain the capacities we’ve built. This Strategy will help us to do that...”**

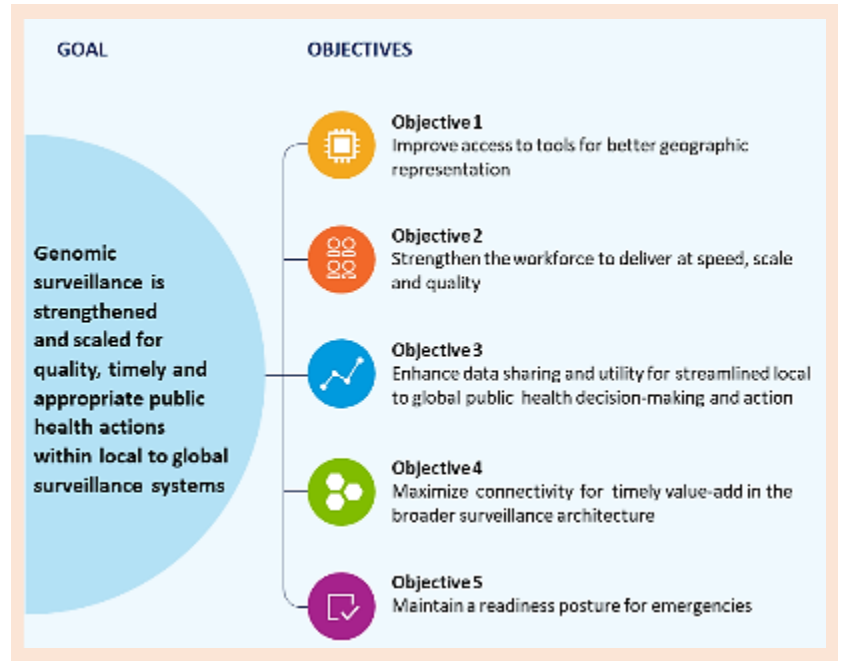
*Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme*

## Global highlights

### Articulating a global strategy

Given the clear need and current momentum, WHO worked with countries and partners to develop the **Global genomic surveillance strategy for pathogens with pandemic and epidemic potential 2022–2023**. The Strategy sets an overarching agenda to unite, inform and strengthen country, regional and global genomic surveillance as part of pandemic and epidemic preparedness and response.

The Strategy's goal is that genomic surveillance is strengthened and scaled for quality, timely and appropriate public health actions within local to global surveillance systems.



The Strategy's key measure of success is that by 2032, all 194 WHO Member States have, or have access to, timely genomic sequencing for pathogens with pandemic and epidemic potential. The Strategy's five objectives, which are underpinned by a set of strategic actions, catalyze attention and investment.

### Implementing through global commitment

Now that the Strategy has been launched, countries and partners are called to global action. Countries need to consider the opportunities for genomic surveillance within their own national contexts and global health needs. Capacities that exist in different disease control programmes and across One Health sectors should be explored as a means to equitably build on, sustain and surge genomic surveillance for pandemic and epidemic preparedness and response.

The COVID-19 pandemic has already demonstrated the power of scientists, countries and partners working together to protect public health. The common agenda set out in the Strategy relies on this continued collective action and partnerships.

The Global genomic surveillance strategy for pathogens with pandemic and epidemic potential 2022–2023 can be found [online](#).

## Risk Communication, Community Engagement and Infodemic Management

### WHO holds its first infodemic management training of trainers in the Islamic Republic of Iran

With an adjusted format to conduct the training virtually due to rising cases in-country and ensuring public health and social measures, WHO held its first in-country training of trainers workshop on infodemic management in March 2022 in the Islamic Republic of Iran. In total, 40 participants attended the 4-day training, which was supported by all three levels of WHO.

The participating training cohort was comprised of experts from multiple areas including policy development, epidemiology, data collection, health promotion and communication from the national and local public health authority levels.

The workshop focused on helping participants learn about infodemic management and strategize how best to integrate concepts, tools and best practices into their respective work portfolios.



Based on the updated WHO global infodemic management curriculum, international experts lectured during twelve hours of live sessions, with simultaneous interpretation. In addition to the lecture series, group discussions in Farsi also allowed the participants to practice their newly acquired knowledge and skills with practical examples and case studies.

Thanks to new skills acquired, the workshop participants will be better equipped to clearly discern and demonstrate the burden of infodemics on individual and collective health outcomes. The participatory workshop will also help them to devise evidence-based interventions and methods to mitigate the harm to public health, to support the uptake of vaccines, public health and social measures, treatments, and health behaviours, and to prevent future infodemics.

**"Knowledge and information are essential components of equity. Conducting this first infodemic management "train the trainers" for Iran was a special opportunity for all to put equity for health in action, which we will now cascade further in the country."**

*Marzieh Kouhestani, RCCE consultant, WHO Iran.*

Following the workshop, the newly minted trainer cohort will use the "train-the-trainers" (TOT) package, aligned with the related [WHO competency framework](#) published in 2021, to continue to cascade the infodemic management training across different public health functions in the 31 provinces of the country.

In addition, the infodemic management TOT package that was used in the Islamic Republic of Iran will also soon be publicly available on WHO web site for easy usage by countries, partners and implementers.

For further info, click [here](#)



### Pandemic learning response

#### Professional coaching to support effective leadership and prevention of sexual exploitation and abuse

The WHO Health Emergencies Programme (WHE) has expanded one-to-one coaching to support staff engaged in preventing and responding to sexual exploitation, abuse and harassment (PSREAH) and participants in Leadership in Emergencies courses.

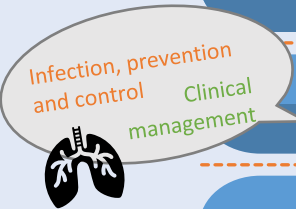
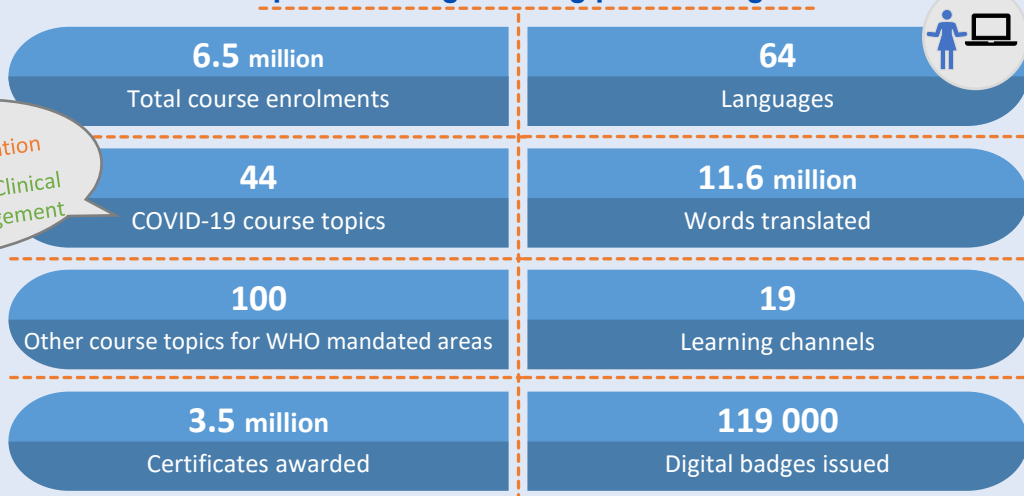
The Learning and Capacity Development Unit first offered to coaching to WHE staff in 2019. Building on this success, the coaching programme has now been expanded to benefit 50 leaders from the [Leadership in Emergencies](#) courses and 20 [PRSEAH](#) staff who will receive coaching from professionally qualified coaches. Coaching is available in English, French, Arabic and Spanish to ensure greater inclusivity.



Studies have shown that leadership coaching is an effective method for developing leadership competencies by building resilience and confidence, increasing self-awareness, and developing new strategies to achieve organizational goals. Leaders who engage in coaching also experience increased engagement and job satisfaction, leading to enhanced performance across teams.

The establishment of the leadership coaching programme within WHE continues the organization’s goal of promoting inclusive life-long learning and providing high-quality learning content and services to improve health emergency response in all contexts.

### OpenWHO.org learning platform figures



## 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					
	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

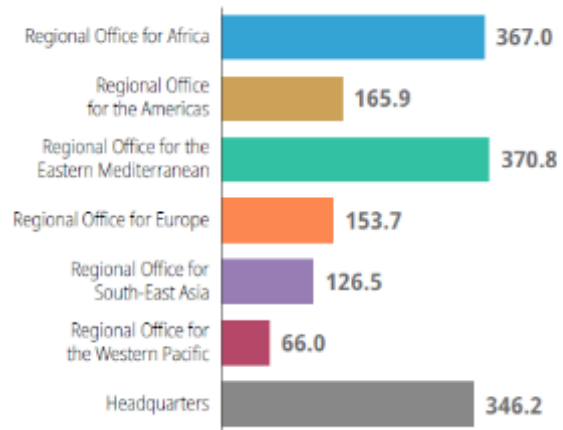
Thanks to the generosity of donors, investments in the ACT-Accelerator to date have helped slow the pandemic's destructive path and enabled the introduction of life-saving tools. But we have not yet addressed the inequities in access to these tools among many of the communities and countries that need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

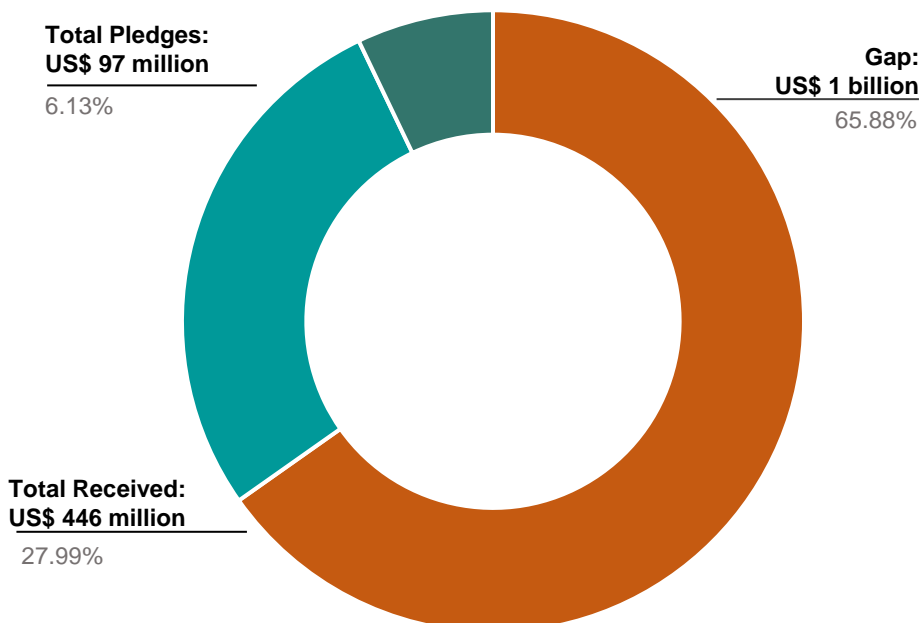
WHO COVID-19 budget by major office (US\$ million)



**TOTAL US\$ 1.59 billion**

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

Data as of 22 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 10/2022) <sup>c</sup>	61% (n=71)	<b>62% (n=72)</b>	50%
This week (epidemiological week 10/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 72 (62%) 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.			
<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)	99% (n=192)	100%
<b>Pillar 10:</b> Number of COVID-19 doses administered globally (N=N/A, as of 30 March 2022) <sup>c</sup>	<b>10 925 055 390</b>	<b>11 054 362 790</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 30 March 2022) <sup>c</sup>	<b>64% (5.007 billion)</b>	<b>65% (5.034 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

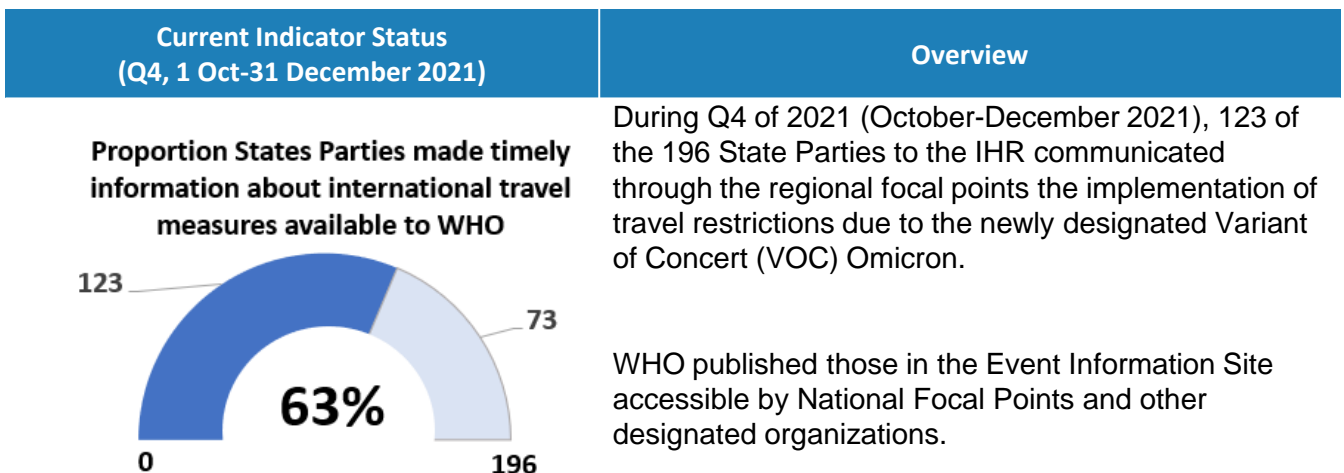
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

**Pilar 4: Points of entry, international travel and transport, and mass gatherings**

Following the [10th meeting of the IHR Emergency Committee on COVID-19 pandemic](#) on 13 January 2022, the Director-General issued the following new Temporary Recommendations for States Parties in relation to International Traffic:

- 1. MODIFIED:** Lift or ease international traffic bans as they do not provide added value and continue to contribute to the economic and social stress experienced by States Parties. The failure of travel restrictions introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time. Travel measures (e.g. masking, testing, isolation/quarantine, and vaccination) should be based on risk assessments and avoid placing the financial burden on international travellers in accordance with Article 40 of the IHR. [WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant](#)
- 2. EXTENDED:** Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines. State Parties should consider a risk-based approach to the facilitation of international travel by lifting or modifying measures, such as testing and/or quarantine requirements, when appropriate, in accordance with the WHO guidance. [Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers](#); [Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19](#)
- 3. MODIFIED:** Recognize all vaccines that have received WHO Emergency Use Listing and all heterologous vaccine combinations as per SAGE recommendations, including in the context of international travel. States Parties are also requested to support research to derive the optimal vaccination strategy for reducing infection, morbidity and mortality. [Interim Recommendations for heterologous COVID-19 Vaccine Schedules](#) ; [WHO Emergency Use Listing](#)

*Member States continue to implement a risk based approach for managing the risks of COVID-19 spread while gradually resuming and adjusting international travel, trade and mass gathering events.*



**Key Highlights**

**38 countries** (22 more than previously reported in Q3) required proof of vaccination against COVID-19 as a condition for entry, which goes against the IHR Temporary Recommendations



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

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

## News

- [Cyclone Gombe brings to light the true heroes of the Health Sector](#)
- [Catching up on ending tuberculosis amid pandemic setbacks in Viet Nam](#)
- [WHO establishes the Global Centre for Traditional Medicine in India](#)
- Ministry of Health Chile launches the [National Vaccination Campaign against influenza 2022](#)