Weekly Operational Update on COVID-19
1 February 2022

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

Confirmed cases 370 572 213
Confirmed deaths 5 658 702

For the 21 January 2021 update to Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States, click here.

Germany and PAHO Donate 230 Oxygen Cylinders to Suriname

On 25 January, Germany, in collaboration with PAHO/WHO, donated 230 oxygen cylinders with a capacity of 250 cubic feet to the Ministry of Health in Suriname to support case management for COVID-19. These cylinders were procured and shipped through PAHO and will be distributed to various medical institutions in Suriname by the Ministry of Health.

This is the second donation of COVID-19 response supplies by Germany in collaboration with PAHO in the past 6 months, following an earlier donation of 462,500 medical masks procured through PAHO/WHO.

“Oxygen provision remains one of the main components in the package of care for severe cases of COVID-19 and may help to prevent the need for mechanical ventilation. This donation of oxygen cylinders to the Ministry of Health demonstrates PAHO’s ongoing commitment to support the country in all pillars of its response to the COVID-19 pandemic”.

Dr. Karen Lewis-Bell, PAHO/WHO representative in Suriname.

For further information, click here.

Key Figures

- WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work
- More than 6.2 million people registered on OpenWHO and accessing online training courses across 40 topics in 62 languages
- 22 934 359 PCR tests shipped globally
- 215 785 426 medical masks shipped globally
- 99 140 700 gloves shipped globally
- 9 611 511 face shields shipped globally
- 205 GOARN deployments conducted to support COVID-19 pandemic response
- 9 901 135 033 COVID-19 vaccine doses administered globally as of 31 January

* See Gavi’s COVAX updates for the latest COVAX vaccine roll–out data

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In 2017 the Better Labs for Better Health initiative within the WHO Regional Office for Europe established the mentoring programme with an aim of providing continuous training, on the job mentoring and capacity building to laboratory experts by developing a sustainable approach of capacity building in quality management system (QMS) implementation.

The mentors programme has been an asset and has helped to increase in laboratory capacity. During the pandemic, WHO/Europe continued to scale up the programme.

As a result, many countries have been able to rely on their national laboratory experts to implement quality management systems in COVID-19 laboratories. Currently there are 34 mentors across four countries.

Overall, the implementation of QMS has been shown to be effective and efficient for strengthening medical laboratories based on the international quality standard ISO 15189:2012. Using the Laboratory Quality Stepwise Implementation tool (LQSI tool), developed in 2014, WHO/Europe has helped to guide laboratories through the practical day-to-day implementation of the quality management system.

Although trainings have been carried out, there remain needs for external assistance in the implementation process. Regular mentoring therefore remains crucial to achieve the implementation of the quality management system.

Continued on the next page...
CONTINUED: THE FIRST MENTORS TRAINING HELD IN THE WORLD HEALTH EMERGENCIES BALKAN HUB: 25-27 JANUARY 2022

Following the successful implementation of the mentoring program in Central Asian countries, the same model was implemented with the first mentors training taking place in North Macedonia from 25 – 27 January 2021. The training in the Balkans Hub was attended by a total of 15 laboratory experts from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, and Kosovo [1].

The aim of the training was to establish the mentors programme within these additional countries and areas and empower mentors who will in turn support laboratories in implementing quality management systems based on ISO 15189:2012.

The mentors will also provide support in ensuring that the primary processes of the laboratory operate correctly and safely, controlling and assuring quality and creating traceability, ensuring proper management, leadership and organization to create continuous improvement and prepare for accreditation. This training was implemented with the support of the EU DG Near Project.

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

**India marks one year of COVID-19 vaccination**

India crossed the one-year milestone of the launch of its COVID-19 vaccination drive on 16 January 2022, in which 1.56 billion vaccine doses have been delivered to help protect people against the disease. By 16 January 2022, 70% of the adult population has been fully vaccinated and 93% have received their first dose.

The vaccination drive has been expanded exponentially over the past year. What began as vaccinating health care workers, frontline workers and adults over 60 years was progressively expanded to include people over 45 with co-morbidities, all adults 18 years and older, and since 3 January 2022, teenagers in the 15-18 years age group.

“Precaution” or booster doses for at-risk population began on 10 January 2022. India delivered the highest single-day vaccinations of 25 million doses on 17 September 2021. The drive is also the world’s largest digital vaccination drive with 9.9 billion registrations though the CoWIN app. The WHO Country Office for India, particularly the field teams, have supported the national and state government to plan and deliver quality vaccine doses at speed and scale.

“Apart from technical guidance to the government of India in all areas of the pandemic response, WHO’s network of 2600 field officers from various programmes (polio, TB, Neglected Tropical Diseases, etc.) based in 23 states but reaching all states and UTs, have been repurposed to provide on-ground support to health authorities at all levels to respond to the pandemic, including vaccinations. WHO field personnel are also working to build vaccine confidence by providing support at the COVID-19 vaccination monitoring sites and by providing feedback to local governments for addressing vaccine hesitancy.”

*Dr Roderico H. Ofrin, WHO Country Representative to India.*

For further information, click [here](#).
Almost 2 years have passed since the first laboratory confirmed case of COVID-19 in the African region. Since then, the region has been hit by four waves of the virus, with the last wave still ongoing in some countries. However, as of 27 January 2022 only 7.5% of the African Region’s population has been fully vaccinated against COVID-19, compared to 51% globally on 24 January. Additionally, only 27 countries out of the 47 have attained at least 10% of populations fully vaccinated and fewer than 5 managed to reach the year-end target of 40%.

Over the past year, the main causes of low vaccination coverage in Africa were severe shortages of supply coupled with erratic and unpredictable shipments, as well as shortfalls in operational funding to support planning and implementation.

Now that the supply situation has improved dramatically, the main challenges include insufficient capacity and heavy processes to access or absorb available funding from GAVI and the World Bank, insufficient decentralization of vaccination capacities, insufficient communication strategy around adverse events following immunization (AEFI), the rising tide of vaccine hesitancy fueled by misinformation as a result of insufficient risk communication and community engagement, the growing anti-vaccine campaigns on social media and insufficient involvement of community leaders to support buy-in of vaccine uptake by communities. These and many other challenges are slowing down the COVID-19 vaccination rollout in the region.

To increase the chance of reaching the set vaccination targets for 2022, the WHO Regional Office for Africa (WHO AFRO) has developed country support teams in countries with high populations and low vaccination coverage. These teams will support the Member States to scale up COVID-19 vaccination, as well as leverage experiences learned from polio, yellow fever and meningitis campaigns, the reaching every district (RED) approach and HIV community-based responses.
Each country support team is composed of at least three experts (tailored to each individual country needs), including at least 1 senior immunization expert, 1 data science expert, and 1 social anthropologist. These support teams will work through the new ‘One Country Team’ approach with one plan and one budget for each country as agreed upon by the Ministry of Health and partners.

A three-day pre-deployment briefing was held in Brazzaville, Republic of Congo the third week of January for country support team members for 20 priority countries (Angola, Burkina Faso, Burundi, Cameroon, Chad, Côte d’Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Madagascar, Mali, Mozambique, Nigeria, Senegal, South Sudan, Tanzania, Uganda and Zambia).

Participants were provided with updates on various aspects of the COVID-19 vaccine roll-out, strategies at global and regional levels to improve vaccine uptake using lessons learned from country Intra-Action Reviews (IARs) and surge missions conducted in quarter four of 2021. Several country-specific resource documents and tools to aid the teams at country level were also reviewed and discussed in detail.

“With an unprecedented vaccination campaign in both speed and scale, there is inevitably some fine-tuning as we go. WHO is central to supporting this, and there are many valuable best practices and lessons emerging that countries can share,” says Dr Richard Mihigo, WHO Immunization and Vaccines Development Programme Coordinator for Africa.
HEALTH EMERGENCIES programme

From the field:

WHO supports Iraq with over 20 tons of medical supplies to enhance national response to COVID-19 health challenges in Kurdistan region

WHO has delivered more than 20 tons of urgently needed medical technologies to the Ministry of Health in the Kurdish region of Iraq. The 117-pallet consignment contains a variety of emergency medical devices, mechanical and intensive care unit beds and other hospital equipment and personal protective equipment that will contribute to boosting the quality of medical care services and enhance the local health authority’s preparedness in responding to an increasing number of cases as a result of the Omicron variant as Iraq experiences its fourth wave of the COVID-19 epidemic in Iraq.

“I am happy at the level of collaboration between the Ministry of Health in the Kurdistan region and WHO, and express my appreciation of all efforts behind this continued support,” said Dr Saman Barzangy, Minister of Health of the Kurdistan region.

“This shipment of emergency medical supplies will make a difference in the quality and quantity of health care services delivered in our health institutions. Hundreds of thousands of people will now be assured better access to essential and emergency health care services, including COVID-19 treatment,” said H.E. Dr Barzangy.

After a significant decrease in the number of COVID-19 infections in the last few months of 2021, helped by an increase in the number of people vaccinated, infections are starting to surge again recently following the detection of the Omicron variant in the northern city of Duhok in the Kurdistan region and the capital Baghdad on 6 January 2022.

In 2021, WHO Iraq supported the Ministry of Health in the Kurdistan region with medical equipment and pharmaceuticals worth over US$ 2.5 million. The support strengthened provision of essential and emergency health care services and productively contributed to addressing the urgent health needs of the community, which continues to host nearly a quarter of a million Syrian refugees and over 1 million internally displaced Iraqis.

For further information, click here.
**From the field:**

Lao People’s Democratic Republic receives additional COVID-19 vaccines donated by the United States of America through the COVAX Facility

On 2 and 24 January 2022, the Lao People’s Democratic Republic received more than 1.6 million doses (799,110 and 899,730) of the Pfizer/BioNTech COVID-19 vaccine donated by the United States of America via the COVAX Facility. These shipments build on the donation of one million Johnson & Johnson vaccines delivered in July 2021.

According to the National Deployment and Vaccination Plan (NDVP), these vaccines will be used to immunize adolescents aged 12 to 17 years as well as individuals at risk of severe COVID-19, including people 60 years and above, people with underlying health conditions and pregnant women. This contribution will also support the country’s efforts to vaccinate 80% of its population by the end of the year. The United States of America, through WHO, USAID and UNICEF, is working closely with Lao People’s Democratic Republic to help strengthen the country’s capacity to distribute COVID-19 vaccines safely and effectively.

Lao People’s Democratic Republic has been making steady progress in vaccinating its population against COVID-19. Since March 2021, over 4.6 million people have received at least one dose of the COVID-19 vaccine and more than 3.9 million people are fully vaccinated.
Pandemic learning response

Strengthening occupational health and safety in Japan during the pandemic

Online courses aimed at safeguarding occupational health during the COVID-19 pandemic are available in Japanese on OpenWHO.org thanks to collaboration between the WHO Collaborating Centres for Occupational Health in Japan, the Occupational and Workplace Health Programme at WHO Headquarters and the WHO Regional Office for the Western Pacific.

The two free courses, which address COVID-19 and work and occupational health and safety for health workers, were translated into Japanese by two WHO collaborating centres for occupational health that provide support to WHO’s global and regional activities to protect and promote the health of workers: the University of Occupational and Environmental Health, Japan and the National Institute of Occupational Safety and Health, Japan.

WHO collaborating centres for occupational health have reoriented their work in response to WHO’s call for action to support in the context of COVID-19. The Japanese online courses are being used for occupational health and safety education for employees in general workplaces, education of health care professionals when they engage in COVID-19 practice and basic training for newly hired occupational health staff. They were disseminated through the SANSUIKEN network of occupational health staff and academic researchers and used by members to develop educational programs in their workplaces, including hospitals.

“Currently, the ‘sixth wave’ of COVID-19 infection by the Omicron variant has spread throughout Japan. In this wave, a series of cases of infection have been reported even among vaccinated people. Therefore, there is renewed interest in the need for infection control measures in the workplace based on the principles of occupational health and safety, which are covered in the courses,”

Dr Tomohiro Ishimaru,
Associate Professor for the University of Occupational and Environmental Health, Japan.

OpenWHO.org learning platform figures

- 6.2 million Total course enrolments
- 40 COVID-19 course topics
- 91 Other course topics for WHO
- 3.4 million Certificates awarded
- 11.2 million Words translated
- 19 Learning channels
- 85 000 Digital badges issued
- 62 Languages

As of 25 January 2022
The first Regional Emergency Medical Team (EMT) training course of the new EMT Regional Training Centre for Africa took place in Entebbe from 29 November to 4 December 2021. Hosted by the Regional Training Center in collaboration with the Ministry of Health in Uganda, the training proved to be an important step towards building self-sufficient national EMTs, that adhere to guiding principles and minimum standards, within the African Region.

By facilitating the transfer of knowledge and skills from international experts and between national teams, the EMT Regional Training Centre for Africa will help to build in-country capacity.

In turn, this will strengthen the preparedness and ability of national EMTs to respond to health emergencies across the African Region, including the current COVID-19 pandemic. Twenty-three participants from Uganda and Namibia took part in the four-day Team Member Induction Course. Twelve Ugandan and Namibian team members remained for the subsequent two-day Training of Trainers (ToT) course.

The Team Member Induction course comprises a series of informative and interactive workshops that build on participants’ existing skills and knowledge base. The final day of the Team Member Induction course involved a simulation exercise, giving participants the opportunity to practice the key teachings in a safe and controlled environment.

“Our aim is to create fully trained and self-sufficient EMTs who can deploy to an emergency without burdening an already stressed local system. That means having the right mix of clinical and operational support specialists, equipped with the skills to effectively treat patients and support national systems in time of need, as we’ve seen in the current COVID-19 pandemic.”

Dr Thierno Balde, COVID-19 Incident Manager for the Region and Team Lead, Operational Partnerships and WHO Readiness in the WHO Regional Office for Africa.

The objective of the two-day ToT course was to train a pool of facilitators to be available within the Region to support delivery of EMT courses within their countries and share their experiences at the EMT Training Centre for the African Region. Following this course in Uganda, the Namibia team is equipped to run their own team member training to mobilize to respond to COVID-19.

For further information on the EMT training course, click here. For a video to learn more about the Training Centre for Africa, the WHO EMT Initiative, and highlights from the recent training on YouTube, click here.
Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO and PAHO-procured items that have been shipped as of 25 January 2022.

<table>
<thead>
<tr>
<th>Region</th>
<th>Laboratory supplies</th>
<th>Personal protective equipment*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sample collection kits</td>
<td>Antigen RDTs</td>
</tr>
<tr>
<td>Africa (AFR)</td>
<td>5 344 375</td>
<td>1 782 550</td>
</tr>
<tr>
<td>Americas (AMR)</td>
<td>1 446 132</td>
<td>21 062 950</td>
</tr>
<tr>
<td>Eastern Mediterranean (EMR)</td>
<td>2 681 943</td>
<td>2 435 875</td>
</tr>
<tr>
<td>Europe (EUR)</td>
<td>913 300</td>
<td>1 441 525</td>
</tr>
<tr>
<td>South East Asia (SEAR)</td>
<td>4 205 800</td>
<td>4 695 000</td>
</tr>
<tr>
<td>Western Pacific (WPR)</td>
<td>1 908 750</td>
<td>180 650</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16 500 300</td>
<td>31 598 550</td>
</tr>
</tbody>
</table>

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

*Personal protective equipment data are as of 23 December

For further information on the COVID-19 supply chain system, see here.
WHO has recently published the WHO ACT-Accelerator Appeal: Supporting the spinal cord of the global COVID-19 response (December 2021), including WHO’s unique role and funding requirements to deliver on its role and work under the Access to COVID-19 Tools (ACT)-Accelerator, October 2021 to September 2022.

The ACT-Accelerator – and WHO’s funding requirement within it – is a subset to WHO’s global Strategic Preparedness and Response Plan (SPRP) which outlines WHO’s overall objectives and funding needs for the COVID-19 response.

The ACT-Accelerator needs US$ 23.4 billion until September 2022. Of this, WHO’s funding needs are US$ 1.57 billion, less than 7% of the total ask. This is an urgent call for the international community to fund the low cost, high impact work of the WHO to deliver on its new role within the new ACT-Accelerator.
## 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.

<table>
<thead>
<tr>
<th>Indicator (data as of)</th>
<th>Previous Status</th>
<th>Status Update</th>
<th>2021 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pillar 3:</strong> Proportion of countries 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, as of epidemiological week 01/2022)</td>
<td>45% (n=52)</td>
<td>52% (n=60)</td>
<td>50%</td>
</tr>
</tbody>
</table>

This week (epidemiological week 01/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 60 (52%) 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.

| **Pillar 10:** Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 31 January 2022) | 99% (n=192)   | 99% (n=192)  | 100%        |

| **Pillar 10:** Number of COVID-19 doses administered globally (N=N/A, as of 31 January 2022) | 9 620 105 525 | 9 901 135 033 | N/A         |

| **Pillar 10:** Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 31 January 2022) | 60.4% (4.7 billion) | 61.2% (4.76 billion) | N/A         |

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* The term “countries” should be understood as referring to “countries and territories”

* 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

* Weekly reported indicator

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

COVID-19 Solidarity Response Fund

As of 10 November 2021, The Solidarity Response Fund has raised or committed more than US$ 256 million from more than 676,626 donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO’s work, including activities with partners to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It’s never been more urgent to support the global response, led by WHO.

The following amounts have already been disbursed to WHO and partners:

- **$169 million**
  to the World Health Organization to procure and distribute essential commodities and coordinate response.

- **$10 million**
  to CEPI to catalyze and coordinate global vaccine R&D.

- **$10 million**
  to UNHCR to protect at-risk Internally Displaced People and refugees.

- **$10 million**
  to UNICEF to support vulnerable communities in low-resource settings.

- **$20 million**
  to WFP to support the shipment of vital commodities where they are most needed.

- **$5 million**
  to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.

- **$2.6 million**
  to the World Organization of the Scout Movement to alleviate the pandemic’s negative impact on youth development.
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 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 25 January 2022 Weekly Epidemiological Update, click here. Highlights this week include:

Updates on the geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), and summarize their phenotypic characteristics based on available studies. A specific brief update on the Omicron variant, is also provided.

News

- To read the WHO Strategic Advisory Group of Experts on Immunization updates recommendations on boosters, COVID-19 vaccines for children from 21 January, click here.
- For the WHO Director-General’s opening remarks at the 150th session of the Executive Board, including comments about ending the acute phase of the pandemic, click here.
- For 15 figures on 732 days of COVID-19 in the WHO European Region, click here.