

# WHO's Monthly Operational Update on COVID-19



Scientific meeting on developing a national genomic sequencing strategy for Türkiye.  
Photo credit: WHO Country Office Türkiye

## WHO Country Office and Ministry of Health Türkiye lead the development of a national genomic surveillance strategy: 24–26 June 2022 in Izmir, Türkiye

Genomic surveillance has been critical throughout the COVID-19 response to characterize SARS-CoV-2 lineages, monitor global transmission, detect new variants and inform public health action. The role genomic surveillance has played during the pandemic has encouraged countries to invest in genomic sequencing capacities. Recognizing this global momentum, WHO published the [Global genomic surveillance strategy for pathogens with pandemic and epidemic potential](#) (2022–2032), which aims to provide a high-level framework to strengthen and enhance global sequencing and bioinformatics capacities.

In Türkiye, the WHO Country Office works closely with the Ministry of Health (MoH) and the National Virology Reference Laboratory (NVRL) on a project funded by the European Union (EU), which aims to build capacity and strengthen genomic surveillance for SARS-CoV-2 and other pathogens. As part of this project, significant investments have been made in sequencing equipment, computing infrastructure, personnel training, and data management and sharing.

“Government endorsement of the national sequencing strategy signifies political and technical commitment to support the implementation of the strategy over the coming years. Strong collaboration, sustainable funding and continuing support from our donors will also be critical to ensure the strategy is implemented effectively and capacity used optimally.”

**Dr Batyr Berdyklychev**  
WHO Representative in Türkiye

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### Key figures (as of June 2022)

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

 OpenWHO totaled **6.8 million enrolments** for online courses available in **64 national and local languages**, including 46 courses dedicated to the COVID-19 response

 **951 million tests** delivered via ACT-A

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

 **11 902 271 619 vaccine doses** have been administered as of 15 June 2022

**4 736 140 058** persons fully vaccinated as of 15 June 2022

**5 199 509 614** persons vaccinated with at least one dose as of 15 June 2022

 **40.3 million** online data analysed between 15 May 2022 – 14 June 2022 by WHO as part of social listening and infodemic management support to Member States

\* COVAX has shipped over 1.53 billion vaccines to 146 participants as of 15 June 2022

\* See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

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

To consolidate and expand these capacities for other high threat pathogens, including antimicrobial resistance, a comprehensive and sustainable five-year national genomic surveillance strategy is being developed for Türkiye, which will integrate all areas of infectious disease genomic surveillance, thereby enhancing preparedness and reinforcing health security.

To facilitate this process, WHO convened a scientific meeting in Izmir from 24 to 26 June, to share experiences of developing comprehensive and sustainable national genomic surveillance strategies within the European region and develop a draft national strategy for Türkiye. Demonstrating WHO's convening power and the will to enhance collaboration and networking among Member States, the meeting brought together ten countries from the WHO European Region, with representative from Azerbaijan, Bosnia and Herzegovina, Denmark, Georgia, Germany, Kyrgyzstan, North Macedonia, the Republic of Moldova, Serbia and the United Kingdom of Great Britain and Northern Ireland, as well as participants from the Ministry of Health, Türkiye, the WHO Regional Office for Europe and WHO Headquarters. In total 22 participants from Türkiye and 33 internationals attended the hybrid meeting, with 30 participants attending in-person and 25 online.

The three-day meeting was opened by Dr Batyr Berdyklychev, WHO Representative in Türkiye, Mrs Figen Tunckanat, Head of the Health Sector in the EU Delegation in Türkiye and Dr Mahmut Avci, Deputy Director of the MoH General Directorate of Public Health, signifying high-level support for the initiative.

Country representatives shared experiences of using genomic sequencing for SARS-CoV-2 and other pathogens and participated in facilitated panel discussions covering key areas such as: defining sequencing objectives and scope of pathogens; identifying and mobilizing sustainable funding; developing and adapting sampling strategies; building the laboratory workforce's capacity; enhancing data analysis and management systems; and using genomic sequencing data to inform public health action.

On the third day, the group began the process of developing a comprehensive genomic surveillance strategy for Türkiye, which will guide work in this area over the coming five years and ensure effective utilization and expansion of genomic sequencing capacity. An agreement was reached on the national genomic surveillance strategy's overall goal, its strategic objectives, specific activities and on the scope of pathogens to be included.

Following this meeting, a task force comprised of WHO and MOH experts will continue working on the elaboration of the strategy document, through a series of planning meetings to be held over the coming months. The aim will be to have a document endorsed by the Government by the end of 2022.



Dr Batyr Berdyklychev, WHO Representative in Türkiye, opening the meeting and highlighting the importance of political commitment to implement the strategy. Photo credit: WHO Country Office Türkiye



Dr Lisa Carter, WHO Headquarters Laboratory, presenting the global genomic surveillance strategy and how it can be implemented at country level. Photo credit: WHO Country Office Türkiye

## The United Republic of Tanzania hosts the first simulation exercise in East Africa since the onset of the COVID-19 pandemic, to improve readiness to health emergencies at points of entry



Participants and organizers of the regional workshop to strengthen capacities for exercise operations at points of entry in Arusha, The United Republic of Tanzania, from 1–7 May 2022. Photo credit: WHO

The seven-day simulation exercise training took place on 2–7 May 2022 and was organized by the East African Community (EAC), with support from the WHO and the German Cooperation (GIZ). It gathered over 60 emergency management experts from Burundi, Kenya, the United Republic of Tanzania, Uganda, South Sudan and the EAC, and was facilitated by a team of 13 experts from WHO, the Africa Centre for Disease Control and Prevention (Africa CDC), GIZ and a GIZ-contracted firm, GOPA Worldwide Consultants GmbH. Its objectives were:

- To improve participants' knowledge and skills to conduct simulation exercises as a key tool to step up countries' preparedness and readiness to future health emergencies; and
- To strength public health capacities for disease surveillance and response at points of entry, as per the requirements of the International Health Regulations (IHR 2005).

The training was composed of both theoretical and practical sessions during which participants acquired the necessary knowledge and skills on planning, development and implementation of simulation exercises to test the operational plans and protocols to contain an outbreak. Participants had the opportunity to put this into practice, including through the design and execution of a full-scale simulation exercise at the Kilimanjaro International Airport (KIA) in Arusha, which involved a realistic disaster scenario, namely the arrival of a traveler and an animal with a suspected infectious disease.

This full-scale simulation exercise emphasized the One Health approach and provided an opportunity for the staff at KIA to test the operationalization of their public health emergency response plan and receive recommendations on how to continue improving their readiness capacities to respond to any future public health events at the airport.

“We are living in an interlinked world as exemplified by the COVID-19 pandemic. This reality rings so true in East Africa where our people and countries have close socioeconomic ties. An infectious disease outbreak in one country can no longer be seen as a remote possibility at home.”

**Dr David Balikowa**  
EAC Senior Livestock Officer

All participants were awarded certificates after completing the regional simulation training and were subsequently integrated in a regional pool of rapidly deployable experts able to conduct simulation exercises in the WHO African Region.

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



Staff at the Kilimanjaro International Airport provide emergency care to an arriving passenger showing symptoms of an infectious disease during the full-scale simulation exercise on 7 May 2022. Photo credit: WHO

“I am glad that the training gathered experts from multiple sectors, including human health, animal health, tourism, or aviation, among others; this multisectoral and multidisciplinary approach benefited greatly the discussions and outcome of both the training and simulation exercises.”

**Mr Timothy Wesonga**  
Preparedness and One Health Advisor at GIZ

## Empowering indigenous women as ‘agents of change’: WHO supports Ecuador to engage community stakeholders as part of its COVID-19 response strategy

In this series, WHO showcases summarized country case studies that demonstrate the Organization’s progress of the implementation of the 13th Global Programme of Work.

The full country case studies appeared under the report “[For a safer, healthier and fairer world](#)” Results Report”, which was shared prior to the 75th World Health Assembly.



Mariana Canelo, indigenous Kichwa community and community communicator for the Voice of CONFENIAE. Photo credit: PAHO / WHO Country Office in Ecuador

Ecuador’s indigenous population living in the Amazon is particularly at risk of public health threats such as COVID-19 due to the difficulty of accessing health services in remote locations. To mitigate this, the WHO Pan American Health Organization (PAHO) supported two local civil society organizations, Fundación Pachamama and the Confederation of Indigenous Nationalities in the Ecuadorian Amazon (CONFENIAE), to scale up community assistance programs in targeted provinces (Pastaza, Morona Santiago and Tungurahua). Assistance was provided with financial support from the global [COVID-19 Solidarity Response Fund](#), which aimed to train and equip communities and health workers to prevent, detect, and treat COVID-19, and strengthen the readiness and resilience of communities to face future public health emergencies. Both partner organizations are well-established in the communities and already had a working relationship with the PAHO/WHO Country Office.

Activities were guided by the COVID-19 Solidarity Response Fund framework for action of the “**3E’s of commitment**”: “Enable”, “Empower”, and “Engage”. Ecuador *enabled* local civil society organizations to *empower* indigenous Amazonian women in becoming “agents of change” and *engaging* their communities against COVID-19 and future emergencies.

- PAHO and CONFENIAE **enhanced access to information** through the distribution of 600 copies of the translated book “[My Hero is You](#)” to school children to provide mental health support, as well as through the development and airing of 30 culturally-appropriate radio scripts in native languages that tackled vaccine misinformation and hesitancy. To increase radio listenership and steer programming of relevance to COVID-19, PAHO also supported CONFENIAE in expanding the FM radio frequency of “La Voz de la CONFENIAE” – the only radio station reaching indigenous communities in the native languages of the Amazonian region.
- To **enhance the continuum of essential health services and support better hygiene**, PAHO and Fundación Pachamama **trained 223 indigenous community health workers as midwives**; distributed 400 childbirth kits; and offered artisanal soap production trainings, which enabled 20 local women to become agents of hygiene change and generate a source of sustainable income.
- Using a **gender-inclusive approach**, **31 men** from the Shuar community, including community and faith leaders **received training on how to address and end the cycle of gender-based violence**.

In conjunction with other country-led efforts, actions implemented in Ecuador under this initiative have contributed to slowing down the transmission of COVID-19. In the longer-term, it is expected that community-led interventions during COVID-19 will enhance communities’ and health systems’ resilience in their preparedness and response to future health emergencies and disasters.

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

“I feel proud to walk around as a health promoter and I want to invite all the sisters and women to be part of this empowerment and fight for our rights. I want us to be strong women and fighters.”

**Indigenous Health Promoter on Maternal Health**  
Fundación Pachamama

## 15 tonnes of lifesaving COVID-19 supplies arrive in Samoa

A planeload of critical medical equipment and supplies arrived in Samoa on 2 May 2022 to bolster the country's response to the COVID-19 pandemic. The supplies were provided by WHO and transported by the United Nations World Food Programme (WFP), with funding support from the European Union (EU).

“WHO, WFP and the EU have shown themselves to be true friends indeed to Samoa – not just in this latest delivery of supplies, but in their ongoing tremendous support for our COVID-19 preparedness and response. This equipment and medical supplies will be used by Samoan health workers around the country as they continue to test and treat patients and to remain safe themselves as they save lives. *Faafetai tele lava* for your kind assistance,” said the Minister of Health, the Honourable Valasi Luapitofanua To'ogamaga Tafito Selesele.

The 15-tonne delivery included 280 000 surgical masks, 248 300 gloves, 72 000 gowns, 30 000 N95 masks, 10 300 face shields, 3 000 pulse oximeters and 50 oxygen from WHO's Regional Emergency Stockpile. According to the Ministry of Health, this equipment and medical supplies will provide protection to health care workers on the frontline and ensure their capacity to conduct critical case management work. Additional supplies were also sent to Tokelau.

Samoa detected its first community transmission of COVID-19 on 17 March 2022 after two years of being COVID-free. As of 16 June, the country has reported a total of 14 422 COVID-19 cases. However, with 92 percent of the eligible population fully vaccinated, the death rate has been low.

For further information, please visit this [page](#).



Caption: The Minister of Health of Samoa, the Honourable Valasi Luapitofanua To'ogamaga Tafito Selesele, bumps elbows with WHO Representative to Samoa, Dr Kim Eva Dickson, as lifesaving medical supplies are unloaded from a plane at Faleolo Airport. Photo credit: Tihati Devoe / WHO

“We knew we needed to get this equipment and supplies into health workers' hands here in Samoa, but getting it here was going to be a challenge, due to limited flights and inflated shipping costs. Thankfully, we spoke with our colleagues at WFP and, with support from the EU, they made this flight possible.”

**Dr Kim Eva Dickson**  
WHO Representative to Samoa



The Minister of Health of Samoa, the Honourable Valasi Luapitofanua To'ogamaga Tafito Selesele and WHO staffs wait as medical supplies and equipment are being delivered. Photo credit: Tihati Devoe / WHO

## The Syrian Arab Republic's coastal areas takes COVID-19 vaccination campaign to a new level



A person is getting vaccinated as part of the two-weeks COVID-19 vaccination campaign. Photo credit: WHO

To increase COVID-19 vaccination rates, the Syrian Arab Republic completed a two-week intensified national campaign targeting 2.5 million people across the country. Over 1000 fixed centres and 400 mobile teams were mobilized to reach almost every remote area of the country and bring vaccines closer to people.

In the coastal governorates of Lattakia and Tartous, WHO together with 15 national and international community organizations engaged with community leaders, influencers, religious leaders, as well as 120 communication volunteers, who accompanied vaccination teams to listen to communities, explain the benefits of vaccination and convince people of the importance of getting vaccinated. These volunteers made daily reports on their visits and shared stories of those who decided to get vaccinated. Prior to the campaign, WHO had worked to enhance volunteers' capacity to deliver adequate messages based on behavioural change strategies and best community practices.

The Syrian Arab Republic's programme of immunization has always been exemplary across the Region. Recently however, the late arrival of vaccine doses into the Syrian Arab Republic, as well as the short expiry date for some of the vaccines, had participated to increase negative perceptions against the benefits of vaccination.

As a result of this intensified campaign, the number of vaccinated people doubled in the Syrian Arab Republic, increasing from an average weekly coverage of 40 000 people before its start to a maximum of 80 000 per week. Although the intended 2.5 million targeted people could not be reached, this campaign demonstrated the efficiency of partnering with local community organizations, increasing the involvement of local influencers and health care workers, and expanding media campaign and SMS messaging.

The next round of COVID-19 vaccination will be conducted in late June by the Syrian Ministry of Health, in partnership with WHO and UNICEF and all health and other partners are invited to contribute to it.

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

“Everyone around the globe has been threatened by COVID-19, and the emergence of new variants continues to jeopardize the lives and livelihoods of millions. In Syria, people are well aware of the vaccines, however, low vaccination rates can be explained by challenges in vaccine accessibility and rapid spread of misinformation. Making vaccines accessible to all communities and sharing accurate evidence-based information allowed us to increase the vaccination rates.”

**Dr Hamza Hassan**

Head of the WHO sub-office in Lattakia

## Myanmar: learning from COVID-19 to prepare for influenza

Working with WHO, Myanmar is reflecting on its response to COVID-19 and using lessons learnt to strengthen its National Influenza Pandemic Preparedness (NIPP) plan.

As COVID-19 emerged in late 2019, Myanmar had just finished testing its capacity to apply its new NIPP plan in practice, through a simulation exercise that focused on the operational capacity of Emergency Operations Centres and novel influenza outbreak response. The pandemic provided a live follow-up to this simulation exercise, testing all areas of the national plan to expose what worked and what did not work well. Like all countries globally, Myanmar was suddenly forced to strengthen or build its capacities for emergency response on multiple fronts.

Across the world, the pandemic has severely tested the preparedness of nations and health systems. In turn, it has also provided a vital opportunity to learn from experience, identify best practices across different settings, and enable improvement. To that end and with support from the [Pandemic Influenza Preparedness \(PIP\) Framework Partnership Contribution](#), the WHO Country Office for Myanmar undertook an in-depth analysis of the NIPP plan to identify areas to be strengthened.



A poster spreading information to the public on how to protect yourself and others from getting sick with COVID-19 (Myanmar language)  
Photo credit: WHO Country Office for Myanmar

Recommendations which emerged from this work included:

- **Revise the national plan as the contingency plan for infectious hazards within the overall multi-hazard public health emergency plan.** Its major highlights would be: the principles of comprehensive risk management, a multisectoral and multidisciplinary approach for preparedness and response, and community resilience for and in future pandemics and outbreaks.
- Integrate **pandemic risk management plans** into existing national emergency risk management programmes.
- Plan to **mitigate the societal and economic impact of pandemics.**
- Adopt a **balanced, whole-of-government, and whole-of-society approach** to planning, allocating resources, building capacity and implementing interventions for preparedness and response across health and non-health sectors.
- Develop a **framework to facilitate evidence- and risk-based decision-making** for public health and social measures during a pandemic.
- Develop a **national clinical management preparedness stream** to reduce health impacts on people infected by a pandemic disease.
- Consider developing **mechanisms for mobilizing civil society organizations and partners** to maintain essential community services and functions during a pandemic response.

Myanmar is currently updating its NIPP Plan, based on these recommendations. The updated Plan will remain dynamic, in order to accommodate the latest developments in research, lessons learned as well as any changes to WHO’s guidelines on pandemic influenza risk and impact management.

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

## WHO/Europe carried out an Intra-Action Review in Azerbaijan, identifying challenges and best practices from the response to COVID-19



Intra-Action Review conducted in Azerbaijan. Photo credit: WHO Azerbaijan Country Office

From 10–13 May 2022, the World Health Organization Emergencies Programme (WHE) and the Country Office in Azerbaijan, together with the Ministry of Health and Management Union of Medical Territorial Units (TABIB) conducted the first Intra-Action Review (IAR) for selected pillars of the COVID-19 response in Azerbaijan within the framework of the [EU/WHO joint Solidarity for Health Initiative](#). This project supports Azerbaijan, Armenia, Belarus, Georgia, the Republic of Moldova and Ukraine in their response to COVID-19 and seeks to build more resilient health systems able to better respond to future outbreaks.

As the daily case numbers and deaths due to COVID-19 were steadily declining in Azerbaijan in early May, it appeared timely to undertake the review of the response process to date looking at what worked well, what did not work well, what should be sustained, or needed to be improved or changed altogether. This review was especially needed considering the rather complex health system of Azerbaijan, which consists

of several parallel structures and has with many state actors involved in COVID-19 response.

The four-day workshop facilitated by WHO experts and attended by the national experts from various state entities who have been involved in COVID-19 response focused on four pillars of the Strategic Preparedness and Response Plan: country-level coordination, planning and monitoring; surveillance, case investigation and contact tracing; case management and knowledge sharing; and infection prevention and control. These pillars were selected by the national health counterparts and WHO as critical areas to include in the review. The review process was facilitated and co-facilitated by experts from the WHE Hub for the South Caucasus, the Regional Office

for Europe and WHO Country Office. During the review, participants focused on the functional capacities of public health and emergency response systems at the national and subnational levels to identify best practices, gaps and lessons learned, and propose corrective measures and actions for short and long-term actions, aimed at improvement of an outbreak response for the future. Responsible agencies have been identified to lead the processes for improvements.

Participants and key officials have reiterated that the intra-action review was needed and was especially useful for the country to provide an opportunity to share experiences and collectively analyze the ongoing in-country response to COVID-19 by identifying challenges and best practices, documenting and applying lessons learned from the response efforts to date to further strengthen health system.

For the Azerbaijan factsheet: Solidarity for Health Initiative, click [here](#).



Intra-Action Review conducted in Azerbaijan. Photo credit: WHO Azerbaijan Country Office

## PAHO/WHO supports the Plurinational State of Bolivia to introduce and expand oxygen therapy for COVID-19 patients

Between 11 March 2020 when the first case of COVID-19 was diagnosed in the Plurinational State of Bolivia and 11 March 2022, the country witnessed four waves of COVID-19 and close to 900 000 cases. Hospital and intensive care unit bed occupancy systematically increased with each wave, often totaling 100%, despite the Plurinational State of Bolivia now having 2473 hospital beds and 508 intensive care unit beds, more than three times the figures prior to the pandemic. On 20 January 2022, when the Plurinational State of Bolivia saw its all-time record of new COVID-19 cases (n=1011), the public hospital bed occupancy in reached an average of 43% and intensive care unit bed occupancy reached 65%.



A COVID-19 patient receiving high flow oxygen therapy in El Alto Sur Hospital. Photo credit: PAHO / WHO Country Office in the Plurinational State of Bolivia

Oxygen therapy at primary health care level provides early oxygen support to COVID-19 patients, offers social and psychological benefits of keeping patients near their families and communities and reduces the number of patient referrals to secondary and tertiary level hospitals and intensive care units, thereby avoiding overburdening capacity. In May 2021, the Ministry of Health (MOH) of the Plurinational State of Bolivia, with technical assistance from the Pan American Health Organization (PAHO)/WHO launched a comprehensive plan aimed at providing oxygen therapy for all levels of care in the public health system, within the framework of the Bolivian Universal Health Strategy, the “Sistema Unico de Salud”.

- As part of the plan’s implementation, PAHO/WHO donated **310 oxygen concentrators, 360 hand oximeters, 592 finger oximeters and other supplies worth US\$ 365 304** to the Bolivian government, with focus on the primary level care. PAHO/WHO also donated **20 high flow oxygen therapy devices** in November 2021, which were distributed to the Cochabamba Norte, El Alto Sur, San Juan de Dios Oruro and Santa Bárbara hospitals to help with the treatment of moderate COVID-19 cases.
- PAHO/WHO offered **hands-on training on the use of high-flow oxygen therapy** devices to 120 health specialists, doctors and nurses in the four hospitals. A second round of trainings will be undertaken, following the acquisition of an additional 150 high flow oxygen therapy devices by the Plurinational State of Bolivia’s MOH.



Dr Diego Salazar, Clinical Sub Director, Hospital El Alto Sur in La Paz, Bolivia. Phot credit: WHO

Through PAHO/WHO support, the Plurinational State of Bolivia has enhanced its capacity to provide sustainable medical oxygen both at primary health care level and key secondary and tertiary hospitals. It is expected that this strategy will be beneficial even beyond the pandemic, as Bolivians now have better access to oxygen for a range of medical needs and it is likely that less patients will need intubation and intensive care unit in the future.

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

## Strengthening Yemen's response to COVID-19 and the delivery of essential health services

In support of the Ministry of Public Health, the WHO Country Office for Yemen is partnering with the King Salman Humanitarian Aid and Relief Centre on two projects to enhance the country's response to COVID-19 and strengthen the delivery of essential health services.

The first project, planned for six months for a total of \$2.8 million, supports a vaccination campaign aimed at increasing the COVID-19 vaccination coverage in 13 governorates and 133 districts of southern Yemen. WHO will distribute COVID-19 vaccines, and train and deploy COVID-19 vaccination teams to selected health facilities and vaccination sites. Mobile outreach teams will also be deployed, to ensure even the remote populations are reached. Throughout the campaign, WHO will monitor the cold chain and storage of vaccines to ensure they adhere to global standards, and will work jointly with UNICEF to update Yemen's vaccine management tools.

The second project aims simultaneously at enhancing the COVID-19 response by limiting virus transmission and reducing the number of cases, and at sustaining essential health services with a focus on strengthening epidemiological and laboratory surveillance to reduce the prevalence of outbreaks. Over the next 10 months and for a total budget of \$10.9 million, WHO will procure and distribute drugs and medical equipment to selected facilities, support early response and referral capacities of primary and secondary health facilities, train health care professionals and expand community-based interventions, including in the areas of reproductive, maternal and child health and noncommunicable diseases. To support the treatment of critical emergencies, such as trauma or severe COVID-19 cases, WHO will [procure and install lifesaving oxygen stations](#) in five major hospitals located in priority southern governorates of Hadramout, Shabwa, Marib and Abyan by September 2022.

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



Laboratory technician, Yemen. Photo credit: WHO



A COVID-19 vaccine. Photo credit: WHO

“The provision of essential services at health care facilities across Yemen remains very challenging, as the majority of Yemen's 30.7 million people are in need of these services. These interventions (...) will be of critical benefit to millions of people across Yemen, even as only about half the country's health facilities are fully functioning at present.”

**Dr Adham Rashad Ismail Abdel-Moneim**  
WHO Representative to Yemen

## Preparing for future outbreaks with free online courses on 28 diseases through OpenWHO

To help communities across the globe prepare for future outbreaks, WHO technical and learning experts have worked together to produce free online courses on 28 different diseases that present current or potential health threats.

The 28 diseases are addressed through a total of 97 courses available on the [OpenWHO.org](https://openwho.org) learning platform, including courses on 8 priority diseases identified in [WHO's Research & Development Blueprint](#) that pose the greatest public health risk.

Nearly half of the courses were produced as part of the COVID-19 learning response, which was initiated in January 2020 with the launch of the [introductory COVID-19 course](#). OpenWHO currently hosts 46 COVID-19 courses on topics from [clinical management](#) to [infodemic management](#).

The offerings also include two courses on monkeypox in African outbreak contexts, which have seen enrolments surge since the emergence of a multi-country outbreak where the monkeypox virus is not endemic. New enrolments in the [introductory course](#) increased 106 times in May compared to April and 36 times for the [intermediate course](#).

In total, the 97 disease-focused courses comprise 5.8 million enrolments of the platform's total 6.8 million enrolments. 64 languages are available, with translation priority given to languages spoken by those affected.

### Burden of disease

To understand and strengthen the learning experience, OpenWHO continuously analyses data on course use and solicits feedback from learners.

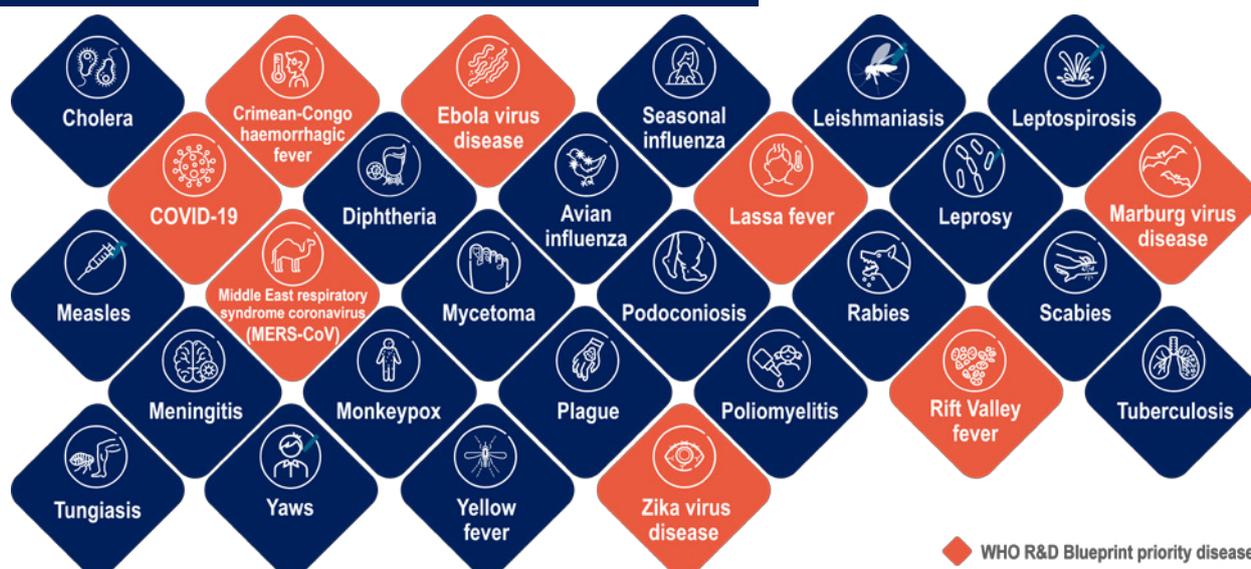
An analysis of the geographical locations of learners shows that the disease-specific courses are often most used in the locations where the diseases are most prevalent. The trend is observed for courses on a number of diseases, including Cholera, COVID-19, Ebola virus disease, Lassa fever, Middle East respiratory syndrome coronavirus (MERS-CoV), Meningitis, Monkeypox, Poliomyelitis and Rabies.

For courses available in multiple languages, the data indicates that learners prefer to access the course in the national language of their country when available.

The Democratic Republic of the Congo (DRC) has reported the highest number of Ebola outbreaks since the disease was identified, for example, and is one of the top countries of enrolment in all 5 French Ebola courses on OpenWHO. Before the surge of COVID-19 learners, the [Ebola ePROTECT](#) course was the most popular course in DRC (17.2% of enrolments in the country), as well as in neighbouring countries such as Tanzania (9.4%), Uganda (6.2%), Rwanda (28.3%) and South Sudan (53.6%).

In addition, OpenWHO's [introductory MERS-CoV course](#) drew 35.9% of enrolments from the WHO Eastern Mediterranean Region, where Saudi Arabia – the country reporting the most cases – accounted for 23.1% of total regional enrolments.

## Courses on 28 diseases



## “The Story of Coronavirus”: an animated video to understand COVID-19 transmission, presented as part of WHO’s Science Translation initiative



Screenshot from “The Story of Coronavirus” illustrating a scenario of disease transmission at the marketplace. Credit: Global Health Media Project

In this series, WHO showcases case studies on 20 innovative concepts to communicate science during the COVID-19 pandemic that translate the most up-to-date scientific knowledge and public health recommendations on COVID-19 in a manner that is timely and accessible to all. These initiatives were selected through an open call and are presented through the global WHO Epidemic Information Network (EPI-WIN) platform.

The “Story of Coronavirus” animated video developed by the Global Health Media visually explains how severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is transmitted and which evidence-based prevention practices can be applied to contain its spread. The video illustrates the otherwise invisible virus transmission pathways, by representing the virus in bright orange colour, which stands out against a dull background. Preventive measures to protect the characters and their communities are presented through simple visuals and language, in a manner which easily resonates with the viewer.

The project innovates by making easily accessible the most relevant public health information and recommendations on COVID-19 to all viewers, regardless of their health literacy level. By doing so, it tackles a major health problem identified by the pandemic, namely that poor health literacy impedes adherence to evidence-based health recommendations. The scientific content presented is solid and stems from guidance from

the United States Centers for Disease Control and Prevention, the International Federation of Red Cross and Red Crescent Societies, and the United Nations Children’s Fund.

The video is available in 45 languages, including three regional dialects and is designed to speak to all viewers across the world, with characters chosen with representation of different religions, races and ethnicities in mind.

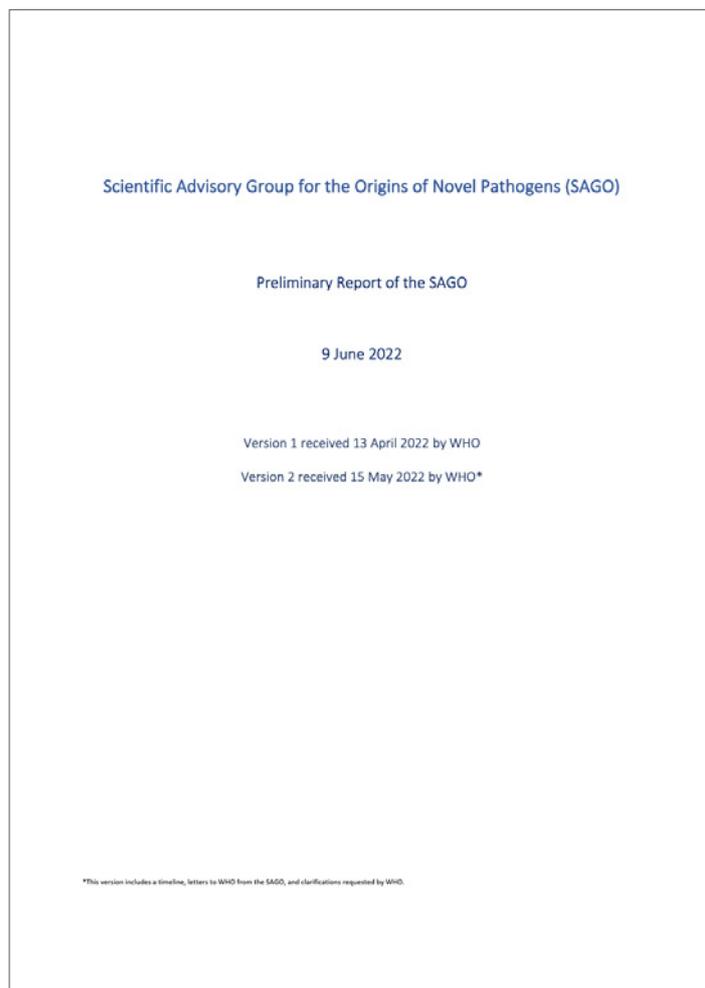
The animation video has been viewed over 20 million times since its publication, has been largely shared through social media, and has won 39 awards.

For more information, click [here](#). To view the video, click [here](#).



Screenshot from “The Story of Coronavirus” illustrating a scenario of disease transmission at the marketplace. Credit: Global Health Media Project

## WHO Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) released its first preliminary report



Cover page of the Preliminary Report of the SAGO. Credit: SAGO

In the context of the continued threat of the emergence or re-emergence of pathogens with epidemic and pandemic potential, the WHO Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) was established in 2021 by the WHO Director-General as an [independent and diverse international body of experts](#) with a firm focus on science and public health. It is operating under an agreed [terms of reference](#) and will continue to fulfil the objectives outlined therein.

One of its primary tasks is to develop a global framework to define and guide studies into the origins of emerging and re-emerging pathogens of epidemic and pandemic potential. The SAGO will apply this framework to the study of the origins for SARS-CoV-2 and other emerging or re-emerging pathogens.

By doing so, the SAGO will contribute to its global mandate of enhancing scientific knowledge of how pathogens with epidemic and pandemic potential emerge, to strengthen prevention, preparedness, and response activities for future epidemics and pandemics.

On 9 June 2022, the SAGO submitted its [first preliminary report](#) of recommendations to the WHO Director-General, which WHO published on its website. This report provides a brief overview of what is currently known on SARS-CoV-2 origins from published information, and provides a high level outline of critical technical elements that should be included in the global framework. The report provides their first key recommendations to WHO on additional studies that are needed to investigate the emergence or re-emergence of a pathogen. SAGO also provided recommendations to WHO on further studies that are critically needed to better understand the origins of SARS-CoV-2 studies, including studies in people, animals and the environment in locations in China and around the world.

In their report, SAGO experts note that there are key pieces of data that are not yet available for a complete understanding of how the COVID-19 pandemic began. They also acknowledge the need to continue to investigate all possible pathways and remain open to any scientific evidence that may become available in the future to keep testing all reasonable hypotheses.

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

## WHO holds a global consultation entitled “Crafting the Mosaic”: Resilient surveillance systems for respiratory viruses of pandemic potential

As the response to COVID-19 is moving away from its acute pandemic phase towards longer-term public health management plans, there is a pressing need for a global framework to help countries strengthen their surveillance systems and ensure the resilient detection and monitoring of respiratory viruses of pandemic potential.

To address this, WHO held a global consultation in Geneva on 10–12 May 2022 attended by 340 in-person and online participants, including representatives from WHO country offices, regional offices and headquarters as well as from external partner organizations. Inputs into the development of this consultation were received from WHO focal points from various disciplines (surveillance, animal-human interface, emerging zoonotic diseases, immunization, vaccines and biologicals, and clinical networks, among others), as well as from external partners, including the US Centers for Disease Control and Prevention, the European Centre for Disease Prevention and Control, the Institut Pasteur, the UK Health Security Agency, the University of Hong Kong, the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and The Rockefeller Foundation.



Representatives attending the “Crafting the Mosaic” consultation, 10–12 May, Geneva. Many more participants attended the consultation online. Photo credit: WHO

### Key takeaways from the consultation:

- Existing systems which are central to sustainable vigilance and early warning include: **event-based outbreak detection and One Health response at the animal-human interface, strong clinical networks of sensitized clinicians, and strong laboratory networks.**
- Sentinel surveillance systems focused on “quality over quantity”** are essential to meet a significant proportion of objectives for ongoing epidemiologic monitoring and should be strengthened and coordinated.
- New approaches used as part of COVID-19 response should be investigated as potential complements to current systems, including those related to **participatory surveillance** and to the further **strengthening of clinical networks and their connections to ongoing sentinel surveillance.** Systems established to monitor health care capacities deployed as part of the COVID-19 pandemic should be sustained.
- There is a continued need for **special studies and standardized outbreak investigations** to meet key inter-pandemic objectives, and these should be scalable and ready for rapid use during emergencies or future pandemics.

### Next Steps

Based on the outputs of this consultation, a framework will be developed to allow countries to reflect on their unmet objectives and consider surveillance systems effectively purposed to meet these, within four key domains:

1. Detect early and perform risk assessments,
2. Monitor changes in epidemiologic, virologic characteristics of the virus and disease,
3. Monitor the impact on human health and health systems, and
4. Monitor the effectiveness of interventions.

Using country-specific examples and existing global and regional surveillance guidance, this forthcoming framework will serve as a practical tool for countries to assess their high priority surveillance objectives; create synergies among their “mosaics” of respiratory virus surveillance systems; and ensure their financial and technical resources are used most effectively.

## Global Lead Coordinator for COVID-19 Vaccine Delivery Partnership visits Malawi



Mr. Ted Chaiban is welcomed by partners in Malawi. Photo credit: WHO

On 1 June, Malawi received Mr. Ted Chaiban, Global Lead Coordinator for the [COVID-19 Vaccine Delivery Partnership](#) (CoVDP) for a three-day official visit aimed at advocating for an acceleration of the COVID-19 vaccination coverage and ensuring the response to COVID-19 remains a top priority for Malawi. As part of this visit, Mr. Chaiban engaged in joint high-level advocacy meetings with the government, development partners, and other key stakeholders and met with non-government and civil society organizations, religious leaders, health workers and partners. A visit to the Kasungu district was also organized, to observe and appreciate key COVID-19 vaccination activities implemented by District Health authorities.

“This visit to Malawi is also to introduce the Global Partnership for COVID-19 Vaccine Delivery to country stakeholders. Together, we will take stock of the COVID-19 vaccination programme rollout and progress in Malawi, get insights on the main bottlenecks to the scale-up of the programme and identify solutions and entry points to address them,” said Ted Chaiban.

The CoVDP is an inter-agency initiative launched in January 2022 by WHO, UNICEF and Gavi, the Vaccine Alliance to support the acceleration of vaccine delivery in the 92 low- and middle-income countries eligible to receiving vaccines under the Gavi’s COVAX Advance Market Commitment (AMC). The CoVDP focuses foremost on the 34 countries, including Malawi, whose vaccination coverage was equal to or below 10% in January 2022.

As of April 2022, over 11.7 billion doses of COVID-19 vaccines have been administered globally. According to the [CoVDP Situation Report](#) for April 2022, 59% of the world population has been vaccinated, but only 13% in low-income countries. In Malawi, the COVID-19 vaccination programme started on 11 March 2021 and to date, approximately 1.2 million Malawians (9%) have received a first dose and 1.1 million (8.4%) have been fully vaccinated with two doses.

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

“Malawi’s situation is a critical one. The country isn’t just exposed to the risk of COVID-19, especially at a time where rates are rising again in Southern Africa – it has faced simultaneous outbreaks of other deadly diseases including cholera and the first case of wild polio since 1992. We are looking to find ways in which we can join up resources to address COVID-19 in the near term while ensuring that we build the systems needed to make the country more resilient to the public health emergencies of the future.”

**Ted Chaiban**

Global Lead Coordinator for CoVDP

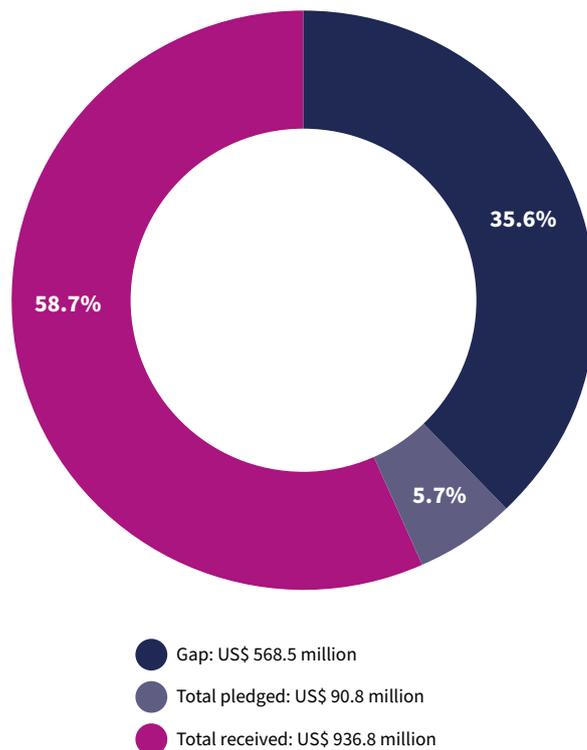
## WHO’s COVID-19 Response Funding in 2022: Delivering science, solutions and solidarity to end the acute phase of the pandemic

[WHO’s Global Health Emergency Appeal for 2022 \(GHEA\)](#) contributes to our strategic target of 1 billion people being better protected from health emergencies. This new annual appeal covers WHO’s requirements to meet urgent emergency and humanitarian health needs for every region, including the COVID-19 response.

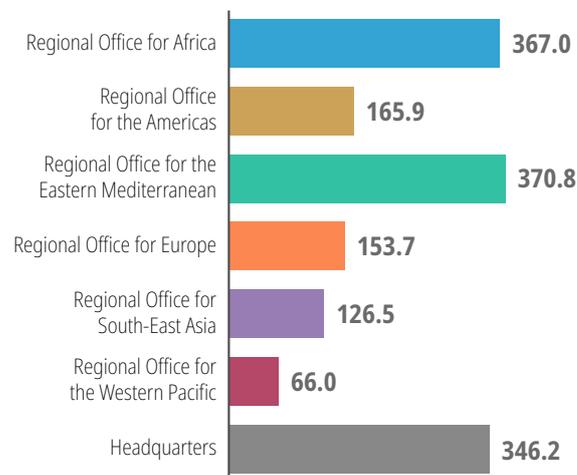
In WHO’s GHEA 2022, published in March 2022, WHO called for US\$ 2.7 billion to serve people around the world in the **most vulnerable settings, including US\$ 1.59 billion for ending the acute phase of the COVID-19 pandemic**. Two years of COVID-19 have stretched health systems, societies and supply chains, leaving vulnerable communities with less capacity to cope. The world is witnessing a significant increase in the number of people requiring humanitarian assistance – up from 235 million in 2021 to 274 million in 2022.

Thanks to the generosity of donors, investments in WHO’s COVID-19 response 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. As of 14 June 2022, WHO has received **US\$ 936.8 million** in support of its COVID-19 response and **US \$90.8 million** have been pledged. WHO’s current funding gap against funds received and pledged is **US\$ 568.5 million**.

Contributions to WHO for COVID-19 appeal (Data as of 14 June 2022)



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



TOTAL US\$ 1.59 billion

WHO’s COVID-19 budget broken down by Access to COVID-19 Tools Accelerator (ACT-A) pillar (US\$ million)

ACT-A Pillars	Total
Diagnostics and therapeutics	214.3
Vaccines	189.8
Health systems and response connector	332.7
Research and development	753.7
<b>Total</b>	<b>1596.1</b>

## This section showcases new or updated guidance and publications related to COVID-19 published by WHO in the past month (as of 15 June 2022).



### Interim recommendations for the use of the Janssen Ad26.COVID-19 vaccine (6 June 2022)

These WHO interim recommendations on the use of the Janssen Ad26.COVID-19 vaccine were developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the evidence summary included in the background document referenced below.

The interim recommendations were first issued on [17 March 2021](#), then updated on [15 June 2021](#) and [9 December 2021](#).

[Read guidance](#)



### Annexes to the interim recommendations for use of the Janssen Ad26.COVID-19 vaccine (6 June 2022)

These are the annexes to [WHO interim recommendations for use of the Janssen Ad26.COVID-19 vaccine](#) against COVID-19. Annexes 1–6 contain tables that summarize the grading of recommendations, assessment, development and evaluations (GRADE). Annexes 7–9 contain the SAGE evidence-to-recommendation framework tables (ETR tables). GRADE and ETR tables are updated as recommendations are updated.

The annexes were previously updated on [27 May 2021](#) and on [9 December 2021](#).

[Read guidance](#)



### COVID-19 and mandatory vaccination: Ethical considerations (30 May 2022)

The aim of the document is to identify and articulate salient ethical considerations regarding mandatory vaccinations against COVID-19. This document updates a policy brief initially published in [April 2021](#) in response to changes in the COVID-19 vaccine landscape, including authorization of vaccines for children and additional information about, and experiences with, vaccination mandates for COVID-19.

[Read guidance](#)



### Severity of disease associated with Omicron variant as compared with Delta variant in hospitalized patients with suspected or confirmed SARS-CoV-2 infection (7 June 2022)

This report describes the demographics, clinical severity and outcomes for patients infected during the Omicron variant period as compared to the Delta period. The specific objectives of this analysis were to:

- Describe the clinical characteristics and key outcomes for hospitalized patients with COVID-19 during the Omicron period compared with the Delta period.
- Assess the difference in severity between hospitalized patients during the Omicron period compared with the Delta period.

[Read guidance](#)



### Maintaining infection prevention and control measures for COVID-19 in health care facilities: Policy brief (7 June 2022)

As COVID-19 cases are declining in countries worldwide and there is an increase in population level immunity from past infection and/or vaccination, countries have been lifting public health and social measures and considering what infection prevention and control (IPC) measures implemented in the context of COVID-19 could be relaxed in health care facilities. This document aims to encourage countries to develop and implement policies to maintain and strengthen IPC programmes and measures in health care facilities in the context of the current ongoing transmission of the SARS-CoV-2, with recognition that epidemiological trends may vary and the risk of transmission of other pathogens. These policies should achieve the following: 1) maintain IPC achievements and prioritize critical gaps in IPC programmes, 2) maintain IPC operational readiness for a resurgence of COVID-19 case and other emerging and re-emerging pathogens, and 3) scale up IPC capacity with strong investments in the implementation of IPC minimum requirements and the ultimate goal of achieving the implementation of all IPC core components and ensuring resilience and sustainability.

WHO continually evaluates emerging evidence and will review recommendations as new evidence become available.

[Read guidance](#)

For more information on WHO's publications, click [here](#)

**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](#).

**Epidemiological Update**

For 8 June 2022 Weekly Epidemiological Update, click [here](#). Highlights this week include:

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

**For more information on COVID-19 regional response:**

- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [South-East Asia Regional Office](#)
- [Western Pacific Regional Office](#)

**News**

- [World Hepatitis Summit 2022 statement](#)
- [One hundred days of war has put Ukraine's health system under severe pressure](#)
- [WHO Partnering](#) to improve the quality of cancer care
- WHO issues an [updated influenza vaccines position paper](#) and updated [recommendations for malaria chemoprevention and elimination](#)
- For World Tobacco Day (31 May), WHO exposes tobacco's [environmental impact](#) and impact on [tuberculosis](#)
- New WHO policy brief highlights actions for countries on [Mental health](#) as a priority for action on climate change
- WHO consultation sets [research priorities for monkeypox](#)

**Highlights**

- AFRO/WHO publishes its [1st quarterly report](#) on Ensuring Health Security in the African Region, Emergency Preparedness and response flagship programmes.
  - Presents AFRO's plan for 2022, with a spotlight on SURGE flagship
  - Showcases emerging learnings for Q1, among which around the timing of the flagships, the importance of country ownership, and the crucial need for some form of singularity in how regional players interface with countries
- WHO publishes the [COVID-19 Vaccine Delivery Partnership Situation Report – April 2022](#)
- The 75th World Health Assembly (#WHA75) concluded on 28 May. All documents, relevant information, reports, news, speeches, recordings, etc. are available [here](#).



Science in 5 is WHO's conversation in science. In this video and audio series WHO experts explain the science related to COVID-19. Transcripts are available in Arabic, Chinese, English, French, Farsi, Hindi, Maithili, Nepali, Portuguese, Russian and Spanish.

**Monkeypox** (9 June)

What are the symptoms of monkeypox? Who is at risk and how can we protect ourselves? Why is WHO concerned about it? WHO's Dr Rosamund Lewis explains in Science in 5.

**Genome sequencing** (11 May)

What is genome sequencing and how does it help us track diseases? Why do countries need to continue genome sequencing in this phase of the pandemic? WHO's Chief Scientist Dr Soumya Swaminathan explains in Science in 5.