



COVID-19 Weekly Situation Report

# of Countries Reporting Cases	New Cases Reported in the Week	New Deaths Reported in the Week	Total Cases Reported	Total Deaths Reported
10 out of 11	250 217	2 408	56 837 664	772 701

as of 23 March 2022

# of Countries introduced COVID-19 vaccines	Total number of doses administered	# of persons received at least one dose	# of persons fully vaccinated	Fully vaccinated persons per 100 population
10 out of 11	2 674 748 361	1 416 368 871	1 181 862 443	57.2

as of 23 March 2022
















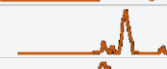


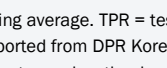
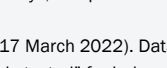
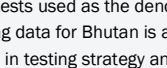
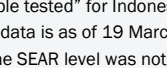
Highlights

- The WHO South-East Asia Region (SEAR) remains the third most affected WHO Region with 56.8 million cases reported cumulatively, after the European Region (195.5 million cases) and the Americas Region (149.9 million cases).
- Globally, the number of new cases (n=12 067 690) reported during the seven-day period from 17-23 March 2022 is similar to the number reported in the preceding seven days. In this reporting period, all the WHO regions reported a decline in new cases compared to the preceding seven days, except for the Western Pacific Region and the European Region, which reported a similar number in the current and preceding seven days. Globally, the number of new deaths increased during this period by 24.6% with the Regions of the Americas and Africa reporting a higher number of deaths in this period compared to the preceding seven days, while the Western Pacific Region reported a similar number and the remaining regions reported a decline.
- In SEAR during the reporting period (refer to Table 1), there was a 17% decrease in new cases (n= 250 217) compared to the previous seven days. All countries in the Region except Thailand and Sri Lanka reported a decline in the new cases. During the same period, there was a 23% decline in new deaths in the Region. Most countries reported a decline, except Thailand which reported a 21% increase relative to the preceding seven days.
- As of 23 March 2022, more than 1.18 billion (57.2%) persons of the total population in the SEAR have been fully vaccinated

- Thailand reported a 7% increase in new cases in this reporting period compared to the preceding seven days. The total number of new cases reported during this period was 173 314. The weekly case incidence increased from what was reported in the preceding seven days and is at 248.3 cases per 100 000 population at the national level. Provinces reporting higher case incidence are Nakhon Si Thammarat (863), Satun (742), Chachoengsao (534), Ratchaburi (508), Phetchaburi (498), Ranong (461), Chonburi (420), and Chanthaburi (400). The number of severe cases, ventilated cases and deaths continue to steadily increase but is still at around 20% in comparison to the peak numbers reported during the Delta wave in August 2021. During this period the test positivity rate (TPR) has decreased relative to the past reporting periods but still remains high at 35.7% at the national level.
- Indonesia reported a 47% decline in new cases in this period compared to the preceding seven days. The total number of new cases reported during this period was 53 472. During this period, all the provinces reported a decline in new cases compared to the preceding seven days. The weekly COVID-19 case incidence decreased from the preceding seven days and is at 19.5 cases per 100 000 population at the national level. Provinces reporting high weekly case incidence than the national case incidence are Kalimantan Utara (78), Yogyakarta (58), Bangka Belitung (37) and Kalimantan Timur (31). During this period, the test positivity rate (TPR) declined and is 9.2 % at the national level.
- India reported a 40% decline in new cases during this period compared to the preceding seven days. The total number of cases reported during this period was 13 811. The weekly case incidence declined to 1.0 cases per 100 000 population. The TPR also declined further and is 0.5% at the national level.
- Bhutan reported a 27% decline in new cases during this period compared to the preceding seven days. The total number of cases reported during this week was 3 039. Dzongkhags including Zhemgang and Trongsa reported more than 100% increase in new cases in this period compared to the preceding seven days. The weekly case incidence declined from the figure reported in the preceding seven days and is at 393.9 cases per 100 000 population. Dzongkhags reporting higher case incidence than the national case incidence include Samste (1015), Chukha (649), Sarpang (904), Zhemgang (731), and Thimpu (456). During this period the number of daily tests declined by 39% compared to the preceding seven days. The TPR increased from the the same reported in the preceding seven days and is 12.4% at the national level.
- Sri Lanka reported an 8% increase in the number of new cases in this period compared to the preceding seven days. During this period a total of 3 017 new cases were reported including the backlog reporting of cases from the period 16-28 February. All provinces are reporting a decline in new cases. The weekly case incidence increased slightly due to the backlog reporting of cases and is 14.1 cases per 100 000 population. The TPR declined from the figure reported in the preceding seven days and is 9.6% at the national level.
- Myanmar reported a 50% decline in new cases in this period compared to the preceding seven days. The total number of new cases reported during this period was 2 516. All the states and regions reported a decline in new cases except Kayin which reported the similar number compared to the preceding seven days. The weekly case incidence declined during the current reporting period and is 4.6 cases per 100 000 population at the national level. The TPR also declined during the same period and is 3.5% at the national level.
- Bangladesh reported a 48% decline in new cases in this period compared to the preceding seven days. The total number of new cases reported in this period was 856. All the divisions are reporting a decline in new cases during the current reporting period. The weekly case incidence decreased from what was reported during the preceding seven days and is 0.5 cases per 100 000 population. During this period, the TPR declined and is 1.6% at the national level.
- Nepal reported a 52% decline in new cases in this period compared to the preceding seven days. The total number of new cases reported during this period was 180. All the provinces reported a decline during the current reporting period. The weekly case incidence decreased from the figure reported in the preceding seven days and is 0.6 cases per 100 000 population at the national level. During this period, the TPR declined and is 1.0% at the national level.
- Timor-Leste reported a 50% decline in new cases in this period compared to the preceding week. A total of 12 new cases were reported in this period. The weekly cases incidence decreased from what was reported in the preceding seven days and is 0.9 cases per 100 000 population at the national level. During the same period, the TPR declined and is 1.5% at the national level.

- Maldives has been reporting an overall decline in the number of new cases since 1 February 2022 and until 13 March 2022. The data on COVID-19 cases, deaths and tests are not available for this reporting period.

Table 1: COVID-19 cases, deaths, and test positivity rate in countries in WHO South-East Asia Region in the seven-day period from 17 – 23 March 2022.

Country	Case trend	New cases	New cases per 100 000 pop	% change in new cases*	Death trend	New deaths	New deaths per 100 000 pop	% change in new deaths*	TPR % (7 DMA)	% Change in TPR*
Bangladesh		856	0.5	-48		6	0.0	-60	1.6	-29.9
Bhutan		3 039	393.9	-27		2	0.3	-	12.4	165.8
India		13 811	1.0	-40		533	0.0	-26	0.5	-15.9
Indonesia		53 472	19.5	-47		1 246	0.5	-32	9.2	-35.5
Maldives		NA	NA	NA		NA	NA	NA	NA	NA
Myanmar		2 516	4.6	-50		19	0.0	-42	3.5	-44.6
Nepal		180	0.6	-52		1	0.0	0	1.0	-28.6
Sri Lanka		3 017	14.1	8		29	0.1	-47	9.6	-33.6
Thailand		173 314	248.3	7		579	0.8	21	35.7	-27.3
Timor-Leste		12	0.9	-50		1	0.1	-	1.5	-44.4
SEAR total		250 217	12.4	-17		2 408	0.1	-23	-	-

*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to the previous seven days.

DMA = day moving average. TPR = test positivity rate.

No case was reported from DPR Korea (3 991 samples were tested between 11 to 17 March 2022). Data for Maldives is not available for this reporting period.

The number of tests used as the denominator for the TPR was the “number of people tested” for Indonesia and the “number of samples tested” for other countries.

The latest testing data for Bhutan is as of 20 March 2022 and for Thailand testing data is as of 19 March 2022.

Due to variation in testing strategy and the way to count testing numbers, TPR at the SEAR level was not calculated.

Figure 1: The epidemiological trend of daily COVID-19 cases and deaths in the countries in the WHO South-East Asia Region from 1 January 2020 to 23 March 2022.

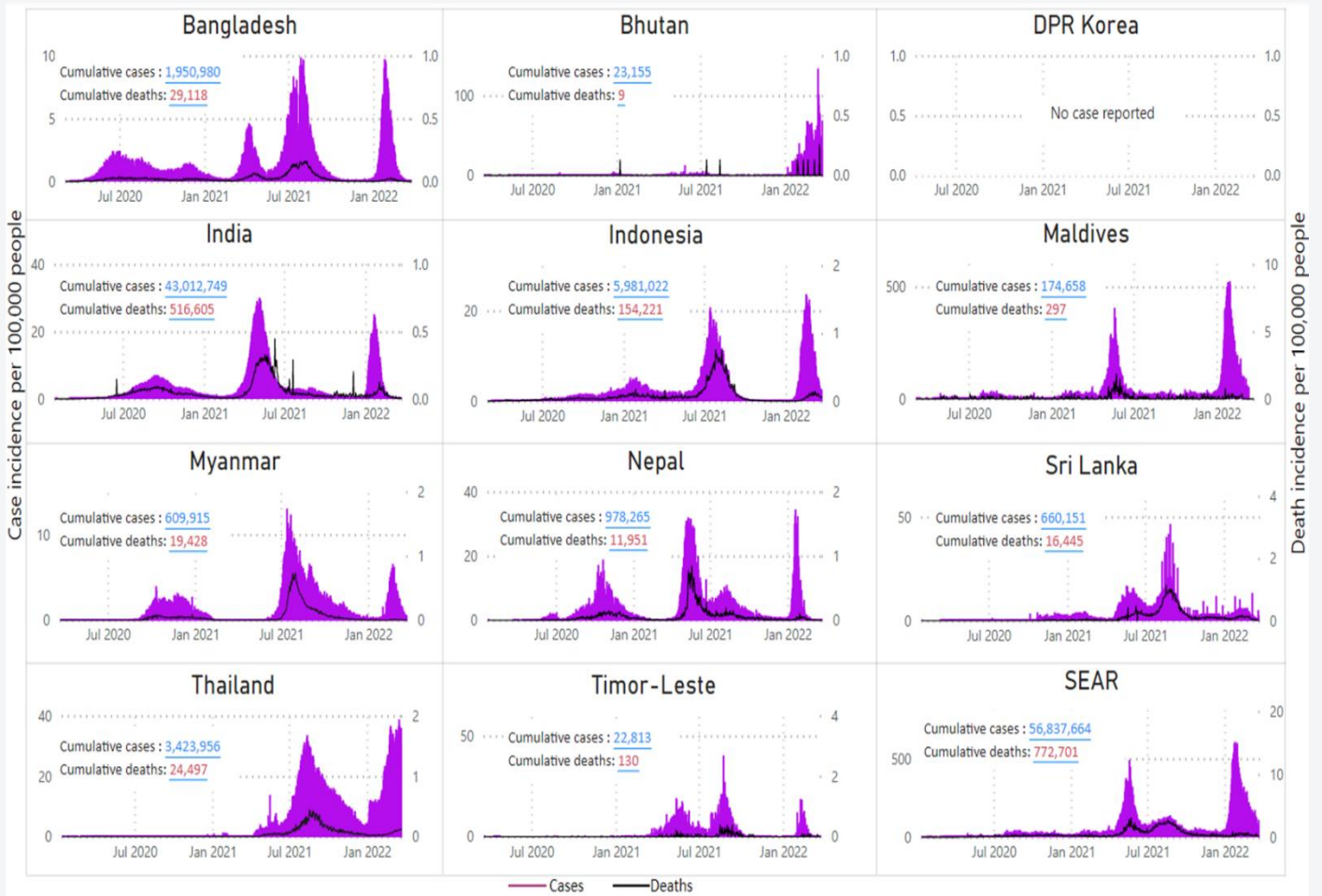
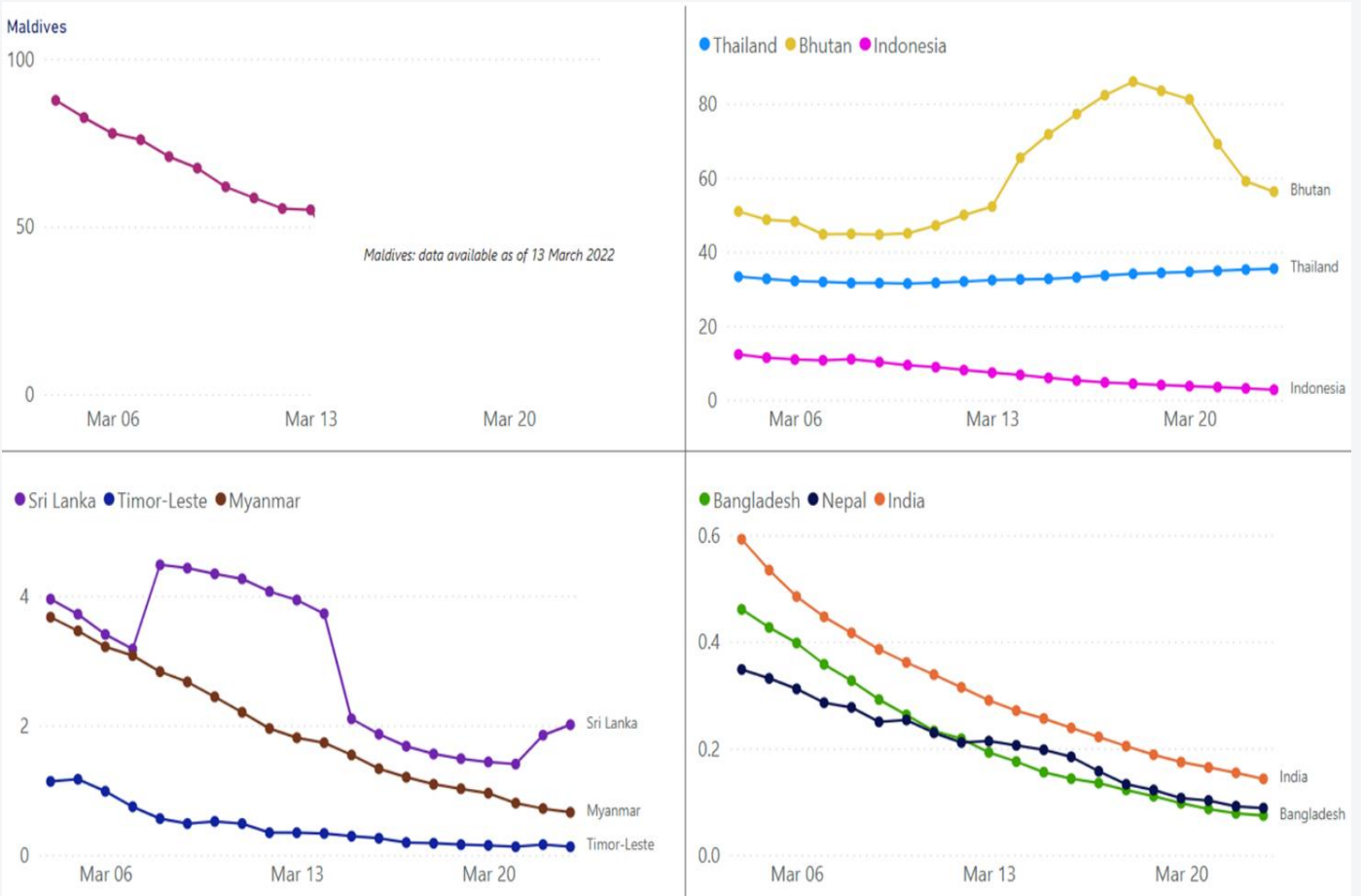


Figure 2: The trend of seven-day moving average of new COVID-19 cases per 100 000 population for the countries in WHO South-East Asia Region in the recent three weeks (3- 23 March 2022).



Updates on the Omicron variant situation

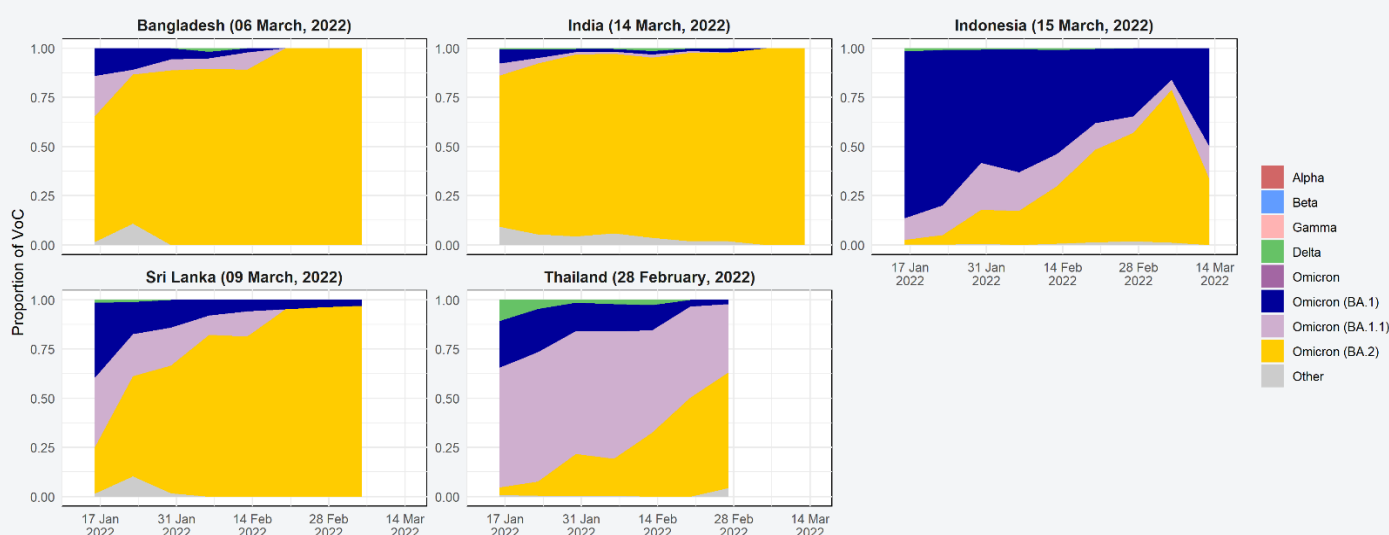
- Globally, among the 412 119 sequences uploaded to GISAID with specimen collection date in the 30-days period between 16 February to 17 March 2022, 412 119 (99.8%) were the variant of concern (VoC) "Omicron". In this period, BA.2 was the predominant sublineage of the VoC -Omicron reported (85.9 % of sequences), followed by sub lineages BA.1.1 (8.9% of the sequences) and BA.1 (4.3% of sequences).
- Two Delta and Omicron recombinants and one BA.1 x BA.2 recombinants have now been given Pango lineage designations XD, XE and XF.
- As of 23 March 2022, ten countries in SEA Region have detected cases due to the VoC "Omicron" . According to the data uploaded to GISAID, BA.2 lineage of the VoC-Omicron has been reported predominantly in Bangladesh, India, Nepal, Maldives and Sri Lanka, while sub lineages BA.1.1 and BA.2 are co-circulating in Thailand, and the sub lineages BA.1 and BA.2 are currently predominant in Indonesia.
- More details on the Omicron variant of concern including the summary of available evidence on the epidemiology, immune response, impact on diagnostics and treatment, and vaccine effectiveness can be found at [WHO's weekly epidemiological update on COVID-19](#) published on 22 March 2022.

Table 2: SARS-CoV-2 variants of concern (VOCs) detected in the countries in WHO South-East Asia Region, as of 23 March 2022

Country	Alpha*	Beta*	Gamma*	Delta#	Omicron#
Bangladesh	●	●	-	●	●
Bhutan	●	●		●	●
India	●	●	●	●	●
Indonesia	●	●	-	●	●
Maldives	●	-	-	●	●
Myanmar	●	-	-	●	●
Nepal	●	-	-	●	●
Sri Lanka	●	●	-	●	●
Thailand	●	●	●**	●	●
Timor-Leste	●**	-	-	●	●

** Detection only among incoming travelers * previously circulating VOCs. # currently circulating VOCs

Figure 3: Relative prevalence of SARS CoV-2 variants of concern including Omicron lineages in WHO South East Asia Region as of 23 March 2022 (based on GISAID data)



* Dates in bracket indicate last date of submission of sequencing data to GISAID

Data source: GISAID data accessed on 23 March 2022

Countries consistently submitted data to GISAID up from epi week 9 (the week beginning 23 February) are shown in this figure

Resources on the Omicron variant

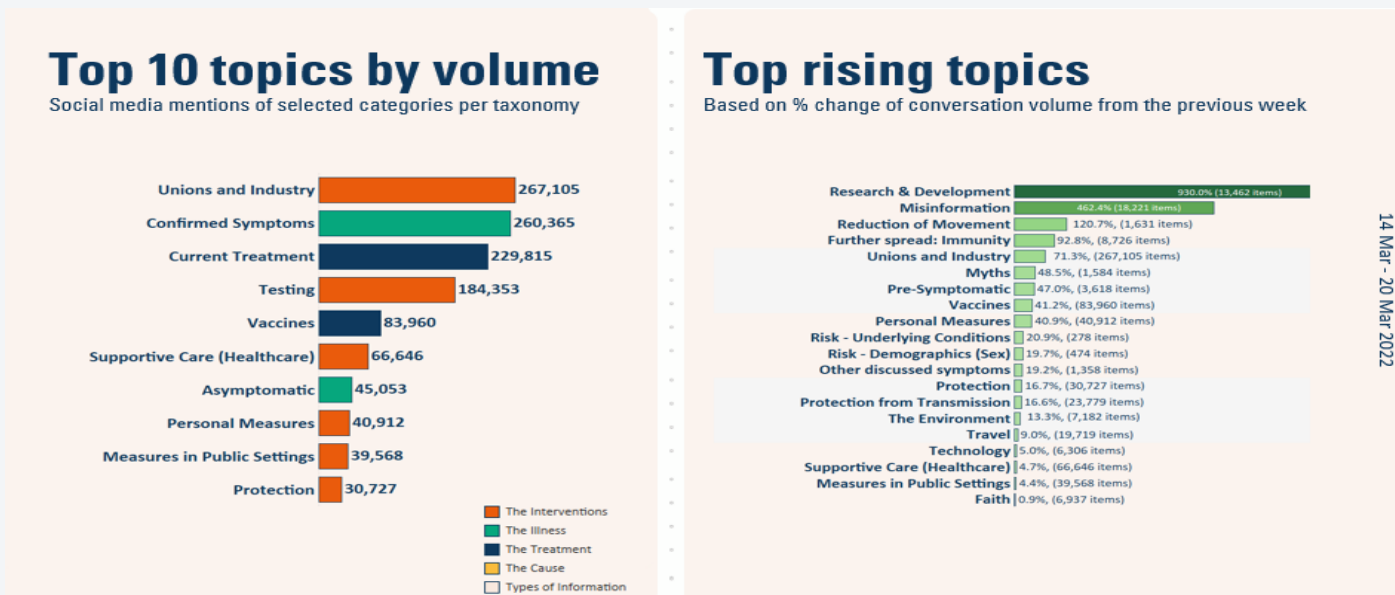
Please find below additional resources on Omicron from WHO and other relevant resources:

- [WHO Weekly epidemiological update on COVID-19](#) on 22 March 2022
- [Tracking SARS-CoV-2 variants](#) last updated on 22 March 2022
- [WHO's Statement on Omicron Sublineage BA.2](#) on 22 February 2022.
- [Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: Interim guidance.](#) on 17 February 2022.
- [Public health surveillance for COVID-19: Interim guidance](#) on 14 February 2022
- [WHO recommendations on mask use by health workers, in light of the Omicron variant of concern: WHO interim guidelines](#) on 22 December 2021
- [WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant \(B.1.1.529\)](#) on 30 November 2021
- [SEARO Technical Brief: Enhancing Readiness for Omicron \(B.1.1.529\) in the WHO South-East Asia Region](#) on 27 November 2021
- [Guidance for surveillance of SARS-CoV-2 variants Interim guidance](#) on 9 August 2021

Key operational updates

Risk Communication and Community Engagement

- The SEARO COVID-19 Infodemic report (14 March – 20 March 2022) showed that socio-economic impacts, current treatment and supportive care (healthcare) & COVID-19 vaccines were the top three key findings in the latest report.
- In Thailand, announcement by a Thai political party with the intention of competing in elections and the ultimate goal of addressing tax issues in order to continue to combat the economic impact of COVID-19 resonated well with the users geolocated in the country. Similarly, users located in Sri Lanka talked about the detrimental impact of pandemic on Sri Lanka’s poverty rate.
- Users from Thailand questioned why oral drugs, including Paxlovid, Molnupiravir and Remdesivir are solely prescribed to patients with moderate COVID symptoms or those at higher risk from the severe illness. In parallel conversation netizens wondered why Favipiravir was not prescribed to treat COVID-19 infection.
- Users in Myanmar amplified reports that the country had developed its own COVID-19 vaccine, Myancopharm with assistance from China.



Key country updates

Bangladesh:

- WHO has conducted an online training on decontamination of medical devices for 62 health workers in the Cox’s Bazar Rohingya camps and surrounding host community as an action towards the gap identified on the basis of the monthly Infection Prevention and Control scorecard reported by the partners.

Bhutan:

- As per the notification issued from the Prime Minister’s office, all businesses entities including video games and snookers except the entertainment centres have opened since 16 march 2022. The closure time for all businesses is 7:00PM. Offices and institutes remain closed till further notice.
- Taxis are allowed to operate within a mega-zone. Ferry passengers from the same family and friends are also allowed. Taxis are not allowed to pick up other passengers on the way. The RT-PCR validity for all the drivers carrying goods will be valid for 14 days.
- As per notification of 19 March 2022 issued from the Office of Gyalpoi Zimpon, His Majesty’s Secretariat, COVID-19 reverse isolation facilities have been established in all the 20 dzongkhags (districts) under the royal command. The most vulnerable population to COVID-19; especially with co-morbidities can effectively isolate themselves using these reverse isolation facilities.

DPR Korea:

- No case of COVID-19 has been reported as of 17 March 2022.
- Cumulatively 61 470 persons were tested with reverse transcription- polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 175 213) and all were found negative for COVID-19. During the reported period from (12- 17 March 2022), 1 282 persons were tested. Among these, 125 were people with influenza-like illness or severe acute respiratory infections, 556 were health care workers and the rest were persons dealing with imported cargo in border areas including other supporting staff.

India:

- The COVID-19 Working Group of the National Technical Advisory Group on Immunization has recommended reducing the gap between the two doses of the COVISHIELD vaccine in the country from 12-16 weeks to 8-16 weeks. It is to increase the coverage of the precautionary dose to the priority groups.

Indonesia:

- After having tested a pilot programme for visitors to several tourist areas, including the island of Bali, the Government of Indonesia has decided to ease out travel entry requirements for fully vaccinated tourists visiting to all parts of the country. Quarantine is not required for fully vaccinated international travellers.

Maldives:

- WHO country office has guided and is providing support to the Ministry of Health, Maldives in identifying participants and preparing for the infectious substance shipping training programme with the International Air Transport Association (IATA).

Myanmar:

- As per the statement of 19 March 2022 by the National Central Committee on Prevention, Control and Treatment of Coronavirus Disease, Myanmar will be opening all international flights on 17 April 2022 to improve the tourism business sector.

Nepal:

- As per the travel advisory issued on 10 March 2022 by the Government of Nepal, passengers entering Nepal from abroad by air or land must submit a certificate of full vaccination against COVID-19; in the absence of which a certificate with a negative report of COVID-19 test within 72 hours of starting the journey must be produced.
- WHO supported the National Public Health Laboratory in monitoring the quality standard of five designated COVID-19 laboratories in the country through the National Quality Assurance Programme.

Sri Lanka:

- The Ministry of Health conducted a review of implementation of the COVID-19 specific Strategic Preparedness and Response Plan of 2021 and identified priority areas for moving forward in 2022.

Thailand:

- The Health Minister of Thailand has urged over 2.1 million elderly population in the country to get vaccinated against COVID-19 before Songkran festival - as large numbers of people are expected to travel from Bangkok and surrounding areas to their home Provinces to pay respect to their older family members.

Timor-Leste

- Fully vaccinated individuals do not require quarantine at the points-of-entry however partially vaccinated or unvaccinated individuals still need to undergo quarantine of a duration of 14-days.
- Ministry of Health, the Batugade Land Crossing Authority and WHO conducted a simulation exercise and training on 21 March 2022; based upon the arriving passengers database of Batugade for strengthening the COVID-19 surveillance, prevention and control of SARS-CoV-2 transmission at the points-of-entry.

Key challenges in the Region

- In the context of the new variant of concern (Omicron) in SEAR and pandemic fatigue, ensuring precautionary/preventive measures such as the use of masks, physical distancing, hand hygiene, and improving ventilation in indoor spaces.
- Improving the sub-optimal vaccination coverage in selected priority groups and geographical regions in some countries. This is compounded by the administration of booster/additional doses that shifts the focus from achieving high vaccination coverage in priority groups.
- Shortages of diagnostic assays in some countries in the context of “Omicron’ VoC surge as demands exceeded the available resources.
- Considerable socioeconomic disruptions due to long term travel and movement restrictions in many countries; countries are exploring options to resume international and domestic travel while maintaining safety measures to suppress transmission and avoid excessive pressure on health care systems.

The Joint Post Introduction Evaluation of deployment of COVID-19 and HPV vaccines in Maldives

The Maldives is a nation consisting of 1192 islands grouped into 20 atolls. Of these islands, 187 are inhabited. Its projected population for 2021 was 545 847. Since the beginning of the COVID-19 vaccination programme, a significant progress has been achieved in the rollout of COVID-19 vaccines across the country. WHO encourages countries to conduct a mini post-introduction evaluation (PIE) in the early phase of COVID-19 introduction ideally within 6 months of its introduction and a classic PIE anytime thereafter. Thus, the country decided to conduct a joint classic Post Introduction Evaluation (cPIE) for COVID-19 vaccines and a PIE for Human Papilloma Virus (HPV) vaccine. The overall objective was to evaluate the deployment of COVID-19 vaccines as a pandemic response and introduction of the HPV vaccine in the national immunization programme.

COVID-19 vaccination was started in the Maldives on 1 February 2021 and the vaccine rollout in the country followed the guidance of the WHO Strategic Advisory Group of Experts (SAGE) on immunization and the Maldives Technical Advisory Group on Immunization (MTAGI). The age-eligibility for the primary series was decided to be from 12 years of age and for the booster dose, from 18 years of age. The HPV vaccine was introduced in the Maldives in 2019 as a campaign targeting girls 10-14 years old, followed by its introduction into routine immunization (RI) for girls aged 10 years. During the campaign, a school-based vaccine delivery strategy was used but now the vaccine delivery is occurring through health facilities.

Maldives is one of the first countries in the world to conduct a classic PIE for COVID-19 vaccines. This exercise of a duration of 8-days was backed by the high level of political commitment as demonstrated at the briefing and debriefings in connection with the joint PIE to the Ministry of Health. These briefings were chaired by His Excellency the Minister of Health and attended by all senior officials of the health department, members of technical advisory bodies and immunization partners.

The joint PIE was conducted during the period from 5 to 12 December 2021 in seven atolls and the Greater Male' region. An Atoll hospital, two island health centers (IHC) and one resort/industrial island were selected from each atoll. Each PIE team consisted of international and national assessors. International experts were designated as team leads and were assigned with thematic areas for preparing the debriefing report. The PIE comprised a desk review of key documents, field visits and interviews with priority groups including health workers, teachers, adolescent girls and their parents and other community members. Detailed observations of cold and dry storage areas and vaccination sessions were performed. Central-level stakeholders interviewed were from the National Technical Advisory Committees, operational groups, and partners involved in decision-making including MTAGI, National Adverse Events Following Immunization (AEFI) Committee, immunization partners, developers of the web portal for COVID-19 vaccination – *Dhifaau* (meaning Defense in the local language).

The technical team of the WHO Maldives piloted the customization of the WHO tools for PIEs with incorporation of questionnaires relevant to both PIEs for COVID-19 and HPV vaccines. Furthermore, a web-based software package was developed and used for real-time data collection, transmission and analysis. The activity was supported by WHO Country Office for Maldives with the funding support of COVAX.

Evaluation areas

- | | |
|---|--|
|  1. Regulatory Preparedness |  6. Human Resources Management and Training |
|  2. Planning and Coordination |  7. Vaccine demand, advocacy & communication |
|  3. Service delivery |  8. Vaccine Safety Monitoring Management of AEFIs and Injection Safety |
|  4. Costing and & funding |  9. Monitoring & Evaluation |
|  5. Supply Chain Management and Health Care Waste |  10. COVID-19 Surveillance |

Maldives Joint COVID-19 and HPV Vaccines PIE: December 2021

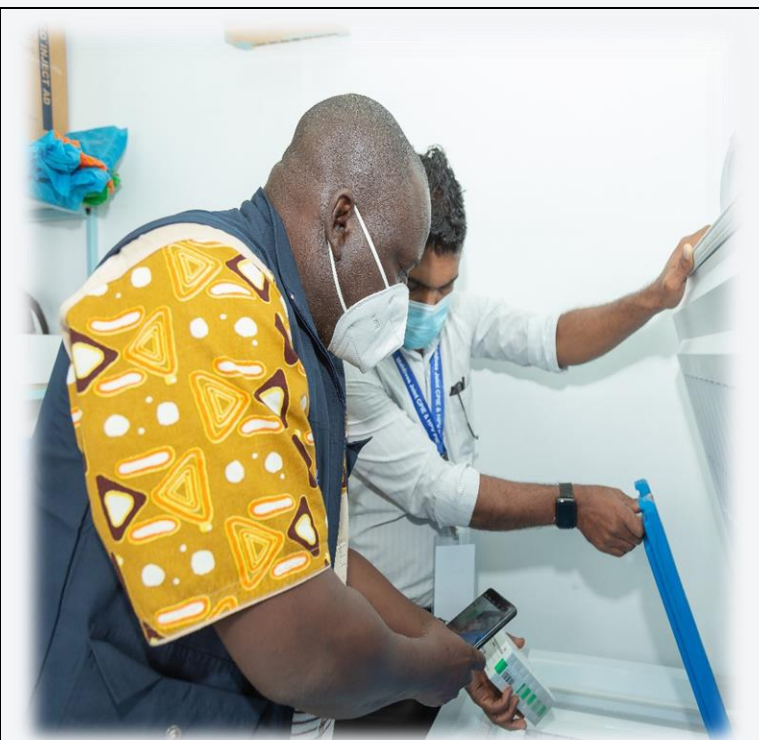
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The PIE identified strengths that helped achieve a high coverage in both COVID-19 and HPV vaccinations in Maldives including: The high level of political commitment, strong involvement of various stakeholders, innovations in service delivery, ensuring equity in vaccination by inclusion of expatriates and undocumented migrants, regulatory preparedness for COVID-19

vaccine deployment, well-prepared virtual trainings, *Dhifaa* web portal for registration and monitoring vaccination, tracking vaccine safety and coverage, tailored communication strategies, vaccination for staff involved in the sector of tourism, facilitation of vaccine transportation and strengthened maintenance of vaccine cold chain.



PIE assessors inspecting the AEFI kit in a health centre (Photo credit WCO Maldives)



A team of PIE assessors inspect vaccine storage and cold chain equipment in a health facility (Photo credit WCO Maldives)



EPI programme Officer inspecting vaccine shortage in an island health facility (Photo credit WCO Maldives)



WCO Maldives Team reviewing the vaccination records at an island health facility (Photo credit WCO Maldives)

The assessment also identified challenges to be addressed, Challenges included the need for strengthening human resources for immunization, monitoring and supervision challenges, the need for a digital system for routine immunization monitoring and the need for regular reorientations for the immunization staff and partners to sustain the gains of the immunization programme. Detailed recommendations were provided under each thematic area.

One of the key lessons learnt during the exercise was that multi-stakeholder collaboration and high-level coordination at all levels are critical for a successful vaccine rollout. The development of the real-time data collection tool also contributed to the success of the PIE. A team has been set up and a monitoring framework was developed to follow-up and support the implementation of the recommendations of the joint PIE.

Table 3: Summary of severity of Public Health and Social Measures (PHSM) Implemented by countries in the South-East Asia Region (as of 23 March 2022)

Summary of Severity of Public Health and Social Measures (PHSM) Implemented by Countries in South-East Asia Region (as of 22 March, 2022)

Country	Case trend	Mask wearing	School measures	Business workplace measures	Gathering restrictions	Stay at home	Public transport	International travel measures
Bangladesh		100	25	33	0	0	0	38
Bhutan		100	80	33	80	40	33	88
India		100	25	33	40	0	0	12
Indonesia		100	30	33	40	20	13	75
Maldives		67	25	33	0	0	0	25
Myanmar		100	25	33	60	20	13	100
Nepal		100	25	33	20	0	0	25
Sri Lanka		100	25	33	60	0	0	25
Thailand		100	25	13	40	0	0	38
Timor-Leste		100	25	33	20	0	0	38

- **Bangladesh** All restrictions on gatherings, non-essential business, and public transport were lifted.
- **Bhutan** COVID-19 Taskforce initiated phase-wise unlocking of lockdowns imposed in select sub-national areas, allowing intra-dzongkhag movement and resuming non-essential businesses.
- **India** COVID-19 restrictions on non-essential activities, public transport and stay-at-home orders relaxed across all States.
- **Indonesia** Use of well-fitted masks, physical distancing, ventilation of indoor spaces and hand-hygiene continues to be implemented throughout the country. PPKM extended in Java and Bali until 21 March 2022.
- **Maldives** The requirements of mandatory mask wearing were eased by introducing risk-based mask wearing such as in areas with sample positivity rate >20%, in health facilities, in public transport, in gatherings, and for high-risk individuals.
- **Myanmar** Stay-at-home orders lifted nationwide
- **Nepal** All COVID-19 related restrictions lifted as on 5 March 2022.
- **Sri Lanka** Schools and all non-essential business allowed to operate with safety protocols.
- **Thailand** Zoning categories for disease control measures, redefined into three categories as Controlled Area, High Surveillance Area, and Pilot Tourism/ Sandbox Area from 18 March 2022, Restrictions for various non-essential businesses vary across different zones.
- **Timor-Leste** Requirement for entry (i.e. testing, quarantine) lifted for those holding a complete vaccination certificate.

For more information on PHSM implementation in South-East Asia region, including the methods of calculating severity of PHSM, please visit **SEARO COVID Dashboard** at [Link to SEARO PHSM Dashboard](#) (please select PHSM tab).

- Ten countries in the Region are administering COVID-19 vaccines.
 - All ten countries have prioritized health workers, frontline workers, elderly populations and all ten are vaccinating individuals 18 years and above.
 - Nine countries have fully vaccinated >40% of the population, and of these two countries have vaccinated >70%
 - Ten countries are vaccinating adolescents 12-17 years old.
 - Two countries are vaccinating children 5-11 years old and one country is vaccinating children 6-11 years old
 - Ten countries are providing additional/booster doses to selected population groups and have vaccinated more than 80 million individuals and 1 country is providing a 4th dose.
- Real time information on COVID-19 vaccination in SEA Region is available at <https://www.who.int/southeastasia/health-topics/immunization/covid-19-vaccination>; also seen in the table below.

Table 3. Summary of vaccination status and vaccine utilization in the 11 countries of the Region; as of 23 March 2022

Country	Total Population	Total doses administered	Individuals vaccinated with one dose	Individuals fully vaccinated	Booster / Additional dose	At least one dose administered per 100 population	Fully vaccinated individuals per 100 population	Booster / Additional dose administered per 100 population	Data as of
Bangladesh	170 317 066	226 759 273	126 680 831	93 293 436	7 076 587	74.4	55.2	4.2	23-Mar-22
Bhutan	756 123	1, 787 937	687 549	579 640	520 748	90.9	76.7	68.9	20-Mar-22
DPR Korea	24 701 926	No information received							
India	1 420 972 759	1 818 558 263	973 471 152	823 082 575	22 114 924	68.7	58.0	1.6	23-Mar-22
Indonesia	272 248 454	368 133 995	194 988 786	155 520 807	18 113 837	71.7	57.4	5.7	23-Mar-22
Maldives	546 399	927 010	398 424	308 462	148 124	72.9	69.6	27.1	19-Mar-22
Myanmar	55 008 057	48 265 243	25 654 190	21 701 842	986 406	47.3	39.5	1.8	22-Mar-22
Nepal	30 201 100	42 654 571	21 913 623	18 770 559	1 970 389	72.6	62.2	6.5	22-Mar-22
Sri Lanka	21 919 416	39 087 900	16 994 196	14 387 077	7 719 703	77.5	65.6	55.2	22-Mar-22
Thailand	66 186 727	127 277 043	54 880 065	50 037 828	22 485 275	83.0	75.6	34.0	22-Mar-22
Timor-Leste	1 317 780	1 297 126	700 055	580 313	19 251	53.6	44.0	1.5	23-Mar-22
Total	2 064 175 807	2 674 748 361	1 416 368 871	1 181 862 443	80 155 244	68.8	57.2	3.9	

Source: Bangladesh: MIS unit, DGHS; Bhutan: MoH; India: <https://pib.gov.in/PressRelease>; Indonesia: <https://www.kemkes.go.id/>; Maldives: HPA COVID19 update group; Myanmar: MoHS; Nepal: FWD, MoHP Nepal; Sri Lanka: Epidemiology unit, MoH; Thailand: DDC, MOPH; Timor-Leste: MoH.

Key persistent challenges	Emerging/new challenges
<ul style="list-style-type: none"> Suboptimal COVID-19 vaccine coverage in priority groups for vaccination and geographical areas in some countries Need for monitoring vaccine expiry dates and minimizing vaccine wastage in countries 	<ul style="list-style-type: none"> Optimizing COVID-19 vaccine delivery systems to reach the national and global targets of vaccination. Increasing focus on booster/additional dose without reaching high coverage in priority target populations and geographical groups