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 | 413 806 | 3 795 | 56 286 248 | 767 165

as of 9 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 | 2 615 611 296 | 1 399 200 454 | 1 147 239 035 | 55.6

as of 9 March 2022

Highlights

- WHO’s South-East Asia Region (SEAR) remains the third most affected WHO Region with 56.3 million cases reported cumulatively, after the European Region (184.6 million cases) and the Region of Americas (148.3 million cases).
- Globally, the number of new cases during this period (n=10 698 759) is similar to that of the preceding seven days. In the reporting period (3 - 9 March 2022), all the WHO regions reported a decline in new cases compared to the preceding seven days, except for the Western Pacific Region, which reported a 40.7% increase in new cases. Globally, the number of new deaths declined during this period across all WHO regions except in the Western Pacific region which reported a 27% increase and Eastern Mediterranean Region which reported a 2.3% increase.
- In SEAR during the reporting period (refer to Table 1), there was a 25.3% decrease in new cases (n=413 806) compared to the previous reported week. During this period, all the countries have reported a decline in the number of new cases compared to the preceding seven days. During the same period, a 10% decline in new deaths (n=3 795) was reported compared to the preceding seven days.
- As of 09 March 2022, more than 1.14 billion (55.6%) persons are fully vaccinated in SEAR.

Overview of the situation (for the period between 3 - 9 March 2022)

- Indonesia reported 196 493 new cases during the reporting period, a 29.6% decline compared to the preceding seven days. The weekly COVID-19 case incidence at the national level has decreased from the preceding seven days and is at 76.5 cases per 100 000 population. Provinces reporting high weekly case incidence (per 100 000 population) are Kalimantan Utara (308), Yogyakarta (256), Jakarta (156), Kalimantan Timur (156), and Bangka Belitung (141). During this period, the test positivity rate (TPR) declined and is 13.6% at the national level.
- Thailand reported 154 329 new cases during the reporting period, a 5.8% decline compared to the preceding seven days. The weekly case incidence has slightly reduced from the preceding seven days and is at 221 cases per 100 000 population at the national level. Provinces reporting a high weekly case incidence (per 100 000 population) include Nakhon Si Thammarat (527), Phuket (506), Ratchaburi (466), Prachuap Khiri Khan (429), Yala (417), and Chachoengsao (405). During this period, the TPR increased and is 49.1% at the national level, while the number of daily PCR tests decreased during this period. The number of severe and ventilated cases continue to increase, but these numbers are still around 20% of the numbers of the same indicator reported during the peak observed in August 2021.
- India reported a 47.9% decline in new cases during the reporting period compared to the preceding seven days. The total number of new cases during the reporting period was 37 284. All the States and Union Territories are reporting a decline in new cases. The weekly case incidence decreased from the preceding seven days and is 2.7 cases per 100 000 population. During this period, the TPR declined and is 0.7% at the national level.
- Myanmar reported 10 182 new cases during the reporting period, a 38.8% decline compared to the preceding seven days. The weekly case incidence decreased from the preceding seven days and is 18.7 cases per 100 000 population at the national level. During this period, the TPR declined and is 8.0% at the national level.
- Sri Lanka reported a 6.8% decline in new cases during the reporting period compared to the previous seven days. The total number of new cases reported during the reporting period was 6,637. All the provinces are reporting a decline in new cases. The weekly case incidence slightly decreased from the preceding seven days and is 31.0 at the national level. During this period, the TPR declined from the preceding seven days and is 16.2% at the national level.

- Bangladesh reported 3,363 new cases during the reporting period. In comparison to the preceding seven days Bangladesh witnessed a 51.8% decline in new cases during the reporting period. All the divisions are reporting a decline in new cases. The weekly case incidence decreased from the preceding seven days and is 2.0 cases per 100,000 population. During this period, the TPR declined and is 3.1% at the national level.

- Maldives reported a 29.5% decline in new cases during the reporting period compared to the previous seven days. The total number of cases in Maldives during the reporting period was 2,552. The number of new cases is increasing in the Atolls outside the Greater Male Region. The weekly case incidence decreased from the preceding seven days and is 472.1 cases per 100,000 population at the national level. During this period, the TPR remained at the same level and is 18.2% at the national level.

- Bhutan reported a 20.2% decline in new cases during the reporting period compared to the previous seven days. The total number of new cases reported in Bhutan during the reporting period was 2,411. A higher number of cases compared to the preceding seven days reported in Tsirang, Mongar and Punakha dzongkhags. The weekly case incidence decreased from the preceding seven days and is 312.5 cases per 100,000 population at the national level. High weekly case incidence was reported in Samdrup Jongkhar (1,101), Chukha (791), and Sarang (584). During this period, the TPR increased and is 4.1% at the national level.

- Nepal reported 510 cases during the reporting period and it accounted for a 39.1% decline compared to the preceding seven days, with all provinces reporting a decline. The weekly case incidence decreased from the previous week and is 2.9 cases per 100,000 population at the national level. During this period, the TPR declined and is 3.0% at the national level.

- Timor-Leste reported 45 new cases during the reporting period and this was a 76.8% decrease in new cases compared to the previous seven days. The weekly cases incidence decreased from the preceding seven days and is 14.7 cases per 100,000 population at the national level. During this period, the TPR declined and is 20.2% at the national level.

Table 1: COVID-19 cases, deaths and test positivity rate in countries in WHO South-East Asia Region in the seven-day period from 3 – 9 March 2022.

<table>
<thead>
<tr>
<th>Country</th>
<th>Case trend</th>
<th>New cases</th>
<th>New cases per 1M pop</th>
<th>% change in new cases*</th>
<th>Death trend</th>
<th>New deaths</th>
<th>New deaths per 1M pop</th>
<th>% change in new deaths*</th>
<th>TPR % (7 DMA)</th>
<th>% Change in TPR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td></td>
<td>3,363</td>
<td>20</td>
<td>-52</td>
<td>44</td>
<td>0.3</td>
<td>-24</td>
<td>3.1</td>
<td>-39.0</td>
<td></td>
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<tr>
<td>Bhutan</td>
<td></td>
<td>2,411</td>
<td>125</td>
<td>-20</td>
<td>1</td>
<td>1.3</td>
<td>-</td>
<td>4.1</td>
<td>13.6</td>
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<tr>
<td>India</td>
<td></td>
<td>37,284</td>
<td>27</td>
<td>-48</td>
<td>1,109</td>
<td>0.8</td>
<td>-32</td>
<td>0.7</td>
<td>-38.5</td>
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<tr>
<td>Indonesia</td>
<td></td>
<td>196,493</td>
<td>718</td>
<td>-30</td>
<td>2,099</td>
<td>7.7</td>
<td>-4</td>
<td>13.6</td>
<td>-22.2</td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
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<td>2,552</td>
<td>472</td>
<td>-29</td>
<td>0</td>
<td>0.0</td>
<td>-100</td>
<td>18.2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td></td>
<td>10,182</td>
<td>187</td>
<td>-39</td>
<td>0</td>
<td>0.4</td>
<td>-12</td>
<td>8.0</td>
<td>-28.2</td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td></td>
<td>510</td>
<td>18</td>
<td>-39</td>
<td>8</td>
<td>0.3</td>
<td>-27</td>
<td>2.1</td>
<td>-30.6</td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
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<td>6,637</td>
<td>310</td>
<td>-7</td>
<td>94</td>
<td>4.4</td>
<td>-48</td>
<td>16.2</td>
<td>-11.5</td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
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<td>154,329</td>
<td>2,211</td>
<td>-6</td>
<td>417</td>
<td>6.0</td>
<td>43</td>
<td>49.1</td>
<td>81.4</td>
<td></td>
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<tr>
<td>Timor-Leste</td>
<td></td>
<td>45</td>
<td>34</td>
<td>-77</td>
<td>0</td>
<td>0.0</td>
<td>-100</td>
<td>2.7</td>
<td>-69.2</td>
<td></td>
</tr>
<tr>
<td>SEAR total</td>
<td></td>
<td>413,806</td>
<td>205</td>
<td>-25</td>
<td>3,795</td>
<td>1.9</td>
<td>-10</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

*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 (15,522 samples were tested between 18 to 24 February 2022).

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 6 March 2022 and for Thailand is as of 5 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 9 March 2022.

Figure 2: Seven-day moving average of new COVID-19 cases per one million population for the countries in the WHO South-East Asia Region in the last 3 weeks (17 February – 9 March 2022).

Updates on the Omicron variant situation

- Globally, of the 428,417 sequences uploaded to GISAID with specimen collection date in the last 30 days, 427,152 (99.7%) were Omicron Variant of Concern. In this period BA.1.1 is the predominant sublineage of the Omicron variant reported (41% of sequences), followed by sublineages BA.2 (34.2% of the sequences) and BA.1 (24.7% of sequences) respectively.
- As of 9 March, ten countries in SEAR have detected cases of the Omicron variant of concern. According to the data uploaded to GISAID, BA.2 sublineage has been reported predominantly in Bangladesh, India, Nepal, Maldives and Sri Lanka, while the sublineage BA.1.1 is predominant in Thailand; in Indonesia sublineages BA.1, BA.1.1 and BA.2 are circulating and the proportion of the sub lineage of BA.2 is increasing.
- More details on the Omicron variant 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 8 March 2022.
Table 2: SARS-CoV-2 variants of concern (VOCs) detected in the countries in WHO South-East Asia Region, as of 9 March 2022

<table>
<thead>
<tr>
<th>Country</th>
<th>Alpha</th>
<th>Beta</th>
<th>Gamma</th>
<th>Delta</th>
<th>Omicron</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>●</td>
<td>●</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Bhutan</td>
<td>●</td>
<td>●</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>India</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Indonesia</td>
<td>●</td>
<td>●</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Maldives</td>
<td>●</td>
<td>-</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Myanmar</td>
<td>●</td>
<td>-</td>
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<tr>
<td>Nepal</td>
<td>●</td>
<td>-</td>
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<td>●</td>
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<tr>
<td>Sri Lanka</td>
<td>●</td>
<td>●</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>●</td>
<td>●</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Thailand</td>
<td>●</td>
<td>●</td>
<td>●**</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>●**</td>
<td>-</td>
<td>-</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

** Detection only among incoming travelers

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

Dates in bracket indicate last date of submission of sequencing data to GISAID
Data source: GISAID data accessed on 8 March 2022
Only countries consistently submitting data to GISAID up to week 6 (the week ending on 13 February) are shown in this figure

Resources on the Omicron variant

- [WHO Weekly epidemiological update on COVID-19](#) on 8 March 2022
- [WHOs 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 (28 February – 6 March 2022) showed that testing, supportive care (healthcare) & vulnerable people were the top three key findings in the latest report.
- With regards to testing, the conversations in Indonesia, Maldives and Sri Lanka focused on what relaxation of travel measures would mean while in Thailand university students were concerned about being able to attend university exams with mild symptoms.
- WHO and the World Association of Community Radio Broadcasters (AMARC) for Asia Pacific started a community radio training on 6 March 2022, addressing fake news and how to identify misinformation.

Key operational updates
Bangladesh:
- The Civil Aviation Authority of Bangladesh issued a notice allowing fully vaccinated international travelers to enter the country without negative COVID-19 test report, however, unvaccinated travelers need to carry a negative RT-PCR certificate for COVID-19.
- France lifted COVID-19 restrictions on Bangladeshi travelers.

Bhutan:
- The Ministry of Health (MoH) has started administering Pfizer-BioNTech COVID-19 vaccine to children aged 5-11 years old from 6 March 2022. As of 9 March 2022, around 68.98% of the eligible population (83,227 children) were vaccinated across the country.
- The MoH continued facilitation of COVID-19 booster dose for those aged 18 years and above through mobile vaccination teams in the capital city – Thimphu.

DPR Korea:
- No case of COVID-19 has been reported as of 3 March 2022.
- Cumulatively 58,872 persons were tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 154,935) and all were found negative for COVID-19. During the reported period from (25 February - 3 March 2022), 1,311 persons were tested. Among these, 135 were people with influenza-like illness or severe acute respiratory infections, 576 were health care workers and the rest were persons dealing with imported cargo in border areas including other supporting staff.
India:
- The Ministry of Health & Family Welfare (MoHFW) applauded the dedication and selfless service of women vaccinators across the country, 72 women vaccinators from 36 States and UTs were awarded on the occasion of International Women’s Day.
- With recommendations from the Subject Expert Committee of the Drugs Controller General of India (DCGI), Serum Institute of India sought the permission from the DCGI to conduct a phase 3 study of using Covovax as a booster dose in adults (18 years and above).
- The Ministry of Civil Aviation decided to resume all international travel from 27 March 2022 with strict adherence to MoHFW guidelines for international travels.
- The DCGI has granted emergency use authorisation (EUA) to the Serum Institute of India’s COVID-19 vaccine Covovax for use in children aged 12-17 years. Covovax is the fourth vaccine to receive EUA for use among children below 18 years of age.

Indonesia:
- The government has started relaxation of COVID-19 restrictions for domestic travels. Negative COVID-19 test reports are not required anymore.
- With declining daily numbers of COVID-19 cases, hospital bed occupancy rate is also declining from its peak at the end of February (37.8%) to 30% as of 8 March 2022.

Maldives:
- The government has further relaxed COVID-19 restrictions allowing fully vaccinated travelers to enter without a negative COVID-19 test report from 5 March 2022. However, work permit holders and Maldivian citizens are required to do a RT-PCR test for COVID-19 within 3-5 days of arrival in the country.
- As of 5 March 2022, around 97.6% of persons employed in resorts were fully vaccinated and 99.8 percent of resort workers have received at least one dose of a COVID-19 vaccine.

Myanmar:
- WHO has commenced series of COVID-19 home care trainings for frontline volunteers representing various partner organizations from 9 March 2022.
- WHO is supporting the contingency stockpile forecasting exercise for COVID and non-COVID emergencies.

Nepal:
- The government has lifted all restrictions related to COVID-19 in Kathmandu valley from 5 March 2022. However, the standard public health and social measures will still apply in mass gatherings, educational institutions and business activities.
- The Ministry of Health and Population is planning to conduct a COVID-19 intra action review in March 2022.
- WHO is supporting a study on medical oxygen related to COVID-19 and handed over tablets and pulse oximeters (both fingertip and portable handheld) devices to the B.P. Koirala Institute of Health Sciences for the study.

Sri Lanka:
- In view of the relative shortage of rapid antigen test (RAT) kits for COVID-19 due to excess demand created with the wave of the VOC omicron wave, WHO has shipped 175 000 RAT kits for use by the Ministry of Health.
- The Director General of Health Services (DGHS) has released revised guidelines on public and work-related activities effective from 1-31 March 2022.

Thailand:
- The Centre for COVID-19 Situation Administration has prepared measures for the upcoming Songkran festival and school/university entrance examination for Thai students and urged people to follow VUCA measures (vaccination, universal prevention, COVID-free settings, and antigen test kit testing).
- The government has approved establishment of an air travel bubble with India.

Timor-Leste
- WHO continued to support the Ministry of Health to sensitize communities on COVID-19 vaccine and dissemination of COVID-19 preventive messages through a door-to-door campaign as the country is preparing for Presidential elections.
Key challenges in the Region

- In the context of the new variant of concern “Omicron” in SEAR and the pandemic fatigue, ensuring precautionary/preventive measures such as 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 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 travels while maintaining safety measures to suppress transmission and avoid excessive pressure on health care systems.

Cover story

The South-East Asia Regional Strategy for Primary Health Care, 2022 – 2030

Primary Health Care (PHC) has long been recognized as the path to universal health coverage and the achievement of health for all. The COVID-19 pandemic has further reaffirmed the importance of PHC-oriented health systems for health system resilience, health security and economic prosperity.

In addition to the direct impact on morbidity and mortality, successive waves of the COVID-19 pandemic have disrupted essential health services and exposed gaps in health systems across the South-East Asia Region resulting in excessive indirect mortality. The COVID-19 pandemic has also contributed to a decline in economic growth, increased rates of extreme poverty, and a rise in debt burden across several countries of the SEA Region.

Demands on health systems in the Region have also increased. Priorities for strengthening of surveillance, laboratory, and public health intelligence capacities; equitable delivery of COVID tools; strengthened preparedness and response functions; as well as continued expansion and extension of health services for a growing population with changing disease burden, must all be met in a context of constrained resources.

Encouragingly, the last few years have witnessed unprecedented energy and innovation in the health sector. This includes establishment of platforms for whole of government and societal action; renewed attention to and approaches for community and private sector engagement; initiatives to optimize fully the available health workforce, especially at the community level; rapid production and distribution of medical products; expansion in the use of digital technology (including telemedicine; and agile health policy management processes.

A central lesson emerging from the pandemic is that investments in PHC-oriented health systems is not simply the most equitable - and also the most efficient – and a means to simultaneously advance toward health security, universal health coverage (UHC), and the other health-related Sustainable Development Goal (SDG) target.

In this respect, and to encourage exchange of experiences across SEAR Member States, WHO prepared the document “COVID-19 and measures to ‘build back better’ essential health services to achieve UHC and health-related SDGs” (SEA/RC 74/3). The Regional Committee (RC) document informed the Ministerial Dialogue and Declaration at the 74th Regional Committee meeting (2021), and resulted in the following two recommendations to WHO (See BOX A)

BOX A
Actions by WHO:
(1) Develop a Regional Strategy on Primary Health Care, that builds on lessons learnt from the ongoing pandemic in the Region, in order to guide, support and monitor the transformation to PHC-oriented health systems in Member States of the Region.
(2) Continue to support Member States in responding to the ongoing pandemic while strengthening the delivery of essential health services through accelerating progress on the Regional Flagship Priorities related to universal health coverage and health emergencies. The linkages between the two Flagships Priorities should also be strengthened, such as facilitating identification of priority actions to enhance resilience of health systems through COVID-19 intra-action reviews.
On Universal Health Coverage Day in December 2021, WHO launched the South-East Asia Regional Strategy for Primary Health Care, 2022 - 2030 (hereafter SEAR PHC Strategy). The SEAR PHC Strategy seeks to support SEAR Member States realize the ‘once-in-a-century opportunity’ to enable PHC-oriented transformation of health system in the Region, as called for and envisioned by the Declaration of Health Ministers on Covid-19 and Measures to ‘Build Back Better’.

The SEAR PHC Strategy’s goal is to achieve universal health coverage, health security, and other health-related SDG targets by 2030, through PHC-oriented health systems and building on lessons from COVID-19 pandemic, consolidation of technical information, an iterative expert group process, and member states input. The SEAR PHC Strategy prioritizes seven values and twelve inter-related strategic actions to help guide, support and monitor PHC-oriented health system transformation across the Region (Box B).

**BOX B**

**Strategic Actions**
1. Review and update health-related national policies and plans to reflect PHC orientation
2. Increase and improve financing of PHC
3. Implement governance reforms and enable multi-sectoral convergence, especially for action on the social determinants of health
4. Reimagine and reorganize primary health care service delivery
5. Build a culture of wellness to promote well-being
6. Ensure community engagement and empowerment
7. Strengthen the availability, competence and performance of a multi-disciplinary PHC workforce team
8. Promote availability and affordability of quality essential medical products for PHC
9. Strengthen the quality of PHC care
10. Leverage the potential of digital technology to improve the quality of access to equitable PHC service
11. Strengthen health information systems to enhance PHC
12. Institutionalize learning systems for sustainable PHC

The SEAR PHC Strategy is notable for its consistent incorporation of priorities related to health system resilience, health emergency preparedness and response, and essential public health functions across its articulated values and strategic actions.

At its launch the WHO Director-General stated that ‘One of the key lessons of the COVID-19 pandemic is that the best defense against disease outbreak and other health emergencies is resilient primary health care as the foundation of universal health coverage. Many of the countries that have responded most effectively to COVID-19 are those that had invested adequately in PHC’.

The Regional Director for WHO’s South-East Asia Region, Dr. Poonam Khetrapal Singh, further emphasized that ‘PHC is the key that unlocks UHC – through simultaneously addressing concerns related to equity and efficiency. Now is the time to invest in and reorient health systems towards strong PHC services that fulfill the Right to Health, and which meet the health, social and economic challenges which we are facing’.

SEAR Member States, WHO, experts and partners will convene on March 28 to March 30, 2022 to identify steps towards further operationalization and monitoring of the SEAR PHC Strategy.
<table>
<thead>
<tr>
<th>Country</th>
<th>Entry and Visa Restrictions</th>
<th>Quarantine upon Arrival</th>
<th>COVID-19 Testing Requirement</th>
<th>Proof of vaccination or Recovery from infection</th>
</tr>
</thead>
</table>
| Bangladesh       | Some restriction on entry and/or visa | Quarantine exempted for fully vaccinated unless symptomatic | RT-PCR exempted for the fully vaccinated  
RT-PCR based COVID-19 negative test result within 72 hours prior to departure (for unvaccinated) | Official proof of certification of vaccination for vaccinated.                          |
| Bhutan           | Some restriction on entry and/or visa | 21 day facility quarantine (14 day facility quarantine for those fully vaccinated) | RT-PCR based COVID-19 negative test result within 72 hours prior to departure  
Facility quarantine shortened to 14 days for the fully vaccinated (shortened from 21 days) | Facility quarantine shortened to 14 days for the fully vaccinated (shortened from 21 days) |
| India            | Some restriction on entry and/or visa | No quarantine requirement (14 days self monitoring) | RT-PCR based COVID-19 negative test result within 72 hours prior to departure.  
RT-PCR exempted for fully vaccinated | Facility quarantine shortened to 14 days for the fully vaccinated (shortened from 21 days) |
| Indonesia        | Some restriction on entry and/or visa; proof of vaccination required for entry | 7 day facility quarantine for those vaccinated with one dose;  
3 day quarantine for those fully vaccinated; Quarantine exempted for fully vaccinated travellers in Bali | RT-PCR based COVID-19 negative test result within 48 hours prior to departure  
PCR test on arrival and 3-6 days after arrival | Proof of vaccination required for entry  
Quarantine shortened to 3 days (from 7 days) for those fully vaccinated |
| Maldives         | Some restriction on entry and/or visa | No quarantine (tourists);  
14 day facility quarantine (other travellers) | RT-PCR exempted for the fully vaccinated tourists.  
RT-PCR based COVID-19 negative test result within 96 hours prior to departure for other tourists.  
RT-PCR test at 3-5 days after arrival for all travellers for non-tourists/ | Facility quarantine shortened to 10 days with proof of full vaccination |
| Myanmar          | Some restriction on entry and/or visa | 14 day facility quarantine (unvaccinated); 10 days (fully vaccinated) | RT-PCR based COVID-19 negative test result within 72 hours prior to departure  
PCR test on day 1, 3 & 9 after arrival | Facility quarantine shortened to 10 days with proof of full vaccination |
| Nepal            | Some restriction on entry and/or visa | 5 day facility quarantine for unvaccinated travellers | RT-PCR based COVID-19 negative test result within 72 hours prior to departure  
Antigen rapid test on arrival for those not fully vaccinated | Facility quarantine exempted with proof of full vaccination |
| Sri Lanka        | No restriction on entry and/or visa | 7 day facility quarantine.  
Diplomatic/UN staffs and family from unrestricted countries can opt for home quarantine. | Pre-departure RT-PCR exempted for the fully vaccinated;  
children<18 years with one dose vaccination and travellers with past history of COVID-19 (within 6 months)  
RT-PCR based COVID-19 negative test result within 72 hours prior to departure for others.  
PCR test on day 1 and the exit PCR on day 7 for the unvaccinated | Quarantine requirement exempted with proof of full vaccination or history of past infection within 90 days and received at least one dose of vaccine |
| Thailand         | Some restriction on entry and/or visa | Test & Go (for the fully-vaccinated); No quarantine Sandbox (for the fully-vaccinated);  
No quarantine (stay at least the first 7 nights within a Sandbox destination)  
Alternative quarantine: 7 days (for the fully-vaccinated) or 10 days (for the unvaccinated) | RT-PCR based COVID-19 negative test result within 72 hours prior to departure  
Test & Go: PCR tests on day 1 and antigen self-test kit for a self-report on day 5  
Sandbox: PCR test on arrival & on day 5-6  
Alternative quarantine: PCR test on arrival and on day 5-6 or day 8-9 | Those fully vaccinated exempted from quarantine (Test&Go and Sandbox)  
Quarantine shortened to 7 days (alternative quarantine) |
| Timor Leste      | Some restriction on entry and/or visa | 14 day facility quarantine | RT-PCR based COVID-19 negative test result within 72 hours prior to departure  
PCR test within 48 hours on arrival for those fully vaccinated | Quarantine requirement reduced to 2 days with proof of full vaccination and negative PCR result upon arrival |

* Democratic Peoples' Republic of Korea- No specific updates available for this period
### Update on Pandemic Vaccine Deployment

- 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%
  - Nine countries are vaccinating adolescents 12-17 years old and 1 country is vaccinating 15-17 years old children.
  - Two countries are vaccinating 5-11 years old children and one country is vaccinating 6-11 years old children.
  - Ten countries are providing additional/booster doses to selected population groups.

- As of 09 March 2022, WHO has granted Emergency Use Listing (EUL) to the following types of COVID-19 vaccines:
  - Messenger Ribonucleic Acid (mRNA): COMIRNATY ® (Pfizer BioNTech) and SPIKEVAX ® (Moderna)
  - Recombinant Viral Vector: COVISHEILD ® (Serum Institute of India), VAXZEVRIA ® (AstraZeneca), Ad26.COV 2-S ® (Janssen–Cilag Int.), and d26.COV 2-S ® (Janssen Biotech Inc.)
  - Inactivated Virus: Inactivated SARS-CoV-2 vaccine ® (Wuhan Institute of Biological Products (CNBG)), CORONAVAC ® (Sinovac Life Sciences) and COVAXIN ® (Bharat Biotech)
  - Recombinant spike protein nanoparticle: COOVAX ® (Serum Institute of India), NUVAXOVID ® (Novavax, Inc.) and SCB-2019 ® (Clover Biopharmaceuticals Ltd.)

- WHO continues to provide support for development of proposals for COVID-19 Vaccine Delivery System (CDS) needs-based financing in COVAX Advance Market Commitment (AMC) countries, optimizing COVID-19 vaccine delivery, enhancing vaccine safety surveillance and reporting, conducting vaccine effectiveness studies and COVID-19 vaccine post-introduction evaluations (cPIE)

- Real time information on COVID-19 vaccination in SEA Region is available at [https://www.who.int/southeastasia/health-topics/immunization/covid-19-vaccination](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 WHO SEAR

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Population</th>
<th>Total doses administered</th>
<th>Individuals vaccinated with one dose</th>
<th>Individuals fully vaccinated</th>
<th>Additional dose</th>
<th>At least one dose administered per 100 population</th>
<th>Fully vaccinated individuals per 100 population</th>
<th>Additional dose administered per 100 population</th>
<th>Data as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>170 317 066</td>
<td>217 946 936</td>
<td>125 696 216</td>
<td>87 795 353</td>
<td>4 455 367</td>
<td>73.8</td>
<td>51.5</td>
<td>2.6</td>
<td>08-Mar-22</td>
</tr>
<tr>
<td>Bhutan</td>
<td>756 123</td>
<td>1 633 285</td>
<td>613 967</td>
<td>575 790</td>
<td>443 528</td>
<td>81.2</td>
<td>76.2</td>
<td>58.7</td>
<td>06-Mar-22</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>24 701 926</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>1 420 972 759</td>
<td>1 793 152 374</td>
<td>966 216 758</td>
<td>806 084 441</td>
<td>20 851 175</td>
<td>68.0</td>
<td>56.7</td>
<td>1.5</td>
<td>08-Mar-22</td>
</tr>
<tr>
<td>Indonesia</td>
<td>272 248 454</td>
<td>353 698 734</td>
<td>192 263 704</td>
<td>148 587 718</td>
<td>12 847 312</td>
<td>70.6</td>
<td>54.6</td>
<td>4.7</td>
<td>08-Mar-22</td>
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<tr>
<td>Maldives</td>
<td>564 399</td>
<td>908 800</td>
<td>398 281</td>
<td>371 291</td>
<td>139 228</td>
<td>72.9</td>
<td>68.0</td>
<td>25.5</td>
<td>07-Mar-22</td>
</tr>
<tr>
<td>Myanmar</td>
<td>55 008 057</td>
<td>46 190 719</td>
<td>24 064 085</td>
<td>21 277 241</td>
<td>849 393</td>
<td>43.7</td>
<td>38.7</td>
<td>1.5</td>
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</tr>
<tr>
<td>Nepal</td>
<td>30 201 100</td>
<td>37 986 668</td>
<td>18 543 155</td>
<td>18 021 508</td>
<td>1 422 005</td>
<td>61.4</td>
<td>59.7</td>
<td>4.7</td>
<td>06-Mar-22</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>21 919 416</td>
<td>38 495 142</td>
<td>16 932 560</td>
<td>14 215 095</td>
<td>7 347 487</td>
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<tr>
<td>Thailand</td>
<td>66 188 727</td>
<td>124 328 055</td>
<td>53 788 628</td>
<td>49 738 847</td>
<td>20 803 580</td>
<td>81.3</td>
<td>75.1</td>
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<td>07-Mar-22</td>
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<tr>
<td>Timor-Leste</td>
<td>1 317 780</td>
<td>1 270 583</td>
<td>683 100</td>
<td>574 751</td>
<td>12 732</td>
<td>52.8</td>
<td>43.6</td>
<td>1.0</td>
<td>08-Mar-22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2 064 175 807</strong></td>
<td><strong>2 615 611 296</strong></td>
<td><strong>1 399 200 454</strong></td>
<td><strong>1 147 239 035</strong></td>
<td><strong>69 171 807</strong></td>
<td><strong>67.8</strong></td>
<td><strong>55.6</strong></td>
<td><strong>3.4</strong></td>
<td><strong>08-Mar-22</strong></td>
</tr>
</tbody>
</table>


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**WHO South-East Asia Regional Office, New Delhi**

Dr Edwin Ceniza Salvador, Regional Emergency Director; Email: [IM_SEAR_2019nCoV@who.int](mailto:IM_SEAR_2019nCoV@who.int)

Website: [https://www.who.int/southeastasia/outbreaks-and-emergencies/health-topics](https://www.who.int/southeastasia/outbreaks-and-emergencies/health-topics)