

# WHO's Monthly Operational Update on COVID-19



WHO staff and provincial health department staff receiving training on field epidemiology capacity training check data as entered by Memong Health Centre staff. © WHO/Tytaart

## Strengthening local preparedness in Cambodia

In spite of the many challenges brought about by the pandemic, the Royal Government of Cambodia is viewing its response to COVID-19 as an opportunity to strengthen the country's health system for the future and in particular, its **local preparedness capacities**.

A strong local preparedness and coordination system connected to the national system is indeed needed to ensure support can be quickly mobilized when an emergency occurs at the village or provincial level. In this respect, WHO is working closely with the Royal Government of Cambodia to **strengthen the resilience and enhance scaling up capacities of the local system**.

This work includes **developing and enhancing the emergency health response system** and ensuring **an incident management system is activated when needed**, whether for a disease outbreak or in relation to a natural hazard such as a flood. Strengthening local preparedness also requires clear planning at all levels, from the national down to the health facility level, including on how to repurpose staff or quickly ensure surge support staff is available when needed.

In recognition of its important work, **the WHO Cambodia local preparedness team recently won an award**, given by the WHO Western Pacific Region. **The team's respectful and excellent teamwork was recognized as an example to emulate across the region**.

Moving forward, WHO and the Royal Government of Cambodia will continue to use the local preparedness approach to further strengthen the health system, including in the areas of noncommunicable diseases and primary health care – the first level of care for those affected by an emergency.

**“I am enormously proud of the entire local preparedness team. They have worked hard not only during the toughest days of the COVID-19 pandemic, but beyond to ensure that the systems developed can be built on and strengthened for the future.”**

**Dr Li Ailan**  
WHO Representative to Cambodia

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

### In this issue

From the field	2
Public health response and coordination highlights	11
Infodemic management	13
OpenWHO and learning	14
Appeals	15
Guidance and publications	16
Key links and useful resources	17

### Key figures (as of October 2022)

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

 OpenWHO totaled **7.2 million enrolments** for online courses available in 65 national and local languages, including 46 courses dedicated to the COVID-19 response

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

 **12 863 858 633 doses** have been administered as of 31 October 2022

**4 972 919 832** persons fully vaccinated as of 31 October 2022

**5 419 518 541** persons vaccinated with at least one dose as of 31 October 2022

 **34.3 million** online data analysed between 1-30 September 2022 by WHO as part of social listening and infodemic management support to Member States

\* COVAX has shipped over 1.79 billion vaccines to 146 participants as of 17 October 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](#)

## WHO/Europe and Long COVID Europe host side event on post COVID-19 condition during the 72nd Regional Committee



WHO/Europe 72nd Regional Committee side event on long-COVID-19 ©WHO

[New modelling](#) by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington shows that in the first two years of the pandemic, an estimated 17 million people in the WHO European Region may have experienced post COVID-19 condition, also known as [long COVID](#), with symptom lasting at least three months. This indicates a staggering 307% increase in new cases of long COVID identified between 2020 and 2021, driven by the rapid increase in confirmed COVID-19 cases over the same period.

**Long COVID**, refers collectively to the **constellation of long-term symptoms that some people experience after having contracted COVID-19**. While most people who develop COVID-19 fully recover, it is estimated that 10 to 20% develop a variety of mid- and long-term effects as fatigue, breathlessness, and cognitive dysfunction. Long COVID can also directly and indirectly affect mental health.

Considering the number of individuals suffering from post-COVID-19 conditions, and the multidisciplinary treatment required in response – which mixes health care and psychosocial support – long COVID is undeniably weighing heavily on national health systems. This is particularly challenging as most health systems have been operating in emergency response mode since the beginning of the pandemic and have so far only put in place limited, or no, service delivery structures for patients suffering from long COVID.

To raise awareness about this issue and try to identify common solutions, the WHO Regional Office for Europe and [Long COVID Europe](#), the European network of Long COVID patient associations, organized a side event on long COVID during the [72nd session of the WHO Regional Committee](#) for Europe in Tel Aviv, Israel.

Held on 13 September 2022, the event aimed to:

- **provide an overview of the knowledge on post COVID-19 condition** – including prevalence estimates, conclusions from clinical assessments and an overview of mental health needs and support options – **and point out major knowledge gaps**;
- **showcase service delivery models** put in place for patients with long COVID in the Region, including rehabilitation services;
- **improve understanding of what is currently working in post COVID-19 condition care**, including patient care management across levels and facilities in an integrated way, and **why it is urgent to scale up surveillance and operational research**; and
- **identify learning opportunities** among countries from the Region.

**“We will not be able to say that we have defeated the virus or ended the pandemic without addressing post-COVID conditions.”**

**Dr Hans Henri P. Kluge**  
WHO Regional Director for Europe

*Continued on next page ...*

To spark discussions, a video on [people living with long COVID](#) which follows patients on their path to recovery was shown. It further highlighted the extent to which COVID-19 has impacted people's lives within the WHO European Region and illustrated some of the points discussed.

As part of the event, participants called upon WHO/Europe to **promote research and take action to combat inequalities and barriers to the equal treatment of people with post COVID-19 condition**. In particular, discussions focused around ensuring a replacement income for patients during their convalescence.

Member States were encouraged to work together to **design standardized clinical trials, set up treatment protocols and surveillance systems and raise awareness on the importance of vaccination and the benefits of rehabilitation**. Participants also highlighted the need for patients, healthcare providers and scientists to work together and jointly make decisions regarding the treatment to be followed. Finally, both WHO/Europe and Member States agreed on the need to raise awareness over the issue on long COVID and **advocate for adequate long-term funding for diagnosis, treatment and financial support for patients**.

**“Primary care will have to be supported to provide well-coordinated care based on a unified multidisciplinary pathway through which multidisciplinary teams respond to the multiple health needs of patients with post-COVID conditions.”**

**Dr Tomas Zapata**

Regional Advisor for Health Workforce and Service Delivery, WHO Regional Office for Europe

A report summarizing the points discussed and agreed ways forward is currently being drafted and will be available shortly.

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



Long COVID team present at WHO/Europe 72nd Regional Committee ©WHO

## Minister of Health of the Lao People's Democratic Republic highlights the importance of listening to communities

In September, Lao People's Democratic Republic Minister of Health, H.E. Dr. Bounfeng Phoummalaysith undertook a seven-day assessment of more than 15 hospitals and community health facilities across Xiang Khouang and Houaphanh provinces.

Throughout his tour, the Minister reviewed the quality of healthcare services and looked at the health workforce, health measures at borders, and COVID-19 vaccination efforts. He also explored ways to improve healthcare.

The assessment included visiting communities supported by [CONNECT](#) (Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust), an initiative from the Ministries of Health and Home Affairs, supported by WHO, which brings together community leaders, leaders of ethnic groups, healthcare workers and local officials to improve health planning, trust and relationships. This initiative has proved highly effective in improving COVID-19 vaccination rates in diverse communities, achieving 100% vaccination among vulnerable groups.

**“We have made huge strides in many priority areas, particularly maternal and child health. However, we need to identify ways to boost the skills of our staff—getting the right people into the right jobs, at the locations they are needed most. It is also time to redouble our efforts to close vaccination gaps, for COVID-19 and regular vaccines. (...) At the heart of these challenges is how we listen to communities. Our communities know what they need. We must allow their voices to guide us in building good quality and accessible health services.”**

**H.E. Dr Bounfeng Phoummalaysith**

Minister of Health, Lao People's Democratic Republic

Dr Ying-Ru Jacqueline Lo, WHO Representative to the Lao People's Democratic Republic and Hyunkyong Kim, Country Representative for the Korea Foundation for International Healthcare (KOFIH), accompanied H.E. the Minister of Health to discuss successful projects and potential solutions for the future.

**“It was heartening to see the success of nurses and healthcare staff who are listening to communities and tailoring their work to address the concerns of those they serve. Without any additional resources, they have improved health and saved more lives. (...) We look forward to continuing our support to the Ministry as they build staff skills and abilities, tackle COVID-19, and ensure health is provided for all, across the country.”**

**Dr Ying-Ru Jacqueline Lo**

WHO Representative to the Lao People's Democratic Republic

72% of the total population of Lao People's Democratic Republic have been vaccinated. Elderly people and healthcare workers have even higher rates, with vaccination coverages of 74.3% and 95.5% respectively. However, routine immunization has fallen behind during the COVID-19 pandemic.

Moving forward, the Ministry of Health plans to review observations made as part of this assessment and explore ways to address needs and gaps. Both WHO and KOFIH have confirmed their readiness to continue supporting the ministry in enhancing access to health services in the country.

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



Lao People's Democratic Republic Minister of Health H.E. Dr Bounfeng Phoummalaysith, WHO Representative Dr Ying-Ru Jacqueline Lo, and Hyunkyong Kim, Representative for KOFIH, meet with health officials in Xamtai District Hospital. Credit: Enric Catala

## Masked superheroes return to prevent respiratory diseases among children in Costa Rica

In September, Costa Rica relaunched the “[masked superheroes](#)” communication campaign to raise awareness and encourage compliance with preventative health measures to reduce the risk of infection of COVID-19 and other respiratory diseases among children.

This educational campaign comprises four colourful superheroes – Mega Responsible (stay home if you are sick), Green Mask (use of masks), Clean Hands (hand washing), and Super Defense (vaccination) – the creation and design of which were reviewed and validated with children from 3 to 7 years of age from the Centro de Cuido y Desarrollo Infantil (CECUDI, or centers for childcare and development) of San Pedro de Montes de Oca.

This campaign is a joint initiative of the National Children’s Hospital (HNN), the National Children’s Board (PANI), the Ministry of Health, the National Network for Child Care and Development (REDCUDI), the Pan American Health Organization (PAHO)/WHO and the United Nations Children’s Fund (UNICEF). It was launched initially in 2021 with the objective of **motivating parents and caregivers to take all necessary measures to comply with the right to health of minors.**

The current relaunch of the campaign comes at a time when infection rates are high. Data from the National Children’s Hospital show that between 2020 and August 2022, 961 children required hospitalization for COVID-19, with 164 having required admission to the Intensive Care Unit (ICU). The number of hospitalizations in 2022 (513) exceed the sum of those in 2020 and 2021 (103 in 2020 and 354 in 2021). These figures can be explained by the combined effects of low vaccination coverage, non-drug prevention measures, the predominant circulation in Costa Rica of the highly contagious subvariant of the SARS-CoV2 Omicron variant (BA.4, BA.5) and the peak in other respiratory infections which can be prevented through similar measures as to for COVID-19.

“We continue working to strengthen pediatric vaccination, remembering that vaccines save lives, hence the importance that parents and/or legal guardians go to the vaccination centers with their children to start or complete their vaccination schedules against COVID-19. We reiterate that vaccines protect against serious illness, hospitalization and death. We invite all children to listen to the messages that the Masked Super Heroes want to give them and to put all the recommendations into practice.”

**Jocelyn Chacón**

Minister of Health of Costa Rica



Photo of masked superhero. Credit: WHO

“The return of the Super Masks fills us with much joy and hope because their main superpower is that they can not only help prevent COVID-19, but also other respiratory diseases. We must keep in mind that, in addition to the cases and unfortunate deaths from COVID-19, seasonal influenza causes between 290,000 and 650,000 deaths each year in the Americas region. In addition, let’s remember that the Super Masks not only protect children, but also adults, who must stay healthy to avoid infecting children and, thus, fulfill our responsibility to protect their health and wellbeing.”

**María Dolores Pérez**

PAHO/WHO Representative to Costa Rica

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

## Somalia achieves historic landmark in its fight against COVID-19, with 30% of its eligible population fully vaccinated

On 8 October, Somalia reached its target of having 30% of its total eligible population vaccinated against COVID-19, thereby achieving a milestone in its response to the pandemic while at the same time continuing to respond to multiple disease outbreaks.

This landmark achievement was made possible through persistent efforts and careful planning. **Nine accelerated immunization campaigns** have been organized by Somalia's federal and state ministries of health in 2022, with support from WHO. As part of these, **vaccination sites have been set up across the country**, including on marketplaces, to promote vaccination and bring vaccines closer to the population. Altogether, these campaigns helped bolster the vaccination coverage from 5% in early 2022 to the current 30%

The last accelerated vaccination campaign was organized from 6 September to 20 October 2022. **5000 outreach teams** comprising of 30 600 individuals were deployed by WHO to administer **3.5 million doses of Johnson & Johnson vaccines** to vulnerable populations. **Strategies have already been devised to help the country achieve its target of vaccinating 40% of its population by the end of the year.**

In the lead up to the last immunization campaign, the WHO Country Office for Somalia helped the federal and state ministries of health undertake a rigorous **microplanning exercise** to ensure all eligible and high-risk populations living in marginalized communities would be reached with COVID-19 vaccines, irrespective of their geographic location. Combined with the use of digital technology and electronic registration system for COVID-19 immunization, this has helped identify, track and register all eligible people and record their vaccination status in real-time. Somalia's COVID-19 immunization campaigns have been integrated with routine immunization, thereby helping to identify and vaccinate "zero dose" children while at the same time vaccinating eligible persons against COVID-19. In this respect, the COVID-19 vaccination programme has contributed to strengthening Somalia's health system, bringing the country one step closer to achieving universal health coverage.

The COVID-19 vaccination campaign was made possible through the support of UNICEF, Gavi, the Vaccine Alliance, the European Union (EU) Delegation to Somalia, the European Civil Protection and Humanitarian Aid Operations in Somalia, the United States Agency for International Development (USAID), as well as donors contributing to WHO's Contingency Funds for Emergencies.

"I express my profound gratitude to the government, donors, partners, and especially the front-line health workers who have shown courage and determination for achieving this historic milestone amid multiple ongoing emergencies. (...) This achievement testifies to the fact that WHO's work in Somalia is safeguarding and protecting the vulnerable Somali populations living in some of the worst, life-threatening and challenging environments. We have integrated this COVID-19 vaccination programme with routine immunization as the investment on the rollout of COVID-19 vaccines is also helping us to identify and vaccinate children who are missing out on routine immunization (...)."

**Dr Mamunur Rahman Malik**  
WHO Representative to Somalia

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



Outreach vaccination team in action at an Internally Displaced Persons (IDP) camp in Baidoa, Somalia, 8 October 2022. Credit: WHO

## Mauritius opens the first COVID-19 testing centre in Rodrigues Island



Opening of the COVID-19 Testing Centre in Rodrigues. Credit: WHO

On 20 August, the first COVID-19 testing centre of Rodrigues Island was inaugurated in Mont Lubin, by Mauritius' Minister of Health and Wellness, Dr the Honourable Kailesh Jagutpal.

The event was attended by Dr Indrajit Hazarika, the WHO Representative a.i. as part of his three-day mission to Rodrigues. Other distinguished guests attending the inauguration ceremony included the Commissioner of Health of Rodrigues; the Senior Chief Executive, the Director General of Health Services, and other high-level officials of the Ministry of Health and Wellness.

Set up in collaboration with the Ministry of Health and Wellness, the Rodrigues Commission for Health and WHO, with financial support from the Africa Reinsurance Corporation, this newly built testing centre will help to further strengthen COVID-19 surveillance, particularly across Rodrigues Island.

In his address, Mauritius' Minister of Health and Wellness highlighted the stringent preventive and control measures taken by the Republic of Mauritius to protect its population and reassured the population of Rodrigues over the fact that it will be involved in all Action Plans that are being developed by the Ministry of Health and Wellness, such as the Cervical Cancer Action Plan and the Sexual and Reproductive Action Plan.

Emphasizing that the pandemic continues to impact our lives and livelihoods and that rise in the number of cases and deaths worldwide is a clear sign that the pandemic is not yet over, Dr Indrajit Hazarika highlighted the need to strengthen surveillance, including testing and sequencing, and ensure a coordinated health response to suppress transmission. Dr Indrajit Hazarika also recognized and applauded the efforts taken by the Government of Mauritius to fight COVID-19 virus in Mauritius and Rodrigues.

**“COVID-19 pandemic is a once-in-a-century crisis that has taken a terrible toll on individuals, families, communities, and economies. Across the globe, the pandemic continues to put further pressure on stretched health systems and health workers.”**

**Dr Indrajit Hazarika**  
WHO Representative a.i.

Mauritius is the second country in the African region to have reached 70% vaccine coverage. This remarkable achievement in the prevention and control of COVID-19 was made possible thanks to proactive initiatives undertaken by Mauritius' leadership.

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

## Timor-Leste rolls out an integrated campaign to bolster routine immunization and COVID-19 vaccination coverage

The COVID-19 pandemic disrupted health systems and programmes globally, having a negative impact on routine immunization activities. In Timor-Leste, **an estimated 24% of children missed out on routine immunization in 2021**, including as the immunization workforce was being repurposed for COVID-19-related work, and the trend continued into the first half of 2022. Worryingly, cases of measles and acute respiratory illnesses began to surface across the country, highlighting the need to boost the routine immunization coverage. In parallel, decreases in the number of COVID-19 cases have made it harder to convince the population to keep vaccinating.

To overcome this, Timor-Leste started implementing in July a **strategy whereby COVID-19 vaccination is integrated with routine immunization**. Health workers from all municipalities, community health centers and health posts followed a three-day workshop aimed at strategizing and planning out the campaign's rollout.

“At times, it is difficult to convince the adults to get themselves and their children vaccinated. But we are now trained in turning them around. If someone refuses any of the vaccines, we keep going back to them to explain the health impacts”

**Dediana Da Santos**

Nurse

Since then, health workers have been conducting outreach activities and door-to-door visits across the country, asking people in each household whether a child has missed any of the routine immunization, or whether an adult still needs to receive their COVID-19 vaccination (first, second shot or booster). To do so, health workers have been carrying with them both COVID-19 vaccines as well as routine immunization vaccines such as the Hepatitis B, Measles Rubella, Bacillus Calmette–Guérin (BCG) or oral polio vaccines. This two-pronged approach allows health workers to target both children of less than 5 years for routine immunization and people above 12 years for COVID-19 vaccination.

To strengthen the efforts, WHO has also deployed international immunization consultants in 13 out of the country's 14 municipalities and has conducted a series of orientation and training sessions for these consultants and other Ministry of Health staff.

“With the same group of health care providers targeting different age groups with different vaccines, we are not only optimizing resources, but we are also increasing our coverage of COVID-19 vaccination and routine immunization.”

**Dr Arvind Mathur**

WHO Representative to Timor-Leste

As of 14 September 2022, Timor-Leste had administered 1,797,994 COVID-19 doses, reaching nearly 89% coverage among the eligible population.

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



Nurses Dediana Da Santos and Celestino Sarmiento checking the vaccination status of Suzzana Fernandes Da Costa and that of her 10-month-old daughter, in Beto Tasi – a neighbourhood in Timor-Leste's capital city, Dili. Picture credit WHO Timor-Leste/Cirilo

“Achieving the last mile coverage is always difficult. With the integrated approach, we hope to push the coverage as much as possible by reaching out to the population that has missed any of the vaccines.”

**Dr T. S. R Peiris**

Technical officer, Expanded Program on Immunization (EPI), WHO Timor-Leste

## New WHO/Europe publication shares lessons learned from COVID-19 training on occupational health and safety for health workers in south-eastern Europe

The COVID-19 pandemic placed a heavy burden on health workers, and it is critical to safeguard their health while sustaining the COVID-19 response. To contribute to this aim, WHO/Europe rolled out in late 2021 a project titled “**Actions to strengthen resilience of health workers in south-eastern Europe in response to COVID-19 and beyond: implementation of WHO/International Labour Organization (ILO) guidance and mapping of priority needs for occupational health and safety programmes for health workers**”.

As part of this project, WHO/Europe offered a **series of trainings for health professionals from seven south-eastern Europe countries, aimed at strengthening their knowledge and practices in relation to occupational health and safety in the context of COVID-19**. Between October and December 2021, more than **1600 health professionals** from Bosnia and Herzegovina, Bulgaria, Montenegro, the Republic of North Macedonia, Romania, Serbia and Türkiye were trained as part of this project. Participants took this opportunity to exchange experiences and good practices from their response to COVID-19 and strengthen their professional networks at the subregional level.

Trainings were adapted to national circumstances and held in local languages, with context-specific communication materials. They contributed to increasing health workers’ resilience in their response to COVID-19 and new and emerging risks, and helped identify the need for further national occupational health and safety programmes. Trainings also promoted the adoption of various [WHO/ILO guidance](#) which recognize among others the right of health workers to decent, healthy and safe working conditions in the context of COVID-19, as well as the responsibilities of employers to ensure these.

To take stock of this important project, WHO/Europe published in September 2022 a [report documenting the content of the trainings, outlining key takeaways and lessons learned, and offering suggestions for possible next steps in each country](#). The publication also highlights the need for countries to give priority to occupational health and safety for health workers, both as part of the response to COVID-19 and for future health emergencies.

Indeed, ensuring health care workers are healthy and safe is a prerequisite for well-functioning and resilient health system, and well-tailored national programmes are key to ensure occupational health and safety measures are well applied. In this respect, **the recently published [report](#) may provide interesting insights on successful occupational health and safety programmes, for both European and non-European Member States**.

The project was implemented through the South-East European Network on Workers’ Health (SEENWH), which gathers experts in the field of occupational health and is coordinated by the WHO Collaborating Centre for Occupational Health, at the Institute of Occupational Health of the Republic of North Macedonia in Skopje. Project activities contribute to the implementation of the [WHO Roadmap for Health and Well-Being in the Western Balkans \(2021–2025\)](#) and showcases the value of a well-established platform such as the SEENWH for knowledge sharing and the facilitation of collaboration among occupational health professionals in south-eastern Europe.

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



COVID-19 training on occupational health and safety for health workers in south-eastern Europe ©WHO

## Over 100 media professionals trained on covering health emergencies and outbreaks in Iraq, including COVID-19



Media workshop, Baghdad, 18 August 2022. Credit: WHO

On 18 August 2022, WHO in collaboration with the Food and Agriculture Organization of the United Nations (FAO), the Iraqi Ministry of Health, and the Commission of Media and Communications (CMC) concluded a training workshop for journalists and relevant stakeholders on **media coverage for disease outbreaks and health emergencies in Iraq**. The aim of the training was to equip participants with key skills and techniques to accurately cover health topics related to disease outbreaks affecting the country, among which COVID-19, cholera and the Crimean-Congo haemorrhagic fever.

The workshop gathered over 100 journalists and communication professionals from various Iraqi media outlets and relevant ministries in Baghdad. Participants followed technical sessions delivered by WHO and FAO experts on ongoing outbreaks affecting the country. In particular, they learned about methods for analysing outbreak data with the aim of improving media content and raising the population's awareness on such topics. Participants were also equipped with tips on the "One Health" approach to control diseases transmitted from animals to humans, notably the Crimean-Congo haemorrhagic fever.

Practical sessions were also conducted to allow trainees to apply the lessons learned in producing real-time, quality products for TV, radio and social media.

This workshop forms an integral part of WHO's approach to establish an effective partnership between the media and the health sector in Iraq, towards ensuring that the Iraqi population is being provided accurate and evidence-based information on health hazards. In this respect, WHO along with health partners will continue to work with media professionals, communication specialists and social media influencers, to build and strengthen their capacities to effectively cover outbreaks and health concerns in Iraq.

**“The partnership with media professionals and journalists is very critical in ensuring accurate coverage of disease outbreaks in Iraq, conveying the right message and raising awareness among the population.”**

**Dr Salah El-Hajj Hassan**  
FAO Representative to Iraq

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

**“The role of the media is pivotal in promoting health, educating communities and addressing rumours related to outbreaks. It is paramount to build an effective partnership between media and health sectors to ensure we raise awareness of Iraqi people on matters related to their health and based on scientific facts and evidence-based advice during emergencies and outbreaks. The role of media specialists in reducing the impact of outbreaks and saving lives is just as important as that of health specialists.”**

**Dr Ahmed Zouiten**  
WHO Representative to Iraq

## WHO, UNICEF and MSF partner to develop an innovative and rapidly deployable Health Emergency Facility



Guerrishon, five months, reaches out to touch his mother's hand through a plastic sheet in an Ebola Treatment Centre in the Democratic Republic of the Congo (DRC). The Health Emergency Facility will incorporate transparent isolation rooms so caregivers can safely see their children during quarantine and treatment, lessening the stress separation can cause young children and their families. Credit: UNICEF/Nybo



WHO response to Cholera in the DRC. Credit: WHO

In recent years, crises such as conflicts, disasters and disease outbreaks have quickly overwhelmed health care systems, leaving them unable to cope with the sudden surge in patients and provide essential health services. The ongoing COVID-19 pandemic as well as outbreaks of Ebola disease, caused by [Sudan virus](#) or outbreaks of cholera have highlighted the **urgent need for rapidly deployable surge health facilities to provide screening, isolation and treatment of patients when outbreaks flare up.**

In February 2021, WHO, UNICEF and Médecins Sans Frontières (MSF) joined forces, with support from the [Téchné](#) network to **develop a standardized approach to developing health emergency facilities which can be rapidly deployed and equipped in the event of future infectious disease outbreaks and disasters.**

During the onset of the COVID-19 pandemic, many ad-hoc health facilities took months to plan, install and operationalize. This new tool will help **shorten the planning, budgeting and supplying phases by providing standardized, yet customizable facility layouts, that can be set up within weeks.**

Using guidelines and a digital planning tool, **field staff will be able to select the health emergency facility layout most suitable for the needs in the field across various configurations.** Users will be requested to enter context-specific inputs into the digital planning tool, which will

generate a suitable layout and a dynamic procurement list that includes all components needed to operationalize the facility. All items included in this list are selected across the WHO, UNICEF and MSF supply catalogues.

The Health Emergency Facility project is being developed in two stages:

1. the Health Emergency Facility project will **deliver the digital planning tool and pre-designed modular facilities layout** capable of providing surge capacity for screening, isolation, and treatment. This stage is currently ongoing and expected for completion by spring of 2023.
2. **the quality and performance of the tools and facility layouts will be evaluated, improved and finalized** (planned start: late 2023). The focus of the project will then shift to **implementation and scale-up.**

The first Health Emergency Facility should be ready for deployment around the world by the end of phase 2, either as part of the response to COVID-19 or for other emergencies.

With epidemics occurring more often and spreading faster and further than ever, **having rapidly deployable health emergency facilities available will help prevent small disease outbreaks from becoming global pandemics, thereby potentially saving millions of lives.** It will also help prevent existing health systems from being overwhelmed by the vast increase of patients during an emergency.

### General features of the Health Emergency Facility:

- **A digital planning tool with pre-designed, people-focused layouts and product lists** that emergency program staff can select, based on the needs for each location generating lists and budget lines support
- **Several different sizing options** to tailor to the requirements and capacity of each location.
- The facility can be **implemented as a stand-alone product or linked to another health facility** to offer expanded services.

### Main components included in the Health Emergency Facility:

- High-performance tents, and tents separations
- Furniture, including hospital beds
- Water hygiene and sanitation equipment
- Energy equipment, Solar/electrical kits
- Biomedical equipment
- Medicines
- Sanitation cabins
- Isolation solutions
- Hard flooring
- Corridors
- Winterization customization

## WHO leads effort to align divergent COVID-19 messaging, in collaboration with global public health centres

Key messages and approaches taken by policymakers around the world about COVID-19 public health and safety measures (PHSM) are continuously evolving, to reflect changing epidemiological and political environments. To enhance public adherence and trust in such measures and maintain a consistent voice across public communications, risk communication and community engagement (RCCE) interventions need to be frequently updated and aligned.

To address this challenge, WHO's RCCE Team is hosting a series of **workshops**, called Technical Communication Sync, which **bring together RCCE representatives from large global health agencies across the world with the aim of jointly agreeing on common approaches and messages**. In these technical calls, global RCCE experts review global and national COVID-19 guidance and policies, discuss PHSM key interventions, and find a common ground on messages and language that respect diverse COVID-19 preparedness and response approaches.

Workshops held over the past two months as part of this initiative brought together RCCE teams from WHO, the US and European Centers for Disease Control and Prevention (US CDC and ECDC), as well as Public Health Canada. While all agencies agreed to the fact that the pandemic is not over, national and global guidance around individual prevention measures – such as whether to wear masks, respect physical distancing and how to take into account ventilation – differed.

To align diverging COVID-19 messages, RCCE teams started by developing a shared spreadsheet through which they were able to **list key messages, review priority audiences and track each agency's approach**. This live document has since continued to be used. **The conversation then focused on identifying high-priority topics** – such as vaccine effectiveness, reinfection, the links between COVID-19 and influenza, and those between long COVID-19 and mental health – and **looking for synergies to create alignment on messaging**. RCCE experts also exchanged ideas about the **prioritization of audiences**, including people and communities

in vulnerable situations. Building on this, upcoming meetings planned for the same teams in the coming weeks will discuss anticipated changes in COVID-19 PHSM, vaccines and mental health.

Building **trust** is a cornerstone of effective RCCE interventions, and trust is critical in supporting public adherence to PHSM. By helping to align COVID-19 messaging between WHO and CDCs across the world and ensuring people have access to timely and accurate information, including about uncertainties, these workshops helped to **enable people around the world to make informed decisions about protecting themselves and their communities**. Overall, this WHO-CDC collaboration represents an important step toward **maximizing the effectiveness of PHSM guidance and encouraging the public to follow prevention measures, including beyond COVID-19**.

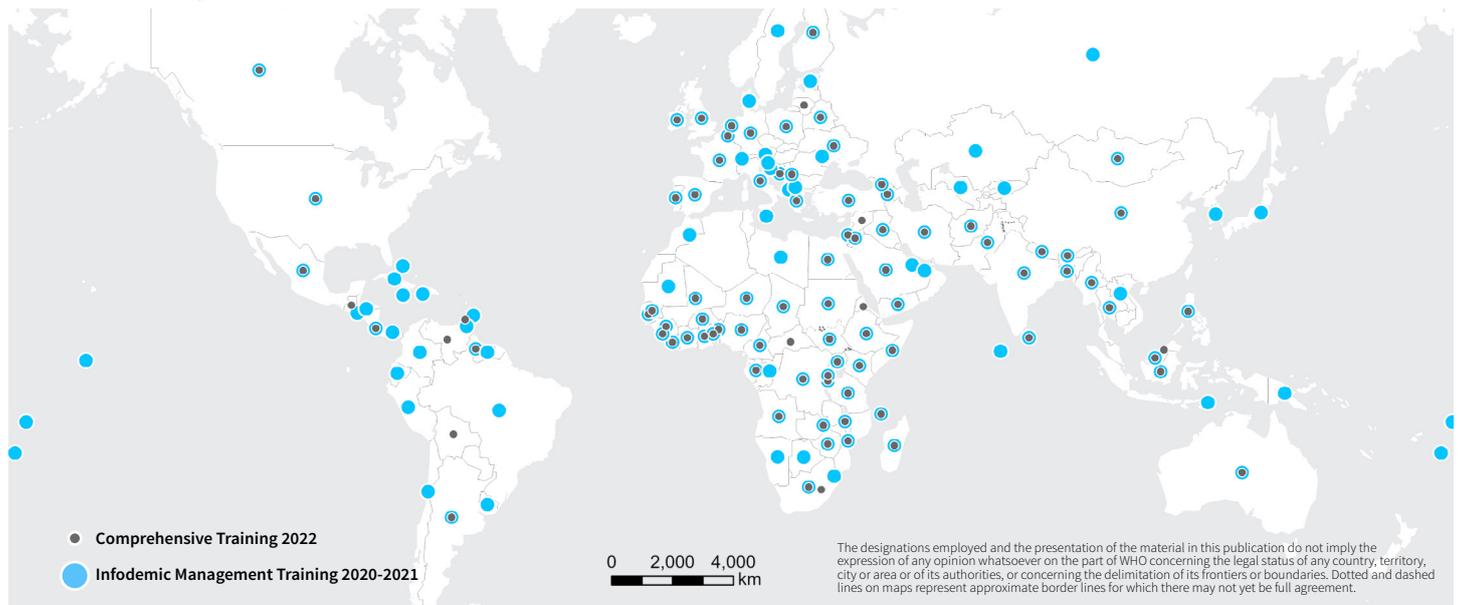
Throughout the response to COVID-19 and other emergencies, we've seen the questions raised by inconsistencies in risk communication messages and engagement approaches between WHO and other CDCs. With these workshops, we are ensuring an improvement in synchronized approaches with our RCCE counterparts. This partnership will allow us to move 'as one' into the next phase of COVID-19 response. Our collaboration has also proved its worth in the monkeypox response, and it will continue to the next global public health emergency."

Melinda Frost  
WHO RCCE team Lead



Risk communication and community engagement. Credit: WHO

## Strengthening infodemic management across the world in response to COVID-19 and future health emergencies



Map showing the 1328 infodemic managers trained by WHO worldwide. Credit: WHO

Since the beginning of the pandemic, health authorities across the world have requested support to address the new challenge of COVID-19 infodemic. It is against this backdrop that WHO, in partnership with several UN agencies and health authorities, developed a **multidisciplinary training programme aimed at equipping infodemic managers with the necessary tools to counter infodemic at the national and sub-national level**, including on digital analytics, risk communication, behavioral insights, epidemiology and health information.

Rolled out for the past two years, this multifaceted training programme is ambitious in many ways. First, the **various background of trainees and the variety of tools presented during the trainings** makes the programme inherently interdisciplinary – a key response component to effectively counter misinformation. Trainees have come from diverse professional backgrounds spanning across public health, digital health and data science fields.

The **format and mode of delivery** of the courses is also unprecedented, especially during an acute emergency. It includes fully online, self-paced trainings allowing for cohorts as big as 600 persons at once, and involved techniques such as immersive scenarios and gamification. This has proven effective in allowing participants to actively engage while at the same time juggle with their professional and personal commitments.

As part of this programme, **three training courses were organized between November 2020 and November 2021, for 675 infodemic managers** who were then deployed in Member States' infodemic management national units.

Faced with the success of this experience, GAVI, the Vaccine Alliance requested WHO and immunization partners, among which UNICEF and the US Centers for Disease Control and Prevention, to develop a **fourth training using the same methodology, focusing on vaccine demand promotion**.

Held in June 2022, [this vaccine demand promotion course](#) trained **another 600 infodemic managers from 92 countries**. During three weeks-long live simulations, participants worked in groups of 12 to address a fictional country's infodemic and vaccine demand challenges, using health diplomacy and collaboration. Participants gained skills and tools needed to build demand for COVID-19 vaccines at the national level, support the restoration of routine immunization and contribute to emergency preparedness and prevention. The training also facilitated the establishment of rosters of consultants able to be deployed across the world to help promote vaccine demand.

Overall, WHO's training programme has proven **helpful to support Member States establish or strengthen their infodemic management capacities, as part of their response to both COVID-19 and subsequent outbreaks of polio, monkeypox and Ebola disease caused by Sudan virus**. Tools and skillsets developed throughout the combined four trainings, such as the [WHO social listening taxonomy for monkeypox](#) which was piloted during the June 2022 training have subsequently been implemented across the world.

As infodemic management will remain a public health challenge into the future and as the majority of Member States have reported there are tracking infodemic and considering its management as a priority, WHO will continue to provide the necessary support to strengthen national and sub-national infodemic management capacities.

**“[The training was] digital, intense, worldwide, innovative, funny.”**

Feedback from a training participant

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

## Cities leading the way and transitioning to complex risk management: UNDRR GETI, UNOSSC, PAHO/WHO and WHO hold joint online training programme with South-South Cities Exchange

Across the world, the COVID-19 pandemic has posed a serious challenge to cities, exacerbating vulnerabilities and having a tremendous impact on urban health and well-being. The pandemic reveals the new reality: cities are living with uncertainties and facing much more complex risks. To build more resilient and sustainable urban futures, cities need to evolve to reflect the interconnectedness of people, the planet and prosperity, and need to transition to systematic risk governance with an enhanced understanding of risks.

It is against this backdrop that the United Nations Office for Disaster Risk Reduction Global Education and Training Institute (UNDRR GETI), the United Nations Office for South-South Cooperation (UNOSSC), the Pan American Health Organization (PAHO/WHO) and the WHO headquarters co-organized a [four-week certificate training programme](#) dedicated to sharing experiences and jointly reflecting on the best ways to transition to managing complex risks and building a resilient future.

Held from 23 August to 13 September 2022, the joint training brought together over **1300 people from 590 cities and districts across 140 countries and territories**. This was the third edition, after the successes of the 2020 and 2021 trainings that focused respectively on responding to the COVID-19 pandemic and on building back better.

“A complex risk management approach should be able to protect the workforce and the health infrastructure in the cities through a whole-of-society approach. This warrants a robust and risk-informed governance with a strong leadership at all levels. Governors/mayors play that vital role in the cities, and we count on you”.

**Dr Qudsia Huda**  
Head, Disaster Risk Management and Resilience, WHO, on behalf of the co-organizers

The 2022 training included a module led by WHO and PAHO/WHO on whole of society, multi-sectoral and cross-sectoral approaches to all-hazard health emergencies preparedness in urban settings. The closing session on 13 September featured experts, national and local authorities from Bangladesh, Chile and Thailand who shared their innovative practices and lessons learned from the pandemic and complex risk management amidst climate-related emergencies.

Overall, this mutual learning and support will allow city stakeholders across countries to **collaborate and take collective action to reduce risks and build a sustainable and resilient future in the context of COVID-19 and other global crises**. Moving forward, this type of peer-learning and exchanging will be crucial to strengthen institutional capacity for South-South and triangular cooperation as well as to bolster the Global South’s ecosystem for continuous learning and knowledge sharing.

Simultaneous interpretation was provided in six languages throughout the training: Arabic, Chinese, English, French, Portuguese and Spanish.

“The program agenda was very well planned in a professional manner and the speakers were very good. Such programs should be organised more frequently for general awareness and for capacity development.”

“The entire training and its individual sessions are highly useful for learning, updating the knowledge and skills. I would like to explore more the perspectives of regional South-South and Triangular Cooperation.”

Feedback from two training participants



WHO water and sanitation visit in Kathmandu, 29 April 2015, following the Nepal earthquake (Gorkha earthquake) which hit on 25 April 2015. Credit: WHO

For more information, click [here](#). Click [here](#) to join the OpenWHO course based on the training.

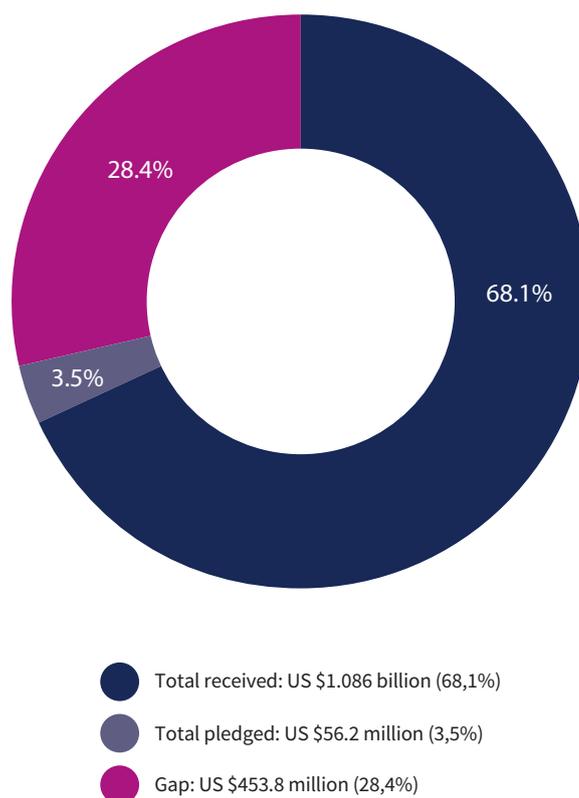
## WHO's COVID-19 Response Funding in 2022: Delivering science, solutions and solidarity to end the acute phase of the pandemic

[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.

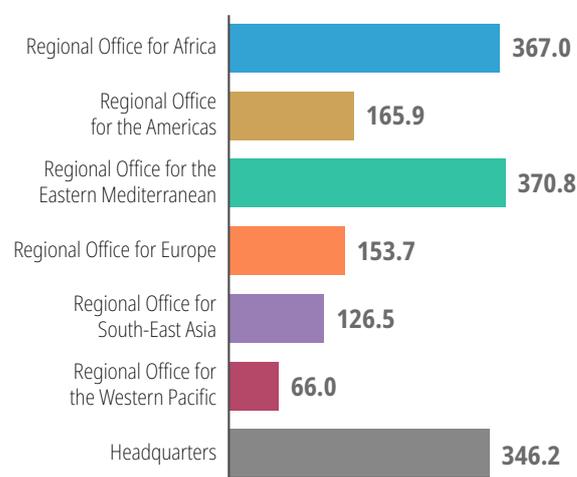
In WHO's GHEA 2022, published in March 2022, WHO called for US\$ 2.7 billion to serve people around the world in the **most vulnerable settings, including US\$ 1.59 billion for ending the acute phase of the COVID-19 pandemic**. Two years of COVID-19 have stretched health systems, societies and supply 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 18 October 2022, WHO has received **US\$ 1.086 billion** in support of its COVID-19 response and **US\$ 56.2 million** have been pledged. WHO's current funding gap against funds received and pledged is **US\$ 453.8 million**.

Data as of 18 October 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 17 October 2022).



### Good practice statement on the use of variant-containing COVID-19 vaccines (17 October 2022)

This Good practice statement has been developed on the basis of advice issued by the Strategic Advisory Group of Experts (SAGE) on Immunization at its [meeting](#) on 5 October 2022. Declarations of interests were collected from all external contributors and assessed for any conflicts of interest. Summaries of the reported interests can be found on the SAGE meeting website and SAGE COVID-19 Working Group webpage. This guidance should be considered along with the broader COVID-19 policy advice to WHO member states and in particular the advice on how to reach the COVID-19 vaccination targets. Other referenced documents are available on the [SAGE COVID-19 webpage](#).

[Read guidance](#)



### Evaluation of COVID-19 vaccine effectiveness in a changing landscape of COVID-19 epidemiology and vaccination (3 October 2022)

This is the Second addendum to [Evaluation of COVID-19 vaccine effectiveness: Interim guidance](#) (initially published in March 2021). The [addendum](#) (published July 2021) still generally applies to carrying out vaccine effectiveness (VE) evaluations. Nonetheless, in the past year, several factors have arisen that indicate the need for a second addendum to the interim guidance. This current addendum addresses some of the methodological aspects of VE evaluations that have been learned during the past year, as well as those that have become relevant in the current epidemiological setting of the COVID-19 pandemic. For some of the COVID-19 vaccine methodology issues there are still insufficient data to make a recommendation, in which case different options for approaching VE evaluations are presented.

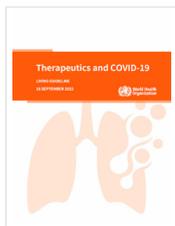
[Read guidance](#)



### Interim recommendations for use of the Novavax NVX-CoV2373 vaccine against COVID-19 (27 September 2022) and its annexes

These WHO interim recommendations for use of the Novavax NVX-CoV2373 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 and annexes referenced below. [Annexes to the interim recommendations for use of the Novavax NVX-CoV2373 vaccine against COVID-19](#) were also published on 27 September 2022.

[Read guidance](#)



### Therapeutics and COVID-19: Living guideline (16 September 2022)

This living guideline contains WHO's most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19. This twelfth version of the WHO living guideline now contains 19 recommendations, including updated recommendations for remdesivir, addresses the use of combination therapy with corticosteroids, interleukin-6 (IL-6) receptor blockers and Janus kinase (JAK) inhibitors in patients with severe or critical COVID-19, and modifies previous recommendations for the neutralizing monoclonal antibodies sotrovimab and casirivimab-imdevimab in patients with non-severe COVID-19.

[Read guidance](#)



### Clinical management of COVID-19: Living guideline (15 September 2022)

This living guideline contains WHO's most up-to-date recommendations for the clinical management of people with COVID-19. This updated (fifth) version contains **16 new recommendations for the rehabilitation of adults with post COVID-19 condition** (see Chapter 24). The first version was published in [May 2020](#) and the fourth (now outdated) version in [June 2022](#). No further updates to the previous existing recommendations were made in this latest version.

[Read guidance](#)



### Imagining the future of pandemics and epidemics: a 2022 perspective (5 September 2022)

This first foresight report attempts to explore what the future of infectious threats might look like, using a short time horizon (3-5 years) to encourage immediate action. Inspired by the COVID-19 pandemic, the report sets out possible scenarios which are not predictions of the future, but instead invite us to imagine the different directions that the current and future pandemics might take and to expand the range of plausible futures. The scenarios are an opportunity to identify possible risks and solutions, discuss implications and propose actions aimed at preventing the occurrence or mitigating the impact of the current and future infectious threats.

[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 12 October 2022 Weekly Epidemiological Update, click [here](#). Highlights this week include:

- An update on the circulating SARS-CoV-2 variants of concern (VOCs), including their geographic spread and prevalence.
- The COVID-19 epidemiological update at the global and regional levels.

**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 Health Summit 2022](#)
- [International Association of National Public Health Institutes partners with WHO](#)
- [Building climate resilient health services with sustainable energy](#)
- [South Africa's vaccine regulator reaches new WHO level to ensure safety, quality and effectiveness](#)
- [UN Task Force on NCDs and mental health mobilized more than USD 50 million during UNGA77](#)
- [WHO launches new initiative to stop the spread of invasive malaria vector in Africa](#)
- [Launch of the Healthy Ageing Collaborative](#)
- [Refugee and migrant health at the centre of discussions during the 77th UNGA](#)

**Highlights**

- AFRO/WHO publishes the latest [Africa Infodemic Response Alliance \(AIRA\) report](#) on Infodemic Trends:
  - Long COVID-19 is a vaccine side effect
  - COVID-19 vax up to 98 times worse than the disease
- WHO publishes its [COVID-19 response – 2022 mid-year report](#)
- The COVID-19 Vaccine Delivery Partnership publishes its [August 2022 report](#) and the [COVID-19 Vaccine Demand Global Event report](#)
- PAHO/WHO publishes its [COVID-19 – 2022 mid-year summary report](#)
- [World failing in 'our duty of care' to protect mental health and well-being of health and care workers, finds report on impact of COVID-19](#)



**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.

**[Older adults and COVID-19 vaccines](#) (14 October)**

What do we know so far about older adults and COVID-19 vaccines? How long does the effect of the vaccine last and how successful have countries been in vaccinating older adults? WHO's Dr Katherine O'Brien explains in Science in 5

**[Public Health Emergency of International Concern](#) (7 October)**

How does WHO determine that an outbreak or an event constitutes a Public Health Emergency of International Concern? What actions does it trigger in countries? How does WHO decide that an outbreak no longer constitutes a Public Health Emergency of International Concern? WHO's Dr Carmen Dolea explains in Science in 5.