

# Weekly Operational Update on COVID-19

03 May 2021

Issue No. 53



Confirmed cases<sup>a</sup>  
**152 534 452**

Confirmed deaths  
**3 198 528**

## Addressing critical gaps urgently in India

WHO is supporting India operationally across COVID-19 response technical areas through procurement to help meet the greatest demands and critical gaps.

WHO is procuring laboratory supplies, including 1.2 million reagents, to meet the massive demand for testing. For the demand on hospital beds and critical equipment, WHO is procuring mobile field hospitals with a capacity of maximum 50 beds to set up in the most affected areas. WHO is also chartering flights to deliver 4 000 oxygen concentrators to help meet increased demand of medical oxygen.



© WHO / Blink Media - Mustafa Saeed

Over 2600 WHO technical staff working in various programmes such as polio, tuberculosis and neglected tropical diseases have been repurposed to support the COVID-19 response in India with rapid situational analyses and the implementation of tailored responses.

“We need to act with speed, expand hospital capacities and equip them with medical supplies, most needed to save lives,” said Dr Poonam Khetrpal Singh, Regional Director, WHO South-East Asia Region, continuing with “In addition, health authorities must emphasize on rational use of drugs and oxygen, to ensure lifesaving interventions are made available to only to those who need it.

For further information, **please continue to page 2.**

## Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **31** topics in **51** languages



**17 646 017** PCR tests shipped globally



**200 105 426** medical masks shipped globally



**8 664 511** face shields shipped globally



**45 279 700** gloves shipped globally



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



**1 045 850 203** COVID-19 vaccine doses administered globally as of 2 May

<sup>a</sup> COVAX has shipped over **49 million** vaccines to **121** participants as of 3 May

<sup>a</sup> See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



World Health  
Organization

HEALTH  
**EMERGENCIES**  
programme

## From the field:

### **CONTINUED: Addressing critical gaps urgently in India**

“The current rapid surge of COVID-19 cases has put immense pressure on the health systems, already overburdened since the start of the pandemic. said Dr Poonam Khetrpal Singh. The Regional Director also noted the critical need to address fear among communities which may cause hoarding of medical supplies and a rush to hospitals; during this surge of cases it is important to optimize available resources such as ICU beds through triaging patients.

“Irrespective of the numbers that we see today or the virus variants that may be circulating during the ongoing surge, our key public health measures – test, trace, isolate and treat – along with physical distancing, hand hygiene, cough etiquette and masks continue to be our tried and tested measures to curtail COVID-19 transmission.” Dr Poomam Khetrpal Singh said, concluding with “Together we must do all we can to halt the current COVID-19 surge”.

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

## From the field:

### **Lifesaving supplies donated to Gambia for the COVID-19 response**

On 26 April 2021, the Honourable Dr Ahmadou Lamin Samateh, Minister of Health of Gambia, accepted donations of lifesaving equipment and Polymerase Chain Reaction (PCR) test kits for the COVID-19 response from WHO Representative, Dr Desta Tiruneh.

The donations included lifesaving ventilators from WHO, PCR test kits from the Republic of Korea and 25 boxes of reagents for reference samples from the West African Health Organisation.

“The materials will go a long way to ensure early detection and management of COVID-19” said Dr Ahmadou Lamin Samateh



©WHO country office Gambia

as he expressed his gratitude to the Republic of Korea, WHO and the West African Health Organisation.

Testing is the first critical step in identification and isolation of cases and quarantining contacts, which paves the way for successful containment of transmission of the SARS-CoV-2 virus that causes COVID-19. The more than US\$ 100 000 worth of ventilators and accompanying accessories such as air compressors and spare parts from WHO will support in improving the management of critical COVID-19 patients in intensive care.

For further information, click [here](#)

## From the field:

### Medical oxygen delivery and trainings brings hope in Mogadishu, Somalia

On 11 February 2021, Somalia appealed for urgent support to WHO as the COVID-19 cases were surging and one of their busiest hospitals in Mogadishu was in need of support. WHO identified a shortage of oxygen cylinders as a bottleneck and immediately began the process to procure 200 units of medical oxygen cylinders and 50 medical oxygen regulators with humidifiers for the hospital.

With no domestic source able to provide delivery in time, the massive logistic effort undertaken included international procurement, a cross-country drive and airlifting in batches. On 3 March, with their intensive care unit (ICU) full to capacity and 70 individuals in need of medical oxygen, the overwhelmed De Martino Hospital received the shipment.

Beyond procurement, WHO also ensured maintenance and proper use of the equipment. WHO has contracted a regular supply of refilling oxygen cylinders with a local company until the operation can transition to the government. WHO also conducted trainings on how to use oxygen concentrators, basic emergency care and ICU care for clinicians from December 2020 to March 2021.



©WHO country office Somalia

Dr Abdirizak Yusuf Ahmed, the Federal Ministry of Health and Human Service's National Incident Manager for the COVID-19 response and Director of De Martino Hospital recalled the experience:

"Things were tough before the oxygen arrived, as we were using 200 oxygen cylinders a day.

Some of the critical patients were using one cylinder every two hours," said Dr Abdirizak Yusuf Ahmed. He recalled trying everything after running out of oxygen the night of 2 March, even utilizing manual resuscitation equipment, then being moved in seeing those patients who had little hope to live that night survive and later return home to their loved ones.

"We are so grateful to WHO and their partners, not only for oxygen but also for the technical support they have given us to manage the oxygen cylinders. We have reached a stage where we can stand on our feet – we know how to measure oxygen levels and use the cylinders. WHO also helped us setting up a supply...As our hospital provides free services, we get so many patients – we are thankful we can actually help the severe cases now."



## From the field:

### WHO Mission from 22 April to 13 May to train national laboratory mentors in Kazakhstan

The WHO Regional Office for Europe is focusing on implementing a sustainable laboratory response through the Global Laboratory Leadership Program (GLLP) and training of mentors to increase national lab capacity and strengthen the country's COVID-19 response.

Efficient laboratory systems with well-functioning, sustainable laboratory services, operating according to international principles of quality and safety, are an essential to strong health systems and crucial for confronting infectious disease threats such as COVID-19.

Since the beginning of the COVID-19 outbreak, Kazakhstan has pursued a broad testing strategy, including all suspected cases and all contacts of cases.



*WHO/Europe Lab team introducing the Laboratory Quality Stepwise Implementation Tool with the national mentors. Credit: WHO Kazakhstan Country Office .*

To date, the country has performed over 2.3 million RT-PCR tests for SARS-COV-2.

To strengthen capacity, laboratory technical experts from the WHO Regional Office for Europe deployed a series of country visits between August and October 2020 to review testing for COVID-19, identify national mentors to support COVID-19 testing, train laboratories on quality management implementation and expand the laboratory workforce through the introduction of post-graduate education as part of the Global Laboratory Leadership Program (GLLP) project funded by the European Union. From 22 April and continuing until 13 May another mission is presently deployed to start the implementation of the GLLP and train national mentors.

During this mission, a three-day interactive training was held with 16 national laboratory personnel previously identified as potential national leaders. Participants were trained on laboratory licensing, certification, accreditation and the importance of these mechanisms as part of broader quality management. Other topics such as staff competency, developing acceptance for samples, risk assessment, management review, establishing a mitigation plan, and quality indicators were included in the training. Five national experts were then selected to expand the national mentoring team and target all regional labs in Kazakhstan that test for COVID-19.

This sustainable strategy aligns with the Regional Office's 2021 objective to identify and institutionalize innovations from the COVID-19 pandemic into national and sub-national health systems.

## From the field:

### WHO and the European Union hand over essential equipment to support Mongolia's response to COVID-19

Essential equipment and tools were handed over on 27 April 2021 to the Ministry of Health of Mongolia as a part of the "Mongolia COVID-19 Crisis Response (MCCR)" project, funded by the European Union (EU) and WHO, to support the country to mitigate immediate impacts of the COVID-19 crisis and strengthen the national health system in the medium- and long term.



*Dr Sergey Diorditsa, WHO Representative to Mongolia, Dr Enkhbold Sereejav, Minister of Health and Mr Marco Ferri, Chargé d'Affaires of the European Union Delegation to Mongolia, at the handover ceremony at the Ministry of Health  
©WHO Mongolia/Jargalan Tsogt*

One of the MCCR objectives is to improve the accessibility and quality of essential health care logistics

and services. The essential medical equipment and tools delivered will be used across all levels of the health care and service in both urban and rural settings.

- ❖ Essential medical equipment and devices to support improving access to and quality of maternal and child health services in 6 provinces: Bayan-Ulgii, Bulgan, Dornod, Dundgobi, Gobi-Altai and Sukhbaatar.
- ❖ Mobile health technology equipment for Nalaikh district, Gobisumber and Bayankhongor provinces to ensure access to essential health services for herders and communities in remote areas. Additionally, rapid tests and medical devices are provided to support essential health services at primary health care facilities in the selected areas.
- ❖ Essential IT equipment provided to support:
  - ❖ the National Center for Communicable Diseases to ensure maintaining essential tuberculosis (TB) care and services to TB patients, and
  - ❖ the National Center for Mental Health to improve its capacity to conduct tele-counselling, tele-diagnosis and e-trainings for health workers at primary and secondary health facilities in districts and provinces as there is currently high demand for mental health service for the general public and frontline workers.

The three-year joint project between WHO and the EU was launched on 30 October 2020 with the EU providing €1 million and WHO providing €62 000 and technical guidance to Mongolia's health sector.

For more information, click [here](#)

## Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 28 April 2021, **WHO** briefed on the epidemiological situation, reporting that, with nearly 5.7 million new cases reported in the last week, new COVID-19 cases increased for the ninth consecutive week, surpassing the previous peak. In addition, with over 87 000 new deaths reported, the number of new deaths increased for the sixth consecutive week.

The **CMT** discussed the COVID-19 case surge in countries associated with recent large mass gathering events that drove increased transmission.

The **CMT** discussed the bolstered activities in support of affected countries for risk communications and community engagement, operational support, and supply chains that may trigger the need for **WFP** logistic services.

**UNESCO, UNDP and WHO** briefed the CMT on the Massive Open Online Course (MOOC) “Covering the COVID-19 Vaccine: What Journalists Need to Know”, which aims to improve journalists’ coverage of COVID-19 and the vaccines, by taking into account challenges such as vaccine hesitancy and anti-vaccination rhetoric.

Finally, **WHO** briefed on the *Potential Framework Convention for Pandemic Preparedness and Response*, to better prepare the world to prevent and response to pandemic threats. The **CMT** welcomed the news and the potential framework with an opportunity to take a whole of society, multi-sectoral approach that could also set targets for action.

## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 23 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 247 million from more than 668 791 donors.

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

More than **US\$ 247 Million**



**668 791 donors**

[individuals – companies – philanthropies]

## Pandemic learning response

### Strengthening the COVID-19 response with the latest science: Indonesia

Within days of the first COVID-19 case reported on 7 March 2020 in Indonesia, WHO had already launched the first OpenWHO course on eProtect and Infection Prevention and Control (IPC) in Bahasa Indonesian. Since then, WHO Indonesia's technical team continues to select OpenWHO courses to be disseminated from identified country needs followed by adapting and translating them to Indonesian context and Bahasa Indonesian.

The rapidly evolving COVID-19 pandemic has called for the latest science and technical knowledge on COVID-19 to be disseminated quickly to Indonesia's health workforce. OpenWHO courses provide trusted and structured courses based on the latest science to fill in the knowledge gap in the COVID-19 response.

The Ministry of Health (MoH)

Head of Basic Immunization Unit, Dr Dyan Sawitri, reported that OpenWHO courses have equipped her team with the technical knowledge and operational know-how needed to strengthen Indonesia's COVID-19 response. In particular, *COVID-19 vaccination training for health workers*, has provided comprehensive information covering vaccine types, logistical procedures, cold chain preparation, and implementation steps. More than 1300 participants have enrolled in this training since its launch on 24 February 2021.

A "well-trained and confident health workforce is a crucial pillar to ensure safe vaccination across Indonesia, and OpenWHO is strengthening our health workforce with the latest science," said Dr Dyan Sawitri. Content from OpenWHO courses are also adopted into MoH training modules. As of 12 April 2021, more than 27 000 participants have enrolled in the eight OpenWHO courses available in Bahasa Indonesian.



As of 27 April 2021

**5 172 464**  
Course  
enrollments

**31 topical COVID-19 courses**

**51 languages**

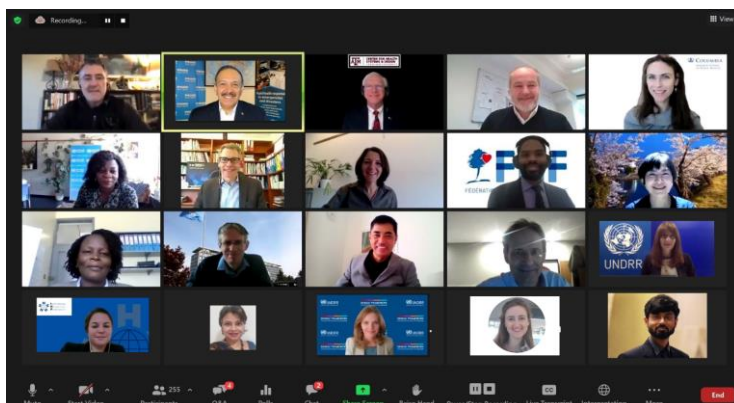
**Over 2.8 million certificates**



## COVID-19 Preparedness

### Risk-proofing the emergencies safety, preparedness and environmental sustainability of hospitals and health facilities: learning from COVID-19 experiences

WHO, in collaboration with the International Hospital Federation and the UN Office for Disaster Risk Reduction, hosted the fourth and concluding webinar of the '[Safe hospital](#)' webinar series on 15 April 2021 on "Health facilities post-COVID-19: safe, functional, climate-resilient and environmentally sustainable"; 411 participants attended from across all six WHO regions.



Ten panellists, from private, public, non-governmental organizations (NGOs) and academia sectors, exchanged innovations and lessons learned from the COVID-19 pandemic in 3 sessions.

#### ❖ **Hospital experiences managing all hazards risks: country perspectives**

A speaker from the Federation of the French Public Hospitals, France shared that utilizing a mechanism to transfer COVID-19 patients across regions prevented overwhelmed hospitals; a speaker from Kenyatta National Hospital, Kenya highlighted the importance of elasticity of health services and the significance of scaling down services such as outpatient or elective procedures during waves of COVID-19; a speaker from S. Orsola Polyclinic, Italy discussed the value of already possessing strategic planning for surge capacity inclusive of a [whole-of-society](#), multi-sector approach to ensure sustainability.

#### ❖ **Lessons learned, considerations for future hospitals**

The Climate and Health Alliance highlighted climate change as a critical health issue and shared how Australian hospitals have reduced both energy and waste to minimize environmental impact; the International Union of Architects described the critical role of architects on design to promote health; lastly the implementation of WHO guidance on [climate-resilient and environmentally sustainable health care facilities](#) was advocated for.

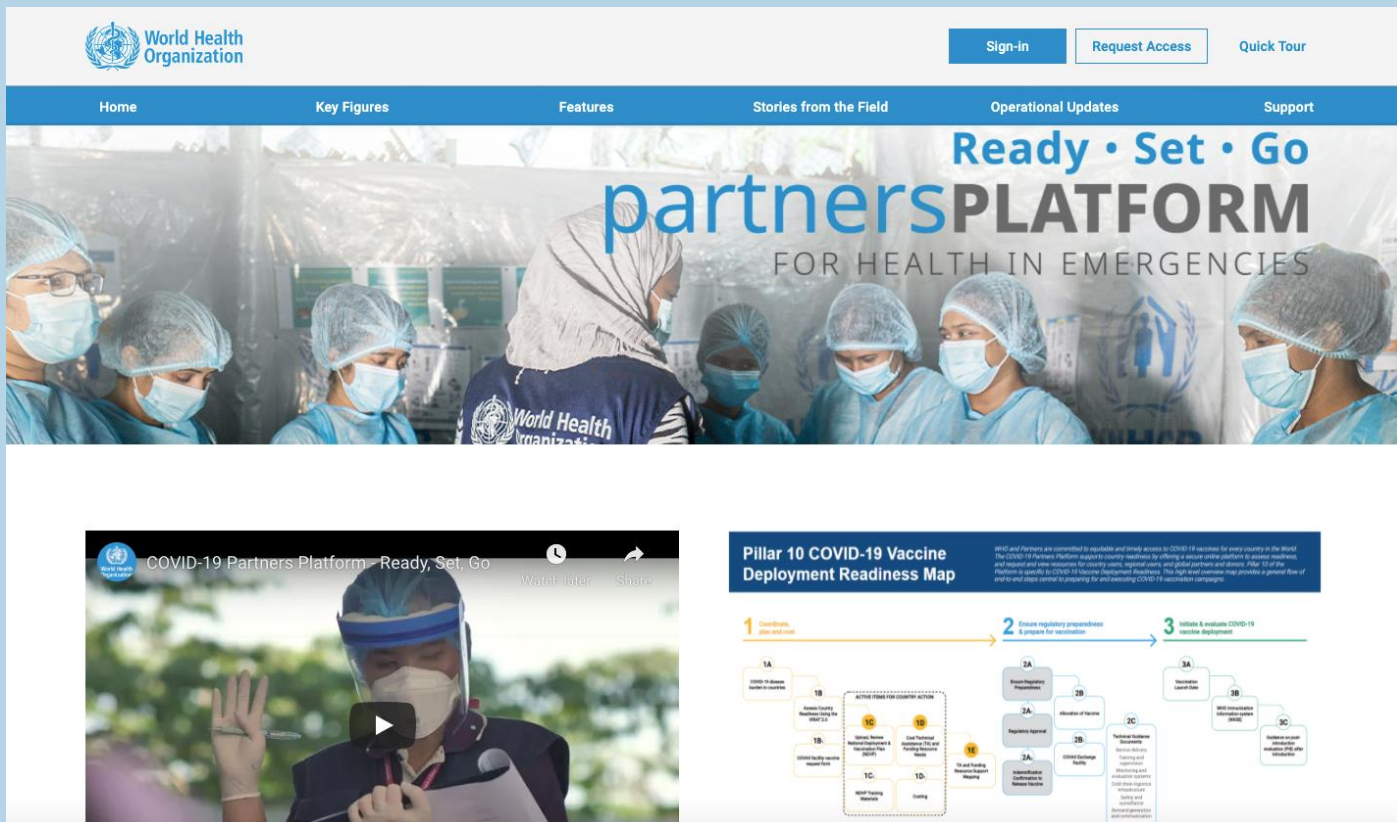
#### ❖ **Enhancing preparedness: innovation, research and learning**

An associate professor from Japan emphasized using multiple layers of infection, prevention and control for maximum protection in aged-care facilities as no single layer in isolation can provide perfect protection (Jikei University); the International Federation of Healthcare Engineering presented the value of using the WHO [roadmap for COVID-19 hospital ventilation](#) in hospital planning; a professor from Columbia University, USA, highlighted the [indirect effects of COVID-19 on healthcare delivery, utilization and health outcomes](#) and a need for further research.

Next steps include utilizing the experiences shared over the webinar series for detailed case studies for broader sharing, developing a network of experts on safe hospitals and a global consultation with experts and partners to develop recommendations for safe, prepared and sustainable health facilities of the future.



## COVID-19 Partners platform



**Ready • Set • Go**  
**partners PLATFORM**  
FOR HEALTH IN EMERGENCIES

**Pillar 10 COVID-19 Vaccine Deployment Readiness Map**

WHO and Partners are committed to equitable and timely access to COVID-19 vaccines for every country in the world. The COVID-19 Partners Platform supports countries readiness by offering a secure online platform to assess readiness, and document and share resources for vaccine supply, digital assets and global partners and donors. Pillar 10 of the Platform is specific to COVID-19 vaccine deployment readiness. This high-level overview map provides a general flow of work and roles central to preparing for and launching COVID-19 vaccination campaigns.

**1 Coordinate, plan and act**

**2 Assess regulatory preparedness to prepare for vaccination**

**3 Initiate & evaluate COVID-19 vaccine deployment**

## SPRP 2021 new features now live on the COVID-19 Partners Platform

It has been an exciting week, and we are proud to announce new features and updates related to the release of WHO's COVID-19 [Strategic Preparedness and Response Plan \(SPRP\) 2021](#) and its accompanying [Operational Planning Guideline](#) are now live on the Platform. These updates include SPRP country action checklists, an interactive vaccine dashboard, and, most importantly, a simplified system to upload resource needs. It offers an efficient standardized approach for countries to develop COVID-19 national response plans that follow WHO guidance and to cost and request essential resources.

WHO is also offering a series of technical demonstrations for all users with Platform administrative rights at country or regional level (Ministries of Health, partners, WHO) to ensure that they can easily utilize these new features; other users are welcome to join. Specific sessions targeted to partners and donors can be organized on request to [cazacuo@who.int](mailto:cazacuo@who.int). Demonstrations with Q&A will be held twice a day from 3 to 14 May in English, French and Spanish. At the end of the demonstrations, users will better understand the new SPRP 2021 guidelines and be able to update and quickly upload national plans.

WHO has recently emailed instructions to all current administrative users of the Platform on how to join the technical demonstrations via the [Partners Platform's](#) COVID-19 support email address. It is not required to register or provide advance notice of attendance at the sessions. As this innovative platform continues to expand and update, WHO looks forward to feedback from all users ranging from governments, partners and donors to continue streamlining support to Member States.

## Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 28 April 2021.

Shipped items as of 28 April 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	718 250	3 932 475	1 870 866	1 478 890	13 516 300	245 810	1 884 679	54 035 400	2 783 830
Americas (AMR)	7 479 900	1 046 132	10 550 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 278 300	1 594 920	1 857 565	954 985	7 627 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	459 000	652 850	610 820	1 756 900	13 438 900	424 780	2 276 548	41 701 500	6 011 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 885 500	86 510	585 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>11 375 450</b>	<b>10 640 677</b>	<b>17 646 017</b>	<b>8 664 511</b>	<b>45 279 700</b>	<b>1 598 447</b>	<b>7 662 579</b>	<b>200 105 426</b>	<b>20 673 565</b>

*Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

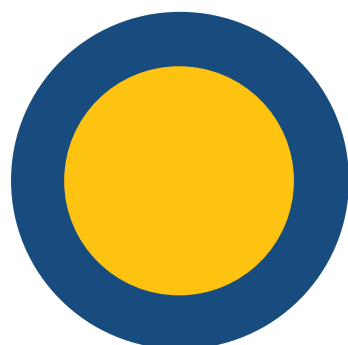
For further information on the **COVID-19 supply chain system**, see [here](#).

## Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

### SPRP 2021 Requirements US\$ 1.96 billion

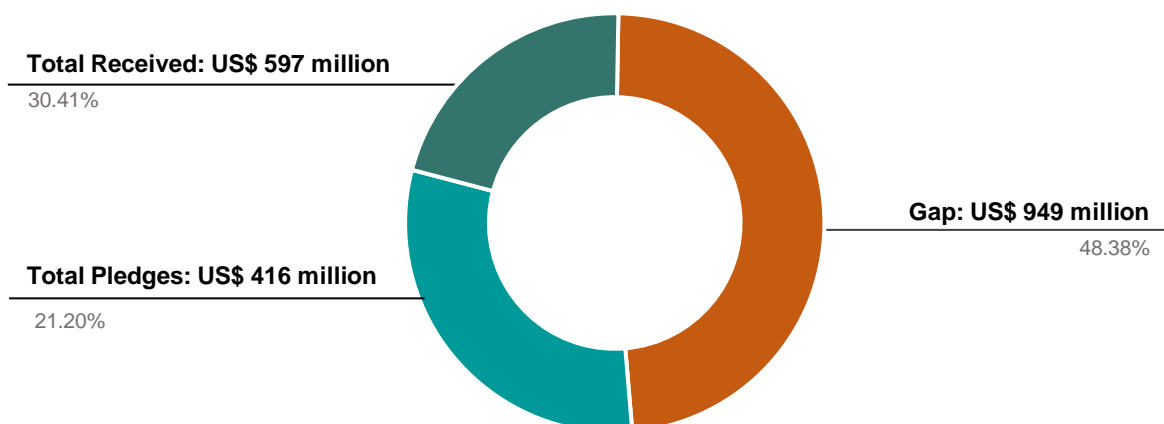


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

*\*Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

### Contributions to WHO for COVID-19 appeal

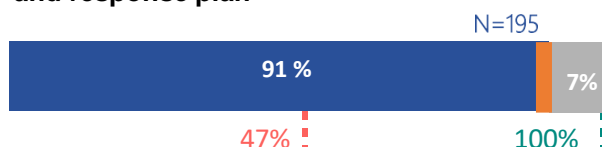
Data as of 27 April 2021



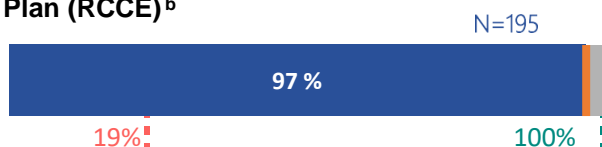
The 2021 SPRP priorities and resource requirements can be found [here](#).  
The status of funding raised for WHO against the SPRP can be found [here](#).

## COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

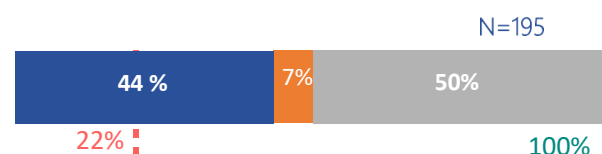
**Countries have a COVID-19 preparedness and response plan**



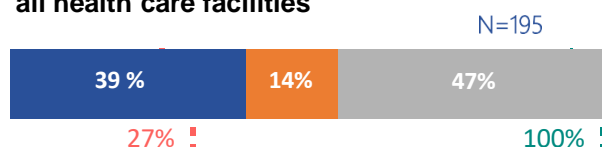
**Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)<sup>b</sup>**



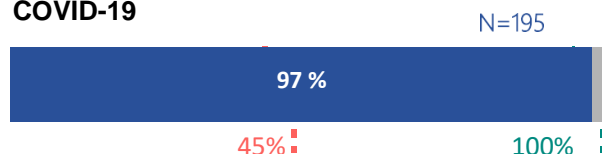
**Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities**



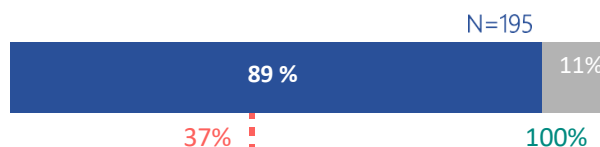
**Countries with a national IPC programme & WASH standards within all health care facilities**



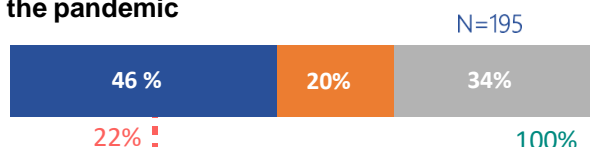
**Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19**



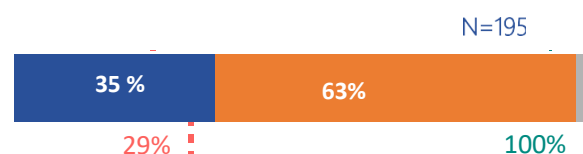
**Countries have a clinical referral system in place to care for COVID-19 cases**



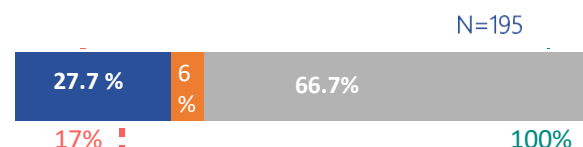
**Countries that have defined essential health services to be maintained during the pandemic**



**Countries in which all designated Points of Entry (PoE) have emergency contingency plans**



**Countries have a health occupational safety plan for health care workers**



**Countries have COVID-19 laboratory testing capacity**



### Legend



Yes



No



No information



Baseline value



Target value

### Notes:

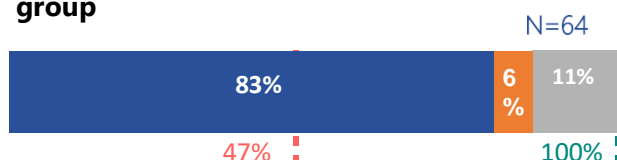
<sup>a</sup> Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." <sup>b</sup> Source: UNICEF and WHO



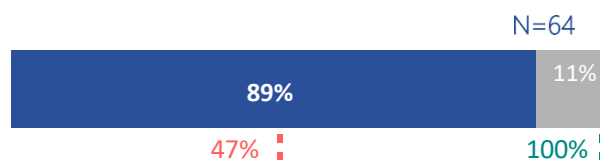
## COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

### Priority countries with multisectoral mental health & psychosocial support working group



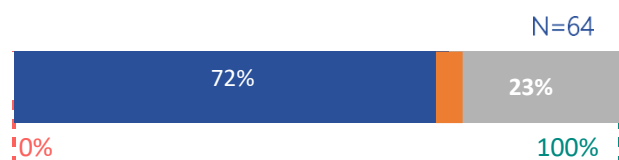
### Priority countries with an active & implemented RCCE coordination mechanism



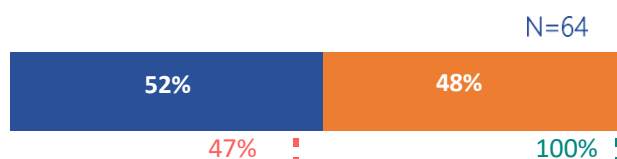
### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



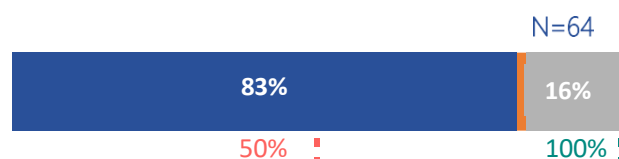
### Priority countries with a contact tracing focal point



### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



### Priority countries with an IPC focal point for training



#### Legend

 Yes

 No

 No information

 Baseline value

 Target value

#### Notes:

<sup>c</sup> Source: WHO Immunization Repository

## The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

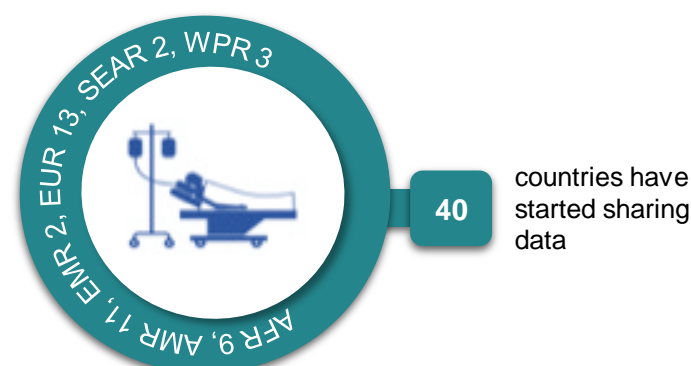
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



## Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

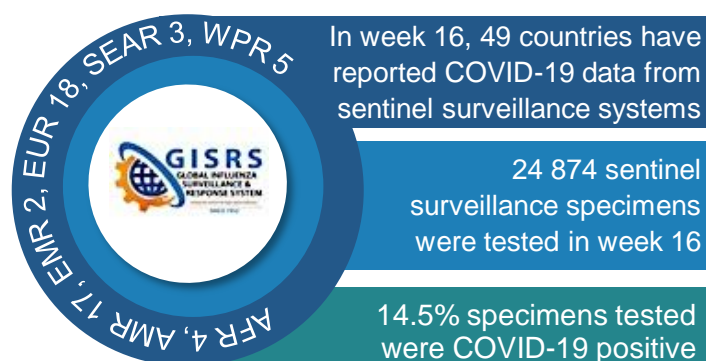
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



## Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2



## Key links and useful resources



### GOARN

For updated GOARN 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](#).

### 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](#)

For more information on  
COVID-19 regional  
response:



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

For the 27 April 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A special focus update is provided on SARS-CoV-2 variants

## News

- For a PAHO report highlighting the need for strengthened national regulatory authorities, click [here](#).
- To read about the millions of children remaining at risk from deadly diseases despite immunization services beginning a slow recovery from COVID-19, click [here](#)

# Weekly Operational Update on COVID-19

10 May 2021

Issue No. 54

Confirmed cases<sup>a</sup>

**157 289 118**

Confirmed deaths

**3 277 272**

For tips to  
celebrate  
Eid-El-Fitr  
safely, click  
[here](#).



## PAHO and Germany donate equipment to support Belize's COVID-19 vaccine deployment

PAHO and Germany donated essential equipment including 14 laptops, 14 MiFi devices (for internet), 200 000 vaccination cards for personal records and 148 500 information sheets for individuals who receive a COVID-19 vaccine to Belize's Ministry of Health and Wellness (MoHW).



Chief executive officer of the Ministry of Health and Wellness Belize, Dr. Deysi Mendez, accepting donated items from PAHO/WHO Representative of Belize, Dr. Noreen Jack. ©PAHO/WHO

In Belize, some rural and remote health facilities do not have internet or access to the national electronic medical record, presenting a challenge to real-time information, monitoring and evaluation capacity on vaccine administration. The donated equipment will enable monitoring of the COVID-19 vaccine rollout including information on vaccine type, batch numbers and more.

Dr Deysi Mendez, Chief Executive Officer of the MoHW noted her gratitude for the important donation that “will allow prompt access to gather and record individual data for reporting and documenting any adverse events following immunizations and respond timely.”

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

## Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **31** topics in **51** languages



**17 713 489** PCR tests shipped globally



**200 105 426** medical masks shipped globally



**8 664 511** face shields shipped globally



**45 279 700** gloves shipped globally



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



**1 171 658 745** COVID-19 vaccine doses administered globally as of 6 May

<sup>a</sup> COVAX has shipped over **59 million** vaccines to **122** participants as of 10 May

<sup>a</sup> See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



**World Health  
Organization**

HEALTH  
**EMERGENCIES**  
programme



## From the field:

### **Strengthening International Health Regulations capacities during COVID-19 by assessing ground crossings between the Republic of Moldova and neighboring countries**

The Ministry of Health, Labour and Social Protection (MoHLSP) of the Republic of Moldova, jointly with the competent authorities in Points of Entry (PoEs) and with the technical support of WHO/Europe successfully conducted an assessment of the 2005 [International Health Regulations](#) (IHR) core capacities at four designated ground crossings in Leuseni, Hincesti, Criva, Briceni, Tudora and Ungheni. The aim of the assessment was to develop, strengthen and maintain core IHR public health capacity requirements at designated ground crossings, related to the prevention, early warning and response of public health risks and events.

Prior to beginning the assessment exercise, team participants reviewed the objectives of the assessment, the ground crossing assessment tools and considerations for a successful exercise.

The assessment team, consisting of representatives of MoHLSP, Border Police and Custom Service of the Republic of Moldova, National Public Health Agency, National Food Safety Agency and WHO, conducted



four site visits to designated points of entry and a Ungheni railroad and cargo PoE.

“WHO technical support relies on strengthening specific components of IHR core capacities at points of entry to improve the overall IHR implementation at the country level. The COVID-19 pandemic was considered as an opportunity to evaluate and improve the current level of the country’s preparedness and response”, stressed Dr Igor Pokanevych, WHO Representative in the Republic of Moldova.

The mission concluded by identifying strengths, areas for improvement and developing an action plan for immediate, mid-term and long-term interventions to enhance capacities at the designated ground crossings in accordance with the requirements of the International Health Regulations (2005).

## From the field:

### **WHO strengthens support to COVID-19 contact tracing efforts to break chains of transmission in the Philippines**

The WHO Country Office in the Philippines, in partnership with the Philippines Department of Interior and Local Government (DILG) and Department of Health (DOH), launched a Contact Tracing Handbook for more than 1700 local government units (LGUs) to help enhance their local COVID-19 contact tracing systems and response strategies.

“Contact tracing and management remains one of the most important and effective public health interventions to break the chains of transmission” of SARS-CoV-2 said Dr Rabindra Abeyasinghe, WHO Representative to the Philippines. “The handbook will be an essential tool to support our local government units in ensuring an efficient and effective system for detecting possible cases and limiting the spread of the virus.”



*WHO produced and provided 85 000 contact tracing handbooks to assist the local contact tracing teams in the Philippines. Photo credit: WHO/Harold Doroteo*

The handbook will help to establish a well-coordinated nationwide contact tracing and management system that uniformly and effectively functions across LGU boundaries and includes quality assurance processes on national and sub-national levels. In addition, it will support workers to engage and communicate with people and communities and raise awareness, acceptance and support for contact tracing for COVID-19 and future outbreaks and health emergencies.

WHO has produced and handed over 85 000 contact tracing handbooks to assist local contact tracing teams. The handbook was made possible by collaboration between WHO, DILG, DOH and the National Task Force Against COVID-19, with the technical assistance from the University of the Philippines Manila College of Nursing.

WHO will continue to work closely with stakeholders to establish the contact tracing and management system and provide ongoing support to strengthen local, regional and national capacities to break the chains of SARS-CoV-2 transmission, protect health and minimize the social and economic impacts of the virus.

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

## From the field:

### COVID-19 vaccination campaign in Bhutan: from planning to execution

The WHO Country Office supported Bhutan from preparation to execution of their COVID-19 vaccine campaign. Initially, WHO supported Bhutan with their National Deployment and Vaccination Plan (NDVP) by providing technical support, funding and organizing a consultative workshop to develop the NDVP, followed by incorporating feedback from the WHO Regional Office for South-East Asia.

Developing the plan allowed Bhutan and WHO to foresee challenges that may arise during the implementation phase of the COVID-19 vaccine rollout. WHO provided recommendations for the anticipated challenges and supported Bhutan to plan for vaccinations in different scenarios, depending on vaccine availability. WHO's cumulative support helped Bhutan roll out its first COVID-19 nationwide vaccination campaign.



WHO supported the development of a comprehensive health manual for COVID-19 vaccination and training inclusive of details on different COVID-19 vaccines, adverse events following immunization (AEFI), reporting and more. WHO supported national counterparts in training 77 health officials, including 20 medical officers in a training of the trainers (ToT). WHO then provided funding for subsequent training of 303 health personnel, vaccinators, support staff and volunteers in the field by those 77 individuals to conduct COVID-19 vaccinations.

The nationwide vaccination campaign was launched on 27 March 2021 in the country's capital, Thimphu. The campaign launch was immediately followed by administering COVISHIELD™ vaccines across all twenty districts nationwide in 1217 vaccination posts. WHO provided PPE and other necessary vaccination campaign equipment; volunteers monitored vaccination posts to avoid crowds and limit SARS-CoV-2 transmission risk. The vaccination campaign was successfully implemented and led to the vaccination of 453 595 individuals out of the total 533 558 eligible individuals by the end of day seven, irrespective of nationality. The Ministry of Health continues to vaccinate the remaining eligible population in health care facilities nationwide.

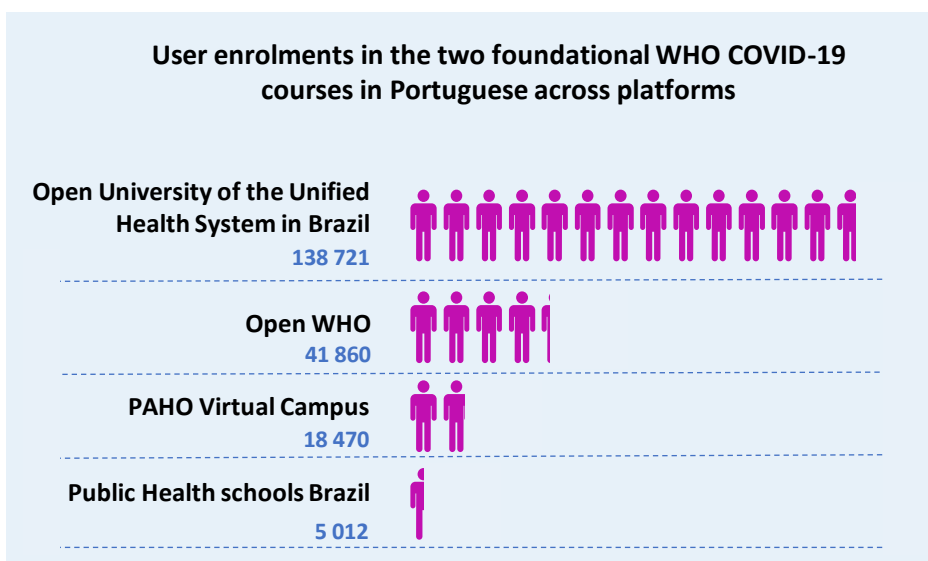
With the support of WHO, the Ministry of Health plans to conduct a COVID-19 vaccination Intra-Action Review (IAR) to assess the lessons learned and understand challenges faced during the first vaccination campaign. Findings from the IAR will help the country better prepare for the rollout of the second dose of the COVID-19 vaccine.

## Pandemic learning response

### Beyond OpenWHO: multi-platform dissemination of WHO online courses on COVID-19 in Portuguese in Brazil

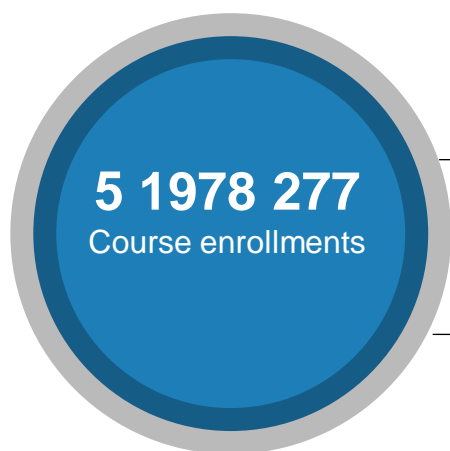
WHO provides technical guidance-based learning by means of online and open access formats in as many languages as possible, and in real time during the COVID-19 pandemic. Portuguese is the most spoken language in the southern hemisphere with 265 million speakers around the world. To date, 15 of the 31 COVID-19 OpenWHO courses have been translated into Portuguese.

In collaboration with PAHO's Virtual Campus, two foundational courses on COVID-19, *Introduction to COVID-19* and *Infection Prevention and Control*, were translated into Portuguese early in 2020 and made available on four platforms, ensuring that essential WHO technical knowledge is as widely available and accessible as possible.



Together, the two courses in Portuguese across all four platforms host more than 200 000 enrolments.

As of 4 May 2021



**31 topical COVID-19 courses**

**51 languages**

**Over 2.8 million certificates**



## Partnerships

### The Global Health Cluster - GHC

The Global Health Cluster [COVID-19 Task Team](#) has released a position paper, developed with 28 key partners, agencies and clusters involved in the COVID-19 response. The purpose of the paper is to guide global and country level Health Cluster partners to advocate and support equitable vaccine availability and uptake for populations of concern in humanitarian settings through 12 key messages.

Access to therapeutics, vaccines, diagnostics and other health products for COVID-19 must be considered as global public goods and thus made equitable, affordable, available, appropriate, safe and of assured quality for all those who need them, leaving no one behind.

To read the position paper, click [here](#).

### Global Health Cluster Position on COVID-19 vaccination in Humanitarian settings

12 key messages for advocacy



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 29 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 250 million from more than 669 548 donors.

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

More than **US\$ 250 Million**



**669 548 donors**

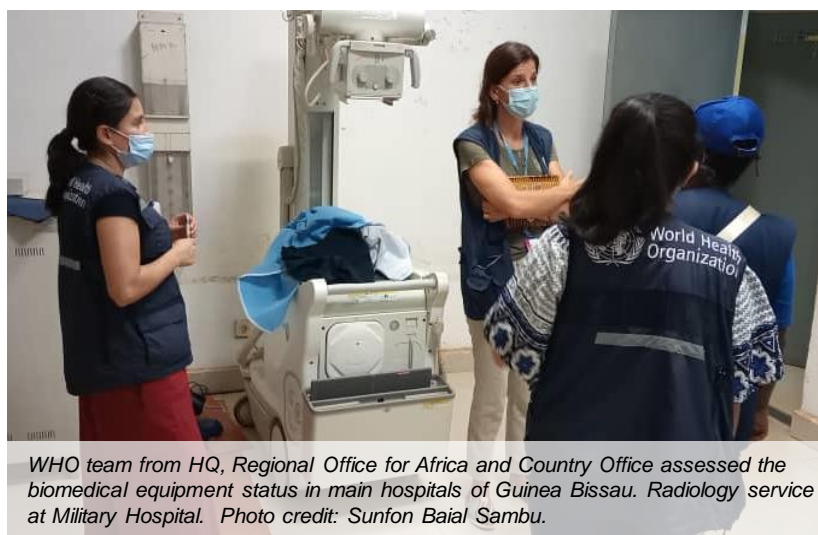
[individuals – companies – philanthropies]

## Clinical management

### Rapid assessment of medical oxygen and biomedical capacity in Guinea Bissau

The High Commissioner of Guinea Bissau and WHO coordinated a visit from 13 to 23 March 2021 with the aim of conducting a rapid assessment of medical oxygen and biomedical capacity in the country, marking the first time WHO deployed a biomedical engineer specialist to the field. COVID-19 has highlighted the need to increase access to medical technologies and to increase biomedical technical capacity to support the selection and sustainable maintenance of appropriate and safe medical equipment in countries.

WHO assessed 10 health facilities including five hospitals and one clinic in the capital, Bissau and four regional hospitals. The assessments were undertaken with a systematic and holistic approach, observing the conditions of the infrastructure (e.g., electricity, ventilation, patient flows), cleaning and disinfection measures and clinical and technical trainings and workshops. All necessary aspects related to the quality and safe use of existing biomedical equipment.



*WHO team from HQ, Regional Office for Africa and Country Office assessed the biomedical equipment status in main hospitals of Guinea Bissau. Radiology service at Military Hospital. Photo credit: Sunfon Baial Sambu.*

Subsequent recommendations such as a tiered scale up of medical technology and incentives to train and maintain staff to support biomedical equipment management were provided by WHO.

Presently, the country largely depends on importing medical oxygen cylinders from abroad; only three hospitals in Bissau have capacity to fill cylinders for off-site distribution through a Pressure Swing Adsorption (PSA) plant. Yet, due to poor maintenance these PSA plants are not operating optimally.

WHO, through the Solidarity Fund, has committed to support the country in procuring a new PSA plant and repairing two of the four existing PSA plants in Bissau. Next steps are already underway: a supplier has been identified who will conduct detailed assessments followed by a visit with spare parts for repair to the existing PSA plants.

To increase biomedical technical capacity, trainings will be supported through a toolkit including topics such as clinical oxygen therapy and maintenance of the PSA plants. WHO will also support in improving calculations of medical oxygen demand and planning for decentralized medical unit needs. Supporting sustainable and reliable access to medical oxygen, an essential medicine, through end-to-end support by WHO, can help improve health systems and clinical outcomes in the long-term beyond COVID-19.

## COVID-19 Vaccine / COVID-19 Preparedness

### **WHO launches mini-cPIE (COVID-19 vaccination Intra-Action Review) to help countries take stock of early lessons from their COVID-19 vaccine roll-out**

With the rapid approval and roll-out of COVID-19 vaccines globally, WHO's Health Security Preparedness Department and the COVID-19 Vaccine Country Readiness and Delivery Workstream co-developed tools for conducting a COVID-19 vaccination intra-action review (IAR), also known as the mini COVID-19 post-introduction evaluation (mini-cPIE). The key areas covered in the scope align with the programme areas under each country's COVID-19 national deployment and vaccination plan ([NDVP](#)).



WHO held a webinar on how to conduct a mini-cPIE twice from 29 to 30 April 2021. More than 300 participants attended in total from Ministries of Health, WHO headquarters, regional and country offices, UNICEF, other UN agencies, and partners from across all six WHO regions.

During the webinar, Botswana, the first country to conduct a mini-cPIE, shared their experience in the spirit of collective and peer learning. The Director of Health Services, Dr Malebogo Kebabonye, highlighted an example of a success using a “snowball approach [where] the activation of a few sites allowed the community and the system to build confidence ... as we increase the volume [of COVID-19 vaccine roll-out]”. She also emphasized that the mini-cPIE helped “build momentum and optimize and leverage all the issues we [hadn't] paid particular attention to, so we are ready for the long haul of this programme”.

The mini-cPIE is recommended as a flexible way for countries to review the vaccine roll-out in the early phase, 2-6 months post-introduction. Countries can customize the mini-cPIE process by defining the scope of the review for the programme areas needed and questions of interest. The mini-cPIE is complemented by the “classic” post-introduction evaluation (PIE), a standard process that WHO recommends long-term following new vaccine introductions. For COVID-19 vaccines, the “classic” cPIE is recommended 6-18 months post-introduction.

To promote the continued exchange of country learnings from COVID-19 vaccine roll-out, WHO plans to host regular online “clinics” as an experience-sharing platform. Building on Botswana's experience, WHO looks forward to supporting more countries to conduct mini-cPIEs to identify good practices and areas for improvement to inform collective learning. As the largest global rollout of vaccines in history is underway, learnings from these reviews will be critical to promote a smooth roll-out as more COVID-19 vaccines are being developed and approved.

For *Guidance for conducting a country COVID-19 IAR* and associated tools, click [here](#). For vaccination-specific IAR (mini-cPIE) tools, click [here](#).

## COVID-19 Preparedness

### Simulating COVID-19 vaccination in Trinidad and Tobago

Before the arrival of COVID-19 vaccines, Trinidad and Tobago used simulation exercises to prepare and train the health workforce for the vaccine rollout. COVID-19 vaccine simulations test planning assumptions and procedures in a safe and constructed environment before national vaccine rollouts occur.

Modifying simulations developed by WHO and COVAX, health workers in Trinidad and Tobago were able to test and practice the planning and logistics of vaccine administration within the specific context of their country. For the simulations, a series of drills for the vaccine rollout occurred in Trinidad and Tobago throughout February and March 2021 at six health facilities and centres.

Participants in these exercises were personnel who performed their actual responsibilities and responded as they would in a real situation. They practiced their role within the vaccine roll-out at every stage and identified where the plan and procedures were working well and where they could be improved. The drills enabled the development of a standard operational procedure for the roll-out, including providing immunization cards and ensuring a 30-minute post-vaccination monitoring period for all COVID-19 vaccine recipients.



*Waheeda Abdool Solomon, the senior district health visitor (DHV), gives a visual of required storage temperature for COVID-19 vaccines. © WHO/ Kibwe Brathwaite*



*During a simulation exercise on 6 March 2021, people acting as COVID-19 vaccine recipients wait to be registered. © WHO/ Kibwe Brathwaite*

During the vaccination drill conducted at the Siparia District Health Facility in Trinidad, multiple scenarios were simulated at once to test preparedness and vaccine readiness. These included responding to a COVID-19 vaccine recipient who had decided to take the vaccine, a potential recipient who was undecided, walk in recipients with no appointments, a recipient with an allergic reaction to the vaccine, and a recipient who declined being vaccinated.

The COVID-19 vaccination endeavour is one of the biggest in history. It is critical that all countries are well prepared. Operational simulation exercises allow countries such as Trinidad and Tobago to stay one step ahead in the global fight against COVID-19 and enable an effective and efficient vaccine roll-out.

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



## Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 6 May 2021.

Shipped items as of 6 May 2021	Laboratory supplies			Personal protective equipment*					
	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	718 250	3 930 475	1 864 338	1 478 890	13 516 300	245 810	1 884 679	54 035 400	2 783 830
Americas (AMR)	7 479 900	1 046 132	10 550 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 278 300	1 594 920	1 931 565	954 985	7 627 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	459 000	682 850	610 820	1 756 900	13 438 900	424 780	2 276 548	41 701 500	6 011 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 885 500	86 510	585 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>11 375 450</b>	<b>10 668 677</b>	<b>17 713 489</b>	<b>8 664 511</b>	<b>45 279 700</b>	<b>1 598 447</b>	<b>7 662 579</b>	<b>200 105 426</b>	<b>20 673 565</b>

*Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Personal protective equipment data is as of 28 April 2021*

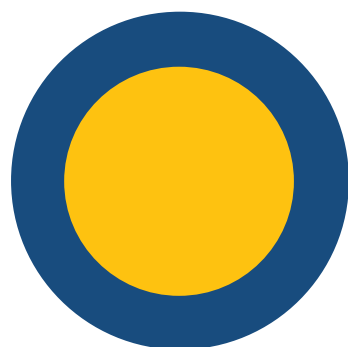
For further information on the **COVID-19 supply chain system**, see [here](#).

## Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

### SPRP 2021 Requirements US\$ 1.96 billion

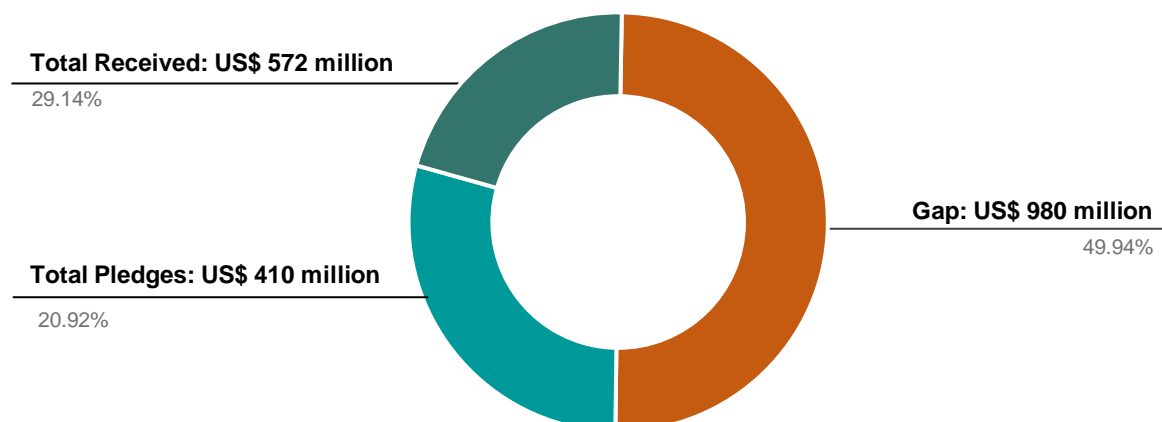


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

*\*Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

### Contributions to WHO for COVID-19 appeal

Data as of 4 May 2021

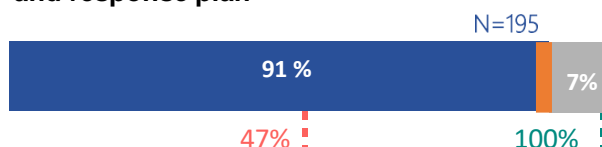


*Note: Data within the graph above undergoes data verification and minor revisions in the amounts per category are anticipated.*

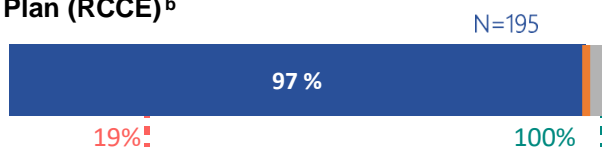
The 2021 SPRP priorities and resource requirements can be found [here](#).  
The status of funding raised for WHO against the SPRP can be found [here](#).

## COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

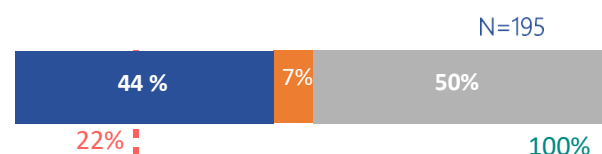
**Countries have a COVID-19 preparedness and response plan**



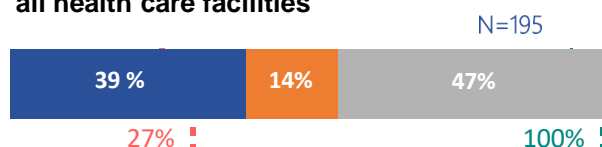
**Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>**



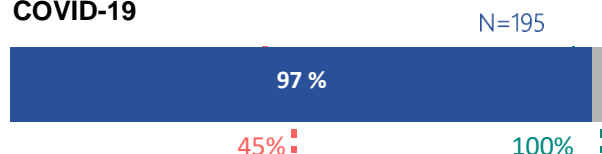
**Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities**



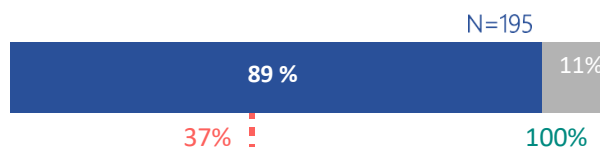
**Countries with a national IPC programme & WASH standards within all health care facilities**



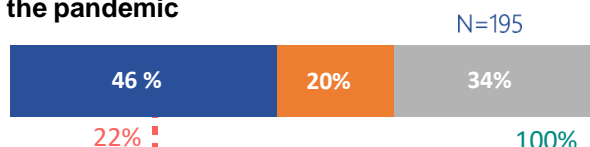
**Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19**



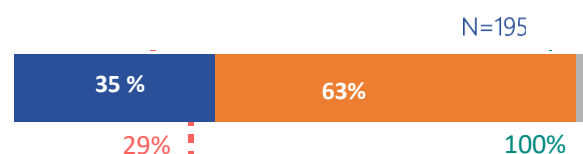
**Countries have a clinical referral system in place to care for COVID-19 cases**



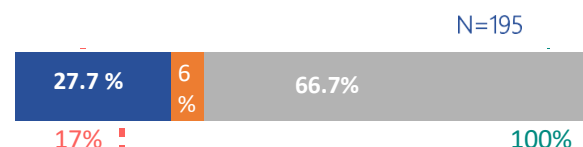
**Countries that have defined essential health services to be maintained during the pandemic**



**Countries in which all designated Points of Entry (PoE) have emergency contingency plans**



**Countries have a health occupational safety plan for health care workers**



**Countries have COVID-19 laboratory testing capacity**



### Legend



Yes



No



No information



Baseline value



Target value

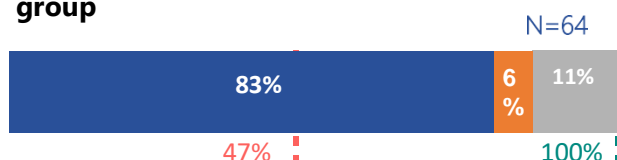
### Notes:

<sup>a</sup> Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." <sup>b</sup> Source: UNICEF and WHO

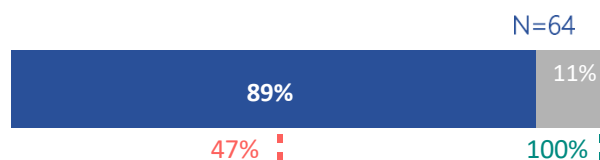
## COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

### Priority countries with multisectoral mental health & psychosocial support working group



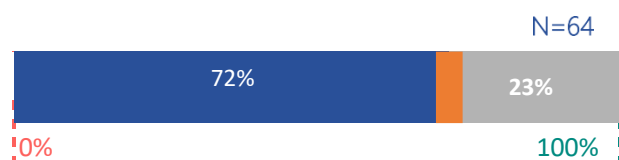
### Priority countries with an active & implemented RCCE coordination mechanism



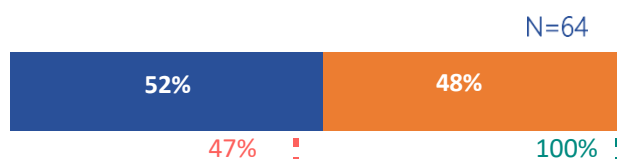
### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



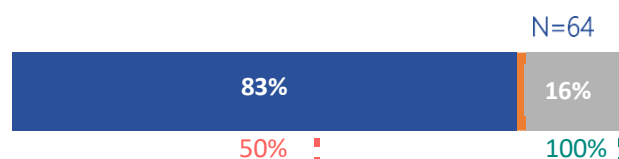
### Priority countries with a contact tracing focal point



### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



### Priority countries with an IPC focal point for training



#### Legend

 Yes

 No

 No information

 Baseline value

 Target value

#### Notes:

<sup>c</sup> Source: WHO Immunization Repository

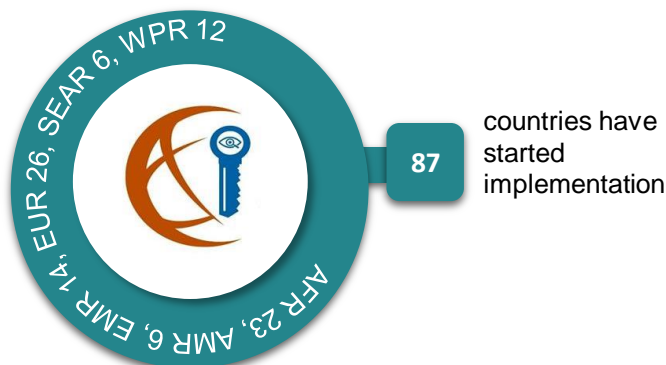


## The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

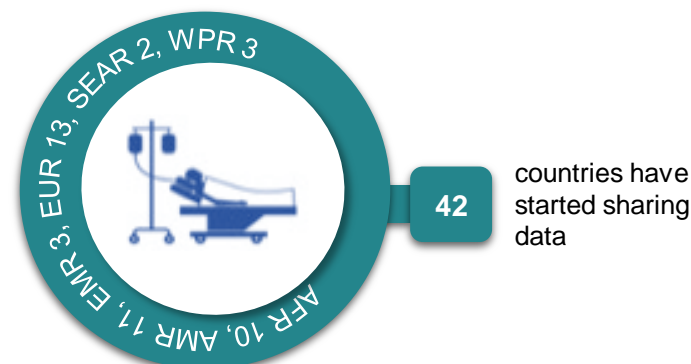
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



## Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

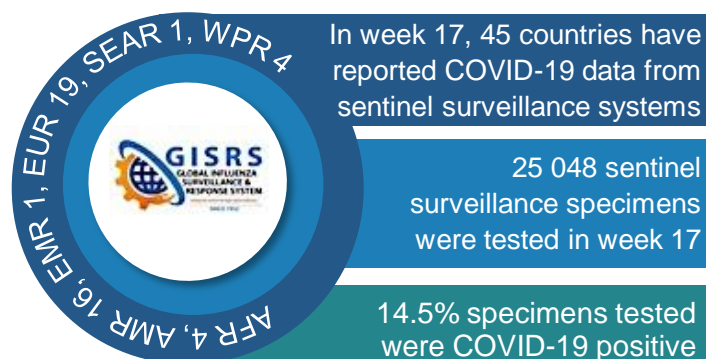
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



## Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2





## Key links and useful resources



### GOARN

For updated GOARN 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](#).

### 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](#)

For more information on  
COVID-19 regional  
response:



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

For the 4 May **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- World Hand Hygiene Day, 5 May 2021
- WHO partnership with SeroTracker — synthesizing “real-time” seroprevalence data to support global pandemic response
- SARS-CoV-2 variants

## News

- For the more on WHO listing Moderna and Sinopharm COVID-19 vaccines for emergency use, click [here](#) and [here](#).
- For the WHO Director-General commending the United States decision to support temporary waiver on intellectual property rights for COVID-19 vaccines, click [here](#).
- For more on WHO, Germany launching new global hub for pandemic and epidemic intelligence, click [here](#).
- For more on WHO welcoming Sweden’s announcement to share COVID-19 vaccine doses with COVAX, click [here](#).

# Weekly Operational Update on COVID-19

17 May 2021

Issue No. 55



Confirmed cases<sup>a</sup>

**162 704 139**

Confirmed deaths

**3 374 052**

## WHO Surge Capacity and Procurement Support in India

WHO is supporting the surge for COVID-19 services and supplies in India. WHO in collaboration with *Téchne* and Emergency Medical Team (EMT) has conducted a rapid assessment and design development initiative to reinforce current service capacity in India, specifically for remote areas with limited health service availability.

The technical report helps the country easily and rapidly set up COVID-19 treatment centres using high performance tents. The proposed tent layout enables quick setup of a centre with an initial bed capacity of 32 with the ability to gradually surge up to 64 and 96 according to needs and management capacity.

WHO has delivered 4041 oxygen concentrators to India in recent days and 108 tents. WHO also published two key documents to accompany supplies: a [Home Care Bundle for Mild COVID-19](#) to support health workers to safely care for mild patients at home and to alert them when to refer to a hospital and Oxygen Safety Posters ([1](#), [2](#), [3](#)) to ensure safe handling and distribution. WHO also launched an [Oxygen Access Scale Up](#) page on the website to bring together all related content in a user-friendly manner.



WHO chartered flights to bring in medical supplies, hospital beds and additional critical equipment to India. © WHO / Scan Global Logistics



## Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **32** topics in **51** languages



**17 713 489** PCR tests shipped globally



**200 475 426** medical masks shipped globally



**8 704 511** face shields shipped globally



**47 309 700** gloves shipped globally



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



**1 264 164 553** COVID-19 vaccine doses administered globally as of 12 May

<sup>a</sup> COVAX has shipped over **59 million** vaccines to **122** participants as of 12 May

<sup>a</sup> See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



World Health  
Organization

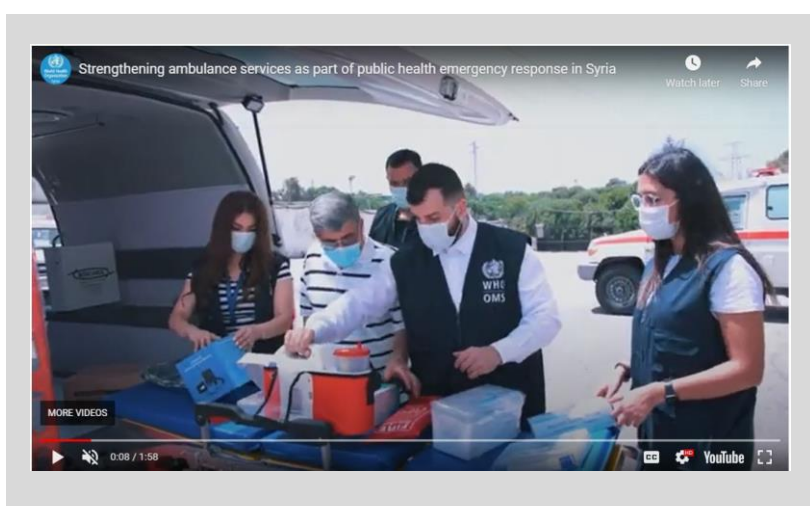
HEALTH  
**EMERGENCIES**  
programme

## From the field:

### Strengthening ambulance services as part of the emergency response in Syria

In responding to the humanitarian needs of affected populations and to enhance the quality of health care in Syria, WHO delivered 40 equipped ambulances to the Ministry of Health on 9 May 2021. Since the onset of the humanitarian crisis, two thirds of the ambulances in Syria have been destroyed, which has impeded the ability of the emergency services to respond effectively, leading to a critical gap in referral services during COVID-19 and causing affected populations to experience life-threatening delays in obtaining emergency health services.

“The ambulances, which will be put into service immediately, will enhance the emergency health system that has been devastated by attacks against health facilities. While further assistance is required to strengthen emergency services, I would like to convey my appreciation to the WHO country office in Syria and to Dr Ahmed Al-Mandhari, WHO’s Regional Director for the Eastern Mediterranean” said Dr Hasan Al-Ghabbash, the Syrian Minister of Health.



The need for referral services has become critical during the COVID-19 pandemic, during which it has become increasingly important to coordinate medical referrals from hospitals where beds are fully occupied to hospitals with available beds and sufficient workforce capacity. This delivery will enhance the ability of public health services to respond to medical emergencies and provide timely referrals for patients with severe and life-threatening conditions, especially for people living in hard-to-reach areas or those not able to afford transportation.

The delivery of ambulances will support strengthening Syria’s emergency response capacity, including for COVID-19. This is part of a larger strategy to strengthen the public health emergency operations centre (PHEOC), established in Damascus in 2020 with the support of WHO. In early May, together with all governorates and the Ministry of Health, WHO conducted a meeting to build capacity and envision a network of emergency operations centres connecting the governorates across the country to enhance coordination of an effective response to public health emergencies.

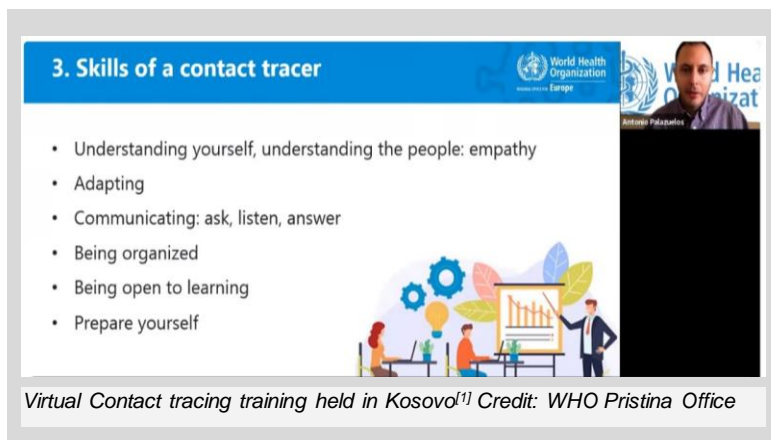
For further information and a video, click [here](#).



## From the field:

### Where Contact Tracing meets Risk Communication and Community Engagement in Kosovo<sup>[1]</sup>

On 6 May, close to 100 primary care doctors and nurses from Kosovo<sup>[1]</sup> attended a training on COVID-19 contact tracing organized and delivered by WHO. The training emphasized the key principles and basic steps in contact tracing for COVID-19 as well as the importance of risk communication and community engagement (RCCE) as an integrated part of contact tracing.



In addition to the basics, the training included a simulation exercise on the dialogue between a contact tracer and a reluctant COVID-19 close contact. The simulation and role play illustrated to participants how barriers to participating in contact tracing may be overcome through principles of building trust and empathy through open and honest conversations.

The training was delivered as part of an ongoing initiative to increase the contact tracing workforce in Kosovo<sup>[1]</sup> where contact tracing has been implemented from the early stages of the COVID-19 pandemic by the Institute of Public Health and its regional branches, with support from WHO. Past support in establishing contact tracing and outbreak investigation in Kosovo<sup>[1]</sup> has included the deployment of Go.Data, a software tool that is used to facilitate outbreak investigation including field data collection, contact tracing and visualization of chains of transmission.

It is expected that the training will lead to an increased and more resilient contact tracing workforce that is able to respond to fluctuations in the number of COVID-19 cases and ensure that effective contact tracing continues to break chains of transmission and prevent further infections. With this training, contact tracers have been provided with essential tools for building trust and engaging in open and transparent dialogues with cases and contacts.

<sup>[1]</sup> All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

## From the field:

### Fiji boosts its COVID-19 testing capabilities



*Dr. Ifereimi Waqainabete, Minister for Health and Medical Services, Dr Akeem Ali (standing), Acting Representative of WHO in the South Pacific, Mr. Sheldon Yett, Representative of UNICEF in the Pacific, and Mr. Sunia Soakai, Deputy Director of the Public Health Division of the Pacific Community at the handover ceremony. Photo credit: WHO/JIN.N*

COVID-19 testing equipment was handed over at the Fijian Centre for Disease Control (CDC) on 28 April 2021, procured with support from UNICEF, the Pacific Community and WHO. The equipment includes four new GeneXpert machines and kits of reagents that are essential for a real-time polymerase chain reaction, or 'PCR' test, the most accurate form of testing currently available for COVID-19.

Amid the detection of a string of locally transmitted cases over the past weeks, Dr Ifereimi Waqainabete, Minister for Health and Medical Services, says this will further boost their work in identifying SARS-CoV-2 transmission. Dr Waqainabete, accompanied by Dr Akeem Ali, Acting Representative of WHO in the South Pacific, Mr Sheldon Yett, Representative of UNICEF in the Pacific, and Mr Sunia Soakai, Deputy Director of the Public Health Division of the Pacific Community, also thanked the team of doctors and nurses working tirelessly at the Fijian CDC to ensure that testing is done in a timely manner.

WHO is in the process of procuring three more GeneXpert machines as well as cartridges and PCR kits so that testing capacity can be further boosted. Additional shipments of personal protective equipment (PPE) are also on the way, supported by the three organizations.

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

## From the field:

### **PAHO steps up assistance to help countries cope with shortages of oxygen and health workers**

Amid the COVID-19 pandemic, “the rise in hospitalizations across our region is triggering an unprecedented oxygen supply challenge,” PAHO Director Carissa F. Etienne said at her weekly media briefing on 12 May. In response, PAHO is helping countries scale up oxygen production and donating vital supplies, including 7000 pulse oximeters and nearly 2000 oxygen compressors.

“Across our region, nearly 80% of our intensive care units are filled with COVID-19 patients, and the numbers are even more dire in some places,” Dr. Etienne said. “In Chile and Peru, 95% of ICU beds are occupied, the majority by COVID-19 patients. Buenos Aires, where 96% of ICU beds are in use, just tightened restrictions to avoid the collapse of hospitals. Some areas in Brazil have waiting lists for ICU beds.”

“We’re working hand-in-hand with ministries of health, particularly in hard hit places like Bolivia and Antigua and Barbuda to help countries redesign their models of care and update their clinical guidelines to optimize resources available and ensure that more patients receive the oxygen they need,” Dr. Etienne said.



© WHO / Blink Media - Mustafa Saeed

Meanwhile, PAHO has helped deploy 26 emergency medical teams in 23 countries. “In addition, some 400 Emergency Medical Team and alternative medical care sites have been established, helping countries expand capacity with 14 000 new hospital beds and 1500 more intensive care beds,” she added.

“Throughout this pandemic we’ve seen what happens when countries deprioritize health systems,” Dr. Etienne asserted. “Whether it was shortages of PPE, ICU beds, oxygen or health workers, countries are being forced to act quickly to make up for years of underinvestment. And while countries have dramatically expanded their health care capacity in just a few months’ time, our health workers are continuing to feel the strain of this pandemic.”

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

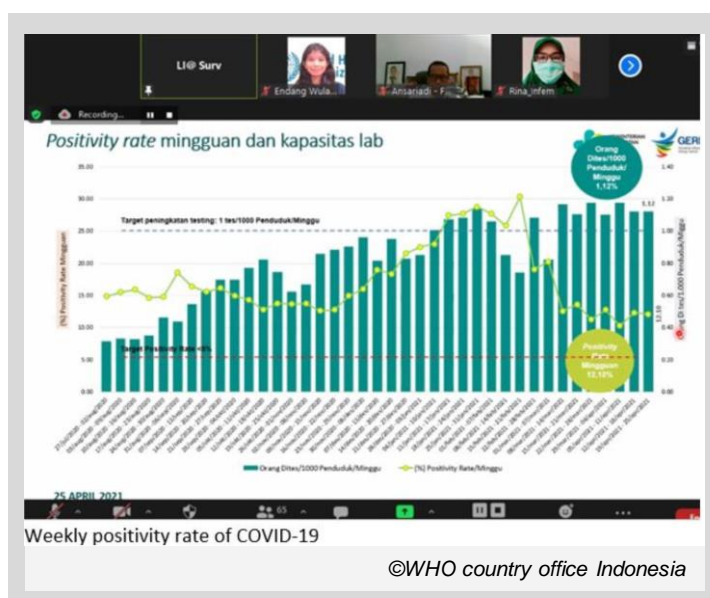
## From the field:

### Monitoring implementation of Intra-Action Review (IAR) recommendations for the COVID-19 response in Indonesia

Between 11-14 August 2020, WHO supported the Ministry of Health (MoH) to conduct [an Intra-Action Review \(IAR\)](#) to review to identify gaps and opportunities for learning from and improving the COVID-19 response that provided a set of [recommendations](#).

The MoH has since conducted regular monitoring of IAR recommendation implementation and COVID-19 health sector response plan indicators. Monitoring meetings were held on 26-27 November 2020, [9-10 February 2021](#), and then 27-29 April 2021 to discuss the ten IAR pillars (aligned with SPRP 2021).

The latest IAR monitoring meeting engaged all stakeholders with 68 participants together again to systematically review the critical actions and formulate recommendations to improve COVID-19 response. MoH officials in charge of each pillar presented progress of the COVID-19 response plan and IAR recommendation implementation and underlined the challenges and gaps.



Key progress included trainings on contact tracing, case management and infection control; expansion of the [laboratory network to 792 labs](#); expansion of referral hospitals to 982 hospitals; updating needs of logistics using [Essential Supply Forecasting Tool \(ESFT\)](#) and online logistics reporting. Another major achievement included mapping of comorbidities using the [healthy family application](#) by primary healthcare centres. The COVID-19 response at points of entry (PoE) continued to maintain the capacity to screen travellers and the implementation of [electronic e-Health Alert Cards](#). They also raised vigilance for screening of international travellers considering the surge of cases in other countries such as India. Hotlines 119 and 117 continue to operate.

At the end of the event, all participants agreed that continuous regular monitoring of COVID-19 response and IAR recommendations implementation is crucial to identify gaps and prompt corrective actions to improve the COVID-19 response in Indonesia. Recommendations to further strengthen the national COVID-19 response were developed.

For further information and the recommendations, click [here](#).



## Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 12 May 2021, **WHO** reported that the world saw over 5.5 million new COVID-19 cases and more than 90 000 deaths reported globally in the previous week - India accounted for 50 per cent of new global cases and 30 per cent of incident global deaths. WHO also reported that on 10 May, in consultation with the WHO SARS-CoV-2 Virus Evolution working group, it characterized viruses within the [lineage B.1.617 as a variant of concern \(VOC\)](#) – this is the fourth classified VOC. **WHO** emphasized that public health and social measures, diagnostics, therapeutics and vaccines remain effective against this VOC.

**WHO** highlighted that it is tracking the variants at the global level through the global monitoring and risk assessment framework, while working with partners and Member States to increase surveillance and testing, specifically to identify and fill gaps in genomic sequencing.

Partners including **UNICEF** and **DCO** stressed the importance of consistent messaging around vaccines, while highlighting the continued need to discourage vaccine nationalism.

**IOM** briefed on the impact of COVID-19 on migrants, emphasizing that the pandemic has demonstrated how the exclusion of migrants and displaced populations has a negative impact not only on these groups, but on societies as a whole.

**UNHCR** briefed on the impact of COVID-19 on refugees and stateless populations, and advocated for the inclusion of refugees, asylum seekers, stateless persons and displaced persons in national COVID-19 plans.

The **World Bank** briefed the CMT on its operational response to the pandemic, reporting that since the beginning of the outbreak and as of end of April 2021, approximately US\$ 109 billion have been made available by the World Bank for COVID-19 response across all sectors. The **World Bank** noted that in the medium-to-long term, it aims to support countries to build strong and resilient health systems that will ensure progress towards universal health coverage.

## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 29 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 250 million from more than 669 548 donors.

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

**More than US\$ 250 Million**



**669 548 donors**

[individuals – companies – philanthropies]

## Pandemic learning response

### Kazakhstan delivering knowledge to every frontline responder

During visits to health facilities, laboratories and community centres, the staff at WHO are often told by frontline medical responders that there is a never-ending need for learning that can be practically exercised to save lives. The WHO team in Kazakhstan has capitalised on OpenWHO's free evidence-based courses which provide frontline responders with life-saving knowledge on various topics relevant to COVID-19.

"We support healthcare workers in Kazakhstan daily, travelling to the locations where cases are on the rise and providing on-site consultation to doctors and patients, as well as policymakers. OpenWHO is a great help to us to ensure that healthcare workers have the required theoretical basis to work during COVID-19 response," stated Professor Bakhyt Kosherova from Karagandy Medical University.

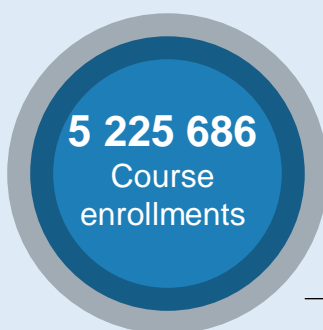
To promote the OpenWHO courses, WHO Kazakhstan has established an operational partnership with Kazakhstan's specialised governmental agency for post-graduate education, medical professional associations, medical universities and alumni groups. In January 2021, the team conducted seven awareness sessions for a range of national stakeholders. Currently, OpenWHO courses are being promoted through professional networks, Ministry of Health webpages, agencies and referenced in training curricula. Six of OpenWHO's most popular COVID-19 courses have been translated into Kazakh by WHO.



"OpenWHO enrolments from Kazakhstan have increased six-fold since the WHO country office began promoting the platform in 2020. However, we aim for the ambitious objective of reaching every healthcare worker responding to COVID-19 in Kazakhstan, regardless of their role. There are OpenWHO courses for every level of healthcare proficiency. Together with my colleagues from the WHO Regional Office for Europe, located in Copenhagen, we trained more than 4,000 healthcare workers last year through online webinars. Now, we are excited to engage in OpenWHO, another valuable channel for learning, offering self-paced courses that healthcare workers can complete on their own and at a time convenient for them," remarked Dr Vitalii Stetsyk, a member of the WHO country team in Kazakhstan.

*As of 11 May 2021*

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).



**32 topical COVID-19 courses**

**51 languages**

**Over 2.8 million certificates**

## COVID-19 Partners Platform

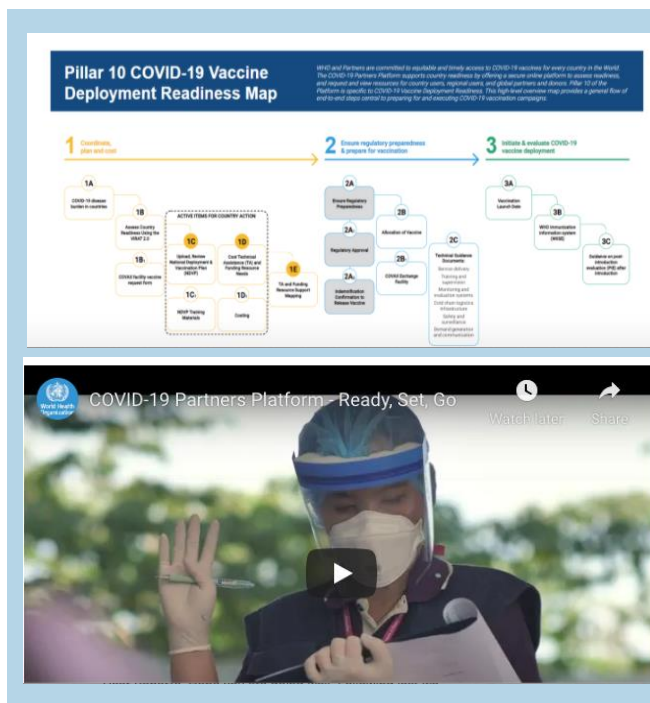


### Partners Platform improvements and further facilitation of vaccine implementation

The Partners Platform has expanded to now allow all country regional vaccine administrators to share and upload any needs requests for international support when domestic resources are not available. Additionally, all vaccine global viewers and donors will soon be able to view the key gaps identified by countries including for vaccine implementation.

This system helps connect countries and donors to ensure that all delivered doses can be administered to further vaccine implementation.

Additionally, user feedback surveys were sent to all Partners Platform users to better understand which of its functionalities are being highly utilized and in what areas the online tool can be improved to better serve countries' needs in preparing for and responding to COVID-19. Initial responses to the survey have proven extremely useful and will be considered for implementation in ongoing updates and improvements to the system's features to best serve countries.



## Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 12 May 2021.

Region	Laboratory supplies*			Personal protective equipment					
	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	718 250	3 930 475	1 864 338	1 518 890	13 933 300	309 650	1 939 679	54 085 400	3 103 830
Americas (AMR)	7 479 900	1 046 132	10 550 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 278 300	1 594 920	1 931 565	954 985	7 827 000	234 640	849 222	27 537 550	1 502 095
Europe (EUR)	459 000	682 850	610 820	1 756 900	14 178 900	524 780	2 576 548	41 801 500	6 331 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	3 558 500	86 510	585 300	6 940 500	1 854 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>11 375 450</b>	<b>10 668 677</b>	<b>17 713 489</b>	<b>8 704 511</b>	<b>47 309 700</b>	<b>1 790 447</b>	<b>8 027 479</b>	<b>200 475 426</b>	<b>22 563 565</b>

*Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Laboratory data are as of 6 May 2021*

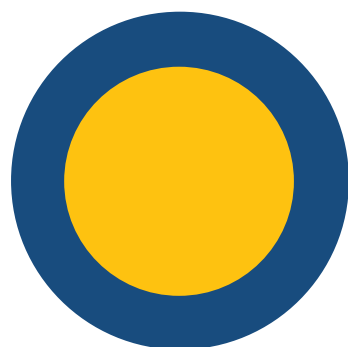
For further information on the **COVID-19 supply chain system**, see [here](#).

## Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic. The Plan brings together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, which is also a part of the broader interagency ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

### SPRP 2021 Requirements US\$ 1.96 billion

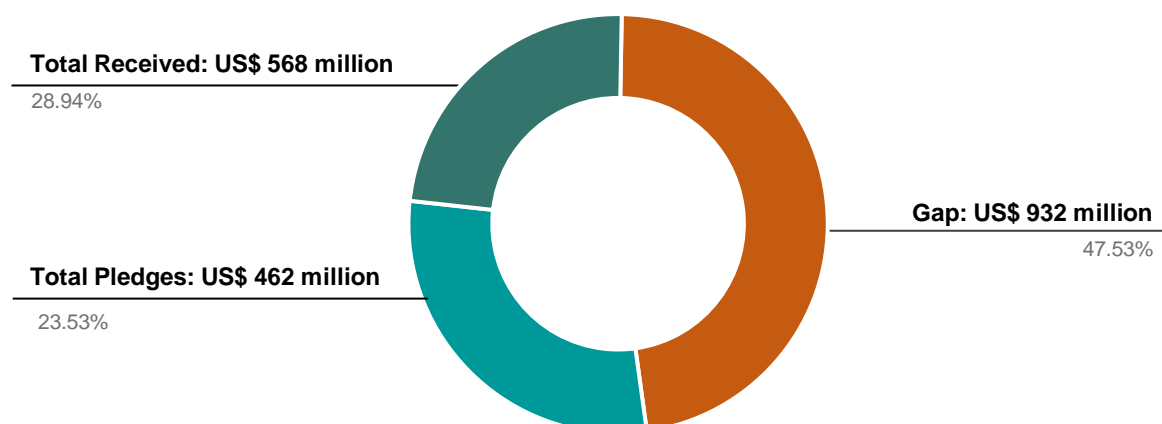


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

*\*Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

### Contributions to WHO for COVID-19 appeal

Data as of 11 May 2021



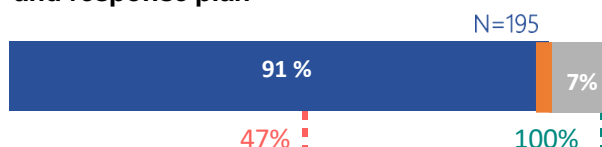
*Note: Data within the graph above undergoes data verification and data cleaning exercises and awards in progress may be prolonged. Therefore, small shifts in the amounts per category are anticipated.*

The 2021 SPRP priorities and resource requirements can be found [here](#).  
The status of funding raised for WHO against the SPRP can be found [here](#).

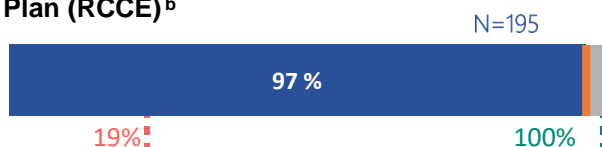


## COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

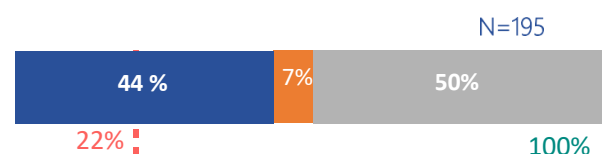
**Countries have a COVID-19 preparedness and response plan**



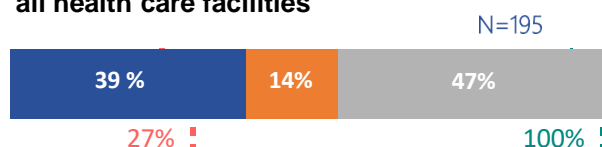
**Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>**



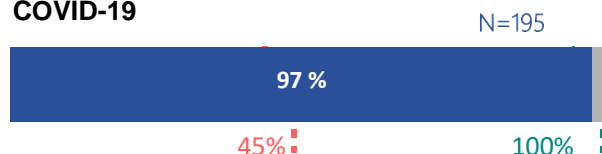
**Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities**



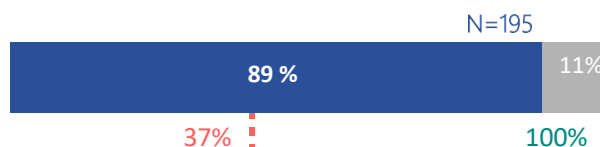
**Countries with a national IPC programme & WASH standards within all health care facilities**



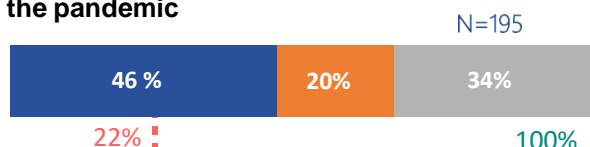
**Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19**



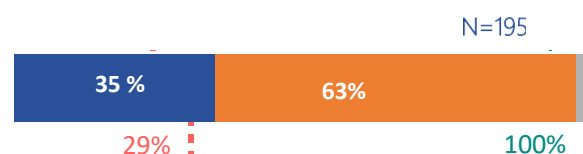
**Countries have a clinical referral system in place to care for COVID-19 cases**



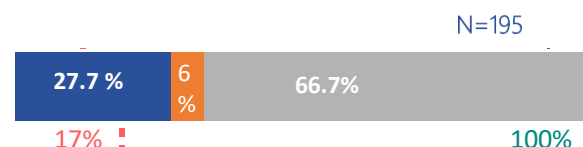
**Countries that have defined essential health services to be maintained during the pandemic**



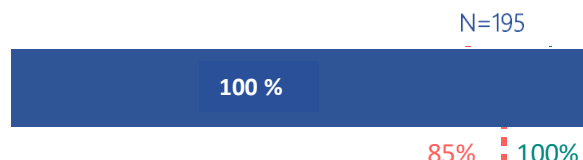
**Countries in which all designated Points of Entry (PoE) have emergency contingency plans**



**Countries have a health occupational safety plan for health care workers**



**Countries have COVID-19 laboratory testing capacity**



### Legend



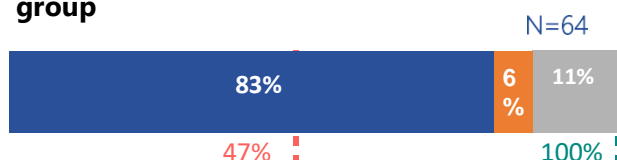
#### Notes:

<sup>a</sup> Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." <sup>b</sup> Source: UNICEF and WHO

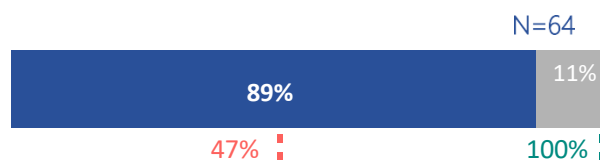
## COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

### Priority countries with multisectoral mental health & psychosocial support working group



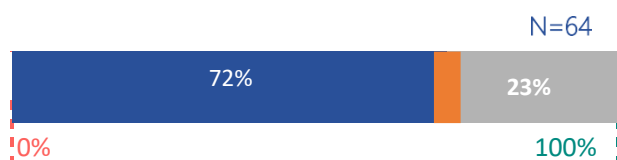
### Priority countries with an active & implemented RCCE coordination mechanism



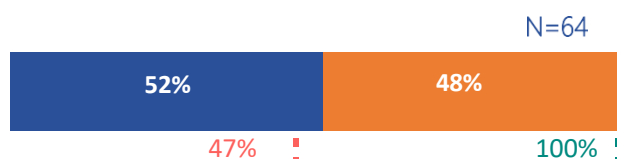
### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



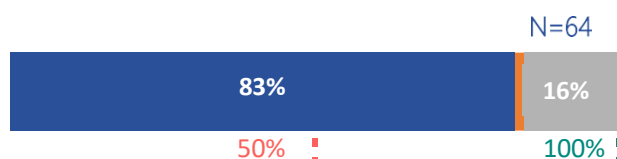
### Priority countries with a contact tracing focal point



### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



### Priority countries with an IPC focal point for training



#### Legend

 Yes

 No

 No information

 Baseline value

 Target value

#### Notes:

<sup>c</sup> Source: WHO Immunization Repository

## The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays for all countries which allows for comparisons across different contexts.

## Global COVID-19 Clinical Data Platform

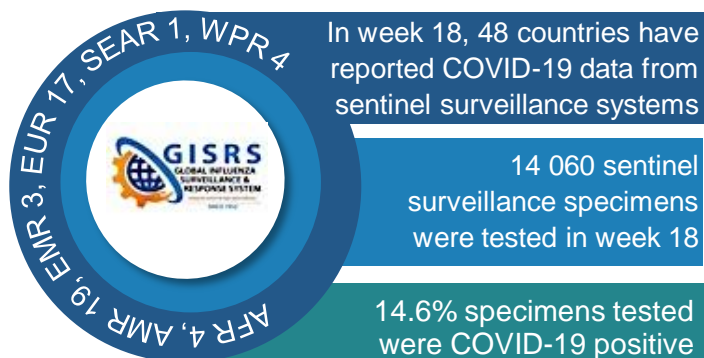
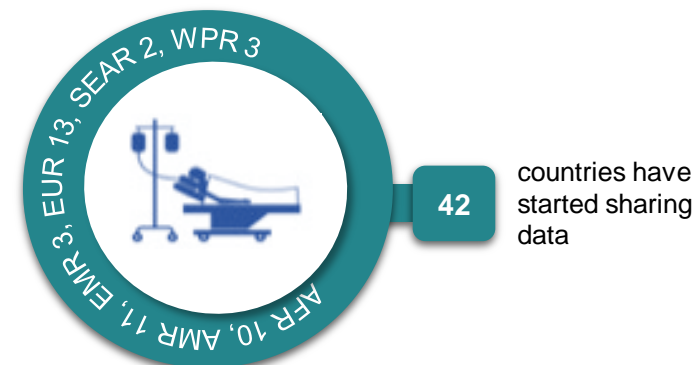
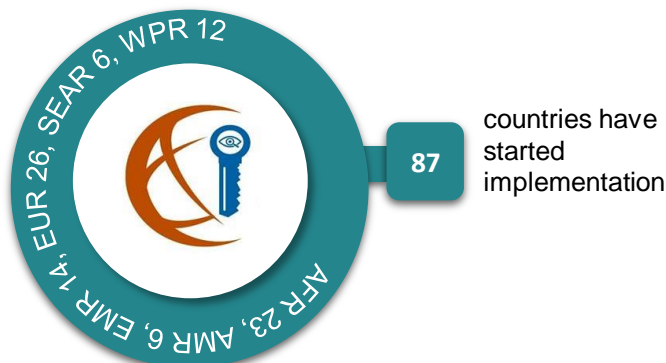
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.

## Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2





## Key links and useful resources



### GOARN

For updated GOARN 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](#).

### 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](#)

For more information on  
COVID-19 regional  
response:



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

For the 11 May **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on four SARS-CoV-2 variants of concern [B.1.1.7 (VOC202012/01); B.1.351 (501Y.V2); P.1; B.1.617] and six variants of interest, including the geographic distribution, and phenotypic impacts on transmissibility, vaccines, therapeutics and diagnostics.

## News

- WHO launched a new website page for Oxygen Access Scale Up, [here](#).
- For more information on risks and challenges in Africa's COVID-19 vaccine rollout, click [here](#).
- WHO Director-General Dr Tedros Adhanom Ghebreyesus announced the winners of the 2nd edition of the [Health for All Film Festival](#) at a press conference 13 May.

# Weekly Operational Update on COVID-19

24 May 2021

Issue No. 56

Confirmed cases<sup>a</sup>  
**166 860 081**

Confirmed deaths  
**3 459 996**

## WHO supported medical supplies reach Indian states and Union Territories



WHO-supported oxygen concentration being offloaded in Lucknow, Uttar Pradesh, on 17 May. ©WHO country office/ India

Several states and Union Territories across India have begun receiving the consignments of oxygen concentrators and tents for temporary health facilities from WHO to support India's COVID-19 surge response. Chandigarh, Haryana, Punjab, Rajasthan, Uttarakhand, and Uttar Pradesh are among the states that received oxygen concentrators on 17 May.

On 15 May, 170 metric tons of WHO-supported medical resources reached Delhi and within two days, 27 truckloads have been rushed to states for rapid deployment. WHO has now provided 1.2 million respirator masks (KN95), 4000 oxygen concentrators, 128 tents for auxiliary health facilities, 1.2 million reagents and 400 000 PCR test and swab kits.

WHO also supports Central and State governments in rapid scale-up of active case detection; epidemiological and situational monitoring and assessments; augmenting critical gap in supplies, vaccination for COVID-19 and communicating evidence-based messages for preventing COVID-19.

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

## Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **32** topics in **52** languages



**28 195 360** PCR tests shipped globally



**200 535 426** medical masks shipped globally



**65 364 700** gloves shipped globally



**105** emergency medical teams internationally deployed



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



**1 448 242 899** COVID-19 vaccine doses administered globally as of 21 May

<sup>a</sup> COVAX has shipped over **69 million** vaccines to **125** participants as of 21 May

<sup>a</sup> See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



## From the field:

### **Egypt receives second shipment of 1.77 million COVID-19 vaccines through the COVAX Facility**



On 13 May, Egypt received 1 768 800 COVID-19 Oxford/AstraZeneca COVID-19 vaccine doses delivered via the COVAX Facility. This comes more than a month after the arrival of the first shipment containing 854 400 doses. To date, Egypt has been allocated to receive a total of 4.5 million doses of Oxford/AstraZeneca vaccine through the COVAX Facility.

This latest delivery is particularly important as Egypt faces a third wave of COVID-19. Under the leadership of the Ministry of Health and Population, vaccination will have a priority to health care workers, the elderly and people with chronic diseases.

“The arrival of vaccines produced by Oxford/AstraZeneca to Cairo International Airport on Thursday morning, as the second shipment is part of a total of 40 million doses that will be received in succession,” said Dr Hala Zayed, Egypt’s Minister of Health and Population. Dr Zayed also thanked the World Health Organization and UNICEF for their continuous support to Egypt in its plan to address the pandemic, stressing the importance of cooperation with partner organizations in the response.

“Only by ensuring all people, including the most vulnerable, can we halt the spread of this disease in communities and shine a light of hope in the dark tunnel of the pandemic. WHO acknowledges the efforts of the Ministry of Health and Population in expanding the network of vaccination centres all over Egypt to facilitate and accelerate vaccination. Earlier this month, the largest vaccination centre in the country was opened at Cairo convention centre in Nasr City, with the capacity to serve 10 000 people per day. It’s time for everyone to register on the Ministry of Health and Population’s website and receive the COVID-19 vaccine to protect themselves and their loved ones,” said Dr Naeema Al Gasseer, WHO Representative in Egypt.

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

## From the field:

### Philippines receives additional COVID-19 vaccines through COVAX Facility

More than 2 million doses of the COVID-19 Oxford/AstraZeneca vaccine arrived in the Philippines on 8 May 2021 from the COVAX Facility. This shipment is in addition to 525 600 Oxford/AstraZeneca doses delivered in March and 193 050 doses of donated Pfizer BioNTech doses on 10 May. A total of 4.5 million doses are anticipated to the Philippines from the COVAX Facility by the end of June 2021.



“Each shipment of vaccines from the COVAX Facility brings us one step closer to ensuring the equitable distribution of COVID-19 vaccines around the world and health for all in the Philippines,” said Dr. Rabindra Abeyesinghe, WHO Representative to the Philippines.



*The Philippines welcome the arrival of over 193 000 doses of the Pfizer-BioNtech vaccine from the COVAX Facility. ©WHO/J Orbina*

As of 2 May, nearly 99.9% (525 337 of 525 600) of the Oxford/AstraZeneca vaccine doses delivered in March have been provided to local government units and administered to health workers, the elderly and persons with underlying health conditions. In addition to continuing to vaccinate target populations, this new shipment of vaccines will provide a second dose to those who have already been administered the first dose of the Oxford/AstraZeneca vaccines.

Since the arrival of the first shipment of vaccines from the COVAX Facility in March, more than 3.3 million doses of COVID-19 vaccines have been administered in the Philippines. Nearly 800 000 Filipinos in priority groups have received two doses and are now fully vaccinated against COVID-19.

WHO and UNICEF are supporting the Department of Health and the Philippine Government in its COVID-19 vaccine rollout from planning, to managing expectations and demand, to supporting the vaccination of priority and at-risk populations. In addition to vaccine procurement and delivery, WHO and UNICEF are also assisting with the development of guidelines and policies, managing cold chain and logistics and building capacity for surveillance, contact tracing, clinical management and risk communication and community engagement at national and subnational levels.

Click for more information on the COVID-19 vaccine shipments of [Oxford/AstraZeneca](#) and [Pfizer BioNTech](#).

## From the field:

### **Strengthening quality assurance and biosafety for SARS-CoV-2 sample collection sites in conflict-affected districts of Azerbaijan**

In Azerbaijan, the WHO Health Emergencies Programme South Caucasus Hub, in close collaboration with the WHO Country Office in Azerbaijan, has been providing continuous technical assistance to the national government with an emphasis on strengthening laboratory capacities to enable effective detection of SARS-CoV-2.

As part of both the technical support for the national COVID-19 response in Azerbaijan and the response to the public health consequences of the conflict in Nagorno-Karabakh funded by the United Nations Central Emergency Response Fund (CERF), WHO has conducted several support missions to conflict affected areas over the past several months. In late April and May 2021, WHO/EURO carried out two missions to remote conflict affected districts including Agdam, Adjebedi, Barda,



*Training of medical staff involved in SARS-CoV-2 sampling and transportation. © WHO Azerbaijan Country Office*

Tertër and Fizuli, with a focus on strengthening quality assurance and biosafety during SARS-CoV-2 sample collection and transport.

Due to the enduring conflict, the five remote districts have experienced health system weaknesses and long-term capacity gaps with their health workforce. From 3 – 7 May, a group of WHO experts, under the technical leadership of a laboratory specialist from the WHO Health Emergencies Programme, visited several sites within each district to identify weaknesses and capacity gaps by assessing COVID-19 sample collection algorithms, quality management systems and biosafety (processes of sampling, labeling, data collection and registration, storage and transportation, use of personal protective equipment, waste management). The team discussed available options to address the identified challenges and bottlenecks and provided short and long-term recommendations. A particular emphasis was placed on on-site training of the medical staff involved with sampling and transportation and available options for scaling-up sampling capacity during the mission.

As part of the broader “Bridge 5 to Health” project supported by the United Nations Central Emergency Response Fund (CERF), this contributes to improving laboratory services and increasing access to quality essential health services in the context of the COVID-19 pandemic and beyond.



## From the field:

### COVID-19 posing unprecedented threat on war-torn Yemen

WHO and partners have been leading the response to COVID-19 in Yemen based on the Yemen Preparedness and Response Plan, aiming to fill critical gaps in 28 dedicated health facilities that manage severe cases of COVID-19 through providing personal protective equipment, medical equipment and consumables. In addition to supporting 10 laboratories with PCR testing capacity and enhanced surveillance through points of entry and rapid response teams.



22 Hospital in Aden is supported by WHO and the King Salman Centre for Humanitarian Relief and Aid (KSRelief). Ahmed Hassan works as a nurse in the intensive care unit (ICU). He works directly with COVID-19 patients. “The community is not certain that COVID-19 is a true threat. They may not be aware of the dangers it poses on the lives of people, especially the most vulnerable, including the elderly and those with underlying chronic diseases. The situation we face in hospitals is dire,” says Ahmed.

The COVID-19 response also supports capacity-building of the health staff to ensure that quality services are provided in supported hospitals. WHO carried out case management training for 90 technicians and 500 health care workers in targeted health facilities.

“Thanks to WHO and KSRelief for the unremitting efforts. The critical aid they provide includes 20 000 litres of fuel per month to keep the hospital functional, around 300 oxygen cylinders per month, a daily average of 20 000 litres of safe water, medical supplies, laboratory supplies and equipment, including recently an x-Ray machine. Not to mention COVID-19 supplies,” says Dr Nasser Harharah, Director of 22 May hospital in Aden governorate. “The ICU is operational 24/7 and further COVID-19 supplies, including PPE, is needed to protect the health team,” Dr Nasser adds.

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

## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 15 May 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 251 million from more than 670 729 donors.

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

**More than US\$ 251 Million**



**670 729 donors**

[individuals – companies – philanthropies]



## Pandemic learning response

### Online training on vaccination to frontline workers in Uruguay

Uruguay developed a plan to utilize nursing graduates and nursing assistants as vaccinators and central to preparing for COVID-19 vaccination campaigns is a well-trained health workforce;

Through an initiative proposed by nurses and specialists in educational technology from the University of La República and in partnership with the WHO office in Uruguay, PAHO, and the PAHO/WHO Virtual Campus of Public Health, the “National Training for Health Workers” course, from the OpenWHO platform, was adapted to the specific conditions of the Uruguayan territory and translated into Spanish.



*OpenWHO course on national deployment and vaccination planning is available in all UN languages and some national languages and hosted by OpenWHO and PAHO Virtual Campus*

By using an OpenWHO course and the PAHO/WHO Virtual Campus of Public Health, the training is an open educational resource, which can be replicated, self-administered and each user can self-pace.

The adapted course launched 1 March 2021 and within 24 hours there were 1000 registered participants. Almost two months after the start of the course, more than 5000 participants have already completed it (60% of total participants). The remaining 40% of individuals have consulted the materials for specific information and guidance, supporting a knowledgeable health workforce. This course is now used in 20 Spanish-speaking countries and the United Kingdom of Great Britain and Northern Ireland.

Through the COVID-19 pandemic, it has become clear that higher education institutions play a key role in creating accessible and openly available courses and resources for the health workforce on the frontlines, whether for new professionals or updating skills.

### USER FIGURES

**5.3 MILLION**  
TOTAL COURSE ENROLMENTS

**52**  
LANGUAGES

**32**  
COVID-19 COURSE TOPICS

**8.8 MILLION**  
WORDS TRANSLATED



**56** OTHER COURSE TOPICS FOR HEALTH EMERGENCIES  
AND WHO AREAS OF EXPERTISE



## Risk Communication, Community Engagement and Infodemic Management

### WHO EPI-WIN Youth Networks working in community-led mental health interventions and advocating for better national and international policy

To recognize *Mental Health Awareness Month* and the important contributions of young people in this space, WHO EPI-WIN hosted a conversation between youth networks and WHO's mental health team to share stories, initiatives and resources to promote mental health awareness and support for all ages.

Mental health is essential to our overall well-being and is as important as physical health. Fear, worry, stress and uncertainty has accompanied the COVID-19 pandemic. Adding to the fear of contracting the virus, significant changes to many people's lives, including unemployment, isolation, loss of income and difficult grieving processes have contributed to widespread anxiety and feelings of helplessness.

Presentations from youth led initiatives during the conversation included the [Wezadada Foundation](#) which supports young mothers and others in Kenya to achieve mental wellness and coping skills during the COVID-19 pandemic; the [COVIDHOPE INITIATIVE](#), a global initiative led by high-schoolers in India, collecting stories of hope, resilience and optimism from around the globe; and [YOUNGA/BridgingTheGap Ventures](#) which hosted a global forum of young people from around the world to define key [recommendations](#) for decision makers, including on mental health.



The youth networks noted challenges including the extensive work required globally to overcome the stigma of mental health illnesses and seeking support. However, rewards of working to promote mental health were noted such as the inspiring and motivating impact of seeing the outcomes of their work. The COVIDHOPE initiative noted the reward of seeing their direct impact from a teacher that reached out inform the creators that their book provided stories of positivity and hope for the children in her classrooms during challenging times. The discussion mobilized many young people from around the world to unite and speak together about the importance of mental health and the changes required to enable this.

WHO resources for youth were shared including [My Hero is You](#), a children's story book translated into 138 languages, to help young people cope with COVID-19 and [Helping Adolescents Thrive Toolkit](#), produced by WHO and UNICEF to promote and protect adolescent mental health, and reduce self-harm and other risk behaviours

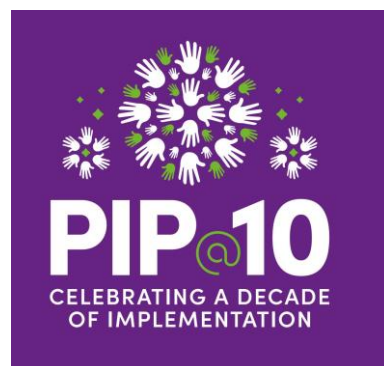
Despite the challenging circumstances young people around the world face, they continue to show amazing resilience and commitment to contribute to the COVID-19 response, in their local communities and beyond.

## COVID-19 Preparedness

### Ten years of Pandemic Influenza Preparedness (PIP) Framework implementation: How strengthening capacities supported the COVID-19 response

Today, Member States, partners and WHO celebrate the 10th anniversary of the adoption of the PIP Framework by the World Health Assembly.

Since 2011, WHO has implemented the Framework in collaboration with a variety of industry and partners – and over US\$ 225 million has been collected to support countries to better prepare for and respond to the next influenza pandemic. Critically, the capacities gained through PIP contributed to some of the earliest COVID-19 response actions – from national laboratory testing and surveillance, to risk communications and regulatory capacities for pandemic vaccine approval.



#### How?

- Strengthening the Global Influenza Surveillance and Response System (GISRS) in more than 130 countries with over 90% of National Influenza Centres (NICs) serving as national COVID-19 laboratories.
- The WHO External Quality Assurance Program (EQAP) for influenza was adapted for COVID-19 and over 200 laboratories (including 130 NICs) in 164 countries, areas, and territories participated with 94% scoring 100%, demonstrating the strong foundational capacity built.
- Country, regional and global influenza surveillance platforms were adjusted to monitor community COVID-19 disease trends. Over 50 countries use influenza data systems for rapid and robust COVID-19 data collection and management.
- The Shipping Fund Project platform that was established to facilitate rapid sharing of influenza viruses/samples was rapidly adapted and used for COVID-19. Countries share specimens with COVID-19 reference laboratories for validation and further characterization.
- Many of the countries that benefited from PIP support to strengthen regulatory capacity were able to authorize COVID-19 vaccines within the first 15 days after WHO issued emergency use listing.
- Supporting development of the OpenWHO platform which has since expanded and now hosts over 30 free COVID-19 courses with over 5 million enrolments.
- All 40 countries, from all six WHO regions, supported by PIP in the development or update of a pandemic influenza preparedness plan in 2018-2019 pandemic developed a COVID-19 response plan early in 2020.

Country capacities built with the PIP Framework support have been actively used since the beginning of COVID-19 to contribute to the response as mentioned above and much more. Learn more about how PIP Framework implementation was leveraged for COVID-19 response in the [PIP Annual Progress Report 2020](#).

## COVID-19 Partners Platform

### Partners Platform featured in newSpecial magazine

This month, newSpecial magazine featured a story highlighting the Partners Platform's essential role in bringing together stakeholders from across all sectors of emergency response to coordinate a unified global response to COVID-19. This article describes the Platform's biggest objectives moving forward such as the expansion to the Ebola virus outbreaks in 2021. Engagement of all stakeholders and donors on the Platform is encouraged to help alignment and coordination globally. You can read the article on the Partners Platform on page 8 of newSpecial [here](#).

### High-level regional briefings on SPRP 2021

WHO continues to coordinate high-level briefings on changes made to the Partners Platform based on the new WHO [COVID-19 Strategic Preparedness and Response Plan for 2021](#) and its accompanying [Operational Planning Guideline](#). The Partners Platform acts as a complementary tool for the Operational Planning Guideline and facilitates national preparedness and response planning across the Guideline's 10 pillars of emergency preparedness and response.

## WHAT IS THE PARTNERS PLATFORM's added value?

**Country-centered readiness and response with global coordination – a common framework by sharing key information and tools**



- **Provide the framework for planning and monitoring** of actions implemented at country level using the action checklist, a summary of up-to-date technical guidance and recommendations
  - Repository of plans and assessments
  - Assessment of plans (COVAX) by regional committee
  - Standardized monitoring of plan implementation via action checklist
  - Summary of up to date technical guidance and resources listed in the action checklist
- **Provide the framework for resource mobilization**
  - Aligned & standardized costing and reporting tools (*the dynamic costing tool for pillars 1 to 9, with the specific country default data set; the costing [CVIC](#) tool for pillar 10*)
  - Aligned contributions with other donors at all levels, global, regional and national
  - Resource needs not covered by domestic budget and contributions tracked and shared
- **Provide a virtual space for coordination by sharing key information**
  - Stakeholders identified for all countries
  - Dashboard for visualization of data
- **Facilitate the request of critical supplies and Vaccine through the Supply Portal and COVAX**



## Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 21 May 2021.

Shipped items as of 21 May 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	4 495 775	1 122 325	1 984 836	1 518 890	31 933 300	309 650	1 939 679	54 085 400	3 114 030
Americas (AMR)	1 346 132	12 069 900	10 555 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 714 920	2 143 300	2 053 810	956 185	8 002 000	235 600	1 269 122	27 597 550	1 502 095
Europe (EUR)	889 850	1 105 550	625 820	1 756 900	14 058 900	524 780	2 696 548	41 801 500	6 346 550
South East Asia (SEAR)	1 346 132	12 069 900	10 555 962	371 836	3 558 500	86 510	585 300	6 940 500	1 854 495
Western Pacific (WPR)	3 205 800	1 440 000	2 418 970	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>12 998 609</b>	<b>29 950 975</b>	<b>28 195 360</b>	<b>8 705 711</b>	<b>65 364 700</b>	<b>1 791 407</b>	<b>8 567 379</b>	<b>200 535 426</b>	<b>22 588 965</b>

*Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Laboratory data are as of 17 May 2021*

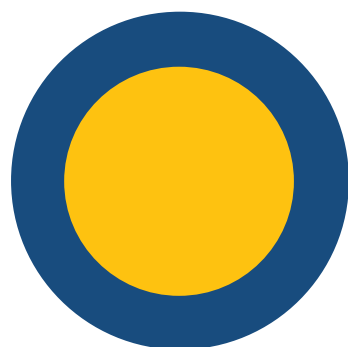
For further information on the **COVID-19 supply chain system**, see [here](#).

## Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

### SPRP 2021 Requirements US\$ 1.96 billion

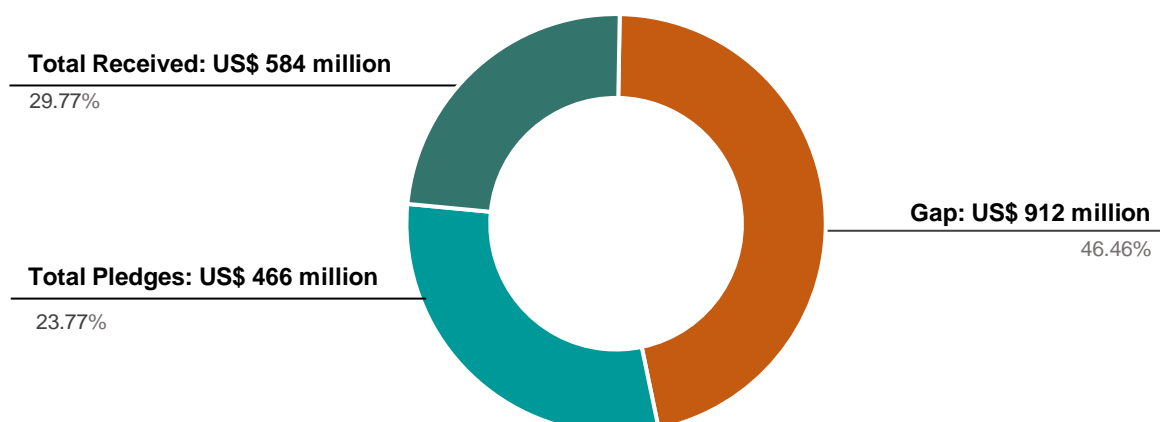


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

*\*Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

### Contributions to WHO for COVID-19 appeal

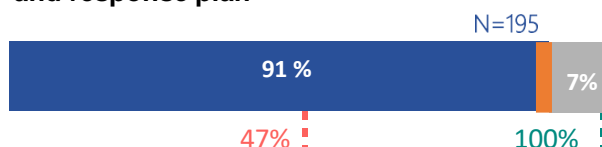
Data as of 18 May 2021



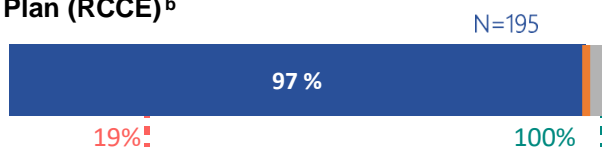
The 2021 SPRP priorities and resource requirements can be found [here](#).  
The status of funding raised for WHO against the SPRP can be found [here](#).

## COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

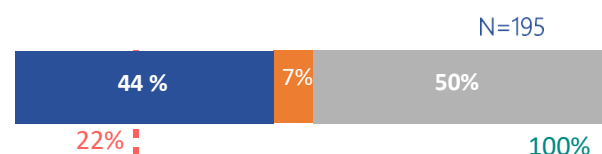
**Countries have a COVID-19 preparedness and response plan**



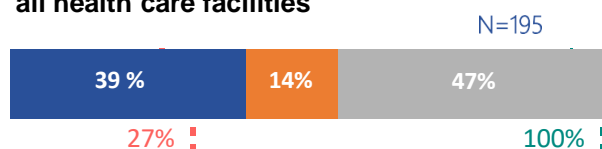
**Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)<sup>b</sup>**



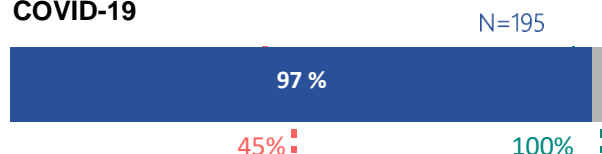
**Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities**



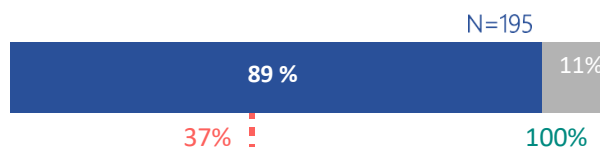
**Countries with a national IPC programme & WASH standards within all health care facilities**



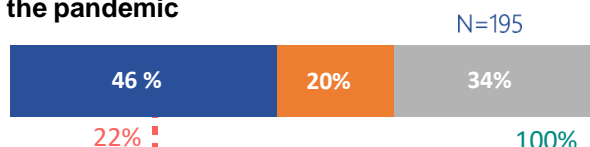
**Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19**



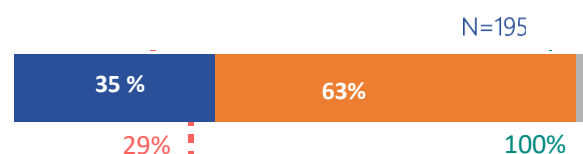
**Countries have a clinical referral system in place to care for COVID-19 cases**



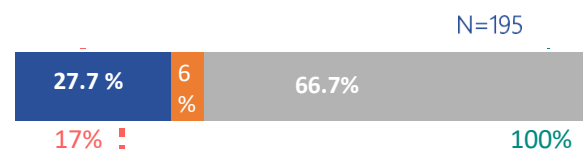
**Countries that have defined essential health services to be maintained during the pandemic**



**Countries in which all designated Points of Entry (PoE) have emergency contingency plans**



**Countries have a health occupational safety plan for health care workers**



**Countries have COVID-19 laboratory testing capacity**



### Legend



Yes



No



No information



Baseline value



Target value

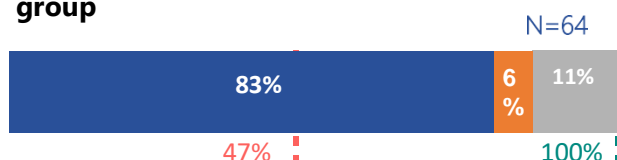
### Notes:

<sup>a</sup> Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." <sup>b</sup> Source: UNICEF and WHO

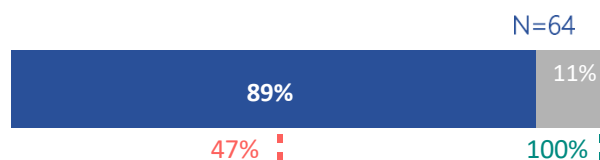
## COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

### Priority countries with multisectoral mental health & psychosocial support working group



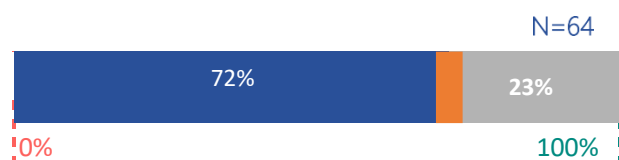
### Priority countries with an active & implemented RCCE coordination mechanism



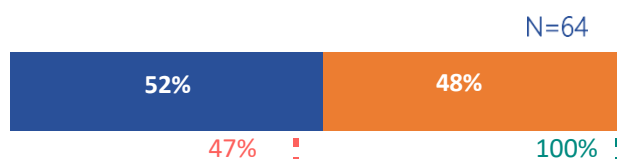
### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



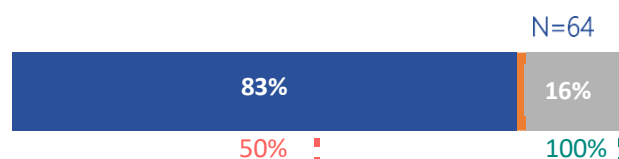
### Priority countries with a contact tracing focal point



### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



### Priority countries with an IPC focal point for training



#### Legend

 Yes

 No

 No information

 Baseline value

 Target value

#### Notes:

<sup>c</sup> Source: WHO Immunization Repository

## The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays for all countries which allows for comparisons across different contexts.

## Global COVID-19 Clinical Data Platform

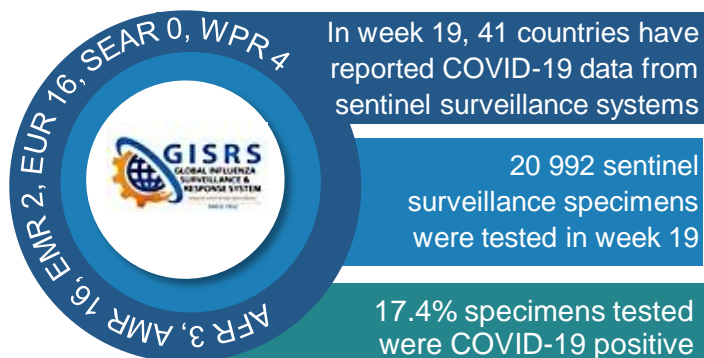
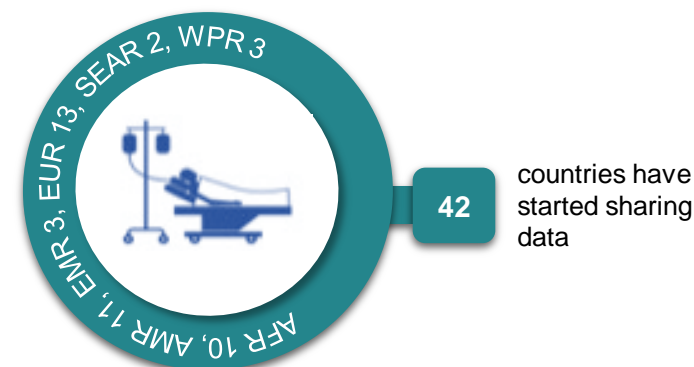
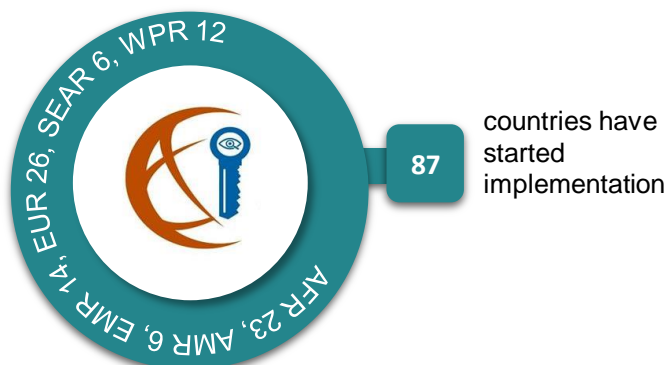
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.

## Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2





## Key links and useful resources



### GOARN

For updated GOARN network activities, click [here](#).

### Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

### WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

### 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](#)

For more information on  
COVID-19 regional  
response:



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

For the 18 May **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A special focus update is provided on SARS-CoV-2 Variants of Interest (VOIs) and Variants of Concern (VOCs), including updates on the geographic distribution of VOCs B.1.1.7, B.1.351, P.1, and B.1.617.

## News

- For more on the World Health Assembly to focus on ending COVID-19 pandemic and preparing for the next one, click [here](#).
- For the WHO Director-General's remarks at the press conference with President of the European Council to discuss the proposal for an international pandemic treaty, click [here](#).

# Weekly Operational Update on COVID-19

31 May 2021

Issue No. 57



Confirmed cases<sup>a</sup>

**169 597 415**

Confirmed deaths

**3 530 582**

## Launch of “Strengthening Civil Society Engagement in the COVID-19 Response” in Guyana

PAHO launched the WHO pilot Initiative: “Strengthening Civil Society Engagement in the COVID-19 Response” and will partner with two prominent Civil Society Organizations (CSOs) in Guyana: the Guyana Responsible Parenthood Association and the Guyana National Youth Council with PAHO’s full support.

On 24 May, the CSOs presented on their workplans for the rollout of the projects. The projects focus on the health and wellbeing of young people, women and



adolescents and the importance of accessing quality health services during COVID-19, with consideration the COVID-19 public health and social measures, and beyond.

Advocacy trainings and capacity building will be conducted with youths to become ambassadors during the COVID-19 response, to engage other youths on the importance of adhering to the COVID-19 protocols and on access to needed health services.

Baseline assessments will be conducted in selected communities and the project has begun implementation with provision of services for adolescents, migrants and other vulnerable populations.

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

## Key Figures



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



More than **5.3 million** people registered on [OpenWHO](#) and accessing online training courses across **32** topics in **52** languages



**28 195 360** PCR tests shipped globally



**200 545 426** medical masks shipped globally



**65 797 700** gloves shipped globally



**107** emergency medical teams internationally deployed



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



**1 546 316 352** COVID-19 vaccine doses administered globally as of 27 May

<sup>a</sup> COVAX has shipped over **76 million** vaccines to **126 participants** as of 28 May

<sup>a</sup> See Gavi’s [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



**World Health  
Organization**

HEALTH  
**EMERGENCIES**  
programme

## From the field:

### Infection prevention and control (IPC) critical for COVID-19 care and recovery: India

The Sardar Vallabh Bhai Patel COVID Care Centre and Hospital in Chhatarpur in south Delhi, established last year and closed the last week of February 2021, was reopened on 26 April with 500 beds following the recent surge in COVID-19 cases.

In continuation of the WHO support provided last year to strengthen the capacity of the Sardar Vallabh Bhai Patel COVID Care Centre and Hospital over the last year, the Indo-Tibetan Border Police Force (ITBP) requested WHO to support an assessment and trainings for staff in psychosocial support and infection prevention and control (IPC) including hand hygiene, masking/personal protective equipment, biomedical waste management.



*WHO India supported training on infection prevention and control and psychosocial support for general duty attendants housekeeping staff and stress counsellors. ©WHO country office/India*

A WHO team of experts developed and finalised assessment protocols and jointly with ITBP officers. The WHO team conducted an IPC assessment in key areas of the hospital, including PPE donning/doffing areas, nursing stations, and the intensive care unit (ICU). The formal assessment based on the IPC-assessment tool developed by WHO and partners was then shared with ITBP.

The team also conducted a training on IPC and psychosocial support on 12 May 2021 for general duty attendants, housekeeping staff and stress counsellors. The training focused on observance of the 3Ws (wear a mask properly, wash your hands and watch your distance) and standard precautions for safety, including use of personal protective equipment (PPE), environmental cleaning and disinfection, and biomedical waste management. The psychosocial portion of the training addressed the need for psychosocial support for both patients and frontline workers who worked long hours caring for people with COVID-19.

“

“We reached out for technical support again this year, and WHO supported training of more than 50 staff members, who improved their skills to look after nearly 500 patients admitted here,” said Dr Prashant Mishra, ITBP Commandant Medical, Deputy Medical Superintendent, Sardar Patel COVID Care Centre and Hospital, New Delhi.

”

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

## From the field:

### **WHO/Europe and Germany's Robert Koch Institute conduct an 'Embedded Intra-Action Review' in Montenegro**

The Ministry of Health of Montenegro, the Robert Koch Institute (RKI), the WHO Regional Office for Europe and the WHO Country Office in Montenegro conducted a joint COVID-19 Intra-Action Review (IAR) between 24 – 28 May 2021. The overall aim of the IAR was to:

- provide an opportunity to share experiences and collectively analyze the ongoing in-country response to COVID-19 by identifying challenges and best practices;
- to facilitate consensus building among stakeholders and the compiling of lessons learned to sustain best practices that have demonstrated success and prevent recurrent errors.

During the mission, the IAR was integrated into the response activities in Montenegro resulting in an “embedded” IAR (embiAR). The team of experts worked with national and regional health professionals to discuss achievements and understand challenges in the country's COVID-19 response, focusing on a review of the clinical management and infection prevention and control (IPC) pillars of the response. This pillar selection was based on the country's preference and priority needs identified during an exploratory scoping mission in April 2021.



*RKI and WHO team at the Clinical Center of Montenegro.  
Photo credit: WHO EURO*

As the first time utilizing this embedded approach, WHO and RKI experts shadowed partners at the Clinical Center of Montenegro, Kotor General Hospital and several primary health care centers. This allowed the team to be integrated into the daily routine of frontline healthcare workers and experience first-hand the challenges they face. This further supported insights into Montenegro's response and the development of more accurate and actionable recommendations.

The embiAR resulted in the identification of immediate, mid- and long-term actions to be taken to improve the current COVID-19 response and strengthen Montenegro's preparedness and response to epidemics in general including: capacity building of healthcare workers working in the area of intensive care, the development of harmonized country-specific clinical guidelines, and actions to reduce the use of antibiotics during COVID-19 clinical management.



## From the field:

### Vanuatu receives 24 000 doses of COVID-19 vaccines through the COVAX Facility

Vanuatu received 24 000 doses of the Oxford/AstraZeneca COVID-19 vaccine in Port Vila on 19 May 2021, joining Fiji, Solomon Islands, Tonga, Nauru, Tuvalu and Samoa as the seventh country in the Pacific islands to receive COVID-19 vaccine doses shipped via the COVAX Facility.

“It is great news that Vanuatu is receiving the vaccines,” said Dr. Eunyoung Ko, WHO Country Liaison Officer of Vanuatu. “As we have seen here over the past year, the risk of COVID-19 is always present as long as we have connections with the outside world. This is why vaccines are so important, especially for the priority population: health workers, front liners, including border and quarantine workers, older persons, and people with underlying health conditions.”

Dr Eunyoung Ko continued, “The COVID-19 vaccine will protect you and your family from becoming severely ill should you get infected with the virus in the future. This is one of the effective ways for us to protect our population while maintaining other public health measures, such as, physical distance and practice hand hygiene.”



© WHO / Dinu Bubulici

The Ministry of Health in Vanuatu, in its first phase of vaccine rollout, is targeting health workers and other frontline staff, aligned with global recommendations. This will include frontline healthcare workers, border control staff, and public transport drivers who are responding to COVID-19 quarantine and management of operations. Other priorities in the first phase are the elderly (55 years and above) and people living with existing conditions. Preparations are well underway for a national launch and planned roll out of the COVID-19 vaccines from early June.

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

## Public health response and coordination highlights

At the **UN Crisis Management Team (CMT)** meeting on 26 May 2021, **WHO** reported a total of 4.1 million new COVID-19 cases and 84 000 new deaths globally over the past week, reflecting a continued decreasing trend in both new cases and deaths. However, **WHO** also warned that the incidence of COVID-19 cases and deaths remains high, and that substantial increases continue to be observed in many countries across the globe.

The **UN Department of Global Communications (DGC)** noted that in response to the challenges of the proliferation of mis-information and disinformation which are fueling vaccine hesitancy, the UN Communications Group (UNCG) Crisis Team has convened, at the request of the UN Secretary General, a sub-group to improve coordination of communications.

**WHO** and **UN Global Pulse** briefed the CMT on the tools used to manage the infodemic. **WHO** provided a live demonstration of the [Early AI-supported Response with Social Listening \(EARS\)](#) tool, which allows decision-makers in health to better understand the public's concerns by viewing a real-time analysis of public online narratives. The **UN Global Pulse** briefed the CMT on a radio analysis tool that mines radio broadcasts for signals of public health concerns.

**UNICEF** commented that the tools utilized for community engagement should be made available not only during the COVID-19 pandemic, but also after to tackle other major health challenges.

The **UN Development Coordination Office (DCO)** shared the lessons learned and key messages based on recent experience from UN Country Teams for the UN system to anticipate, prepare and respond to potential future resurgence of cases, suggesting continued vaccine advocacy through UNRC/UNCTs with national authorities, decentralized decision-making to the country level and greater cross-border coordination.

## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 252 million from more than 671 004 donors.

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

More than **US\$ 252 Million**



**671 004 donors**

[individuals – companies – philanthropies]

## Pandemic learning response

### Indian Sign Language course extends the OpenWHO reach and accessibility amidst the COVID-19 pandemic

OpenWHO provides accessible online courses including an available COVID-19 course in Indian Sign language, with accessible script, audio materials and content for people with disabilities. The course has more than 55 000 enrolments and is designed to provide information tailored to people with a wide range of disabilities. Already making a big impact, the course provides much needed support.

*“Being represented and heard as any other individual is the biggest privilege one could have in a society. While the whole world prepares themselves in their own ways to prevent and protect themselves from the spread of the pandemic; COVID-19, what children and adults with different abilities need is the information to be rendered in their own ways to understand the world and the happenings. I believe, the OpenWHO materials on COVID-19 have also reduced the stress and anxiety of care takers on ‘how to talk about the pandemic’ to these children.”* – said Dwitheeya Pathiramanna, psychologist and Early Interventionist, India.

According to WHO (2018), the 6.3% of people in India have hearing impairment, with 63 million people suffering from significant auditory loss. The course is used beyond India with hundreds of users and learner enrolments from more than 140 countries including Bangladesh, Pakistan, Saudi Arabia and Iraq. The Rehabilitation Council of India has disseminated the course and NewzHook, an Indian media outlet, listed the course in the top 10 list of accessibility initiatives of 2020.



### USER FIGURES

**5.3 MILLION**  
TOTAL COURSE ENROLMENTS

**32**  
COVID-19 COURSE TOPICS

**52**  
LANGUAGES

**9.4 MILLION**  
WORDS TRANSLATED



**56** OTHER COURSE TOPICS FOR HEALTH EMERGENCIES  
AND WHO AREAS OF EXPERTISE

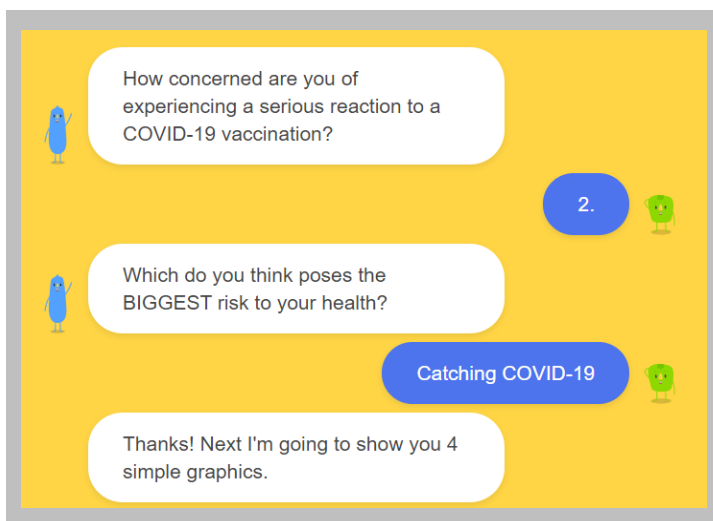


## Risk Communication, Community Engagement and Infodemic Management

### **One size does not fit all: ensuring behavioural messages resonate with the intended audience**

In a December 2020 mid-course response assessment, the need for testing messages and instructive images was highlighted as a key step by the Formidable Officers of Risk Communication and Community Engagement (FORCCE) network for their WHO regions as well as support to the countries.

Testing messages and instructive images helps to learn if the messages are understandable, meaningful and actionable. Determining whether a stated message or image will prompt an action and specifically the intended action can differ from region to region, country to country, language to language and of course individual to individual. The messages need to be nuance, relevant and adapted to the specific target groups for whom they are intended for. This step of testing is often skipped due to lack of time and resources, even though the necessity is well known.



To respond to this need, rapid global, regional and country based message testing was commissioned and a risk communication tool subsequently developed. The tool is a conversational, engaging and mobile-friendly research platform, which uses social media to reach targeted niche audiences. This enables the three levels of WHO to quickly, easily and cost-effectively obtain rich insights on information on how best to design questionnaires and reach specific audiences. The results from message testing are produced in a few days (maximum of one week) through a live dashboard which compiles the findings.

The FORCCE focal points have received training earlier this month and are already implementing the risk communication tool. A message testing survey with 1400 respondents launched this week with messages on the risks and benefits of vaccines accompanied by illustrations across 4 WHO regions in Bangladesh, India, Ireland, Nigeria, Pakistan, the Philippines and South Africa. The results will help guide WHO in refining these messages to better support our audience to make the right decisions at the right time.



## COVID-19 Preparedness

### COVID-19 Intra-action reviews and Simulation exercises: Experience sharing from countries and updated tools

From 18-19 May 2021, WHO organized a global consultative meeting with over 70 participants including country representatives, WHO headquarters and regional office staff, academic institutions and partner organizations to facilitate experience sharing from countries that have successfully conducted COVID-19 intra-action reviews (IAR) and COVID-19 simulation exercises (SimEx) for course correction and improvement of their COVID-19 preparedness and response.

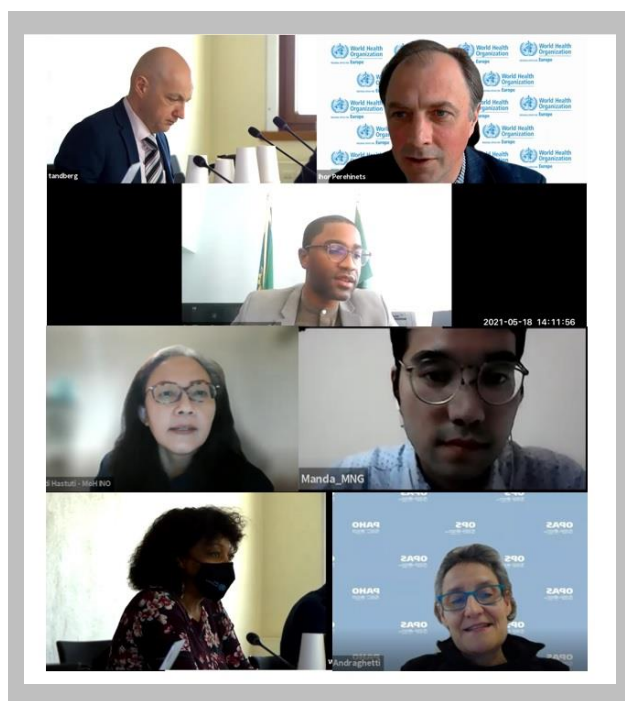
This meeting followed the recent development of [four operational COVID-19 vaccine drills](#) (SimEx) on practising and testing vaccine delivery strategy at the vaccination sites by deploying resources and staff and the addendum to [WHO guidance on conducting an IAR](#) which includes additional advice, feedback from countries that have successfully conducted IARs, proposed directions for conducting COVID-19 IARs moving forward (including conducting IARs for standalone response pillars) and information for planning a COVID-19 after action review (AAR) once countries transition to a recovery phase.

The meeting encouraged peer-to-peer learning and took stock of best practices with Indonesia, Moldova, Mongolia, Namibia, and South-Sudan sharing their experiences,

highlighting that government commitment and national ownership were key factors for success. A panel discussion with partners discussed the role of research institutions and technical partners in helping to institutionalize intra-action reviews and Simulation exercises.

Key conclusions were formulated for institutionalizing IAR and SimEx moving forward, including the need to conduct the activities regularly, mobilize sufficient resources for countries to conduct the activities, document the impact of these through peer-reviewed publications and the need to maintain IARs and SimEx as light processes and agile for countries. The need to link the findings from IARs and SimEx to other country-level assessments and planning processes including the Joint External Evaluations, State-Party Annual Reporting, Strategic Risk Assessment, and National Action Plans for Health Security was highlighted.

As the pandemic evolves, it is key that countries take a comprehensive approach to test, fine-tune and adapt their preparedness and response capacities to changing circumstances, which includes utilizing a SimEx at all levels and regularly conducting IARs.



## COVID-19 Partners Platform



### CVIC tool for vaccine costing available on the Partners Platform

In order to streamline the vaccination costing process for countries, WHO and UNICEF have developed the [COVID-19 Vaccine Introduction and deployment Costing \(CVIC\) tool](#). The [CVIC tool](#) provides a structured and comprehensive estimation of incremental operation and selected capital costs of introducing and deploying COVID-19 vaccines, in alignment with the WHO [National Deployment and Vaccination Plan \(NDVP\)](#). A global training on how to use this costing tool can be consulted [here](#).

Country administrators are able to access the CVIC tool directly from the [Partners Platform](#), where they can also use the costing information to upload vaccine technical assistance and resource needs. Once the CVIC excel file is completed, the country administrator can simply upload it directly on the Partners Platform and data will be parsed automatically. As a central online space where donors can easily view all uploaded resource needs requests in real time, the Partners Platform serves as the essential link between countries (resource costing) and donors (contribution planning).



As WHO strives to support equitable global COVID-19 vaccination, this link and coordination is critical. One example is that presently [Africa needs at least 20 million doses](#) of the Oxford/AstraZeneca vaccine in the next six weeks for second doses. This global coordination provides good visibility on real capacity for deployment of allocated doses in a timely manner. With this knowledge and in the spirit of solidarity, WHO has urgently appealed to countries that have vaccinated their high-risk groups to promote dose-sharing to fully protect the most vulnerable people.

## Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 27 May 2021.

Shipped items as of 27 May 2021	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	4 495 775	1 122 325	1 984 836	1 518 890	32 366 300	315 090	1 944 379	54 095 400	3 114 030
Americas (AMR)	1 346 132	12 069 900	10 555 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 714 920	2 143 300	2 053 810	956 185	8 002 000	235 600	1 575 922	27 597 550	1 502 095
Europe (EUR)	889 850	1 105 550	625 820	1 756 900	14 058 900	524 780	2 696 548	41 801 500	6 346 550
South East Asia (SEAR)	1 346 132	12 069 900	10 555 962	371 836	3 558 500	86 510	585 300	6 940 500	1 854 495
Western Pacific (WPR)	3 205 800	1 440 000	2 418 970	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
<b>TOTAL</b>	<b>12 998 609</b>	<b>29 950 975</b>	<b>28 195 360</b>	<b>8 705 711</b>	<b>65 797 700</b>	<b>1 796 847</b>	<b>8 878 879</b>	<b>200 545 426</b>	<b>22 588 965</b>

*Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.*

*\*Laboratory data are as of 17 May 2021*

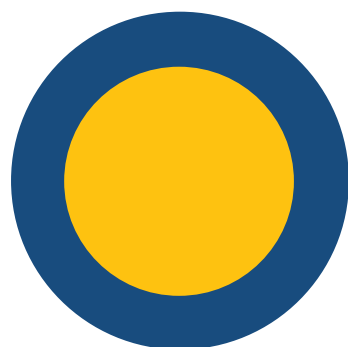
For further information on the **COVID-19 supply chain system**, see [here](#).

## Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

### SPRP 2021 Requirements US\$ 1.96 billion

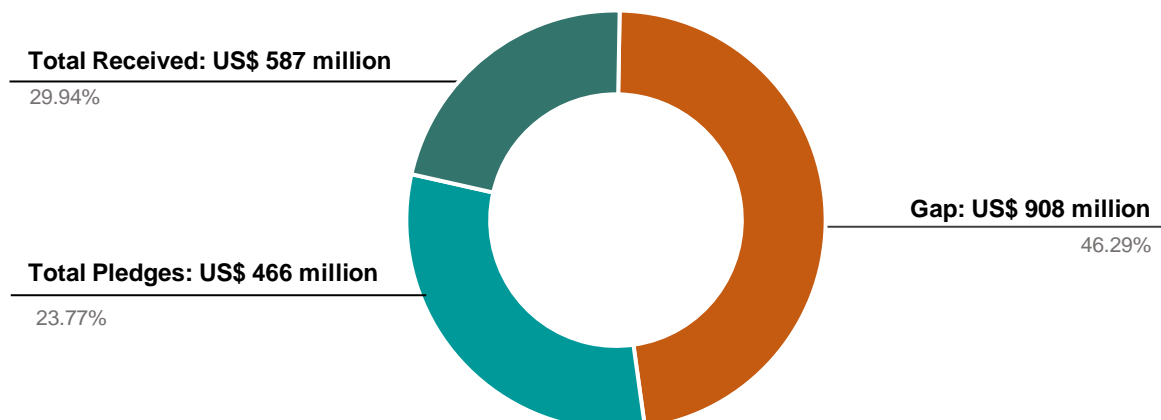


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

*\*Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

### Contributions to WHO for COVID-19 appeal

Data as of 25 May 2021








The 2021 SPRP priorities and resource requirements can be found [here](#).  
The status of funding raised for WHO against the SPRP can be found [here](#).



## COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

**Legend:** Trend indications ▲ Increase ▼ decrease ■ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	May 2021 Result	
Proportion of countries <sup>1</sup> that have conducted at least 1 Intra-Action Review (IAR) or equivalent country-level review of the COVID-19 response (N=194, target: 100%, as of 7 May 2021) <sup>2</sup>	19% (n=37)	5% (n=10)	 ▲
<i>The WHO Guidance for Conducting a Country COVID-19 Intra-Action Review (IAR) guides countries to conduct periodic review(s) of their national and subnational COVID-19 response. This supports countries to not miss critical opportunities for learning and improvement of their COVID-19 response. Click here to learn how <a href="#">Indonesia is monitoring their progress after conducting a COVID-19 IAR</a>.</i>			
Proportion of countries <sup>1</sup> that have conducted at least 1 COVID-19 related simulation exercise (N=194, target: N/A, as of 20 May 2021) <sup>4</sup>	14% (n=27)	3% (n=6)	 ▲
<i>In 2021, six countries conducted simulation exercises focused on COVID-19 vaccine rollout. Six more simulation exercises are planned for 2021 already. Read more about one country's experience: <a href="#">Trinidad and Tobago</a>.</i>			
Proportion of flexible funding received by WHO for SPRP 2021 (SPRP budget: US\$ 1.96B, target: 30%, as of 25 May 2021)	N/A	8.7% (US\$ 51M of US\$ 587M)	
<i>Flexible funding allows WHO to be agile in response to the evolving COVID-19 situation and changing country needs. Read more about the <a href="#">WHO COVID-19 Appeal</a>.</i>			
Proportion of countries <sup>2</sup> that have capabilities to track and address infodemics and health misinformation (N=112, target: 70%, as of quarter 1 2021) <sup>3</sup>	N/A	65% (n=73)	
<i>An additional 20 countries (18%) reported in the <a href="#">2nd round of WHO's National pulse survey</a> that while there is no dedicated team, there is staff completing these tasks. These teams perform critical functions such as analysing and monitoring misinformation and how it affects acceptance of public health measures and health seeking behaviours and analysing and proposing evidence-based interventions to counter misinformation at national, subnational community and individual levels. For more see <a href="#">EPI-WIN</a>.</i>			
Proportion of Member States implementing sero-epidemiological investigations or studies (N=194, target: 40%, as of quarter 1 2021) <sup>3</sup>	N/A	42% (n=81)	
<i>Unity Studies is a global sero-epidemiological standardization initiative, aimed at increasing information available for action. It enables countries to rapidly gather data on key epidemiological parameters. Research equity is at the heart of this initiative as it provides tools for all countries, and it promotes the use of standardized study designs and laboratory assays allowing for comparisons across different contexts.</i>			

<sup>1</sup> The term "countries" should be understood as referring to "countries and territories".

<sup>2</sup> The term "countries" should be understood as referring to "countries and territories" that responded to the WHO National pulse survey.

<sup>3</sup> Quarterly reported indicator

<sup>4</sup> Monthly reported indicator




<sup>5</sup> From the United Nations [World Population Prospects 2019: Highlights](#)

N/A refers to: Not applicable

TBD refers to: to be determined

## COVID-19 Global Preparedness and Response Summary indicators

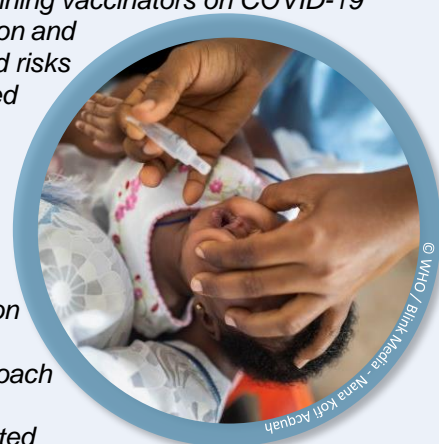
Progress on a subset of indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator (2021 target, data as of)	Baseline	May 2021 Result	
Countries <sup>1</sup> where at least one vaccine preventable disease (VPD)-immunization campaign was previously postponed by COVID-19 that has since been reinstated using risk mitigation strategies (N=68, target: N/A, as of 17 May 2021) <sup>4</sup> <i>Note: See below for more information on reinstating VPD-immunization campaigns.</i>	N/A	51% (n=35)	
Proportion of countries <sup>2</sup> reporting disruption to essential health services during the COVID-19 pandemic (N=133, target: TBD, as of quarter 1 2021) <sup>3</sup>  <i>Overall, 94% of the 133 countries that reported on service disruptions levels in the <a href="#">2nd round of WHO's National pulse survey</a> on continuity of essential health services during the COVID-19 pandemic reported some kind of disruption to services during the preceding three months from the date of survey submission (January - March 2021). This decreased slightly from the proportion of countries reporting service disruptions in the previous pulse survey rounds in 2020.</i>	N/A	94% (n=125)	
Number of COVID-19 vaccine doses administered globally (N= 7.7 billion <sup>5</sup> , target: N/A, as of 27 May 2021)	N/A	1 546 316 352	

### VPD reinstated campaigns: challenges and successes behind the numbers

Countries have implemented innovative efforts to resume immunization services and efficiently amidst the COVID-19 pandemic including ensuring that health care workers have personal protective equipment (PPE) and adhere to infection prevention and control (IPC) recommendations, training vaccinators on COVID-19 prevention measures, engaging local communities to address misinformation and vaccine hesitancy, prolonging the length of campaigns to limit crowding and risks of COVID-19 transmission, offering vaccinations in open and well-ventilated areas, and conducting house to house visit in rural areas or impoverished settings in urban areas where low vaccination coverage are detected.

Examples of successfully conducted campaigns during COVID-19 include Nepal, which was the among the first countries to conduct a mass measles vaccination campaign. Ethiopia vaccinated 14.5 million children amidst COVID-19 community circulation and conflict thanks to a strong coordination mechanism, effective community engagement, and innovative vaccination delivery strategies. Sudan implemented an innovative and integrated approach to facilitate Yellow Fever vaccination for refugees whilst also catching-up children in host communities. Increasing number of countries have re-instated campaigns with multiple antigens, adjusted to the current circumstances and varying local contexts.

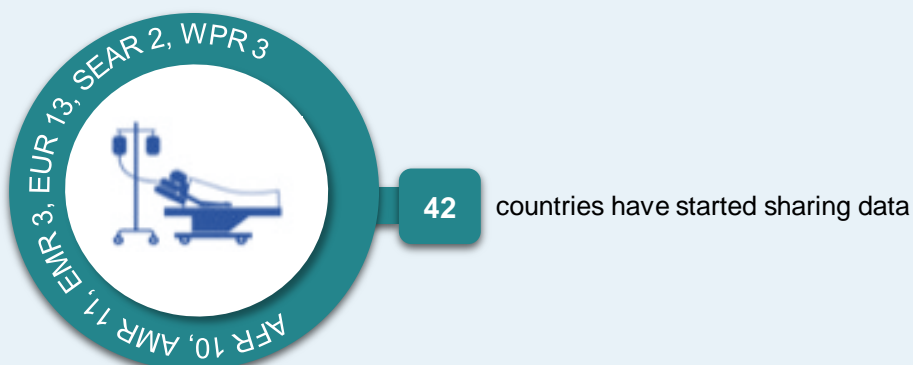


However, conducting campaigns and immunization services during COVID-19 are not without challenges. For example, additional IPC measures have increased the cost of vaccinating each person. Low availability of health workers, lockdown measures and closures of health facilities and services, interruptions in the supply of health products due to travel restrictions, and decreased demand remain to be the challenges in campaign resumption. Thus, global attention and additional resources are still urgently needed to address dangerous immunity gaps across all VPDs. The resumption of campaigns required support from technical, operational, and political dimensions. Innovative people-centered, country-owned, and data-guided solutions - core principles of the Immunization Agenda 2030 - are the key elements to optimize vaccine delivery globally.

## Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

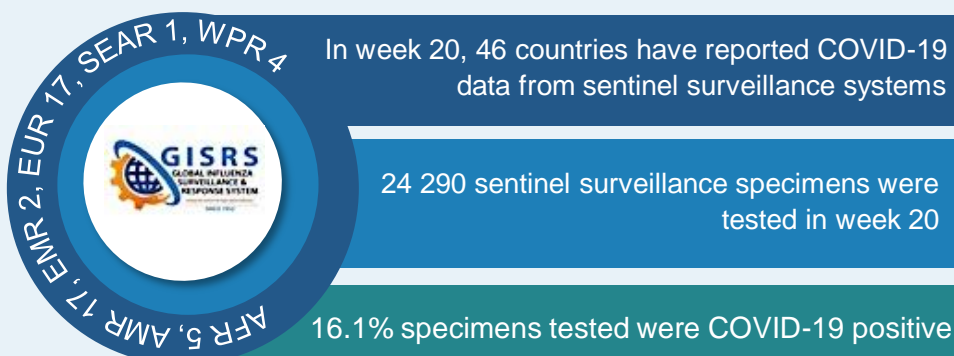
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



## Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2





## Key links and useful resources



### GOARN

For updated GOARN network activities, click [here](#).

### Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

### WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

### 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](#)

For more information on  
COVID-19 regional  
response:



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

For the 25 May **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

In this edition, a special focus update is provided on SARS-CoV-2 Variants of Interest (VOIs) and Variants of Concern (VOCs) B.1.1.7, B.1.351, P.1, and B.1.617. This includes updates on emerging evidence surrounding the phenotypic characteristics of VOCs (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance), as well as updates on the geographic distribution of VOCs.

## News

- For the COVAX Joint Statement: Call to action to equip COVAX to deliver 2 billion doses in 2021, click [here](#).
- For an update from 28 May 2021 on the Seventy-fourth World Health Assembly, click [here](#).