Weekly Operational Update on COVID-19

7 June 2021

Issue No. 58

Confirmed cases[a]
172 956 039

Confirmed deaths
3 726 466

Second training of trainers on infection prevention and control (IPC) in Mauritius

Some 27 health care workers, including public health superintendents, medical officers and nurses across five health regions have participated in a three-day training workshop on WHO COVID-19 infection prevention and control (IPC) guidelines, early detection, triage, diagnosis and more.

©WHO Country office/Mauritius

The training was organized at Dr D.G. Jeetoo Hospital in Mauritius from 17-19 May 2021 and utilized mixed methods including a teach-back method, videos and hands-on experience for donning/doffing personal protective equipment (PPE) and hand hygiene.

This training of trainers was jointly conducted by WHO and previously trained officers from the Ministry of Health and Wellness (MoHW). The training also included pre- and post-evaluation tests and a participation certificate upon completion. The health care workers will support focal points in each region to conduct cascade trainings and implement and monitor IPC control measures in their respective field of work.

Minimizing risk of COVID-19 among health workers remains an ongoing challenge for Mauritius as for many countries. Implementation was enabled with funds mobilized by WHO from the European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission.

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 **33** topics in **53** languages

18 564 092 PCR tests shipped globally

201 445 426 medical masks shipped globally

67 126 700 gloves shipped globally

201 445 426 medical masks shipped globally

181 GOARN deployments conducted to support COVID-19 pandemic response

1 638 006 899 COVID-19 vaccine doses administered globally as of 2 June

[a] COVAX has shipped over **80 million** vaccines to **129 participants** as of 4 June

[a] 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:

COVAX ships an additional 559 200 doses of COVID-19 vaccines to Malaysia

Malaysia received a second batch of COVID-19 vaccines on 21 May 2021, shipped via the COVAX Facility, a partnership between WHO, the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, and UNICEF. This is another important step in the fight against the COVID-19 pandemic and supporting immunization efforts by the Government of Malaysia.

The Government of Malaysia through the Ministry of Health and Ministry of Science, Technology and Innovation has been working together with WHO and UNICEF to bring life-saving vaccines to Malaysia.

The 559 200 doses of Oxford/AstraZeneca vaccines that arrived follow the 21 April COVAX shipment of 268 800 doses to Kuala Lumpur, Malaysia. In total, Malaysia has received 828 000 doses of the expected 1 387 200 doses of Oxford/AstraZeneca vaccine provided by the COVAX Facility.

Second batch of 559 200 doses of AstraZeneca vaccines arrive through the COVAX Facility to Malaysia. ©Pharmaniaga Logistics Sdn.Bhd

“Priority should be given to those who need it most – senior citizens and people with other underlying health conditions. WHO and its partners are working to ensure that more and different types of vaccines are made available through the COVAX Facility, and we encourage people in Malaysia to register for their vaccination while continuing to be vigilant, as that is our best chance to stay healthy and be protected against COVID-19,” said Dr Lo Ying-Ru Jacqueline, WHO Representative to Malaysia, Brunei Darussalam and Singapore.

For further information, click here.

From the field:

The Hospital of Tomorrow: WHO/Europe supports Tuscany Region in Italy in a redesign of hospital planning

Hospital of tomorrow model of work carried out in Bologna, Italy. Credit: WHO/Europe

In 2020, WHO collaborated with several regions in Italy, launching the "Hospital of Tomorrow' project, with an aim of identifying new standards for healthcare facilities in the post COVID-19 era. This collaboration engaged members from Téchne, the technical science for health network, to bring innovative ideas for specific issues in hospitals.

In 2020, this included a rapid assessment for repurposing designated wards for COVID-19 management; identification of a screening and triage area; a review of existing and the establishment of new movement pathways to reduce the risk of transmission; and strengthening infection prevention and control (IPC). With the changing epidemiological situation in Italy, the support has evolved towards repurposing the facility back to regular clinical service provision while maintaining readiness for COVID-19 management.

This year, WHO extended similar support to Tuscany and the WHO Regional Office for Europe deployed an expert to work with selected hospitals from 17 – 27 May. The main objectives of the mission included:

1. Supporting local authorities in verifying structural and functional separation paths used in hospitals for access and use of COVID-19 areas and planning potential actions to improve effectiveness and organizational efficiency;
2. Supporting the design of a new hospital of Livorno;
3. Evaluating extending "The hospital of tomorrow" model to Tuscan hospitals.

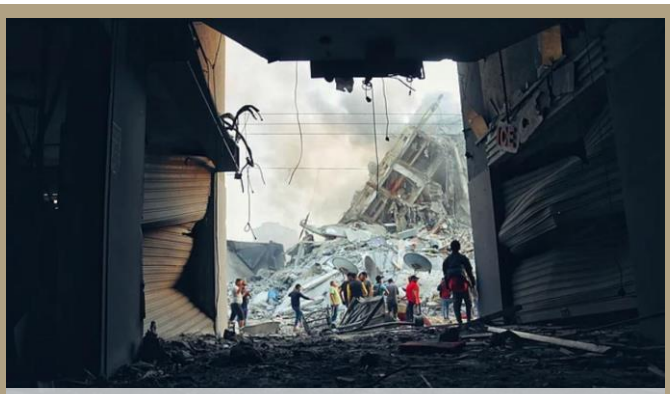
Following an assessment of the Livorno Hospital, WHO designed a 430 acute care bed building, to be divided into 25 different disciplines. Additionally, existing pavilions will be repurposed for outpatient, rehabilitation and community health services with flexible areas organized according to complex patient care. This changes the organizational model of the hospital from "by department", to one which is organized "by processes", where the functions are not linked to specialist medical disciplines, but are carried out in common.

This new hospital will be among the first constructed embracing the findings of the "The hospital of tomorrow" project conducted in collaboration with WHO.

From the field:

Staggering health needs emerge in the occupied Palestinian territory, including east Jerusalem

WHO is scaling up its response to provide health aid and essential health services for almost 200 000 people in need across the occupied Palestinian territory, including east Jerusalem. WHO has provided essential medicines to support trauma care and ambulance services for more than 2000 injured beneficiaries in the Gaza Strip and ten triage and treatment tents by WHO have been set up outside six Ministry of Health emergency departments in the Gaza Strip.



Destruction in Gaza following air strike in May 2021 © Photo by Muhammad Lubbad / OCHA

Earlier armed conflict sparked further population displacement and exacerbated a prolonged humanitarian crisis, resulting in a loss of 278 lives and over 9000 injuries. Over 77 000 people were internally displaced, approximately 30 health facilities have been damaged, and around 600 referral health facilities were affected due to closure of the crossings.

COVID-19 remains a persistent threat and as of 31 May 2021, 337 191 confirmed cases of COVID-19 and 3765 deaths have been reported in the occupied Palestinian territory, including east Jerusalem, with positive cases increasing in Gaza in recent weeks. With COVID-19 still a continuous risk, WHO and UNICEF have supported the delivery of more than 260 000 doses of COVID-19 vaccines via the COVAX Facility to the occupied Palestinian territory, including east Jerusalem, including 60 000 doses delivered on 2 June 2021. WHO has also provided support of essential medicines and consumables to east Jerusalem in recent weeks.

On 20 May, WHO launched the appeal for US$ 7 million (of which, US$ 2.3 million has been received) to support its health operations over the next six months, focusing on trauma and emergency care; mental health and psychosocial services; advocacy; and maintaining essential health services including COVID-19.

For further information, click here.

> “WHO remains concerned about the situation … and calls for unhindered access for humanitarian and development-related essential supplies and staff into Gaza and referral of patients out of Gaza whenever needed”, said Dr Rik Peeperkorn Head of Office WHO for West Bank and Gaza.

COVID-19 Vaccination: WHO supports an effective campaign in Bangladesh while strengthening vaccine rollout preparedness for Rohingya refugees

©WHO Bangladesh/Tatiana Almeida

Bangladesh

5 819 000 Bangladeshi nationals received first dose of a COVID-19 vaccine

Approximately **3 496 000** are fully vaccinated

"WHO is supporting the Government to ensure that all health workers involved in implementation of COVID-19 vaccination have adequate knowledge and skills in order to ensure safe and efficient COVID-19 vaccine administration in Cox's Bazar. These trainings are part of WHO's efforts to build a national health system that can deal with public concerns and rapidly evaluate the risks when adverse events occur", notes Dr Md Zion, WHO Immunization Coordinator in Cox's Bazar.

In Bangladesh, WHO is supporting the government with COVID-19 response through technical guidance including the development of National Operational Guidelines, development of a COVID-19 National Deployment and Vaccination Plan (NDVP), training programmes, vaccination site monitoring and coordination to ensure the safe and effective rollout of the COVID-19 vaccine nationally. To date, over 5 819 000 of Bangladeshi nationals have received the first dose of Oxford/AstraZeneca vaccine and around 3 496 000 million are fully vaccinated.

At the same time, WHO is supporting vaccine rollout preparedness for Rohingya refugees, including supporting the development of tailored Operational Guidelines through a consultative process with the Civil Surgeon, the Ministry of Health and Family Welfare - Coordination Center (MoHFW-CC), the Refugee Relief and Repatriation Commissioner (RRRC) and partners such as UNICEF and UNHCR.

WHO conducted a series of trainings on operational guidelines and Adverse Events Following Immunization (AEFI) at COVID-19 Vaccination at upazila level. WHO Bangladesh/Irene Gavieiro Agud

Aspects such as Adverse Event Following Immunization (AEFI) management capability, transport and storage of vaccines, geographical distribution in the camps, as well as health facility-based vaccination, were addressed in the guidelines to ensure the development of a realistic rollout framework in the world's largest refugee camp.

Bangladesh Continued: WHO SUPPORTS STRENGTHENING VACCINE ROLLOUT PREPAREDNESS FOR ROHINGYA CAMPS

A total of 57 health facilities have been identified as vaccination sites in the camps and 62 vaccination teams – comprising of two vaccinators and four trained volunteers – were formed. Over 450 health professionals from Government and partner-led facilities in Ukhiya and Teknaf upazilas have received training on operational guidelines and Adverse Events Following Immunization (AEFI) for COVID-19 vaccination. The training utilized an interactive methodology which combined informative content, problem-solving scenarios and active trainee participation.

WHO has also designed a community preparedness assessment tool to measure the awareness of Rohingya refugees regarding the upcoming COVID-19 vaccination campaign in the camps to help drive the risk communications strategy to encourage vaccination pending the arrival of COVAX Facility shipments.

WHO Immunization and Vaccine Development (IVD) team visited the health facilities to ensure the safe vaccine storage and proper cold chain requirements. WHO Bangladesh/Tatiana Almeida

An extensive communication and engagement campaign involving key community members and religious leaders is ongoing in all camps to raise confidence and acceptance among the Rohingya refugees through community radio, interpersonal communication and digital media. WHO is also tracking vaccine hesitancy and rumors in the field while promoting community mobilization.

In addition to COVID-19, vaccine-preventable diseases (VPD) remain a risk in the camps. WHO in close coordination with the Government of Bangladesh and a group of immunization experts, developed a health-based transitional strategy to resume routine immunization services, a key essential health service. Currently, 59 health facilities are working as immunization fixed sites and another 66 vaccination teams are conducting outreach sessions both in community and healthcare facilities to guarantee the continuation of routine immunization programs in the Rohingya camps.

WHO Representative to Bangladesh, Dr Bardan Jung Rana, receiving the first dose of COVID-19 vaccine. WHO Bangladesh

WHO Immunization Coordinator, Dr Md. Zion, and WHO Consultant for COVID-19 vaccination, Dr Tazkia Tarannum, have been providing technical support for the rolling out of the COVID-19 vaccination campaign in Cox's Bazar. WHO Bangladesh

Since the onset of the pandemic, routine immunization programmes were adjusted to the new scenario continue protecting vulnerable populations against vaccine-preventable diseases. WHO Bangladesh/Tatiana Almeida

For further information on the current COVID-19 vaccine rollout in Bangladesh and preparations for vaccine rollout in the Rohingya camps, click here.

Pandemic learning response

Celebrating UN Russian Language day: Online learning offerings in Russian

Yesterday, on UN Russian Language Day, OpenWHO celebrated over 25 000 enrolments across 17 courses available in the Russian language.

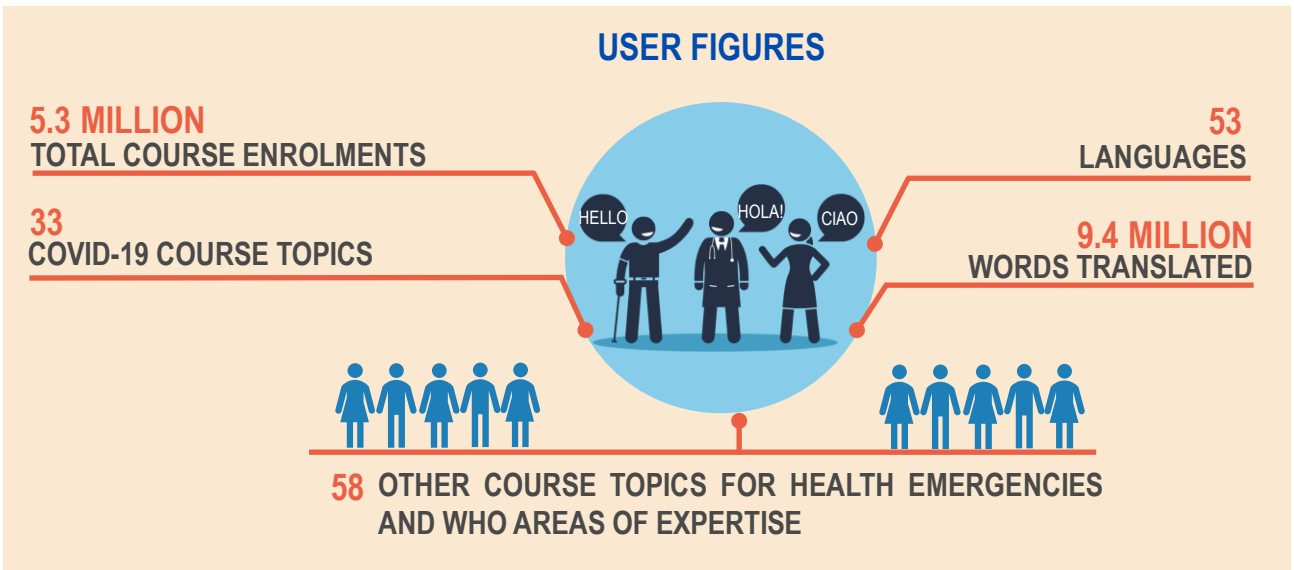
The OpenWHO platform, developed utilizing Russian Federation funds and launched in 2017, is WHO's interactive, web-based, knowledge-transfer platform offering free online courses to improve responses to health emergencies.

OpenWHO hosts learning in all UN languages, including 17 courses in Russian. © OpenWHO/WHO

Together with the WHO European Region Office, OpenWHO launched its first online course in Russian in June 2019 on the WHO Incident Management System (IMS). The number of courses and course enrolments on the OpenWHO learning platform in Russian language has only seen an increase throughout the COVID-19 pandemic.

Since June 2019, OpenWHO has published 17 Russian language courses with 13 of these published since January 2020 specific to COVID-19. This includes multiple course offered for frontline responders and decision makers on COVID-19 on topics ranging from infection prevention and control (IPC) to COVID-19 vaccine-specific resources.

As new WHO guidance and tools are released, the Russian language courses are updated, ensuring all courses cover up-to-date and accurate information. The remaining 4 course topics launched in Russian cover other critical health topics such as Antimicrobial Resistance and Tobacco Control and the translation of more courses into Russian is underway. All Russian courses are accessible here.



Health operations

Librarians supporting the timely dissemination of COVID-19 seroprevalence data to inform the global pandemic response

In March 2020, Global Outbreak Alert and Response Network (GOARN) established the Librarian Reserve Corps (LRC), a volunteer network of over 100 medical, health sciences, and public health librarians from 14 countries which aims to respond to the urgent need for public health information and information management on COVID-19.

A team of three American-based volunteers from the LRC have supported the Health operations pillar for over one year, including conducting continuous literature searches across multiple data sources enabling WHO to disseminate regular updates and COVID-19 seroprevalence estimates globally, in as close to real-time as possible.

These volunteers have created bi-weekly compilations of global evidence at national, regional, and local levels to disseminate to all WHO Regions.

As experts in information management, they developed a comprehensive search strategy, pre-screened scientific articles for relevance, and contributed observations on publication trends and patterns.

Seroprevalence surveys are key surveillance tools for managing the COVID-19 pandemic. They measure crucial metrics like the prevalence of antibodies against SARS-CoV-2 for a given population and time point to inform public health decision-making. Maintaining a 'real-time' overview of global seroprevalence data is of pivotal importance to plan and target pandemic management interventions.

This regular synthesis of SARS-CoV-2 serosurveys was used extensively for a variety of purposes, including informing the work of the Unity sero-epi investigations initiative; providing WHO Regional and Country Offices with relevant regional and global data; and informing press conferences. The partnership with GOARN and LRC has helped UNITY team members learn about and improve information management from experts and generated a knowledge hub that responds to pandemic information needs.

"I jumped at the opportunity to provide an impact on a larger scale."

"For me it was just the right thing to do" said Brad Long, one of the LRC volunteers who also served on a team of librarians searching for literature on hand sanitization in low-water environments without access to alcohol-based products.

He noted he "was already helping with the University Libraries and College of Medicine's response to the pandemic."

Brad Long continues to work alongside volunteers Joane Doucette of Massachusetts and Emily Cukier of Illinois through GOARN on seroprevalence.

Click for further information on the Librarian reserve corps, more on the personal experience of Brad Long or more on the experiences of other volunteers.

COVID-19 Preparedness

Workshop on Health Systems for Health Security

WHO and the University of Leeds co-hosted a virtual workshop on Health Systems for Health Security (HSforHS) on 20 - 21 May 2021 and introduced the WHO HSforHS Framework which articulates how strengthening and investing in health systems and critical components of other sectors can lead to better emergency preparedness and health security.

The first day, 465 public health experts and students from across all WHO regions attended, including from partner agencies and academic institutes. The framework was presented and the state of current research in HSforHS was shared. Representatives from Singapore, Finland, Thailand, Ghana, Nigeria, India, Afghanistan, Senegal and WHO Regional Office of the Eastern Mediterranean shared HSforHS experiences and lessons learnt during the COVID-19 pandemic.

Thailand shared the importance of trained health workers in outbreak response; Ghana and Nigeria shared on the importance of mitigating the impact on essential health service delivery while meeting surges in demand.

The second day 38 experts from WHO, partner agencies, donors, and academics held discussions on the creation of a HSforHS network including its purpose and scope, challenges in moving to implementation, the role of the WHO benchmarks for IHR capacities, a possible way forward in HSforHS research and next steps.

Participants discussed the linkage between HSforHS and updating the WHO Benchmarks for International Health Regulations (IHR 2005) capacities and its associated reference library. They also discussed the need for more dynamic ways to measure preparedness and advancing the health security preparedness research.

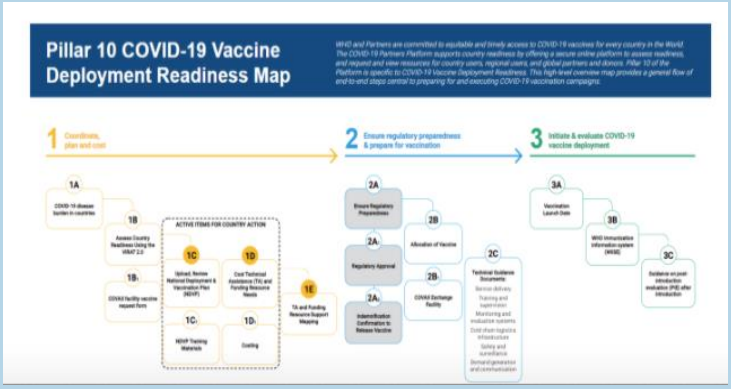
WHO will build on the momentum generated during the workshop and work with partners to establish a network of experts from countries and other stakeholders. The network will help move this forward by identifying potential resources to support activities for generating evidence and developing tools and materials for implementation of HSforHS at local, national and global levels.

For further information please visit: **Evidence and Analytics for Health Security (EHS) #WHOEHS**

COVID-19 Partners platform

The COVID-19 outbreak poses a significant challenge for all countries – creating an unprecedented need for international solidarity and a coordinated global response.

The COVID-19 Partners Platform was launched as an enabling virtual space for all countries to share their plans for the response and coordinate efforts between implementing partners, UN agencies, donors and contributors. This includes mechanisms to monitor and progress implementation of readiness and response plans regularly, to cost technical assistance and resource needs not covered by domestic budget and to match country needs with donor contributions. As the Partners Platform has continued to expand to match global needs of the evolving pandemic, this now includes its role with the COVAX Facility in tracking vaccine contributions and country needs.



The Partners Platform features real-time tracking to support the planning, implementation and resourcing of country preparedness and response activities in a transparent and efficient manner across all 10 response pillars of the COVID-19 Strategic Preparedness and Response Plan (SPRP 2021) and its accompanying Operational Planning Guideline.

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 2 June 2021.

Shipped items as of 2 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)	4 670 775	1 121 825	2 060 156	1 528 010	33 535 300	316 530	1 980 079	54 139 400	3 154 030
Americas (AMR)	1 348 132	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	2 088 300	2 073 810	1 098 585	8 002 000	238 000	1 825 322	28 203 550	1 502 095
Europe (EUR)	921 850	1 088 150	620 360	1 772 020	14 058 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 838 970	371 836	3 558 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	414 834	768 700	3 220 000	311 927	463 710	14 974 146	3 102 035
TOTAL	**12 513 577**	**17 838 175**	**18 564 092**	**8 872 351**	**67 126 700**	**1 801 167**	**9 533 979**	**201 445 426**	**24 498 965**

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

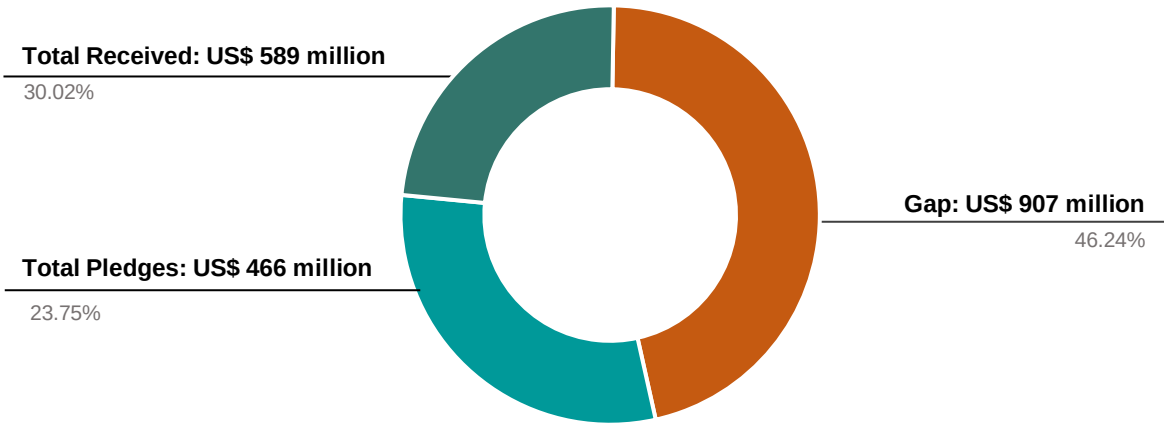
Total WHO requirement under SPRP 2021

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 1 June 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.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 1 June 2021, **The Solidarity Response Fund** has raised or committed more than US$ 252 million from more than 671 134 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

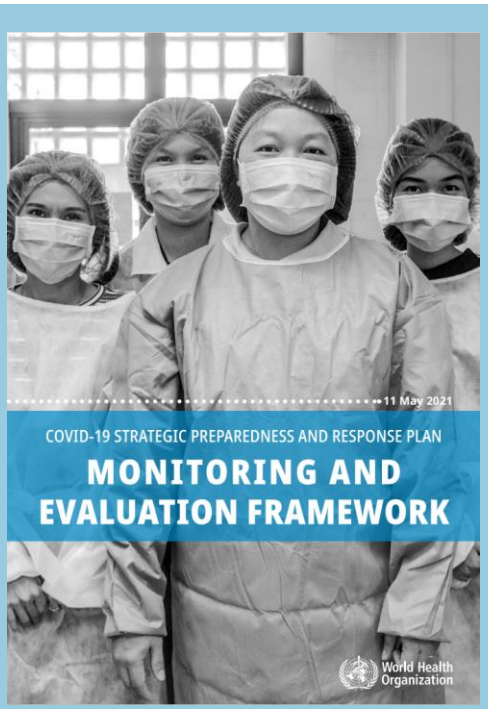
671 134 donors

[individuals – companies – philanthropies]

Monitoring & Evaluation Framework

Launched: COVID-19 Strategic Preparedness and Response Plan 2021 Monitoring and Evaluation Framework

The COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021 Monitoring and Evaluation Framework tracks global progress across the ten pillars that underpin the preparedness and response structures, capacities and interventions needed in line with the overarching goal of the SPRP. A quantitative approach using 35 indicators complements qualitative case studies to monitor implementation.



Together with the epidemiologic information tracked globally, the operational intelligence arising from monitoring the SPRP is used to drive a global dynamic system of support and response. The information supports countries, partners and WHO in strategic thinking, course correction, and evidence-based decision making.

Starting in last week's Weekly Operational Update, WHO is reporting on a subset of the 35 indicators. This will continue routinely in the following section titled 'COVID-19 Global Preparedness and Response Summary Indicators.'

For further information about the M&E Framework, indicator definitions, complementary qualitative analyses, reporting timelines and more, click 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	Progress	
Proportion of Member states reporting COVID-19 health worker infections to WHO (N=194, target=100%, as of 31 March 2021)[5]	71% (n=137)[6]	46% (n=90)	▲

Health workers are central to the COVID-19 pandemic response, balancing additional service delivery needs while preserving access to essential health services. While policies and actions to protect health workers were put in place early during the pandemic, surveillance data provide important insights on the real risk and exposure that they face. Therefore, it is critical to continuously monitor and report on SARS-CoV-2 infections in health worker to assess their risk of exposure and to calibrate preventive measures accordingly.

To date, less than 50% of Member States have been reporting to WHO on cases and deaths among health workers. In 2020, the number of countries reporting health worker infections was higher than in the beginning of 2020, as the number of HW infections was high in the early stages of the epidemic. This was due to higher risk of exposure due to limited access to PPE and high access to testing in health case settings. See Weekly Epidemiological Updates for further details on trends among health worker infections. In the first quarter of 2021, between 79 and 90 countries have reported on health worker infections each month, which is far less than the global target (194). Noting the surveillance limitations and under-reporting, 448 516 cases and 1299 deaths were reported to WHO from January to March 2021. As 2021 has been appointed International Year of Health and Care workers, all countries are strongly encouraged to report health worker infection data and WHO has provided both surveillance and operational tools to facilitate this action. More analyses on health worker infections including by week and by WHO region are available on the WHO COVID-19 Dashboard.

[1] The term “countries” should be understood as referring to “countries and territories”.
[2] The term “countries” should be understood as referring to “countries and territories” that responded to the WHO National pulse survey.
[3] The term “countries” should be understood as referring to “countries and territories” as indicated in the Global humanitarian overview (GHO).
[4] Quarterly reported indicator
[5] Monthly reported indicator
[6] Baseline for 2020 calculate by the number of countries having reported at least one health worker infection in 2020
[7] Baseline calculated by the number of countries having reported age and sex for at least 50% of their confirmed cases.
N/A not applicable; TBD 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.

Legend: Trend indications ▲ Increase ▼ decrease ▬ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Progress	
Proportion of Member States reporting COVID-19 detailed surveillance data including age and sex breakdowns to WHO (N=194, target=100%, as of 31 March 2021)[5]	39% (n=75)[7]	42% (n=81)	

Surveillance for COVID-19, including the incidence and mortality by age and sex, is important to help understand which population groups are at higher risk for severe disease and death and potential epidemiological changes over time. In-depth analyses on age, sex and other parameters should be conducted regularly to guide appropriate public health preparedness and clinical management. Questions that can be addressed through such monitoring include whether there are shifts in transmission dynamics among younger age groups, the impact of vaccination in older populations, the impact of public health measures within educational settings, and the equity of access to diagnostics and health care based on sex and age, and the impact of variant on transmission dynamics

Reporting COVID-19 data by age and sex is a challenge for many health systems as it requires strong surveillance data systems. In the first quarter of 2021, the number of Member States reporting disaggregated data has decreased from 86 in January to 81 in March, which is far from the global target of 194. All countries are encouraged to report disaggregated data and WHO has provided both surveillance and operational tools to facilitate this action.

For data available to WHO, analyses stratified by age and sex are available on WHO's COVID-19 Dashboard. Noting the limitations in surveillance and data reporting, the risk of severe illness with COVID-19 increases with age, with older adults at highest risk. Globally, the sex (male to female) ratio shows proportionally slightly more female cases reported but proportionally more male deaths, however trends do vary by region. Further information is available about the COVID-19 epidemiological situation in the Weekly Epidemiological Updates.

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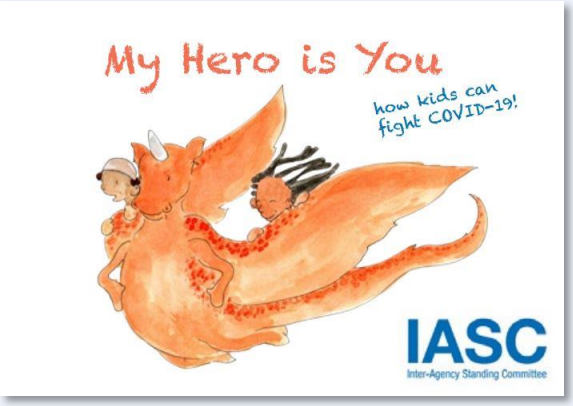
COVID-19 Global Preparedness and Response Summary indicators

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	Progress	
Proportion of countries[3] in humanitarian settings with a functioning multi-sectoral mental health and psychosocial support (MHPSS) coordination group (N=63, target:100%, as of 29 May 2021)[5] *Note: See below for more information.*	55% (n=35) *(January 2021)*	60% (n=38)	▲

Progress in strengthening mental health and psychosocial support in emergencies



During the World Health Assembly in May 2021, delegates endorsed the decision on Mental Health Preparedness and Response to Public Health Emergencies. The Assembly urged the Member States to develop and strengthen comprehensive mental health services and psychosocial support. Mental health and psychosocial support (MHPSS) is recognized as a cross-cutting issue relevant to several public health emergency pillars and a range of sectors engaged in humanitarian and public health responses. In an emergency, actors provide MHPSS services in education, protection, nutrition, health and other sectors, and coordination of MHPSS requires multisectoral country-level technical platforms. In 2020, regular monitoring of an indicator on multisectoral mental health and psychosocial support (MHPSS) coordination had shown that the number of countries with established platforms for coordination increased two-fold, from 22 in 31 March 2020 to 53 by 30 November 2020.

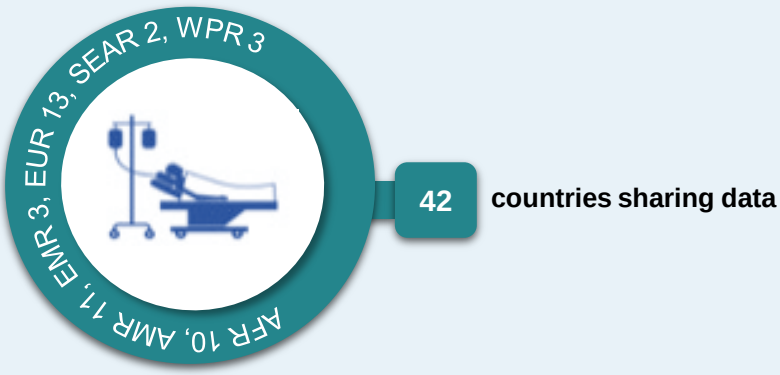
In 2021, the indicator was updated to focus not only on the existence of coordination mechanism but also on its functionality, including multisectoral memberships, a clear plan, dedicated financial and human resources and a monitoring and evaluation framework. In January 2021, 55% (35 of 63 countries) had functioning multisectoral MHPSS coordination platforms. WHO, together with partners, will continue to support country-level MHPSS Technical Working Groups in humanitarian settings through a surge mechanism for rapid deployments, capacity building of local actors through technical expertise, development and adaptation of operational resources and enabling knowledge exchange opportunities between MHPSS Technical Working Groups in different emergencies. Through the active deployment of MHPSS expertise, newly established or strengthened groups in Guyana, Mozambique and Pakistan are now included for the May 2021 reporting period.

[1] The term "countries" should be understood as referring to "countries and territories".
[2] The term "countries" should be understood as referring to "countries and territories" that responded to the WHO National pulse survey.
[3] The term "countries" should be understood as referring to "countries and territories" as indicated in the Global humanitarian overview (GHO).
[4] Quarterly reported indicator
[5] Monthly reported indicator
[6] Baseline for 2020 calculate by the number of countries having reported at least one health worker infection in 2020
[7] Baseline calculated by the number of countries having reported age and sex for at least 50% of their confirmed cases.
N/A not applicable; TBD to be determined

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.

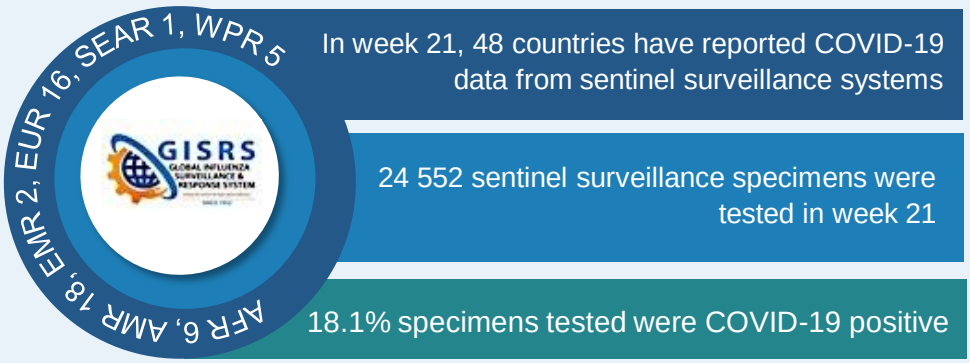
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



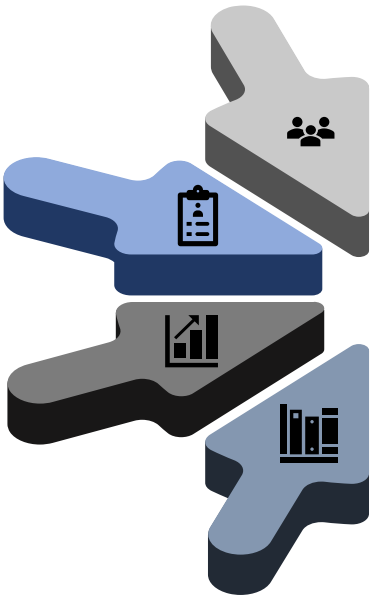
Leveraging the Global Influenza Surveillance and Response System

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 1 June 2021 **Weekly Epidemiological Update**, click **here.** Highlights this week include:

- SARS-CoV-2 Variants of Interest (VOIs) and Variants of Concern (VOCs), including the introduction of new labels for public communications, updates on VOI and VOC classifications and the global geographical distribution of VOCs Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2).
- Lessons learned during the early phases of rolling out COVID-19 vaccines, with a particular focus on low-and-middle income countries (LMICs).

News

- For more information on Tracking SARS-CoV-2 variants **click here.**
- For more information on WHO validating Sinovac COVID-19 vaccine for emergency use and issues interim policy recommendations **click here.**
- For the Director-General's opening remarks at the media briefing on COVID-19 – 1 June, **click here.**

Weekly Operational Update on COVID-19

14 June 2021

Issue No. 59

Confirmed cases[a]
175 306 598

Confirmed deaths
3 792 777

WHO/PAHO support for Bolivia to become part of the regional genomic surveillance network

©WHO Country office Bolivia

The WHO Regional Office for the Americas recently delivered specialized equipment to the Ministry of Health and Sports of Bolivia to strengthen its capacity for sequencing of SARS-CoV-2 variants.

The new shipment will allow Bolivia, through the National Institute of Health Laboratories (INLASA), to become part of the regional genomic surveillance network and contribute to better surveillance of the virus both in the country and the wider region. The Regional Office also recently donated 20 000 special PCR tests to identify cases with new variants.

Click here for further information in Spanish or here to learn how WHO continues to support countries fight COVID-19 globally.

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 **33** topics in **53** languages

18 637 604 PCR tests shipped globally

201 510 426 medical masks shipped globally

68 326 700 gloves shipped globally

8 873 311 face shields shipped globally

181 GOARN deployments conducted to support COVID-19 pandemic response

2 156 550 767 COVID-19 vaccine doses administered globally as of 10 June

[a] COVAX has shipped over **83 million** vaccines to **131 participants** as of 11 June

[a] 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:

What it means to be more vulnerable to COVID-19: 69-year-old Adwoa Afrakoma from Ghana shares her story

Diabetic, Hypertensive and suffering from Ulcers, 69 year-old Adwoa Afrakoma, a resident of Kumasi in the Ashanti Region of Ghana reflects on an emotional journey filled with anxiety and uncertainty, from the onset of the COVID-19 pandemic to receiving a second dose of the AstraZeneca/Oxford (COVISHIELD) vaccine.

Auntie Adwoa's face beams with smiles and optimism as she sits for a few minutes under observation after taking her jab as she shares her story.

"I was shaken by the news that the world had been hit by a strange disease, but I became more alarmed when I learnt that people of my age and those suffering from health conditions like mine are even more at risk. I lived in constant fear and always woke up wishing not to step out of my room.

When my daughter came home one day and said she heard in the news that a vaccine had been found. I could not believe it so I kept monitoring the radio and confirmed it to be true. I was so overjoyed even though I had no idea how someone like me was going to get access to it.

Before COVID-19, all I worried about was how to manage my three health conditions to be able to live longer, so to me, the discovery of a vaccine meant an end to the anxiety and the beginning of hope that my life will return to normalcy.

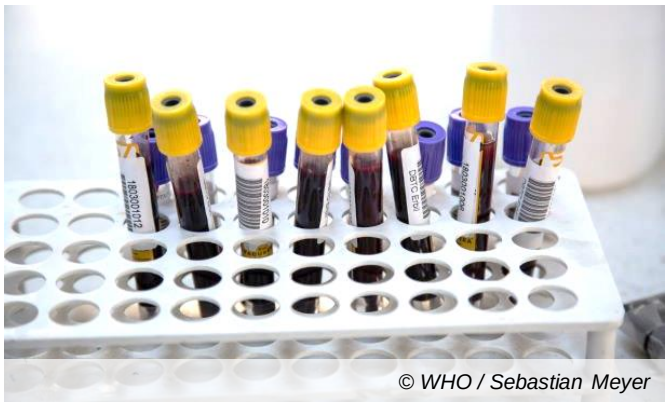
I am filled with emotions as I speak with you. It is a dream come true for me. I was not expecting to receive it because I thought they were going to sell it and I knew I could not buy but I was wrong. Learning how serious my case could be if I contracted the disease also made my life very uncomfortable, but now, I know I have protection and I can be sure that, even if I die, it will not be from this COVID-19 and that gives me a lot of peace."

For further information, click here.

From the field:

WHO and Israel support the Republic of Moldova to carry out an Emergency Care System Assessment

In the Republic of Moldova, the Ministry of Health, Labor and Social Protection (MoHLSP) requested support from WHO, the Israeli Ministry of Foreign Affairs, Ministry of Health and Magen David Adom, Israel's national emergency medical, disaster, ambulance and blood bank service, to integrate an emergency care system, strengthening functions and institutional capacities as part of the early health system recovery from COVID-19.


© WHO / Sebastian Meyer

The WHO Emergency Care System Assessment (ECSA) is a structured survey that can be answered online, as well as via interviews or focus groups. The purpose of an ESCA is to help policy-makers and planners assess the national or regional emergency care system, identify gaps and set priorities for system development in the following domains:

1. System organization, governance, financing,
2. Emergency Care Data and Quality Improvement
3. Scene Care, Transport, Transfer and Referral
4. Facility-Based Care
5. Emergency Preparedness

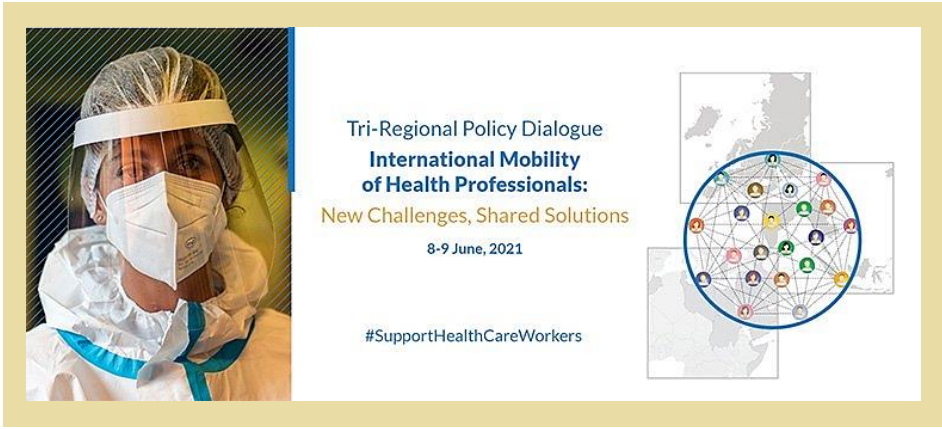
As a first step of the mission, a joint assessment was carried out on the emergency care system including system organization, governance, financing, emergency care data and quality improvement, scene care, transport, transfer and referral, facility-based care and emergency preparedness. Participants in the assessment included policy makers; hospital administrators; heads of nursing, surgery, critical care, or emergency units; emergency care providers; pre-hospital care leaders; and emergency care researchers or epidemiologists.

At the end of the mission, priority actions for improving the emergency care system nationally were defined. These actions will be explicitly incorporated in the current strategy for the development of emergency care as an essential component of the health system. As part of the work to build back better after the COVID-19 pandemic, emergency preparedness and response will be reflected in the revised emergency preparedness and response plans at national, regional and local plans.

From the field:

WHO tri-regional policy dialogue seeks solutions to challenges facing international mobility of health professionals

In a collective effort to address challenges of international mobility of health professionals, especially during the COVID-19 pandemic, the WHO Regional Directors for the Eastern Mediterranean, Europe and South-east Asia regions, initiated a virtual 2-day tri-regional policy dialogue on 8 June to review trends and policy responses with representatives from ministries, health professional regulatory bodies, UN agencies, development partners and technical experts. Participants in attendance hailed from development, education, finance, migration and trade sectors.



The policy dialogue, a part of commemorating the International Year of Health and Care Workers, aimed to discuss challenges, opportunities, policy responses and innovations in WHO regions on ethical international recruitment, fair and effective employment and integration of foreign health workers, and approaches to harness the contribution of diaspora health workers.

The international mobility of health workers has been increasing and, with an estimated global shortage of 18 million health workers by 2030, this trend is expected to continue. Strengthened management of mobility – through policy and international cooperation, framed by the WHO Code on International Recruitment of Health Personnel – is necessary to ensure that escalating health worker mobility contributes to, rather than compromises, advance health security across WHO's Member States.

"Countries must invest in a sustainable national health workforce that meets the current and future needs of their populations. That means expanding and transforming the education, training, recruitment, development, distribution, retention and financing of the health workforce, as well as improving working conditions" said Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean. Dr Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region also described the need for "strengthened health system capacity in both sending and receiving countries" and noted "the significant impact this mobility has had, and continues to have, in low- and middle-income countries globally."

At the recent 74th World Health Assembly Member States endorsed 2 resolutions on the health workforce for protecting, safeguarding, and investing in health workforce, and strengthening global directions of nursing and midwifery (2021-2025).

Public health response and coordination highlights

At the **UN Crisis Management Team (CMT)** meeting on 26 May 2021, **WHO** reported a global total of 3 million new COVID-19 cases and over 73 000 new deaths over the past week, reflecting a continued decreasing trend in both new cases and deaths. However, **WHO** also warned that the COVID-19 cases and death incidence differs significantly at regional and national levels, with challenging situations in every region.

WHO noted that the increase in cases in some countries is mainly due to four factors: first, the four variants of concern circulating with increased transmissibility; second, increased social mixing; third, the relaxation of public health and social measures; fourth, the unequitable COVID-19 vaccine roll-out.

WHO reported that during the World Health Assembly (WHA), the UN was widely recognized for its role in the COVID-19 pandemic response, especially at the country level. In addition, **WHO** informed that the WHA adopted a resolution to convene a Special Session of WHA in November 2021 to consider developing an international instrument on pandemic preparedness and response.

Further, **WHO** requested all CMT members to call on the G7 to donate vaccines to the COVAX facility, particularly in June and July. **UN Women** updated on the development of the "Guidance Note and Checklist for Tackling Gender Related Barriers to Equitable COVID-19 Vaccine Deployment", jointly developed by **UNU, WHO, UNDP, UNFPA, UNAIDS, ILO, and the World Bank**. **UN Women** noted that socio-economic decisions during the crisis, such as the allocation of budget, have disproportionately impacted women, who are less likely to afford travel to receive vaccinations or have access to essential information. **OHCHR** briefed the CMT on the devastating impact of the COVID-19 pandemic on human rights, and offered recommendations to put human rights at the heart of recovery.

Finally, **FAO, OIE and WHO** updated on the One Health Agenda, noting the strong interest from member states to scale up the implementation of the One Health approach at global and national levels to build better systems and prevent future pandemics.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 June 2021, **The Solidarity Response Fund** has raised or committed more than US$ 252 million from more than 671 355 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

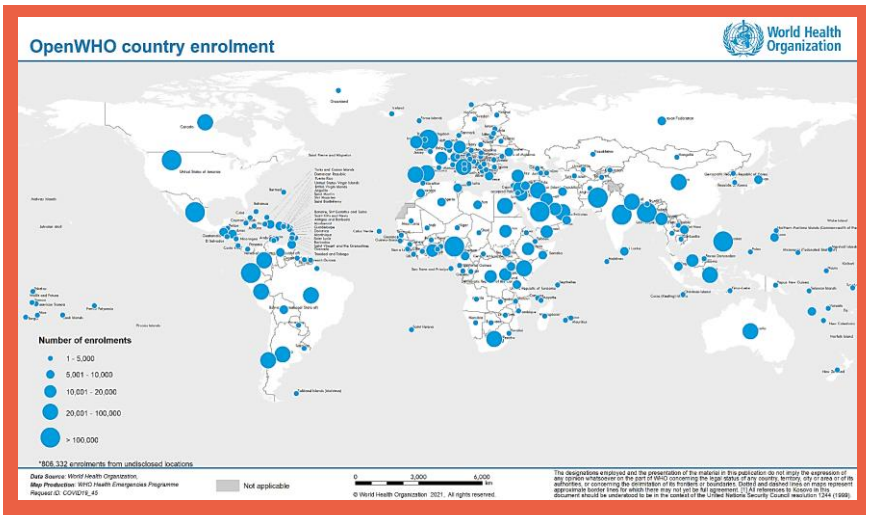
671 355 donors

[individuals – companies – philanthropies]

Pandemic learning response

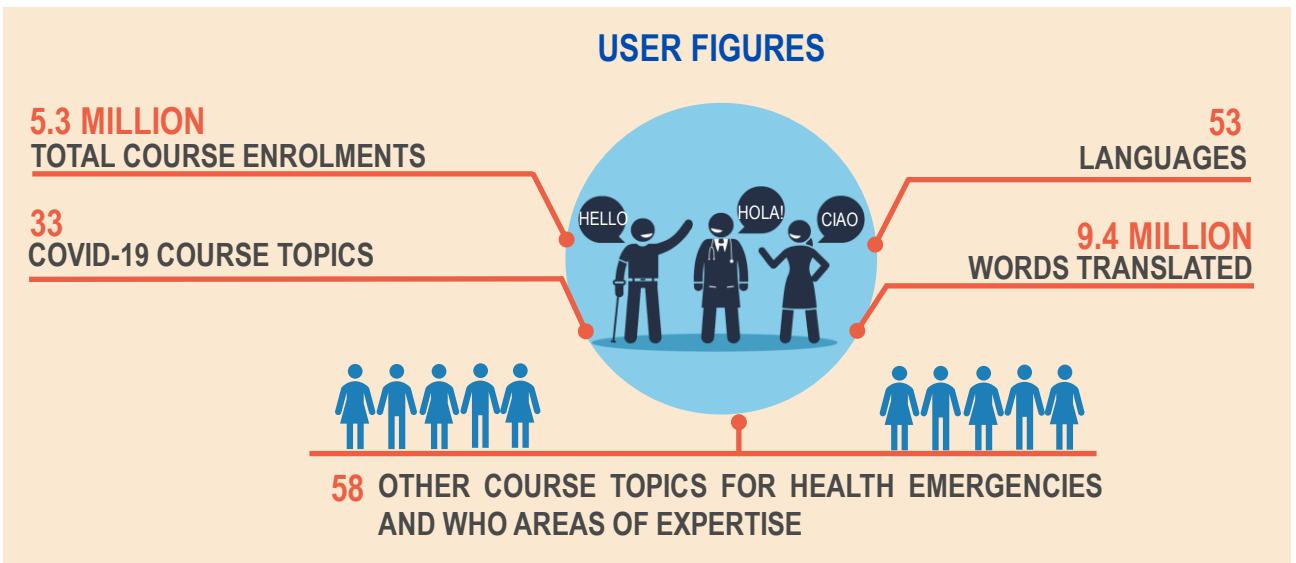
OpenWHO: Open to all anytime, anywhere

OpenWHO has proven to be a massive open online learning platform for COVID-19, ensuring expertise and knowledge are transferred to where it is needed: frontline responders and decision makers. It is the first WHO platform to host unlimited users during health emergencies and provides a fast and free way to obtain the latest scientific and operation know-how. As of 31 March 2021, the map above shows OpenWHO country enrolments across the world, with users hailing from diverse backgrounds across 194 countries and all six WHO regions.



The countries that top the list for enrolments are India, United States of America, Mexico, Ecuador and Colombia. OpenWHO offers a wide range of courses, including 33 specific to COVID-19. The most popular courses for users are all topical to supporting frontline responders with information for the COVID-19 pandemic: Introduction to COVID-19, Infection prevention and control, country response, protective equipment and eProtect respiratory for the top five. To ensure accessibility, OpenWHO offers COVID-19 courses in 53 languages with the most enrolments in English, Spanish, French, Portuguese and Arabic.

OpenWHO continues to add courses, languages and grow more enrolments globally to best support users during health emergencies. The interface is accessible through computers and mobile devices, offers off-line downloads, hosts peer discussion boards, live briefings from ongoing emergencies and a #LearningSavesLives webinar series.

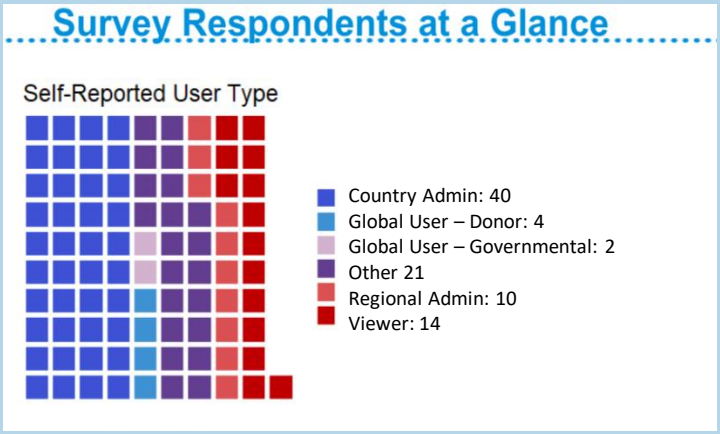


COVID-19 Partners Platform

Survey results show positive feedback for Partners Platform

The Partners Platform's Research Agenda team is conducting an ongoing user survey aimed at evaluating the Platform's performance and user satisfaction and has compiled early data from the responses. These results will continue to be monitored over time with the goal of maintaining a high quality, user-friendly product for its users across all disciplines and stakeholder types.

The first batch of user data collected from the survey includes input from 88 participants representing all user types (country and regional administrators, viewer, donor, government, and other) from all 6 WHO regions. The bulk of survey respondents were country administrators, who primarily reported using the Platform at least monthly or quarterly.



From the feedback obtained, 72% of users responded that the Partners Platform is helpful in contributing to better planning, coordination and resource mobilization between partners for preparedness and response for COVID-19. In regards to functionality, the top core functions participants reported that Partners Platform should fulfill for COVID-19 and other emergencies were coordination, planning and resource mobilization with identifying resource needs, transparency, and accountability following only slightly behind the first three functions.

Encouragingly, 63% of respondents affirmed an interest in participating in further feedback sessions. The Partners Platform team is now planning group sessions to collect and integrate feedback.

WHO welcomes and encourages ongoing feedback from all of the Partners Platform users in order to ensure continuous support in providing countries and partners with an optimal tool for planning for both current and future health emergencies.

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 9 June 2021.

Shipped items as of 9 June 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	4 852 925	1 125 825	2 151 820	1 528 970	33 535 300	316 530	2 010 079	54 204 400	3 154 030
Americas (AMR)	1 348 132	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	1 988 300	2 053 810	1 098 585	8 002 000	239 920	1 825 322	28 203 550	1 502 095
Europe (EUR)	921 850	1 138 150	618 560	1 772 020	15 258 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 618	371 836	3 558 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	414 834	768 700	3 220 000	311 927	463 710	14 974 146	3 102 035
TOTAL	**12 695 727**	**17 792 175**	**18 637 604**	**8 873 311**	**68 326 700**	**1 803 087**	**9 563 979**	**201 510 426**	**24 498 965**

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 8 June 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

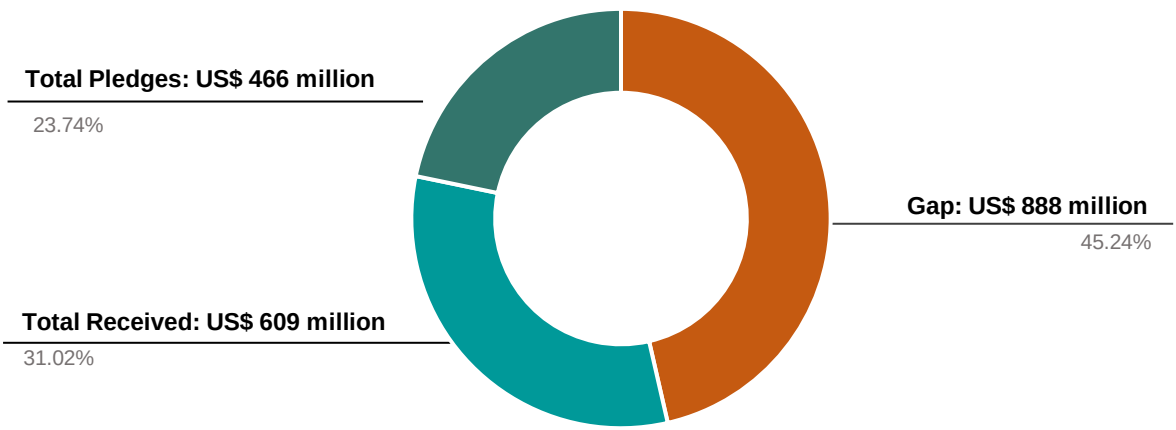
Total WHO requirement under SPRP 2021

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 8 June 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.

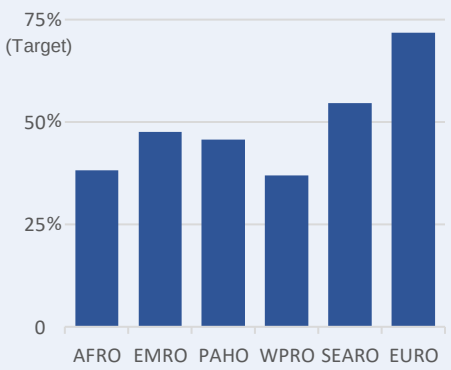
Legend: Trend indications ▲ Increase ▼ Decrease ▬ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Status Update	
Proportion of Member States that publicly shared SARS-CoV-2 genetic sequence data (N=194, target=75%, as of May 31)[a]	39% (n=75)[b]	51% (n=98)	▼

All viruses, including SARS-CoV-2, evolve over time, and while mutations are expected, it is important to continue to monitor the evolution and its public health implications. Globally, WHO routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they impact diagnostic tools or countermeasures such as therapeutics and vaccines.

WHO promotes the rapid sharing of SARS-CoV-2 sequences internationally through publicly accessible databases. The timely sharing of data will feed into national, regional and global monitoring and risk assessment. A collaborative and systematic approach will also build a strong and resilient global sequencing network that can maximize the public health impact of the information available, not only for SARS-CoV-2 but also for future emerging pathogens.

The number of countries publicly sharing data has increased from the December 2020 baseline but has decreased in April (99 countries) and May (98 countries) of 2021. The proportion of countries by WHO Region that publicly shared genetic sequence data in May 2021 compared to the 75% target can be seen to the right with the European Region nearing the target at 72%. Although the cost of gene sequencing has fallen significantly over the past decades, sequencing still requires substantial investment in resources (financial, infrastructure and human). Where resources for virus sequencing are limited, it may be necessary to limit sequencing to viruses from cases or outbreaks with high clinical and/or public health risk, so that it can be programmatically sustained.



[a] Monthly reported indicator
[b] Baseline calculated for December 2020
N/A not applicable; TBD 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.

Legend: Trend indications ▲ Increase ▼ Decrease ▬ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Status Update
Proportion of countries[a] that have started administration of COVID-19 vaccines (N=194, target=100%, as of June 11)[b]	0[c]	96% (n=187) 
While 96% of countries have now started administration of COVID-19 vaccination, it is still far from an equitable distribution globally and some countries have yet to begin administration. The gap largely represents countries with humanitarian or fragile settings. This highlights the inequitable distribution of a life-saving intervention, and the need for all stakeholders to address the moral, economic, and global security imperative of equitable vaccine distribution. This call to action is at the heart of WHO's campaign for **#VaccinEquity,** which aims to overcome the pandemic and the inequalities that lie at the root of many global health challenges, as well as drive a global recovery. It is understandable that some countries would prefer to press ahead and vaccinate the entirety of their own population. However, countries with the largest vaccine supplies should redirect doses to COVAX now for maximum impact. By donating vaccines to COVAX alongside domestic vaccination programmes, the most at-risk populations can be protected globally, which is instrumental to ending the acute phase of the pandemic, curbing the rise and threat of variants, and accelerating a return to normality. More COVID-19 vaccination data are available on WHO's COVID-19 dashboard.		
Number of COVID-19 vaccine doses administered globally (N=N/A, target=N/A, as of June 11)[b]	0[c]	2 156 384 616 ▲
Major milestones have contributed to over 2 billion COVID-19 vaccine doses administered globally. These include but are not limited to the incredible speed of vaccine research and development resulting in WHO listing the first COVID-19 vaccine for emergency use on 31 December 2020 as well as, the intense national and international efforts to prepare for and deploy vaccines resulting in 187 countries already conducting vaccination campaigns. Learn more about the Philippine's journey for COVID-s19 vaccine rollout.		

[a] The term "countries" should be understood as referring to "countries and territories"
[b] Weekly reported indicator
[c] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD 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.

Legend: Trend indications ▲ Increase ▼ Decrease ▬ Unchanged

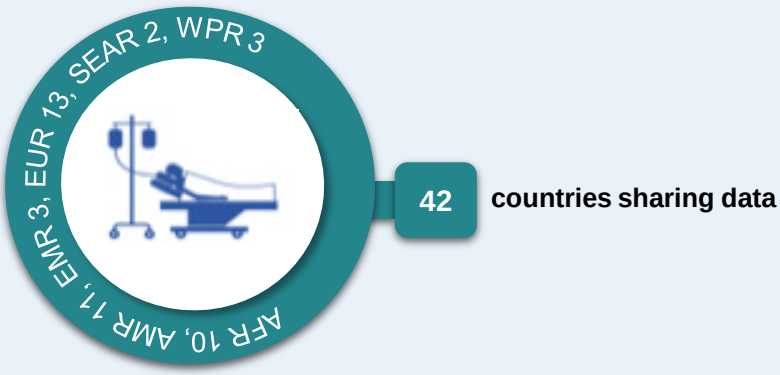
Indicator (2021 target, data as of)	2020 Baseline	Status Update
Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, target=N/A, as of June 11)[a]	0[b]	11.2% (n=0.87 billion)[c] 
Monitoring vaccine uptake and the populations vaccinated are critical in measuring the performance of key components of the immunization system and to take corrective action when needed. At the overarching level, despite major gains resulting in 11.2% of the global population having received at least one vaccine dose, global data show major inequity by country with some countries having progressed to vaccination of all adults while other countries have not yet vaccinated priority groups. See further information about vaccination trends on WHO's COVID-19 dashboard. WHO and UNICEF continue encourage countries to implement systems to monitor vaccination service delivery, including vaccine uptake and service availability, readiness and quality. The information drives course corrections at the local, national, regional and global level, and support efforts to bring the emergency phase of the pandemic to an end.'		
Proportion of countries[d] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as WHO GISRS (N=69[e], target=50%, as of epidemiological week 21 2021)[a]	22% (n=15)[f]	39% (n=27) 
Routine surveillance systems are key to monitoring trends in transmission. 125 countries participate in routine respiratory disease surveillance through the Global Influenza Surveillance and Response System (GISRS) and many of these systems are being adapted to include COVID-19 monitoring. Countries with limited resources may prioritize monitoring COVID-19 trends through established routine sentinel or non-sentinel surveillance systems, notably those for influenza surveillance. Using the well-established GISRS to monitor SARS-CoV-2 circulation is an efficient, cost-effective, and sustainable approach to support the response to COVID-19 and prepare countries by providing a routine surveillance platform to monitor trends of community transmission of SARS-CoV-2 and characteristics of COVID-19 disease including disease severity, in the context of other priority viruses of public health importance (e.g. influenza). This week (epidemiological week 21), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 27 (39%) have timely reported COVID-19 data; this means a 77% increase from the same time last year. An additional 10 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.		

[a] Weekly reported indicator
[b] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
[c] Only Member States that provide data on 1+ dose Vaccines included in the indicator
[d] The term "countries" should be understood as referring to "countries and territories"
[e] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[f] Baseline for epidemiological week for southern hemisphere season
N/A not applicable; TBD to be determined

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.

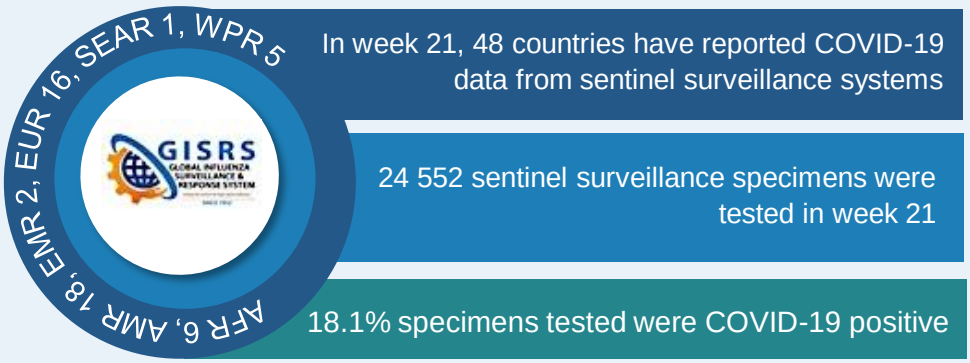
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



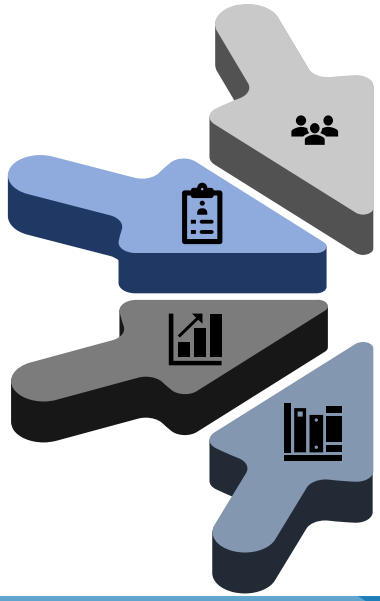
Leveraging the Global Influenza Surveillance and Response System

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)
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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
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WHO Publications and Technical Guidance
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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 8 June 2021 **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) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1), and Delta (B.1.617.2). 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 statement for healthcare professionals on how COVID-19 vaccines are regulated for safety and effectiveness, click **here**.
- For WHO's Science in 5 on COVID-19: vaccines and children, click **here**.
- For more information on how nine in ten African countries are set to miss urgent COVID-19 vaccination goal in September, click **here**.

Weekly Operational Update on COVID-19

22 June 2021

Issue No. 60

As of 20 June 2021

Confirmed cases[a]
177 866 160

Confirmed deaths
3 857 974

Afghanistan receives shipment of medical kits to support essential health services

An aircraft carrying 39 tonnes of emergency health, cholera, and trauma kits donated by the Russian Federation landed in Kabul on 15 June to support the strengthening and maintenance of essential health services in Afghanistan.

The shipment, the first of two, contains 100 emergency health kits, enough to serve the various health needs of 200 000 people for 3 months, 20 cholera kits to treat 2000 patients, and 20 trauma kits to meet the needs of 1000 patients requiring surgical care in emergency situations.

©WHO Country office Afghanistan

"This is especially important where escalating conflict is leading to an increase in the number of people requiring trauma care, while COVID-19 is overwhelming the health response," said Dr Luo Dapeng, WHO Representative in Afghanistan.

WHO is working with the Ministry of Public Health to distribute the supplies to health care facilities across Afghanistan in a plan to reach a wide range of beneficiaries, including those with limited access to health services.

For further information click here.

Key Figures

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

More than **5.4 million** people registered on OpenWHO and accessing online training courses across **34** topics in **54** languages

18 637 604 PCR tests shipped globally

202 474 426 medical masks shipped globally

69 535 700 gloves shipped globally

8 873 311 face shields shipped globally

181 GOARN deployments conducted to support COVID-19 pandemic response

2 412 226 768 COVID-19 vaccine doses administered globally as of 20 June

[a] COVAX has shipped over **88 million** vaccines to **131 participants** as of 17 June

[a] 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:

Frontline responders in Kyrgyzstan boost their skills in Risk Communication and Community Engagement

An important step was taken by the WHO Country Office in Kyrgyzstan on 8 to 9 June to strengthen Kyrgyzstan's emergency capacities in the context of the current pandemic. The WHO Health Emergencies Programme's Hub Office, which serves WHO's Member States in Central Asia, conducted a two-day training on Risk Communication and Community Engagement (RCCE), a core area of the COVID-19 response. The training engaged representatives of the departments of communications and health promotion, disease control, Public Health Emergency Operations Center (PHEOC), and from the Ministry of Health.

The training aimed to address gaps within the RCCE response to COVID-19 which were identified during Kyrgyzstan's Intra-Action Review (IAR) conducted in November 2020. Throughout the two-day training, the participants were able to increase their knowledge, receive practical tips, and actively participate in discussions and simulation exercises on enhancing coordination and operational mechanisms within and beyond RCCE; strengthening public communications capacity; and developing and delivering on RCCE plans.

Risk Communication and Community Engagement capacity strengthening in Kyrgyzstan. Credit: WHO Kyrgyzstan Country Office

Following the training, the Kyrgyz Ministry of Health expressed great appreciation, recognizing its relevance and timeliness amidst the ongoing emergency, especially in the context of the current COVID-19 vaccine rollout and the reinforcement of public health and social measures. Overall, the training resulted in increased confidence and skills among participants when delivering public health advice to the public and fostering behavioural change.

As part of the WHO Regional Office for Europe's revamp of its RCCE capacity-building package, the training will further assist health partners to develop and exercise RCCE skills in addressing public health threats. The comprehensive package includes tools for multisectoral training, capacity mapping and development, testing and the adoption of a RCCE plan.

From the field:

COVID-19 cases surge in Africa, near first wave peak

COVID-19 cases in Africa are surging by over 20% week-on-week as the continent's third wave gains pace and nears the first wave peak of more than 120 000 weekly cases recorded in July 2020. The Democratic Republic of the Congo, Namibia and Uganda have reported their highest number of new weekly cases since the pandemic began.

> "Africa is in the midst of a full blown third wave. The sobering trajectory of surging cases should rouse everyone into urgent action... public health measures must be scaled up fast to find, test, isolate and care for patients and to quickly trace their contacts," said Dr Matshidiso Moeti, WHO Regional Director for Africa."

©WHO Regional office Africa

Africa's vaccine rollout is picking-up speed with over 5 million doses administered in the past five days, compared with around 3.5 million doses per week for the past three weeks. Almost 12 million people are now fully vaccinated, but this is still less than 1% of Africa's population. The number of doses administered globally so far would have been enough to cover all health workers and older people, had they been distributed equitably, with nearly 85% administered in high- and upper-middle-income countries.

WHO is supporting countries to review and implement resurgence plans down to the district level and is pre-positioning supplies for deployment to countries in need. WHO is also expanding access to easy-to-use antigen-detection rapid diagnostic tests in communities that would otherwise not have access to the standard polymerase chain reaction (PCR) testing for COVID-19.

Through a WHO-led regional COVID-19 laboratory referral network, WHO is working with countries to ship samples for sequencing to better understand where and to what degree variants are circulating.

WHO is at the centre of Africa's COVID-19 vaccination rollout, working to coordinate efforts, provide policy and technical guidance and tailored support to countries with a range of partners, including assisting countries to speed up their rollouts.

With partners, WHO is engaging communities in African countries through their leaders and associations, and social media channels, to promote adherence to preventive measures, to counter rumours and misinformation and to overcome vaccine hesitancy.

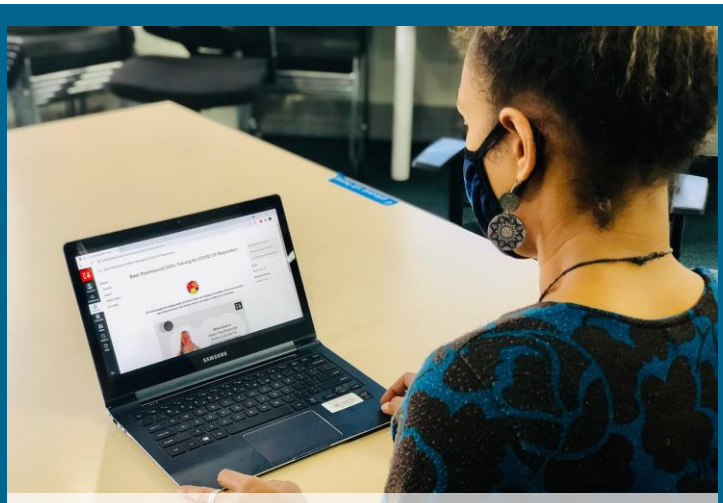
For further information, click here.

From the field:

Basic psychosocial skills online course for Pacific COVID-19 responders released with assistance from WHO

A Basic Psychosocial Skills training for COVID-19 responders designed by the Inter Agency Standing Committee (IASC) Mental Health Reference Group has been adapted for responders in Pacific Island countries and areas (PICs) through a collaboration between the WHO Division of Pacific Technical Support (DPS) and a WHO Collaborating Centre, the University of Technology Sydney (UTS). This adapted version is now available online and is aimed at anyone involved in the COVID-19 response, including community members, health workers and law enforcement.

WHO DPS and UTS jointly developed a Pacific Working Group comprised of health professionals and mental health staff working in Ministries of Health from the PICs in order to quickly respond to country requests for psychosocial support training. With the help of the Pacific Working Group and WHO, UTS led the adaptation of the Basic Psychosocial Skills training materials including pictures and concepts and the method of delivery (online, videoconference, self-directed).



Pacific COVID-19 responders can now access the online course. Photo credit: Jin Ni, WHO

UTS developed two initial versions of the online training adapted for the PICs, one for virtual videoconferencing platforms and one self-directed online training. WHO and UTS then tested these two versions of training across the PICs to ensure acceptability and obtain feedback on the materials. Areas for improvement were subsequently agreed upon, the training was updated by UTS and a final online self-directed version was launched.

During this three-hour self-directed online course, participants will learn how to look after their own well-being and the well-being of those around them. A series of interactive quizzes, videos and activities teach participants how to support the well-being of other individuals through everyday interactions, offering practical support including how to support individuals experiencing stress. A certificate is awarded upon completion of the course.

Many individuals are feeling understandably stressed during the COVID-19 pandemic, especially those working in the pandemic response; Basic Psychosocial Skills provide a way to support oneself and the emotional well-being of those around you.

To learn more about the course and sign up, click here.

Pandemic learning response

Clinical management of acutely ill and injured patients – combining face-to-face and online trainings in Guinea-Bissau

In April and May 2021, WHO delivered hands-on training on clinical management based on the WHO/ICRC Basic Emergency Care course in Guinea-Bissau in collaboration with the Office of the High Commissioner of COVID-19, Ministry of Health and local actors. The training targeted health care professionals nationally and focused on managing acutely ill and injured patients with limited resources. The training was conducted in Portuguese, Spanish, French and Creole as learners came from multi-lingual background and could choose the language most suited to understand technical concepts.

Training was tailored to meet the local needs and based on up-to-date WHO guidance. A total of 42 health professionals, doctors and nurses, obtained certification from the African Federation for Emergency Medicine. “The training was good and if we implement or apply what was retained in the training, many lives will be saved”, stated nurse Aly Djaló.

Combining face-to-face and online training for targeted clinical management in Guinea-Bissau. © Beatriz Sanchez - Consent has been obtained by country office

Alongside the field training, a comprehensive online course with modules dedicated to COVID-19 patients was developed and made available on OpenWHO.org: Clinical management of patients with COVID-19: Initial approach to the acutely ill patient. The online course is being adapted into several languages, including Portuguese, Spanish and French.

> “This training utilizes several different adult learning modalities, including hands-on practical skill stations, small group sessions, writing, presentations and didactics. In conjunction with the OpenWHO.org online videos, learners in Guinea Bissau and beyond will be able to learn in any language and any modality that suits them best – this is the beauty of hybrid virtual and in-person clinical trainings. On-site mentorship will continue through our local partners as well as national clinical staff who underwent a training of trainers course. These local clinicians will cascade these trainings further into the country.” Noted Pryanka Relan, Technical officer WHO Headquarters

USER FIGURES

5.4 MILLION TOTAL COURSE ENROLMENTS

34 COVID-19 COURSE TOPICS

54 LANGUAGES

9.4 MILLION WORDS TRANSLATED

2.8 MILLION CERTIFICATES AWARDED

61 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES AND WHO AREAS OF EXPERTISE

Risk Communication, Community Engagement and Infodemic Management

Infodemic management training in the Democratic Republic of the Congo to support COVID-19 vaccine rollout

In February 2021, the Democratic Republic of the Congo (DRC) had one of the lowest vaccine acceptance rates in the African region, with only 52% of people stating that they would get vaccinated once a vaccine is available and recommended[1]. To support vaccine confidence by tackling the infodemic, two capacity-building initiatives were recently launched in the Democratic Republic of the Congo.

In May 2020, WHO launched the first WHO Global Infodemic Management Training Programme to build a WHO roster of infodemic managers to support the need for technical assistance in countries in infodemic management and response to health misinformation. Now in May 2021, Dr Ousmane Ly, a graduate of this first WHO training, is utilizing these skills to train others. On behalf of PATH, the Digital Impact Alliance and ANICiis, he facilitated the launch of a training programme on infodemic management in Kinshasa and is eager to continue sharing expertise and through more national and regional trainings.

Health care workers training for infodemic management in Democratic Republic of the Congo in May 2021. Photo credit: Programme Elargi de Vaccination (PEV) Democratic Republic of the Congo

Simultaneously, the WHO Country Office with the support of the Africa Infodemic Response Alliance (AIRA) at the WHO Regional Office for Africa have been collaborating with the national RCCE Communication Committee (CREC) and the national Expended Program on Immunization (EPI/PEV) since May 2021 to establish a national infodemic management mechanism.

Dr Muya, the WHO Country Office Infodemic Management focal point, has designed and initiated a training programme for journalists, health care workers, and vaccination experts on how to detect, analyze, and address misinformation and disinformation, both online and offline, about COVID-19 vaccines. The training sessions span several weeks to empower participants to put into practice what they are learning and enable a community of practice to discuss everyday, practical challenges and generate solutions in real time.

Dr Muya and EPI/PEV have co-organized a training program in May 2021 targeting health care workers, given their critical role in promoting vaccine confidence. A training programme targeting blogger and influencers will soon launch and there are plans to expand trainings and engage community leaders, civil society representatives, and digital experts for a collaborative and community-led approach to digital communication about COVID-19 vaccines.

[1] RCCE Collective Service Dashboard, Covid-19 behavioral indicators-the DRC, Feb 2021. Consulted on 16/06/21 [COVID-19 Behavioural Indicators | The Collective Service (rcce-collective.net)]

Country Readiness Strengthening

WHO has recently launched a new version of the COVID-19 National Rapid Response Teams Online Learning Programme in English and French with Spanish launching soon. The programme includes eight modules, which were updated to integrate lessons learnt from the COVID-19 pandemic to date and reflect up-to-date WHO recommendations and guidelines as of March 2021.

This self learning programme aims to provide National Rapid Response Teams (RRTs) members with the key knowledge and tools needed for early detection and to effectively respond to a COVID-19 outbreak; over 1600 users registered in version one of this programme for national RRTs and this will continue to grow and build capacity globally with version two. Completion of the programme has also been made more flexible, and users can now obtain a certificate for each module completed.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 June 2021, **The Solidarity Response Fund** has raised or committed more than US$ 252 million from more than 671 509 donors.

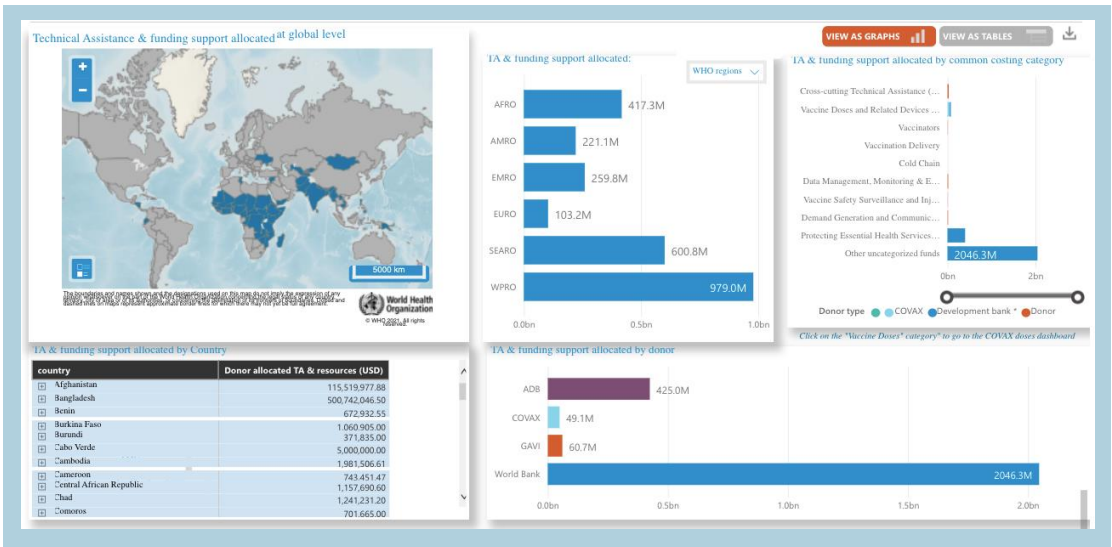
The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by the WHO.

More than US$ 252 Million

671 509 donors

[individuals – companies – philanthropies]

COVID-19 Partners Platform



Countries, partners and donors are now able to view vaccine resource contributions such as number of doses allocated and delivered, aggregated by WHO region, country, or donor. Contributions for the 9 common costing categories, as defined in the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) which was aligned with all stakeholders, can also be visualized.

The interactive and up-to-date dashboard aggregates data from various sources and provides an overview of data globally which allows users to track publicly known COVID-19 vaccine Technical Assistance support and funding. This novel feature of centralized vaccine information can help engage relevant ministries in discussions on costing and requesting vaccine resource needs. The dashboard accompanies the Platform's other vaccine functionalities, including the Action Checklist for planning vaccine introduction in-country and the COVID-19 Vaccine introduction and deployment Costing tool (CVIC) which supports credible vaccination costing while maintaining sensitivity to protect essential health services.

Together, these functionalities provide a comprehensive toolbox for countries and donors to partner efficiently in the pursuit of global vaccination for COVID-19.

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 16 June 2021.

Shipped items as of 16 June 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	4 852 925	1 125 825	2 151 820	1 528 970	33 759 300	316 530	2 010 079	54 204 400	3 154 030
Americas (AMR)	1 348 132	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	1 988 300	2 053 810	1 098 585	8 002 000	239 920	1 825 322	29 167 550	1 502 095
Europe (EUR)	921 850	1 138 150	618 560	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 618	371 836	3 843 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	414 834	768 700	3 220 000	311 927	466 710	14 974 146	3 107 035
TOTAL	**12 695 727**	**17 792 175**	**18 637 604**	**8 873 311**	**69 535 700**	**1 803 087**	**9 566 979**	**202 474 426**	**24 503 965**

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 8 June 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

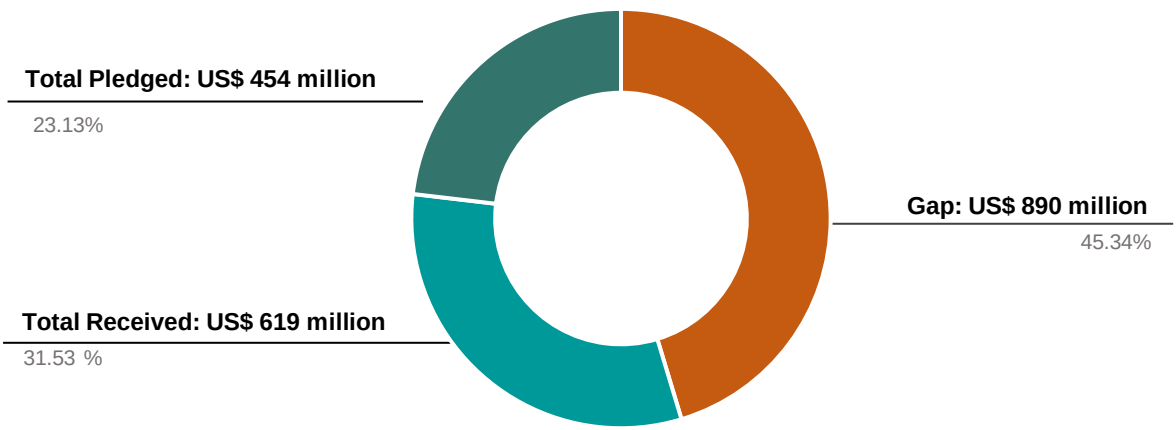
Total WHO requirement under SPRP 2021

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 15 June 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 weekly indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator	2020 Baseline	Previous Week Status	Current Week Status	2021 Target
Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69[b], target=50%, as of epidemiological week 22 2021)	22% (n=15)[c]	39% (n=27)	45% (n=31)	50%
Proportion of Member States that have started administration of COVID-19 vaccines (N=194, target=100%, as of June 20)	0[d]	96% (n=187)	97% (n=188)	100%
Number of COVID-19 doses administered globally (N=N/A, target=N/A, as of June 20)	0[d]	2 156 384 616	2 412 226 768	N/A
Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, target=N/A, as of June 20)	0[d]	11.2% (n=0.87 billion)	12.6% (0.98 billion)	N/A

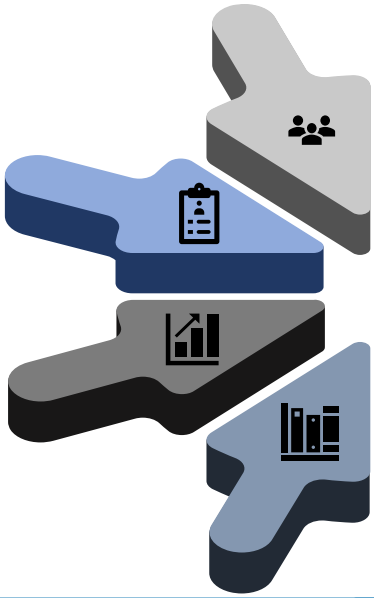
[a] The term "countries" should be understood as referring to "countries and territories"
[b] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[c] Baseline for epidemiological week for southern hemisphere season
[d] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

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.

Key links and useful resources



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- Regional Office of the Americas
- Eastern Mediterranean Regional Office
- European Regional Office
- Southeast Asia Regional Office
- Western Pacific Regional Office

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A special focus update on variants is provided, including a newly designated variant of interest (VOI), along with the geographical distribution of variants of concern (VOCs) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2). This edition also includes an update about strengthening public health intelligence through event-based surveillance, specifically learning from the COVID-19 pandemic.

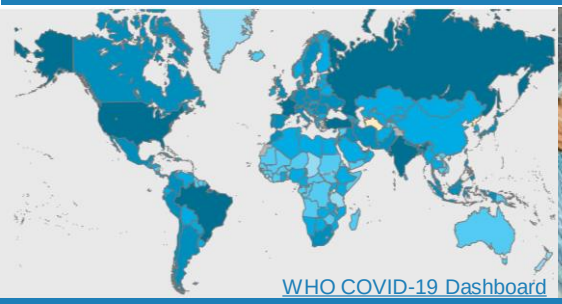
News

- For more about the G7 pledge of 870 million COVID-19 vaccine doses, half to be delivered by the end of 2021, click **here**.
- To register for the closing plenary of the WHO global conference on communicating science during health emergencies on 25 June 2021, click **here**.

Weekly Operational Update on COVID-19

28 June 2021

Issue No. 60



WHO COVID-19 Dashboard

As of 27 June 2021

For all other latest data and information, including trends and current incidence, see the WHO COVID-19 Dashboard and Situation Reports

Confirmed cases[a]

180 492 131

Confirmed deaths

3 916 771

WHO builds critical care capacities for COVID-19 in Iraq

©WHO Country office Iraq

The clinical management pillar of WHO's regional incident management support team recently completed multiple sessions of training of trainers for intensive care doctors and nurses in Iraq as part of its ongoing response to surge demand for intensive care beds and critical care during the COVID-19 pandemic. Six rounds of 3-day workshops were held between 16 May and 4 June to train 87 health care professionals (42 doctors, 45 nurses and anesthesia technicians) currently working in COVID-19 intensive care units (ICUs) from all governorates in Iraq.

The training of trainers provided an introductory course on intensive care and critical care for COVID-19 patients and covered core life support skills and the management of critically ill patients. A variety of training methods were used including lectures, demonstrations, group discussions and feedback, interactive question and answer sessions, practical learning stations and quizzes.

All materials used during the lectures, along with additional electronic textbooks, were provided to participants for subsequent subnational cascade training. During the training period and in the week following completion of the workshops, site visits were also conducted to COVID-19 hospitals and ICUs and an assessment was conducted to help ICU staff identify gaps that require continuous quality and safety improvements.

For further information, click here.

Key Figures

- WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work
- More than **5.4 million** people registered on OpenWHO and accessing online training courses across **34** topics in **54** languages
- **18 822 041** PCR tests shipped globally
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- **181** GOARN deployments conducted to support COVID-19 pandemic response
- **2 658 604 949** COVID-19 vaccine doses administered globally as of 24 June
- [a] COVAX has shipped over **89 million** vaccines to **133 participants** as of 25 June

[a] See Gavi's COVAX updates for the latest COVAX vaccine roll –out data

From the field:

Building infection prevention control capacity in Azerbaijan

From mid-June to early July, WHO's South Caucasus hub is providing support to Azerbaijan to improve Infection Prevention and Control (IPC) standards through the development of sterilization pathways and an assessment of IPC in COVID-19 vaccination sites and primary health care facilities.

The assessment of COVID-19 vaccination sites is being conducted across seven regions of Azerbaijan to support the national vaccination campaign by WHO with observers from the representatives of the Management Union of the Medical Territorial Unions (TABIB). The assessment aims to ensure that vaccination sites and procedures are carried out safely without an additional risk of COVID-19 or other infections to patients.

IPC capacity building in Azerbaijan. Credit: WHO Azerbaijan Country Office.

An assessment of IPC capabilities was also conducted at primary healthcare centers. This assessment will inform the creation of national primary healthcare guidance as requested by key national partners. Both activities are being undertaken with the financial support from the European Union.

This activity is part of a larger strategic hand hygiene improvement plan supported by WHO in Azerbaijan. As part reinforcing IPC standards, targeted printed materials on hand hygiene are being distributed during the assessments, as well as advice provided on the importance of hand hygiene to health care facility staff and managers.

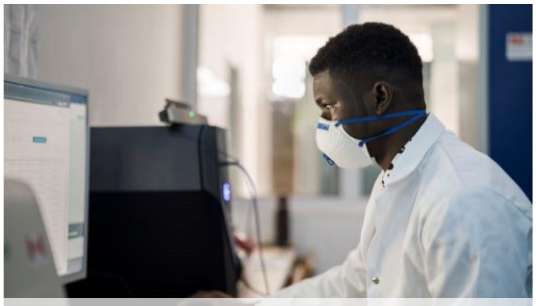
The mission will also include a review of the sterilization capacity in hospitals in specific conflict-affected regions, as part of the Bridge-5-to-Health project funded by the UN Central Emergency Response Fund. Key hospitals across five districts affected by the recent increase in hostilities between Armenia and Azerbaijan were identified to receive 10 autoclaves, purchased as part of the project. These autoclaves will form a part of the new centralized sterilization pathway within the five chosen hospitals and will support the development and implementation of new national sterilization guidance.

Taken together, these activities contribute to the broader systemic needs for infection prevention and control in Azerbaijan, linking WHO's responses to multiple emergencies in order to generate opportunities for systemwide improvements that will last beyond the current emergencies themselves.

From the field:

WHO supporting South African consortium to establish first COVID mRNA vaccine technology transfer hub

The WHO and its COVAX partners are working with a South African consortium comprising of Biovac, Afrigen Biologics and Vaccines, a network of universities and the Africa Centres for Disease Control and Prevention (CDC) to establish its first COVID mRNA vaccine technology transfer hub.



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Technology transfer hubs are training facilities where the technology is established at industrial scale and clinical development performed.
Interested manufacturers from low- and middle-income countries can receive training and any necessary licenses to the technology. WHO and partners will bring in the production know-how, quality control and necessary licenses to a single entity to facilitate a broad and rapid technology transfer to multiple recipients.

> South African President Cyril Ramaphosa said: "The COVID-19 pandemic has revealed the full extent of the vaccine gap between developed and developing economies, and how that gap can severely undermine global health security. This landmark initiative is a major advance in the international effort to build vaccine development and manufacturing capacity that will put Africa on a path to self-determination."

WHO Director-General Dr Tedros Adhanom Ghebreyesus agreed: "This is great news, particularly for Africa, which has the least access to vaccines. COVID-19 has highlighted the importance of local production to address health emergencies, strengthen regional health security and expand sustainable access to health products."

Over the coming weeks, WHO will continue the rolling evaluation of other proposals and identify additional hubs, as needed, to contribute to health security and equity in all regions. Under the new knowledge hub model, which brings together the private sector, the public sector, investment banks, academic universities, regulatory agencies, Covid-19 vaccines could be produced in South Africa within nine to twelve months, according to WHO Chief Scientist Dr Soumya Swaminathan

Through the COVAX partnership, WHO will continue its assessment of potential mRNA technology donors and will launch subsequent calls for other technologies, such as viral vectors and proteins, in coming months.

For further information, click here.

From the field:

Adapting the global COVID-19 Strategic Preparedness and Response Plan: reinforcing collective readiness and response in the WHO Eastern Mediterranean Region in 2021

Built on the successes and lessons learned of 2020, the WHO Regional Office for the Eastern Mediterranean (EMRO) launched the Strategic Preparedness and Response Plan (SPRP) 2021 edition this week which sets strategic priorities to reinforce collective readiness and response to the COVID-19 pandemic in the Region in 2021.

Four days after the COVID-19 outbreak was declared a public health emergency of international concern on 30 January 2020, the WHO global COVID-19 SPRP was published, followed by the first edition of EMRO's SPRP to accelerate regional readiness. The new edition of the regional SPRP serves as an update to the July 2020 edition and is aligned with the global SPRP 2021 but operationally oriented and contextualized to the needs of the region.

The goal set in the regional SPRP for 2021 is to continue supporting countries in the Region to leverage and sustain an effective response to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic, while exploring options to build resilient health systems for improved preparedness and response.

The SPRP identifies key lessons learned across each COVID-19 response pillar across the Region from 2020 to leverage the COVID-19 response in 2021. Key learnings include insufficient infection prevention and control (IPC) governance and capacities at country and facility levels which highlighted the importance of three actions:

- establishing/enhancing national IPC programmes
- improving the supply chain for personal protective equipment (PPE)
- strengthening the monitoring of implementation of IPC measures to reduce transmission of COVID-19 and other emerging infectious diseases

The document presents each pillar's area of work and priority activities for COVID-19 preparedness and response between January and December 2021, aligned with the global SPRP and is accompanied by a strong monitoring and evaluation framework to track the progress and operationalization of the priorities and identify gaps in the regional and country-level responses.

Country Readiness Strengthening

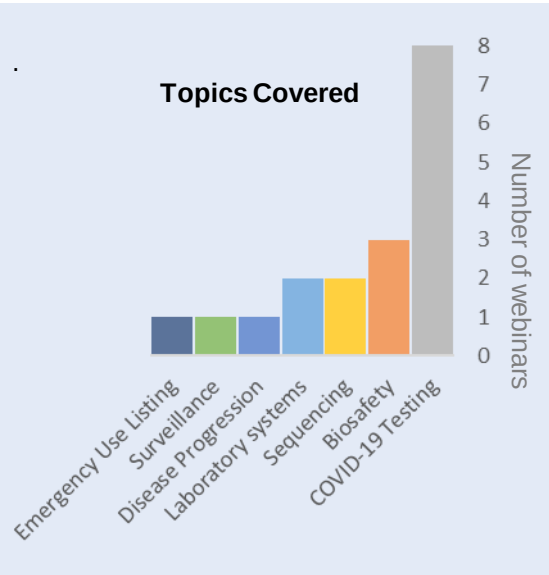
WHO Public Health Laboratories knowledge sharing webinars: one year in review

As part of the WHO's laboratory pillar's COVID-19 response, the WHO Public Health Laboratory Strengthening Unit at HQ, AFRO and EMRO launched a knowledge sharing platform for COVID-19 testing laboratories and laboratory stakeholders in June 2020. This platform, now expanded to all WHO regions and funded by the European Commission's CBRN Centres of Excellence Initiative, was developed after identifying the need to intensify networking and training amidst limited capacity for in-country and in-person events and workshops. This WHO platform contributes to the ACT-Accelerator Diagnostics pillar activities by enabling country preparedness.

The platform offers a virtual platform for dynamic and real time information sharing on laboratory testing good practices, national laboratory networks, latest WHO guidance and to provide a forum for technical assistance and training.

To date, 19 webinars have been conducted with COVID-19 disease progression, molecular or antigenic testing and biosafety being amongst the most attended sessions with 400 to 500 participants on average.

In its first year, this knowledge sharing platform has seen engagement from more than 180 countries and territories (with the Philippines, Indonesia, Bangladesh and Ghana having the most participants) and 1700 workplaces including governments, academia, not-for-profit and industry.



The roll-out of SARS-CoV-2 antigen rapid diagnostic tests (Ag-RDTs) was a particularly interesting opportunity for countries to share experiences in several webinars. In Papua New Guinea, Ag-RDTs had been used to support slow PCR turn-around times; the country learned that a clear testing strategy, supported by adequate training, was essential for efficient roll-out. A speaker from Nigeria shared major implementation challenges and solutions, including combatting misinformation.

In recent sessions on setting up a sequencing facility, a facility manager from Australia shared practical tips including how to think about contamination issues, personnel behaviour, and equipment maintenance. A Kenyan doctor detailed experience on setting up a national sequencing network for SARS-CoV-2 utilising different equipment and the value of already having sufficient human resources. On sequencing strategies, speakers from Brazil and the United Arab Emirates shared experience detailing which samples to sequence to identify variants and sharing lessons learnt while implementing high levels of sequencing such as the need for a rapid turn around time to inform public health measures.

The platform looking forward:

- Continue to address critical areas to support SARS-CoV-2 testing, variants monitoring and COVID-19 surveillance.
- Leverage knowledge sharing platform to address other health emergencies and cross-cutting laboratory competencies.

Public health response and coordination highlights

At the **UN Crisis Management Team (CMT)** meeting on 23 June 2021, WHO expressed condolences to all colleagues of IOM on the recent passing of Ambassador William Swing, former Director General of IOM.

WHO noted that although there is a downward global epidemiological trend, case incidence and deaths are both on the rise across the African region. WHO expressed concerns that some countries in the African region could face a devastating situation with low vaccination rates and poor health systems compounded by lifting of public health and social measures and the increased transmissibility of some variants of concern.

WHO highlighted that over 2.7 billion doses of COVID-19 vaccine have been administered across 215 countries, areas, territories & economies – but also that 76% of these total doses have been administered in 10 countries.

WHO further informed that the COVAX Facility has now shipped 88.4 million doses to 131 participants, but is facing continued risks to the COVAX supply outlook. With COVID-19 vaccine distribution worldwide highly inequitable, WHO called upon partners for coordinated advocacy with donors and suppliers to prioritize COVAX for low and lower middle-income countries.

WHO further called upon relevant UN entities to support the implementation of public health and social measures to reduce transmission and save lives, and actively prepare for and facilitate vaccine delivery and roll-out. With regards to mass gatherings, WHO informed the CMT of its ongoing discussions with the International Olympic Committee and the Japanese authorities on risk assessment and management for the 2020 Tokyo Olympics.

Finally, FAO stressed that the global food security situation continues to deteriorate, with the share of the population facing acute food insecurity increasing in multiple countries with very low COVID-19 vaccination rates.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 21 June 2021, **The Solidarity Response Fund** has raised or committed more than US$ 253 million from more than 673 083 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

673 083 donors

[individuals – companies – philanthropies]

Pandemic learning response

Online learning unlocks training opportunities for COVID-19 responders in Viet Nam

In March 2020, WHO Viet Nam launched the first two courses in Vietnamese on OpenWHO to support healthcare workers and medical and nursing students, promoting e-learning as a major tool to disseminate knowledge effectively and timely to train health professionals on how to prepare for the COVID-19 response.

"By launching online Vietnamese courses on COVID-19, we hope that we can bring knowledge to learners, instead of having them travel to where knowledge is," said Dr. Kidong Park, WHO Representative to Viet Nam.

"I found the courses provided by WHO to be extremely useful to my current work in program management. They have helped me come up with effective planning for vaccine distribution," said Tham Chi Dung, a medical doctor who completed two courses on vaccination. "When I shared my certificates on Facebook, many colleagues of mine felt motivated and asked me about how to take courses on OpenWHO."

Viet Nam was the first country office who started translating OpenWHO courses into national languages, already in February 2020. Photo credit: WHO/Viet Nam

Currently, the platform is providing 7 COVID-19 related courses in Vietnamese, with translations by a team of medical experts led by WHO Viet Nam, that cover a wide range of content including infection prevention, clinical care, care facilities design, and vaccine-related issues.

With close cooperation between WHO, Ministry of Health and medical universities, the courses were able to have broader impact, beyond the OpenWHO platform through using the content as reference materials to develop learning materials for health care workers and students being mobilized to assist in the response efforts. The Vietnamese Family Physician Association also disseminated the courses to all members for continuing education to remove barriers to training staff in remote medical facilities.

GLOBAL USER FIGURES

5.4 MILLION TOTAL COURSE ENROLMENTS

34 COVID-19 COURSE TOPICS

54 LANGUAGES

9.8 MILLION WORDS TRANSLATED

2.8 MILLION CERTIFICATES AWARDED

64 OTHER COURSE TOPICS FOR HEALTH EMERGENCIES AND WHO AREAS OF EXPERTISE

Partnerships

The Global Health Cluster - GHC

The Health Cluster released the Health Cluster COVID-19 Updates on 23 June featuring the Global Health Cluster Position on COVID-19 vaccination in humanitarian settings which provides key messages 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.

Other resources and an update on the activities of the COVID-19 Task Team are also included such as the establishment of a vaccine working group which will monitor and track information on vaccination roll-out in humanitarian settings and ensure shared learning and development of key messages.

Community health workers from Viyan Organization, partner of the Iraq Health Cluster, identify and refer suspected COVID-19 cases and raise awareness about COVID-19 symptoms, transmission methods and prevention in the Hasan Sham U2 camp. ©Viyan Organization / Iraq Health Cluster

COVID-19 Partners Platform

The Partners Platform adapts COVID-19 strategy to help countries end EVD and be ready for the next threat

Since 2020 parts of the African region have been facing the concurrent risks of COVID-19 and Ebola virus disease (EVD). To support countries to manage concurrent risks and track emergency response needs, the Partners Platform key functionalities, which began in March 2020 to assist countries in planning a national COVID-19 response plan, include assisting countries with planning, costing and requesting resource needs, and tracking the global flow of supply and funding contributions, which have now been adapted to EVD and measles adaptation is underway.

A COVID-19 Action Checklist on the Platform has been offering guidance across 10 pillars of preparedness and response since the first days of the pandemic. The accompanying figure demonstrates how government health officials have now been able to use the same Platform to budget a national Ebola response plan based on WHO's recommended pillars of operational readiness. These data visualisations allow donors to easily track where the greatest need for funding and resources exist and allocate contributions accordingly.

Uploaded country budget needs for EVD

The extension of the Partners Platform into other emerging threats like EVD introduces a new approach to the emergency response tool-kit: operational readiness. This method builds from an all-hazards preparedness approach and readies hazard-specific operational response capabilities identified through risk assessments and prioritization exercises. In the near future, this platform will expand even further to include measles.

This platform was on tool used by partners to support countries through challenges and successes as a part of response efforts. WHO congratulates both the Republic of Guinea, who declared the current Ebola outbreak over on 19 June 2021 and the Democratic Republic of the Congo who declared the same victory less than two months ago for their 12th EVD outbreak.

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 24 June 2021.

Shipped items as of 24 June 2021	Laboratory supplies*			Personal protective equipment					
Region	**Sample collection kits**	**Antigen RDTs**	**PCR tests**	**Face shields**	**Gloves**	**Goggles**	**Gowns**	**Medical Masks**	**Respirators**
Africa (AFR)	4 904 925	1 103 775	2 164 396	1 529 970	33 830 300	316 850	2 016 579	54 214 400	3 224 030
Americas (AMR)	1 348 132	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)	1 724 920	2 012 925	2 185 935	1 326 785	10 144 000	253 040	2 136 722	29 875 550	1 821 095
Europe (EUR)	924 850	1 138 150	658 256	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 658	371 836	3 843 500	86 510	605 300	6 940 500	1,874,495
Western Pacific (WPR)	652 100	30 000	414 834	768,700	3,220,000	311,927	466,710	14,974,146	3 107 035
TOTAL	**12 760 727**	**17 794 750**	**18 822 041**	**9 102 511**	**71 748 700**	**1 816 527**	**9 884 879**	**203 192 426**	**24 892 965**

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 22 June 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

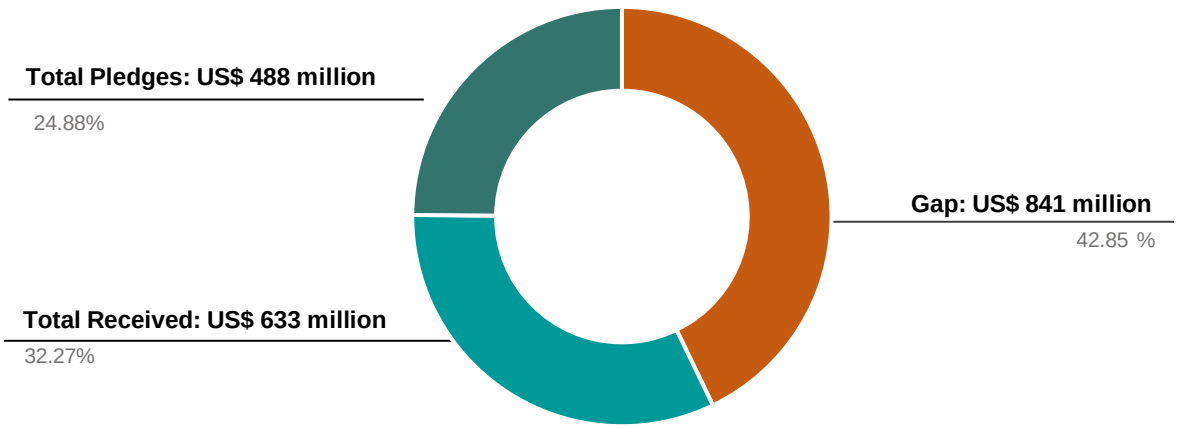
Total WHO requirement under SPRP 2021

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 22 June 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 weekly indicators from the Strategic Preparedness and Response Plan (SPRP 2021) Monitoring and Evaluation Framework are presented below.

Indicator	2020 Baseline	Previous Week Status	Current Week Status	2021 Target
Pillar 3: Proportion of countries[a] testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69[b], data as of epidemiological week 22 2021)	22% (n=15)[c]	45% (n=31)	49% (n=34)	50%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, data as of June 28)	0[d]	97% (n=188)	97% (n=189)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, data as of June 28)	0[d]	2 412 226 768	2 658 604 949	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, data as of June 28)	0[d]	12.6% (0.98 billion)	13.5% (1.05 billion)	N/A

[a] The term "countries" should be understood as referring to "countries and territories"
[b] 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year
[c] Baseline for epidemiological week for southern hemisphere season
[d] Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline
N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

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.

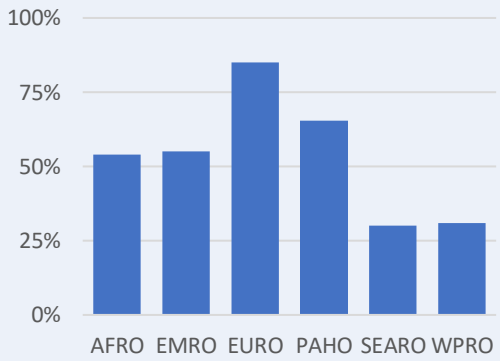
COVID-19 Global Preparedness and Response Summary indicators

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)	2020 Baseline	Status Update
Pillar 10: Proportion of Member States that have reported COVID-19 vaccine-related serious adverse event/s following immunization (AEFI) to WHO (N=142[a], target=90%, as of 24 June)[b]	N/A	63% (n=88) 

The database of the WHO Programme for International Drug Monitoring (PIDM), called "VigiBase", is maintained on behalf of WHO at the Uppsala Monitoring Centre (UMC), a WHO Collaborating Centre located in Sweden, since 1968. Currently with over 26 million individual case safety reports (ICSRs) of adverse events following immunization (AEFI) and Adverse Drug Reactions (ADR) submitted by members of the WHO PIDM, VigiBase is one of the largest databases in the world. Offering a special software (Vigilyze) to the WHO PIDM members, UMC ensures the data can be appropriately analysed and complement the identification of safety signals on a global level to prevent unnecessary harm to patients. The purpose is to ensure that early manifestations of previously unknown reactions related to vaccines and medicines are identified rapidly, shared with the members and appropriate response initiated. Not all Member States have joined the WHO PIDM (146 full member countries as of 25 June 2021) and not all Member States are actively reporting serious adverse events following immunization (AEFI) following COVID-19 vaccines yet.

Even though a total number of 1 198 200 AEFI following COVID-19 vaccination have been reported as of 23 June 2021, these only originate from 63% (88) of Member States that have administered over 100 000 vaccines each. Of note, some Member States that have administered over 100 000 vaccines have reported no AEFIs, while 12 Member States who have administered less than this are reporting to WHO PIDM (VigiBase). The figure to the right shows the proportion of Member States reporting to the WHO PIDM by WHO region.



WHO encourages all Member States to report to the WHO PIDM (VigiBase) regardless of the existence of national reporting mechanisms. Reporting individual cases to the WHO PIDM enables WHO to pool and analyze case-based data from all counties in the world and help early identification of unique signals related to COVID-19 vaccines. This will warn countries and alert them of potential risks related to particular vaccines.

WHO also encourages simultaneous reporting through a new secure online version of the electronic Joint Reporting Form (eJRF), launched in 2021 jointly with UNICEF. This collects annual immunization data to help identify trends and gaps at country, regional and global levels and has a COVID-19 module for monthly vaccination collection.

Both platforms are critical to track and improve progress on immunization while ensuring transparency and safety.

[a] Member States that have administered at least 100 000 COVID-19 vaccines
[b] Monthly reported indicator
N/A not applicable; TBD 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.

Legend: Trend indications ▲ Increase ▼ Decrease ▬ Unchanged

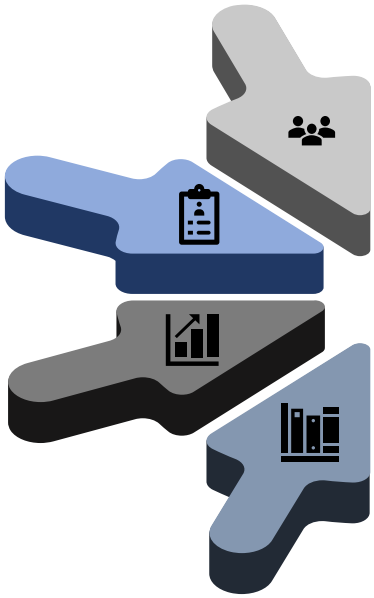
Indicator (2021 target, data as of)	2020 Baseline	Status Update
Pillar 3: Number of countries[a] that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, target=N/A, as of Quarter1/ 2021)[b]	59[c]	66

Sentinel surveillance for influenza and COVID-19 is a resource-effective approach to gathering critical information about both viral infections in patients seeking medical attention and meeting influenza surveillance case definitions. The COVID-19 pandemic has reinforced the value of sentinel surveillance systems for providing timely information on epidemiologic and virological trends, detecting co-circulation of influenza and SARS-CoV-2 and evaluating the impact of these two diseases on health systems. Adaptation of influenza sentinel surveillance systems to include SARS-CoV-2 can guide national, regional and global responses to the COVID-19 pandemic and at the same time addressing public health needs for influenza. It provides an important direction for preparing and responding to influenza and COVID-19, and future emerging respiratory threat.

The interim guidance, Maintaining surveillance of influenza and monitoring SARS-CoV-2 – adapting Global Influenza surveillance and Response System (GISRS) and sentinel systems during the COVID-19 pandemic: Interim guidance, provides practical considerations for extending sentinel surveillance to COVID-19 where possible. For quarter 1 of 2021 (January to March), 66 countries integrated COVID-19 surveillance into sentinel systems that monitor influenza.

[a] The term "countries" should be understood as referring to "countries and territories"
[b] Quarterly reported indicator
[c] Baseline is as of 31 December 2020
N/A not applicable; TBD to be determined

Key links and useful resources



GOARN
For updated GOARN network activities, click **here**.

Emergency Medical Teams (EMT)
For updated EMT network activities, click **here**. Click **here** for the 25 June Press briefing that discusses this.

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 22 June 2021 **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) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1), and Delta (B.1.617.2). 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.

This edition also includes a summary of a Global Consultation on SARS-CoV-2 Variants of Concern and their Impact on Public Health Interventions.

News

- For the Director-General's opening remarks at the media briefing on COVID-19 on 25 June, click **here**.
- For more on Africa facing the steepest COVID-19 surge yet, click **here**.