Weekly Operational Update on COVID-19

12 April 2021

Issue No. 50

Confirmed cases[a]
135 646 617

Confirmed deaths
2 930 732

COVID-19 vaccines now in all countries of the Eastern Mediterranean Region

With the arrival of COVID-19 vaccines to Libya on 5 April, all 22 countries in the Eastern Mediterranean Region have received doses. To date, over 25 million doses have been administered regionally. As early as December 2020, countries began procuring vaccines from manufacturers, launching vaccination campaigns by early 2021.

The COVAX Facility delivered vaccines to 13 of

Credit: WHO Country Office/Egypt

the countries, with the first shipment landing in Sudan on 3 March and the latest shipment arriving 5 April in Islamic Republic of Iran.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, noted that despite progress, "we still see unfair distribution. Some countries have enough vaccines to protect their populations many times over, while others face significant shortages. COVID-19 cannot be defeated one country at a time. I urge all manufacturers and countries to join forces to ensure sufficient doses of vaccines. Our work needs to be guided by the need to protect people, save lives and end the pandemic. Political games and selfishness will not help, because no one is safe, until everyone is safe".

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 **30** topics in **50** languages

17 753 922 PCR tests shipped globally

198 747 426 medical masks shipped globally

8 659 511 face shields shipped globally

1 566 287 gloves shipped globally

166 GOARN deployments conducted to support COVID-19 pandemic response

669 248 795 COVID-19 vaccine doses administered globally as of 8 April

[a] COVAX has shipped over **38 million** vaccines to **104 participants** as of 9 April

[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

World Health Organization

HEALTH
EMERGENCIES
programme

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From the field:

Kingdom of Tonga receives 24 000 doses of COVID-19 vaccines through the COVAX facility

On 31 March 2021 the Kingdom of Tonga became the third country in the Pacific islands to receive COVID-19 vaccine doses with the arrival of 24 000 doses of the AstraZeneca/Oxford COVID-19 vaccine from the COVAX Facility to Nuku'alofa according to the Regional Office for the Western Pacific. The COVAX Facility is enabling equitable distribution of vaccines to countries which may not have direct access to manufacturers.

Dr Yutaro Setoya, Officer in Charge of the WHO Country Liaison Office for the Kingdom of Tonga said "Even though Tonga has no COVID-19 cases, the closure of the borders has an intense impact on people's health, rights to nutrition, mental health…and the vaccination is a part of a larger strategy to strengthen health systems in Tonga for the longer term.

The COVID-19 vaccines are proven to protect people from severe disease and death. Used together with public health measures such as physical distancing and washing hands frequently, [this] will help mitigate the effects of the pandemic by reducing deaths and severe disease. This means Tonga can look at opening up gradually and the economic revival of the country."

Dr Yutaro Setoya, Officer in Charge, WHO Country Liaison Office for the Kingdom of Tonga, Minister for Health Hon Dr 'Amelia Tu'i'pulotu and other partners receive the vaccines in Nuku'alofa. Photo credit: WHO/Tonga

Minister for Health, Hon Dr 'Amelia Tu'i'pulotu, confirmed that the rollout will take place on Thursday 15 April 2021 and be implemented according to priority groups. The Ministry intends to first vaccinate frontline workers including staff from the Health Ministry and staff at airports and ports.

A National Technical Working Group (TWG) has been established to manage all aspects of the COVID-19 vaccine roll-out. The TWG is working closely with WHO and UNICEF to support health workers and all stakeholders involved in the rollout. This includes capacity building for frontline workers, coordinating resources for safe storage and vaccination capacity and providing timely information and knowledge to the public about the COVID-19 vaccine.

Tonga is not new to immunization campaigns and in the past the Health Ministry has had great success with vaccine rollout and community cooperation. It is anticipated that this rollout will be no different, as the Ministry continues to work together with the public in preparation for the national rollout.

The Ministry of Health acknowledges the support from the WHO, the New Zealand and Australian governments, Japan, and partners including the Asian Development Bank (ADB), World Bank and European Union, in obtaining vaccines to protect the people of Tonga from COVID-19.

For more information, click here.

From the field:

WHO's humanitarian health leadership in restoring essential services following a massive fire in the world's largest refugee camp

On 22 March 2021, a massive fire spread through three camps in the Rohingya refugee camp in Cox's Bazar, Bangladesh, causing eleven deaths, a significant number of injured and displaced more than 45 000 people.

Six health facilities were damaged or destroyed by the fire, including a secondary health center (Turkish Field Hospital) which played a key role as a referral facility in the camps. The WHO Emergency Preparedness and Response (EPR) stockpiling container located at the Turkish Field Hospital was damaged, losing medical supplies for the primary health care needs and emergency and trauma care of over 25 000 people.

An important secondary health facility in the Rohingya refugee camps which is also housing a WHO container for emergency preparedness and response stockpiling, the Turkish Field Hospital was down to ashes within minutes. WHO Bangladesh

Restoration of essential health services remains a priority. WHO has rapidly coordinated the health sector emergency response to support the reestablishment of primary health care in the refugee camps, while strengthening the capacity of the healthcare workers in Cox's Bazar to manage burn injured patients and improve patient outcomes.

WHO logistical support with the supply of tents, equipment and medical commodities was provided to partners whose facilities were damaged or destroyed, including a Medical Camp Kit Tent to Reaching People in Need (RPN) to ensure the temporary provision of health services. To date, all primary health care facilities have restarted health services, at least on a limited scale. Discussions on reconstruction are currently ongoing, with the re-establishment of most health facilities expected shortly. Operational and logistic work is ongoing to ensure that the WHO Emergency Preparedness and Response (EPR) stockpiling container is fully functional for the upcoming monsoon and cyclone season.

Surveillance and reporting mechanisms were strengthened through Early Warning, Alert and Response System (EWARS), Mobile Medical Teams (MMTs) and health care facilities to timely detect, investigate and respond to any disease outbreak which could result from the fire incident, including Acute Water Diarrhea (AWD) and other priority communicable diseases.

WHO is working with the Turkish Field Hospital leadership and engineering to support the re-establishment of operational capacity. Equipment and supplies were provided, including 17 Trauma and Emergency Surgery Kits, 5 Interagency Emergency Health Kits with medicines and renewables, 1 cholera kit, 8 patient monitors and more.

For information on the immediate coordinated efforts to respond to the fire and recent trainings, click here.

From the field:

WHO supports Armenia to support and strengthen COVID-19 surveillance and contact tracing

During March 2021, WHO deployed technical expertise from the Regional Office for Europe to Armenia for a four-week mission to work with WHO's country team in supporting Armenian health authorities to review and strengthen their COVID-19 surveillance and public health response measures.

Over the course of the mission, consultations were held with representatives

A shipment of 10 000 COVID-19 tests was procured by WHO to support Armenia's response to the pandemic. Credit: WHO

from the National Center for Disease Control (NCDC), Ministry of Health, and ARMED, the local e-health system provider.
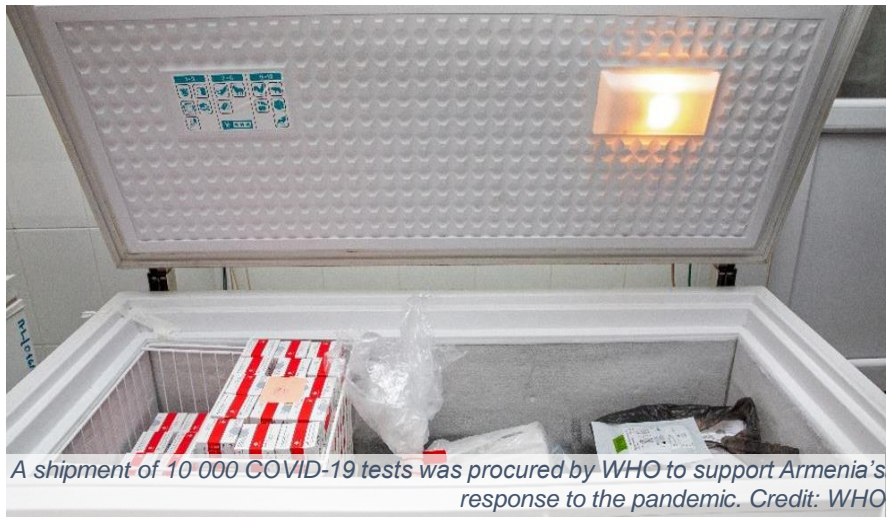
These consultations helped inform several joint activities including:

> ➤ investigations of suspected COVID-19 re-infections and development of a methodology for reinfection surveillance;

> ➤ analyses of daily surveillance data and re-design of the national COVID-19 surveillance dashboard;

> ➤ a review of the national contact tracing strategy currently in place; and

> ➤ development of an algorithm for the selection of SARS-CoV-2 samples for sequencing.

A post-introduction review of the use of antigen rapid diagnostic tests (RDTs) for SARS-CoV-2 in Armenia was also performed. In epidemiological week 11, the effectiveness of RDTs in remote areas and for triage at hospitals was analyzed using the case-based data provided by the Armenian Ministry of Health.

Strengths and recommendations for improvement for the COVID-19 surveillance and epidemiological systems were submitted to the national health authorities at the close of the mission.

## Risk Communication, Community Engagement and Infodemic Management

Second WHO training in infodemic management: open call for applicants

As part of WHO's efforts to manage the infodemic in line with a comprehensive pandemic preparedness plan, WHO has opened applications for its second online global infodemic manager training in partnership with US Centers for Disease Control and Prevention (US CDC) and UNICEF.

There is an urgent need to address the infodemic in addition to the COVID-19 pandemic, as most countries are battling both. As the world accelerates the development and rollout of public health measures, making good health information accessible is as important as ever.

This training will generate cross-disciplinary infodemic managers that can be deployed to the field for infodemic response, build on the skills of national health authority staff in infodemic management and offer the opportunity for United Nations staff to learn more about it.
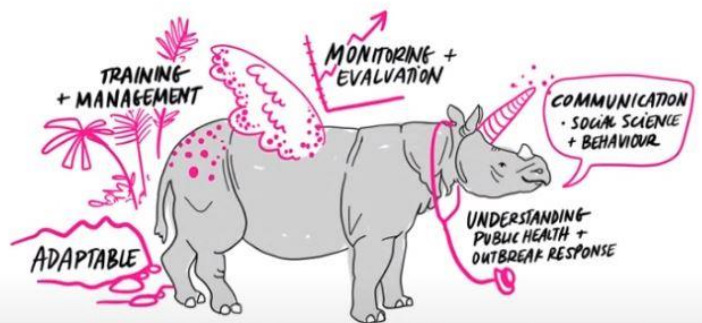
In the first training, nearly 300 participants from 78 countries across all six WHO regions were trained. Upon completion of the training, trainees who become WHO-certified infodemic managers will be added to a WHO roster for global deployments to different country assignments. Several trainees from the first cohort have already deployed, working on infodemic management with WHO and partners.

WHO, US CDC, UNICEF and partners invite applications from experienced professionals from the fields of epidemiology, behavioural science, risk communication, health service delivery/health care workers, digital health, policy making (in health and intersectoral), who are responding to the current COVID-19 and overlapping infodemics at country level.

> ➢ *Online training runs for four weeks from 1 - 30 June 2021*
> ➢ *Deadline for submission is 9 May 2021 at 18:00 Geneva, Switzerland time*

Find the full guidelines for how to apply and further information on the training here.

COVID-19 Preparedness

Experiences of long-term care facilities (LTCFs) in managing the COVID-19 pandemic

To facilitate the exchange of good practices and lessons learnt, the third session of the 'Safe hospital' webinar series, organized on 18 March by WHO in collaboration with the International Hospital Federation (IHF) and the UN Office for Disaster Risk Reduction (UNDRR), focused on long-term care facilities (LTCFs) and services during the COVID-19 pandemic.

Participants from 101 countries and territories across all WHO regions attended.

F-1 Stadium converted into a COVID-19 facility (Picture courtesy: Felipe Cruz Vega, Mexico)

➤ The National Lead for Healthy Ageing, Qatar noted using 'telephone calls' and 'SMS-messaging' to support older people in the community in the absence of outpatient services, establishing a direct transfer system from the airport to geriatric quarantine units for older adults returning from seeking care internationally and implementing WHO recommended IPC standards for safer LTCFs.

➤ The Mexican Social Security Institute highlighted enabling the principles behind safe hospitals by expanding LTCF capacity in a number of ways such as the number and capacity of the health workforce (HWF). Surge capacity was expanded by converting both a Formula-1 stadium for quarantine and waiting areas of hospitals for COVID-19 treatment.

➤ Seoul National University, Republic of Korea, highlighted that given the majority of both residents and HWF are females, the importance of a gender-sensitive approach to the COVID-19 response, including by increasing women in leadership roles.

➤ The Chief Nursing Officer of Genesis HealthCare, USA utilized a "PPE calculator" and other innovative tools in LTCFs; collaborations with Brown University and the University of Pennsylvania enabled trend-analysis of COVID-19 cases for advocacy and actions to address PPE fatigue amongst staff.

➤ The Scottish Government Pandemic Response, United Kingdom of Great Britain and Northern Ireland, presented 'Open with care' guidance on balancing transmission risk and social isolation harms using an evidence-based, whole-of-society approach that emphasizes multi-layered protection and "meaningful contact" with residents of LTCFs.

Register now for the concluding webinar in the series on 15 April that will focus on health facilities post-COVID-19 and beyond: safe, functional, climate-resilient and environmentally sustainable.

Pandemic learning response:

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, OpenWHO.org launched in June 2017. The platform has reached 50 languages and 5 million course enrolments, of which more than 80% are COVID-19 courses to transfer life-saving information to frontline responders, with the first COVID-19 course published on 26 January 2020.

These 30 free COVID-19 courses align with the COVID-19 Strategic Preparedness and Response Plan (SPRP 2021), with at least one course per each of the ten response pillars to support ongoing learning opportunities and capacity building globally to support achieving the SPRP 2021 objectives. Five additional COVID-19 courses are currently under development.

COVID-19 course topics on the platform include: an introduction to COVID-19, clinical care, infection prevention and control (IPC), COVID-19 vaccination training, national deployment and vaccination planning, vaccine-specific knowledge resources, guidance on mask use, long-term care, clinical management, rehabilitation of patients with COVID-19, leadership in IPC, staying healthy and safe at work, country capacitation, treatment facility design, the Go.Data tool, protective equipment, hand hygiene, waste management, decontamination of medical devices, injection safety, risk assessment for mass gatherings, occupational health and safety, eProtect pre-deployment training, country intra-action reviews, neglected tropical diseases in the pandemic context, COVID-19 risk communication, and public health emergency operations centres.

5 087 196
COVID-19 Course enrollments
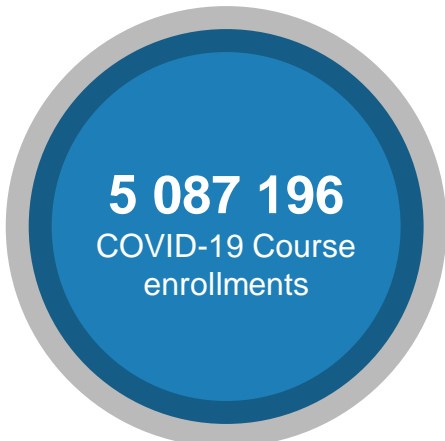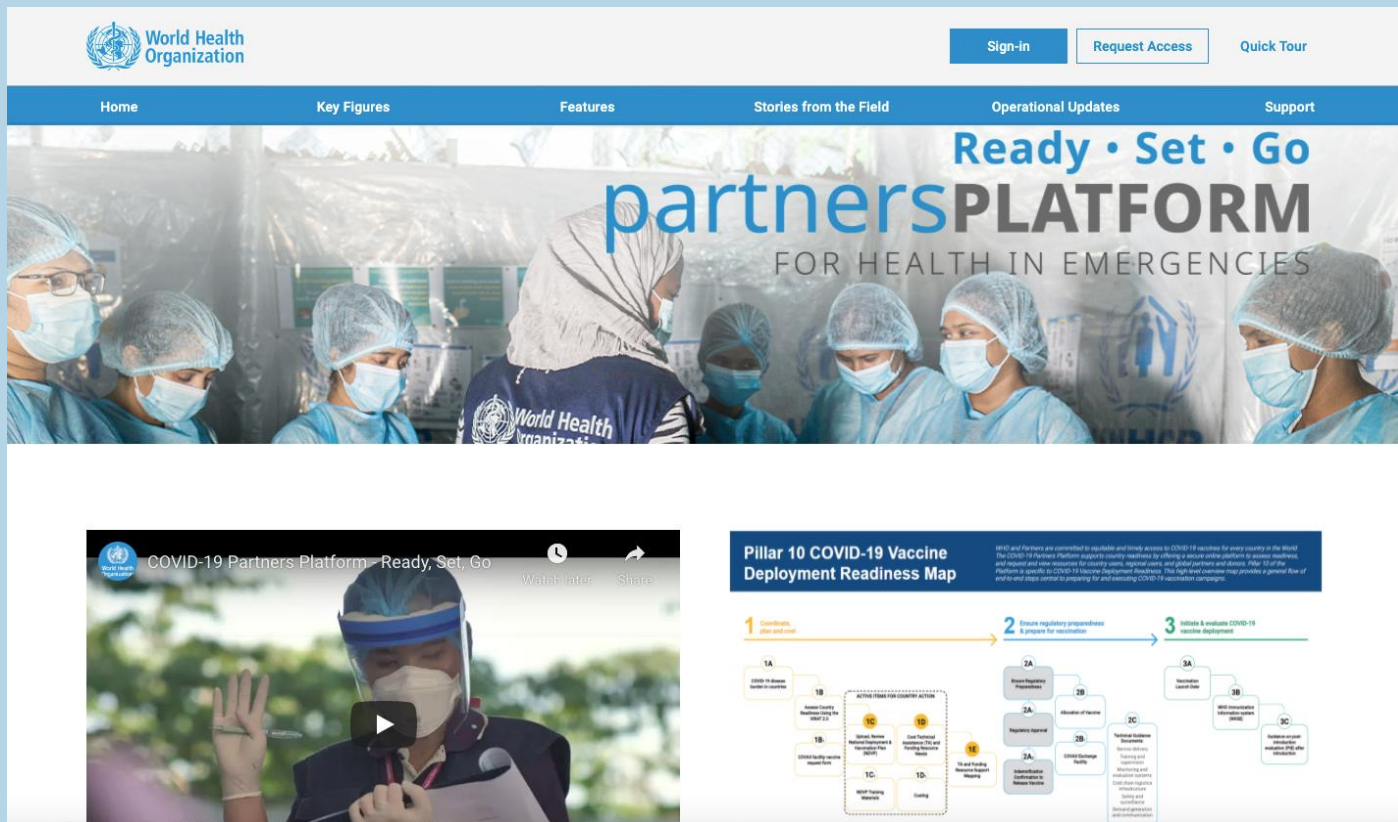
30 topical COVID-19 courses

50 languages

Over 2.8 million certificates

COVID-19 Partners platform

The COVID-19 Partners Platform has just launched a new landing page to include a wider range of features that all visitors to the site will find useful - from our country administrators to donors and new users who are looking to understand more about this innovative WHO planning tool.

The new landing page includes:

➢ figures at a glance, showing real-time updates on total contributions made toward the pandemic response, how many countries are using the Platform's Action Checklist to inform their national plan, and more;

➢ the most current technical guidance documents for COVID-19;

➢ an introductory video with Dr Mike Ryan, Executive Director of the WHO Health Emergencies Programme describing the impact of the Partners Platform in COVID-19 readiness and response planning;

➢ stories from the field, highlighting how specific countries, areas and territories have used the Partners Platform in their own national pandemic response;

➢ a link to a user support page with helpful information including User Guides and Frequently Asked Questions, training materials, and the Partners Platform's Terms of Use and Privacy Policy.

Partners Platform users still benefit from easy direct sign-in access. All proprietary information will only be accessible inside the Platform after user sign-in. You can explore all of these changes at https://covid19partnersplatform.who.int/en.

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 April 2021.

Shipped items as of 9 April 2021	Laboratory supplies*			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	718 250	3 829 125	1 866 146	1 473 890	12 224 300	223 570	1 741 279	53 467 400	2 768 630
Americas (AMR)	7 479 900	1 046 132	10 720 012	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 178 300	1 625 220	1 802 440	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	459 000	658 050	609 520	1 756 900	8 938 900	414 860	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	**11 275 450**	**10 572 827**	**17 753 922**	**8 659 511**	**38 713 700**	**1 566 287**	**6 970 179**	**198 747 426**	**20 070 365**

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 supplies data is as of 1 April 2021.

For further information on the **COVID-19 supply chain system**, see here.

Appeals

WHO's Strategic Preparedness and Response Plan (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US$ 1.96 billion appealed for, US$ 1.2 billion is directly attributable towards ACT-A and 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.

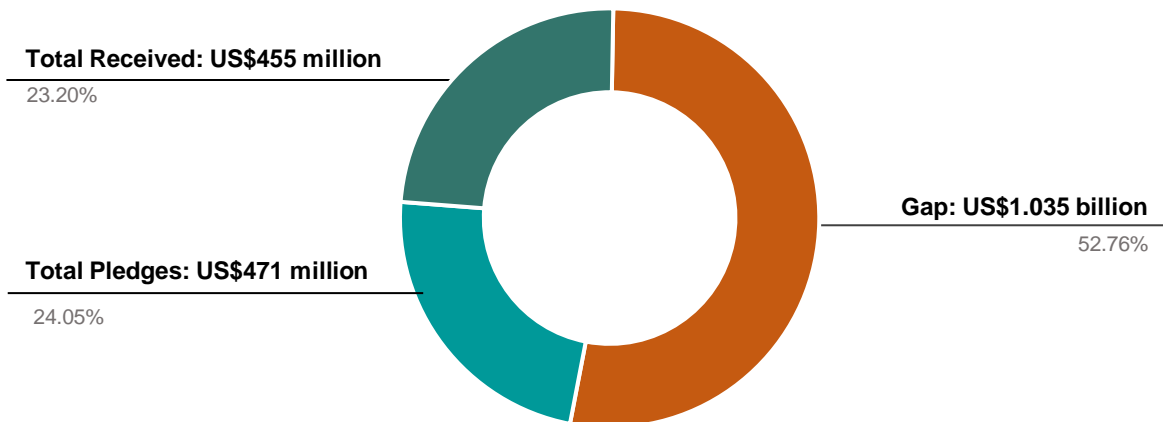**SPRP 2021 Requirements US$ 1.96 billion**
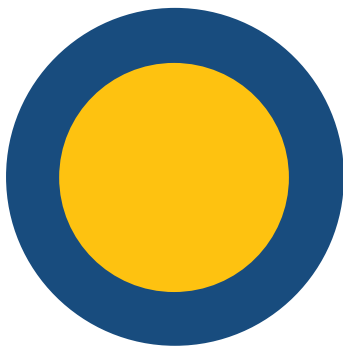
- ● **Total WHO requirement under SPRP 2021**

- ● **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 6 April 2021

Total Received: US$455 million
23.20%

Gap: US$1.035 billion
52.76%

Total Pledges: US$471 million
24.05%

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.
Note: Data within the graph above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in numbers is anticipated.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 26 March 2021, **The Solidarity Response Fund** has raised or committed more than US$ 246 million from more than 664 403 donors.

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

More than US$ 246 Million

664 403 donors

[individuals – companies – philanthropies]

Alisson Becker and WHO Foundation launch campaign to raise resources and support treatment for COVID-19 patients starting in the Americas

Oxygen delivery is among the priorities identified in WHO's recently released Strategic Preparedness and Response Plan for 2021, for which the COVID-19 Solidarity Response Fund is seeking to raise funds from individuals, philanthropies, and corporates.

Champion goalkeeper Alisson Becker of the Brazilian national football team and Liverpool Football Club and World Health Organization (WHO) Goodwill ambassador for health promotion, is kickstarting a new global fundraising campaign, titled "Give a Breath for Health," driven by the WHO Foundation and WHO. The initiative aims to support the delivery of oxygen and other life-saving supplies to health facilities treating patients with COVID-19 around the world. The first donation to the "Give a Breath for Health" campaign, made by Alisson, will contribute with supplies to locations in the Amazon.

Anil Soni, Chief Executive Officer of the WHO Foundation, noted that "The response to COVID-19 is bigger than any one country or government can manage alone. The 'Give a Breath for Health' campaign is an exciting example of how the COVID-19 Solidarity Response Fund can enable anyone, anywhere to support the urgently needed pandemic response efforts of WHO and its partners.".

> "Working together we can overcome this difficult moment and I will do what I can to help my country, my Region, and the world, during the COVID-19 crisis," said Alisson Becker. "There remains a desperate need in many areas for supplies of essential medicines and equipment, including oxygen, to help keep people alive in our hospitals and clinics."

PAHO Director, Carissa F. Etienne noted a surge in COVID-19 cases in the Americas and that "as more and more patients require hospitalization, solidarity response efforts like the one led by Alisson Becker can help provide health care workers in the Region with much-needed supplies and equipment, including oxygen, to save lives."
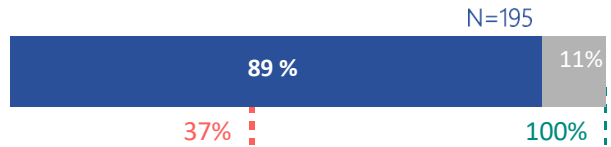
For further information on this, click here.

World Health Organization

COVID-19 Global Preparedness and Response Summary Indicators [a]

Countries have a COVID-19 preparedness and response plan

N=195

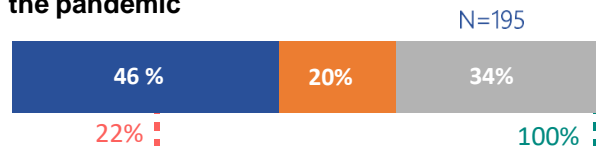| 91 % | 7% |
| 47% | 100% |
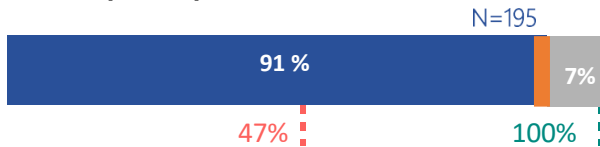
Countries have a clinical referral system in place to care for COVID-19 cases

N=195

| 89 % | 11% |
| 37% | 100% |

Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) [b]

N=195

| 97 % | |
| 19% | 100% |
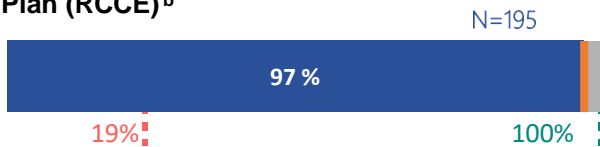
Countries that have defined essential health services to be maintained during the pandemic

N=195

| 46 % | 20% | 34% |
| 22% | | 100% |

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

N=195

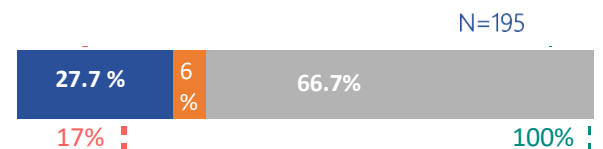| 44 % | 7% | 50% |
| 22% | | 100% |
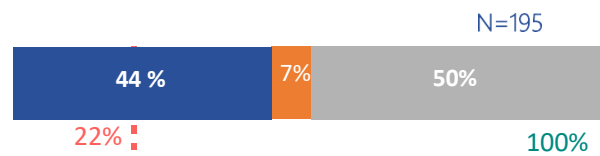
Countries in which all designated Points of Entry (PoE) have emergency contingency plans

N=195

| 35 % | 63% | |
| 29% | | 100% |
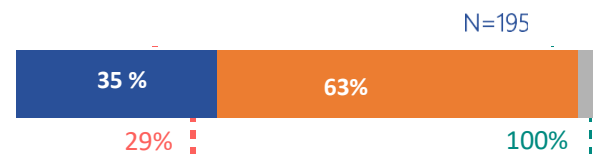
Countries with a national IPC programme & WASH standards within all health care facilities

N=195

| 39 % | 14% | 47% |
| 27% | | 100% |
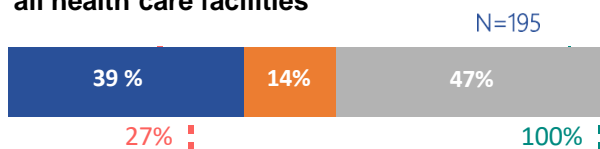
Countries have a health occupational safety plan for health care workers

N=195

| 27.7 % | 6 % | 66.7% |
| 17% | | 100% |

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

N=195

| 97 % | |
| 45% | 100% |
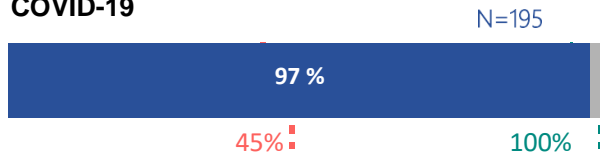
Countries have COVID-19 laboratory testing capacity

N=195

| 100 % | |
| 85% | 100% |

Legend

| ■ Yes | ■ No | ■ No information | ┊ Baseline value | ┊ Target value |
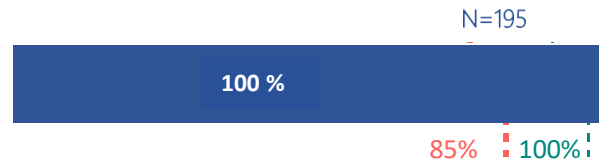
Notes:
a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO

COVID-19 Global Preparedness and Response Summary Indicators

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

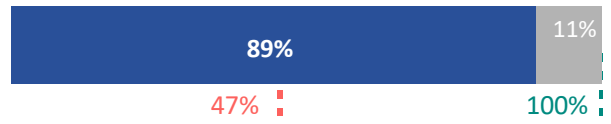**Priority countries with multisectoral mental health & psychosocial support working group**

N=64

| 83% | 6% | 11% |

47%   100%
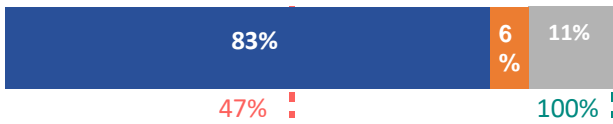
Priority countries with an active & implemented RCCE coordination mechanism

N=64

| 89% | 11% |

47%   100%

Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 [c]

N=64

| 44% | 56% |

0%   27%

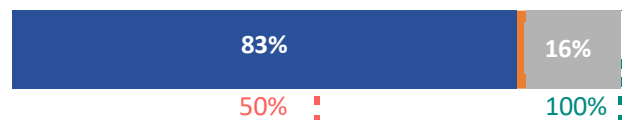**Priority countries with a contact tracing focal point**

N=64

| 72% | 23% |

0%   100%

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

N=64

| 52% | 48% |

47%   100%

Priority countries with an IPC focal point for training

N=64

| 83% | 16% |

50%   100%

Legend

Yes | No | No information | Baseline value | Target value

Notes:

c Source: WHO Immunization Repository

13

World Health Organization

The Unity Studies: WHO Early Investigations Protocols

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

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.
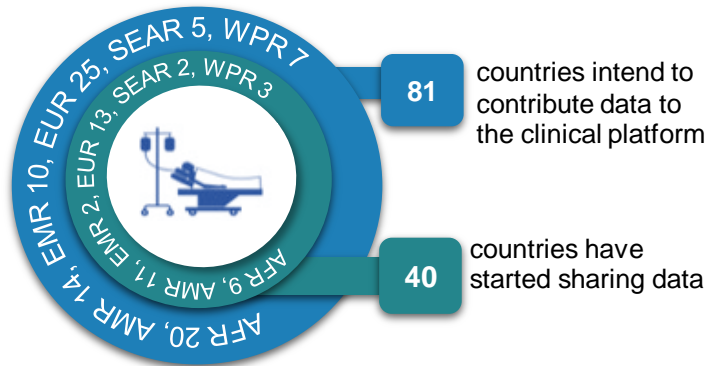
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays

AFR 21, AMR 5, EMR 11, EUR 27, SEAR 6, WPR 12

82 countries have started implementation
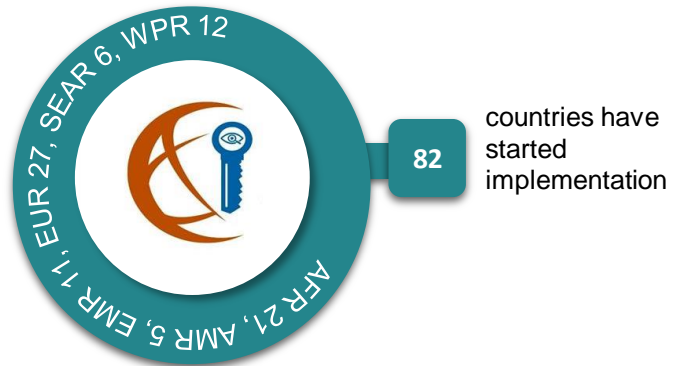
Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.
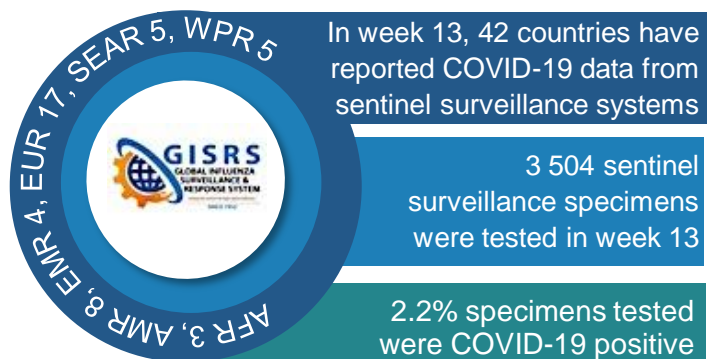
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.

AFR 20, AMR 14, EMR 10, EUR 25, SEAR 5, WPR 7
AFR 9, AMR 11, EMR 2, EUR 13, SEAR 2, WPR 3

81 countries intend to contribute data to the clinical platform

40 countries have started sharing data

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

AFR 3, AMR 8, EMR 4, EUR 17, SEAR 5, WPR 5

GISRS GLOBAL INFLUENZA SURVEILLANCE & RESPONSE SYSTEM

In week 13, 42 countries have reported COVID-19 data from sentinel surveillance systems

3 504 sentinel surveillance specimens were tested in week 13

2.2% specimens tested were COVID-19 positive

Key links and useful resources

GOARN

For updated GOARN network activitie**s**, 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 6 April **Weekly Epidemiological Update**, click **here.** Highlights this week include:

Globally, new COVID-19 cases rose for a sixth consecutive week, with over 4 million new cases reported in the last week. The number of new deaths also increased by 11% compared to last week, with over 71 000 new deaths reported.

News

- For the Interim statement of the COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety on AstraZeneca COVID-19 vaccine, click **here**.