

Weekly Operational Update on COVID-19

03 May 2021

Issue No. 53



Confirmed cases^a
152 534 452

Confirmed deaths
3 198 528

Addressing critical gaps urgently in India

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

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



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

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

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

Key Figures



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



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



17 646 017 PCR tests shipped globally



200 105 426 medical masks shipped globally



8 664 511 face shields shipped globally



45 279 700 gloves shipped globally



167 GOARN deployments conducted to support COVID-19 pandemic response



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

^a COVAX has shipped over **49 million** vaccines to **121 participants** as of 3 May

^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:

CONTINUED: Addressing critical gaps urgently in India

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

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

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

From the field:

Lifesaving supplies donated to Gambia for the COVID-19 response

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

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

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



©WHO country office Gambia

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

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

For further information, click [here](#)

From the field:

Medical oxygen delivery and trainings brings hope in Mogadishu, Somalia

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

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

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



©WHO country office Somalia

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

“Things were tough before the oxygen arrived, as we were using 200 oxygen cylinders a day. Some of the critical patients were using one cylinder every two hours,” said Dr Abdirizak Yusuf Ahmed. He recalled trying everything after running out of oxygen the night of 2 March, even utilizing manual resuscitation equipment, then being moved in seeing those patients who had little hope to live that night survive and later return home to their loved ones.

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

From the field:

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

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

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

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



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

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

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

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

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

From the field:

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

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



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

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

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

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

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

For more information, click [here](#)

Public health response and coordination highlights

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

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

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

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

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

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

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

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

More than **US\$ 247 Million**



668 791 donors

[individuals – companies – philanthropies]

Pandemic learning response

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

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

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

The Ministry of Health (MoH)

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

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



As of 27 April 2021



31 topical COVID-19 courses

51 languages

Over 2.8 million certificates

COVID-19 Preparedness

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

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



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

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

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

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

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

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

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

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

COVID-19 Partners platform



Ready · Set · Go
partners PLATFORM
FOR HEALTH IN EMERGENCIES

Pillar 10 COVID-19 Vaccine Deployment Readiness Map

WHO and Partners are committed to equitable and timely access to COVID-19 vaccines for every country in the World. The COVID-19 Partners Platform supports country readiness by offering a secure online platform to assess readiness and request and share resources for vaccine supply, clinical trials, and distribution. The Platform is specific to COVID-19 vaccine deployment readiness. This high-level overview map provides a general flow of work and steps currently underway for piloting the COVID-19 vaccine deployment.

- 1. Coordinate, plan and act**
 - 1A: Identify and assess vaccine needs
 - 1B: Assess supply and demand for COVID-19
 - 1C: Identify and assess vaccine needs
 - 1D: Assess supply and demand for COVID-19
 - 1E: To and fro, monitoring and reporting
- 2. Assess regulatory preparedness & prepare for vaccination**
 - 2A: Process development
 - 2B: Production of vaccine
 - 2C: Regulatory approval
 - 2D: Clinical trial readiness
 - 2E: International regulatory harmonization
- 3. Utilize & evaluate COVID-19 vaccine deployment**
 - 3A: Vaccine deployment
 - 3B: Monitor and evaluate vaccine deployment
 - 3C: Evaluate and report on vaccine deployment

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

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

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

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

Operations Support and Logistics

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

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

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

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

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

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

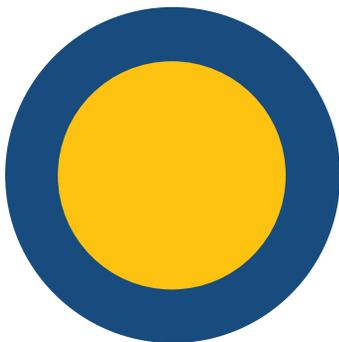


Appeals

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

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

SPRP 2021 Requirements US\$ 1.96 billion

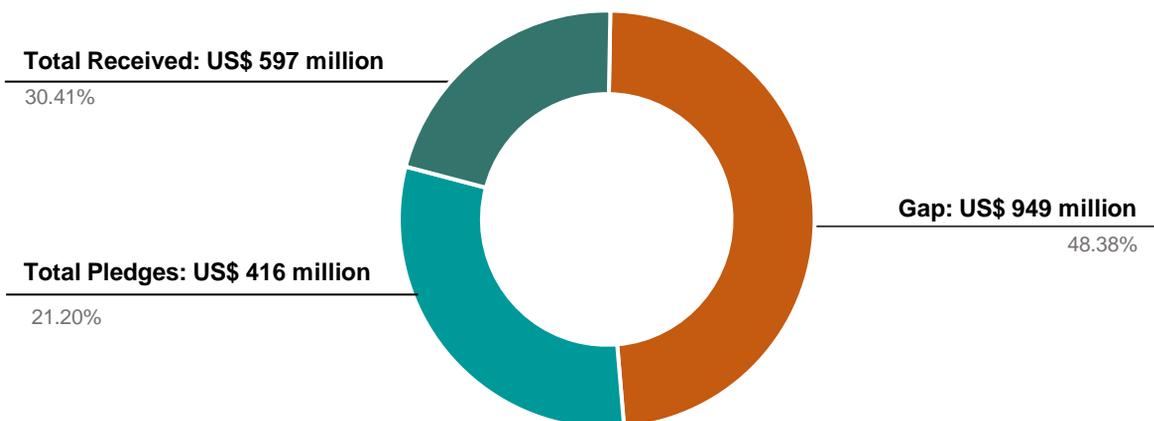


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

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

Contributions to WHO for COVID-19 appeal

Data as of 27 April 2021

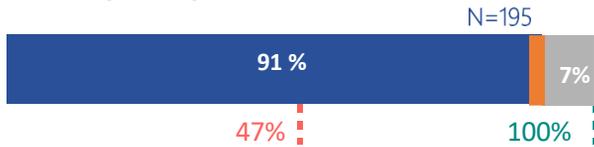


The 2021 SPRP priorities and resource requirements can be found [here](#). The status of funding raised for WHO against the SPRP can be found [here](#).

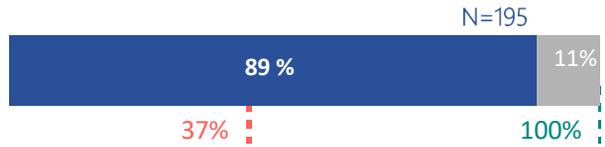


COVID-19 Global Preparedness and Response Summary Indicators ^a

Countries have a COVID-19 preparedness and response plan



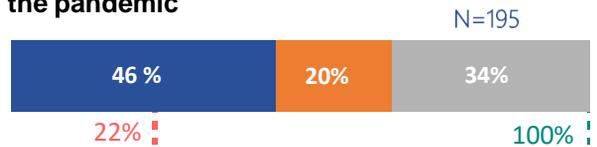
Countries have a clinical referral system in place to care for COVID-19 cases



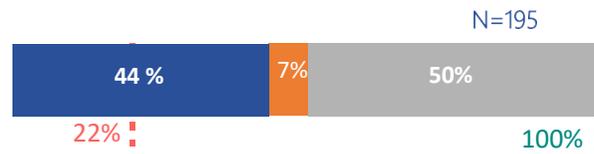
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



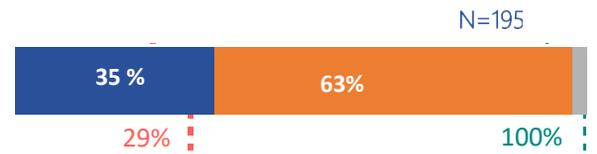
Countries that have defined essential health services to be maintained during the pandemic



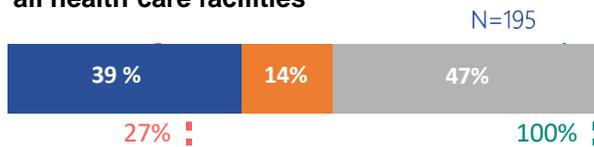
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



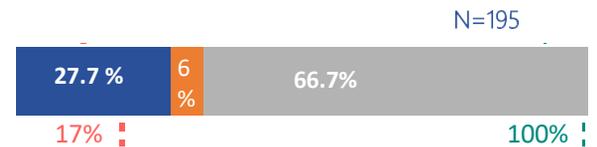
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



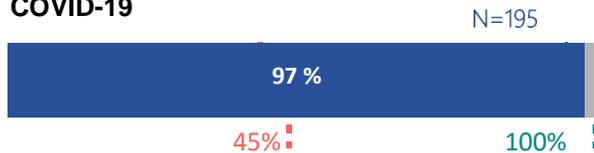
Countries with a national IPC programme & WASH standards within all health care facilities



Countries have a health occupational safety plan for health care workers



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



Countries have COVID-19 laboratory testing capacity



Legend



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](#).

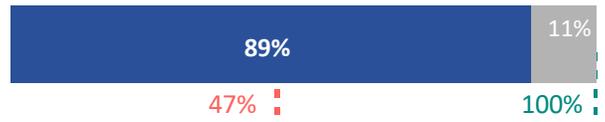
Priority countries with multisectoral mental health & psychosocial support working group

N=64



Priority countries with an active & implemented RCCE coordination mechanism

N=64



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

N=64



Priority countries with a contact tracing focal point

N=64



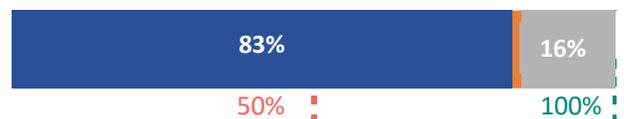
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository



The Unity Studies: WHO Early Investigations Protocols

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

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

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



86

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.



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



In week 16, 49 countries have reported COVID-19 data from sentinel surveillance systems

24 874 sentinel surveillance specimens were tested in week 16

14.5% specimens tested were COVID-19 positive



Key links and useful resources



GOARN

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

WHO case definition

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

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



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

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

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

News

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