

Weekly Operational Update on COVID-19

24 May 2021

Issue No. 56



Confirmed cases^a
166 860 081

Confirmed deaths
3 459 996

WHO supported medical supplies reach Indian states and Union Territories



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

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

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

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

Key Figures



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



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



28 195 360 PCR tests shipped globally



200 535 426 medical masks shipped globally



65 364 700 gloves shipped globally



105 emergency medical teams internationally deployed



172 GOARN deployments conducted to support COVID-19 pandemic response



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

^a COVAX has shipped over **69 million** vaccines to **125 participants** as of 21 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:

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



©WHO country office/Egypt

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

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

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

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

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

From the field:

Philippines receives additional COVID-19 vaccines through COVAX Facility

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



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



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

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

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

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

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

From the field:

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

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

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



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

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

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

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



From the field:

COVID-19 posing unprecedented threat on war-torn Yemen

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



The continued fuel support to 22 May hospital in Aden is vital for the functionality of the hospital and service availability that benefit those who need them most. Credit: NesmaKhan/WHO

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

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

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

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

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

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

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

More than US\$ 251 Million



670 729 donors

[individuals – companies – philanthropies]



Pandemic learning response

Online training on vaccination to frontline workers in Uruguay

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

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



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

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

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

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

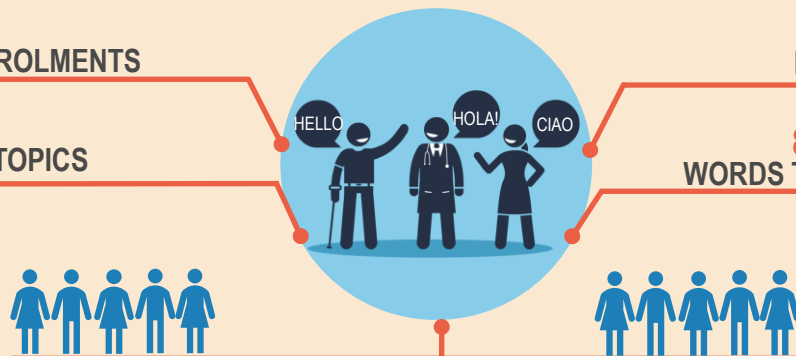
USER FIGURES

5.3 MILLION
TOTAL COURSE ENROLMENTS

52
LANGUAGES

32
COVID-19 COURSE TOPICS

8.8 MILLION
WORDS TRANSLATED



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

Risk Communication, Community Engagement and Infodemic Management

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

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

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

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



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

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

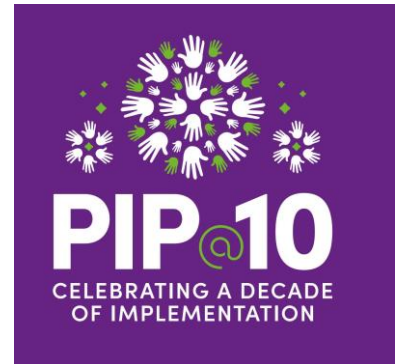
Despite the challenging circumstances young people around the world face, they continue to show amazing resilience and commitment to contribute to the COVID-19 response, in their local communities and beyond.

COVID-19 Preparedness

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

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

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



How?

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

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



COVID-19 Partners Platform

Partners Platform featured in newSpecial magazine

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

High-level regional briefings on SPRP 2021

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

WHAT IS THE PARTNERS PLATFORM’S added value?

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



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

Operations Support and Logistics

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

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

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

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

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 17 May 2021*

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

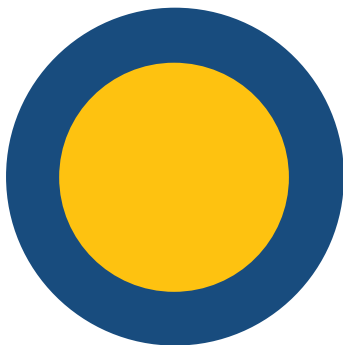


Appeals

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

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

SPRP 2021 Requirements US\$ 1.96 billion

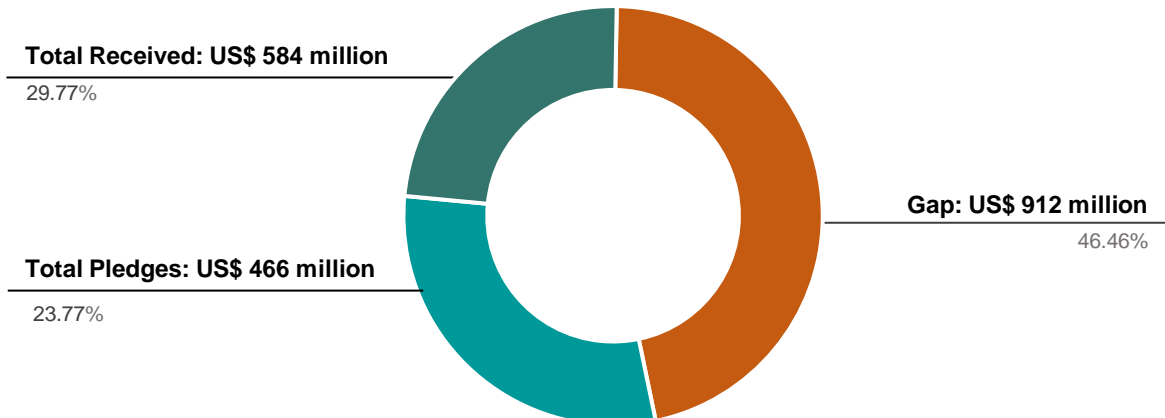


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

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

Contributions to WHO for COVID-19 appeal

Data as of 18 May 2021

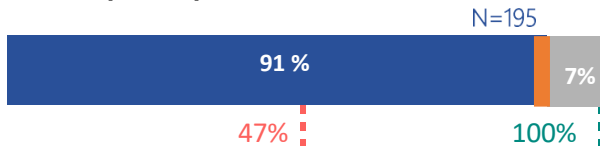


The 2021 SPRP priorities and resource requirements can be found [here](#). The status of funding raised for WHO against the SPRP can be found [here](#).

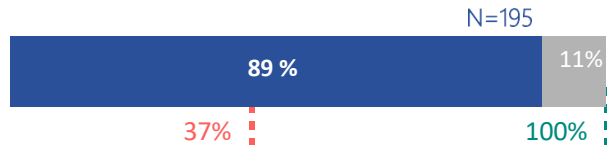


COVID-19 Global Preparedness and Response Summary Indicators ^a

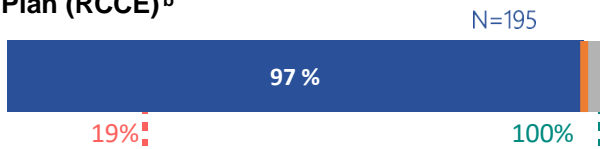
Countries have a COVID-19 preparedness and response plan



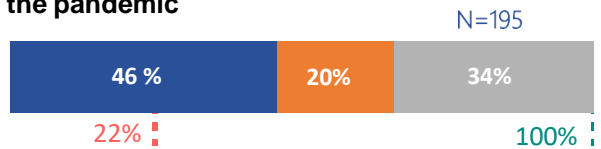
Countries have a clinical referral system in place to care for COVID-19 cases



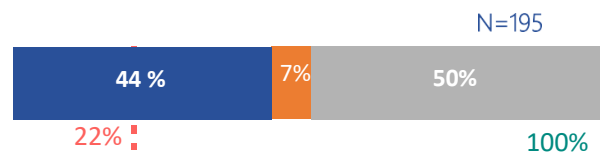
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



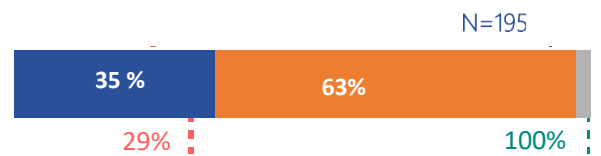
Countries that have defined essential health services to be maintained during the pandemic



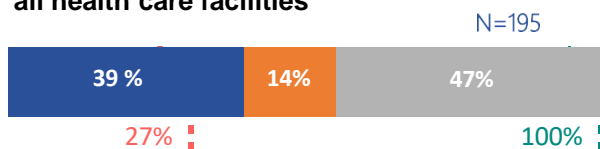
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



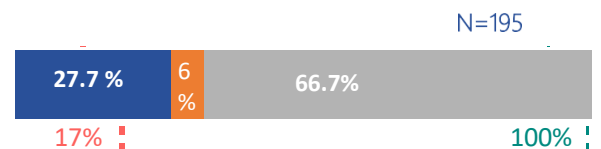
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



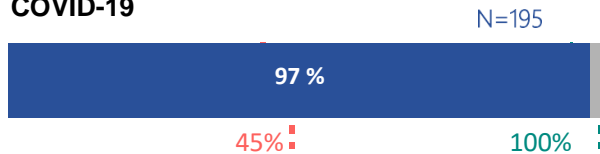
Countries with a national IPC programme & WASH standards within all health care facilities



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

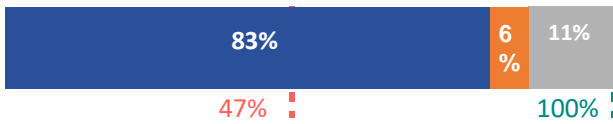


COVID-19 Global Preparedness and Response Summary Indicators

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](#).

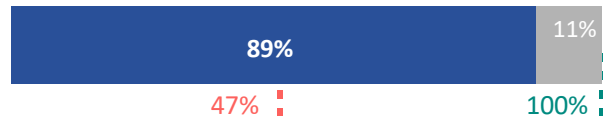
Priority countries with multisectoral mental health & psychosocial support working group

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



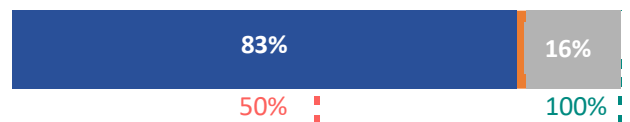
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

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

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



87 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.



42 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 19, 41 countries have reported COVID-19 data from sentinel surveillance systems

20 992 sentinel surveillance specimens were tested in week 19

17.4% specimens tested were COVID-19 positive



Key links and useful resources



GOARN

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

Emergency Medical Teams (EMT)

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

WHO case definition

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

EPI-WIN

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

WHO Publications and Technical Guidance

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

For more information on
COVID-19 regional
response:



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

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

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

News

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