

Weekly Operational Update on COVID-19

31 May 2021

Issue No. 57



Confirmed cases^a
169 597 415

Confirmed deaths
3 530 582

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

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

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



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

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

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

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

Key Figures



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



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



28 195 360 PCR tests shipped globally



200 545 426 medical masks shipped globally



65 797 700 gloves shipped globally



107 emergency medical teams internationally deployed



180 GOARN deployments conducted to support COVID-19 pandemic response



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

^a COVAX has shipped over **76 million** vaccines to **126 participants** as of 28 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:

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

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

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



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

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

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

“

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

”

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

From the field:

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

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

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

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



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

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

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

From the field:

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

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

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

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



© WHO / Dinu Bubulici

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

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



Public health response and coordination highlights

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

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

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

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

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

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

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

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

More than **US\$ 252 Million**



671 004 donors

[individuals – companies – philanthropies]



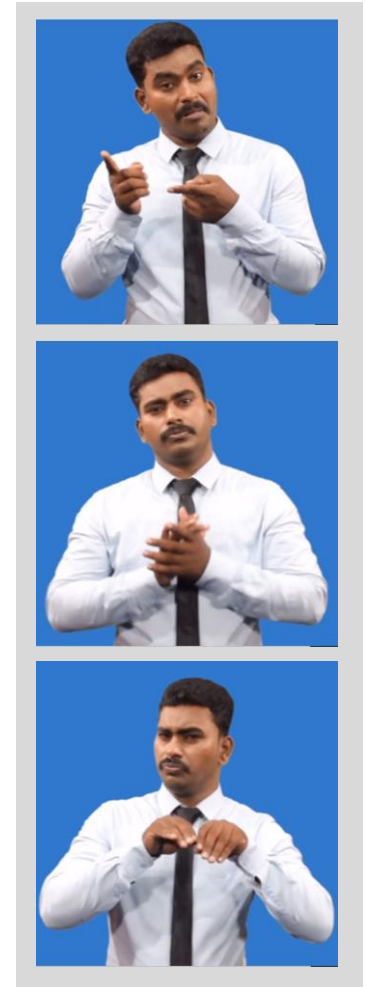
Pandemic learning response

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

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

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

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



USER FIGURES

5.3 MILLION
TOTAL COURSE ENROLMENTS

32
COVID-19 COURSE TOPICS

52
LANGUAGES

9.4 MILLION
WORDS TRANSLATED



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



Risk Communication, Community Engagement and Infodemic Management

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

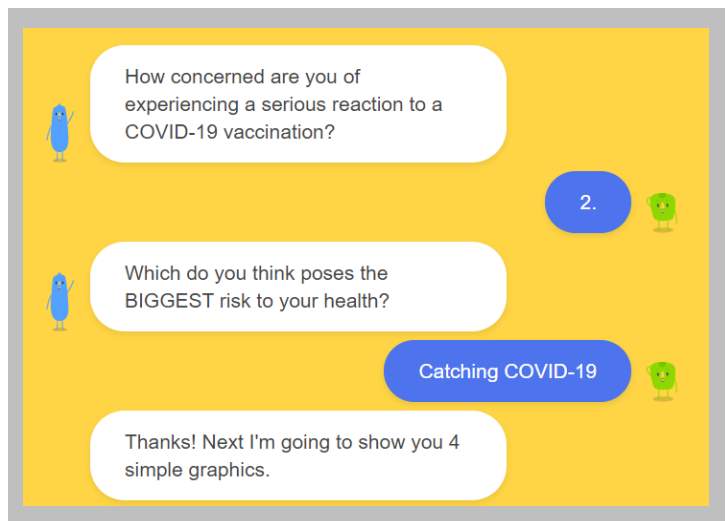
In a December 2020 mid-course response assessment, the need for testing messages and instructive images was highlighted as a key step by the Formidable Officers of Risk Communication and Community Engagement (FORCCE) network for their WHO regions as well as support to the countries.

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

resources, even though the necessity is well known.

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

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



COVID-19 Preparedness

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

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

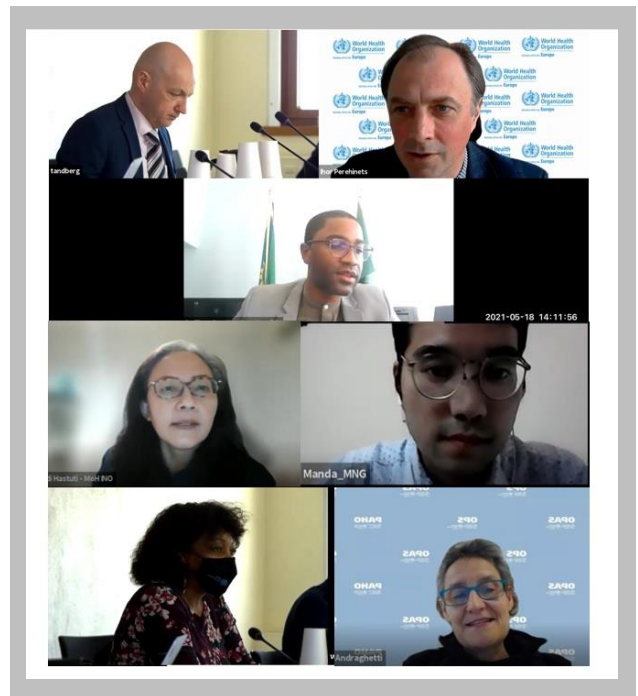
This meeting followed the recent development of [four operational COVID-19 vaccine drills](#) (SimEx) on practising and testing vaccine delivery strategy at the vaccination sites by deploying resources and staff and the addendum to [WHO guidance on conducting an IAR](#) which includes additional advice,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

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

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

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

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





COVID-19 Partners Platform



CVIC tool for vaccine costing available on the Partners Platform

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

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

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



Operations Support and Logistics

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

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

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

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

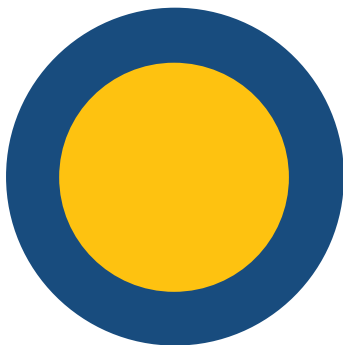


Appeals

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

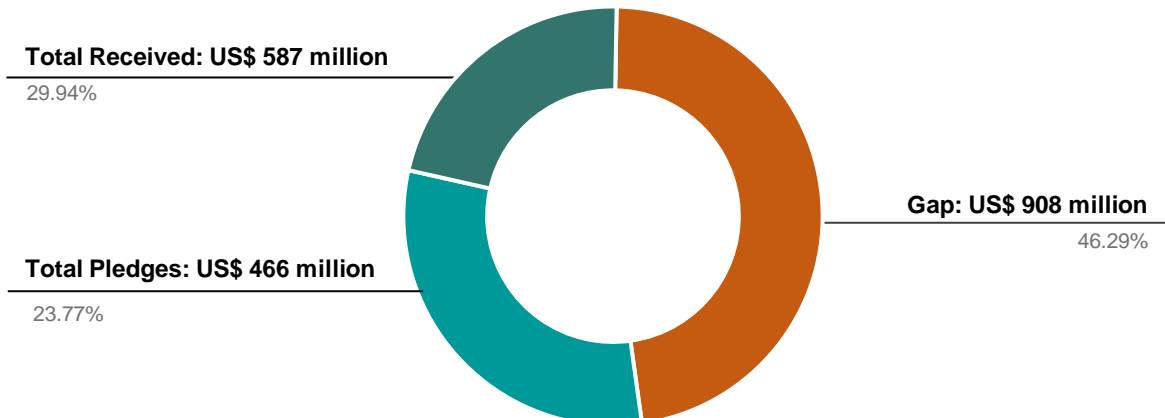


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 25 May 2021








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

COVID-19 Global Preparedness and Response Summary indicators

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

Legend: Trend indications ▲ Increase ▼ decrease ■ Unchanged

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

¹ The term "countries" should be understood as referring to "countries and territories".

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

³ Quarterly reported indicator

⁴ Monthly reported indicator




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

N/A refers to: Not applicable

TBD refers to: to be determined

COVID-19 Global Preparedness and Response Summary indicators

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

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

VPD reinstated campaigns: challenges and successes behind the numbers

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

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



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



Global COVID-19 Clinical Data Platform

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

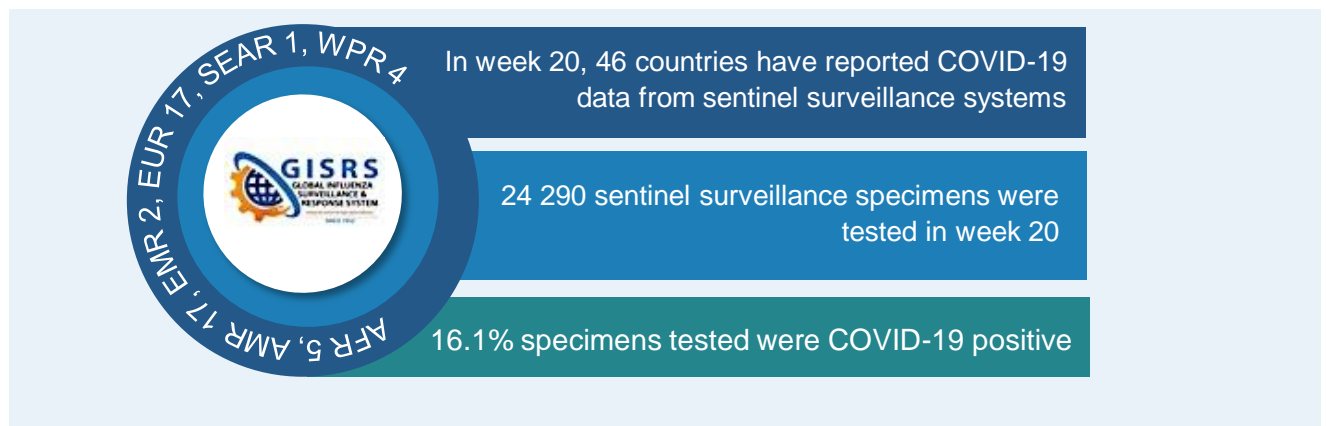
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

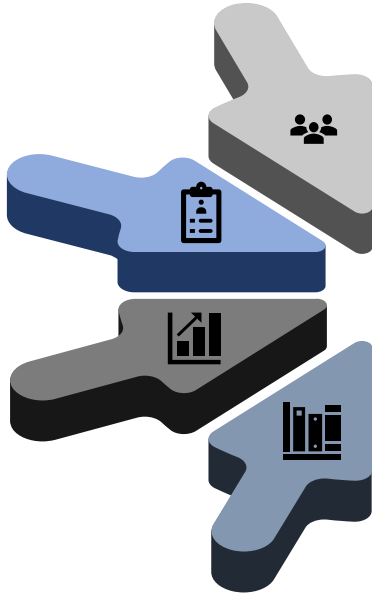
WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

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





Key links and useful resources



GOARN

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

Emergency Medical Teams (EMT)

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

WHO case definition

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

EPI-WIN

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

WHO Publications and Technical Guidance

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

For more information on
COVID-19 regional
response:



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

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

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

News

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