

# Weekly Operational Update on COVID-19

14 June 2021

Issue No. 59



Confirmed cases<sup>a</sup>  
**175 306 598**

Confirmed deaths  
**3 792 777**

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



©WHO Country office Bolivia

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

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

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

## Key Figures



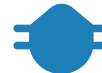
WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5.3 million** people registered on [OpenWHO](#) and accessing online training courses across **33** topics in **53** languages



**18 637 604** PCR tests shipped globally



**201 510 426** medical masks shipped globally



**68 326 700** gloves shipped globally



**8 873 311** face shields shipped globally



**181** GOARN deployments conducted to support COVID-19 pandemic response



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

<sup>a</sup> COVAX has shipped over **83 million** vaccines to **131 participants** as of 11 June

<sup>a</sup> See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



## From the field:

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

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

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



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

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

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

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

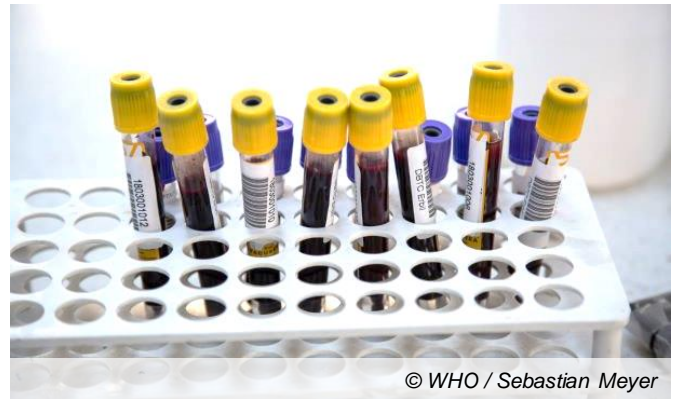


For further information, click [here](#).

## From the field:

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

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



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

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

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

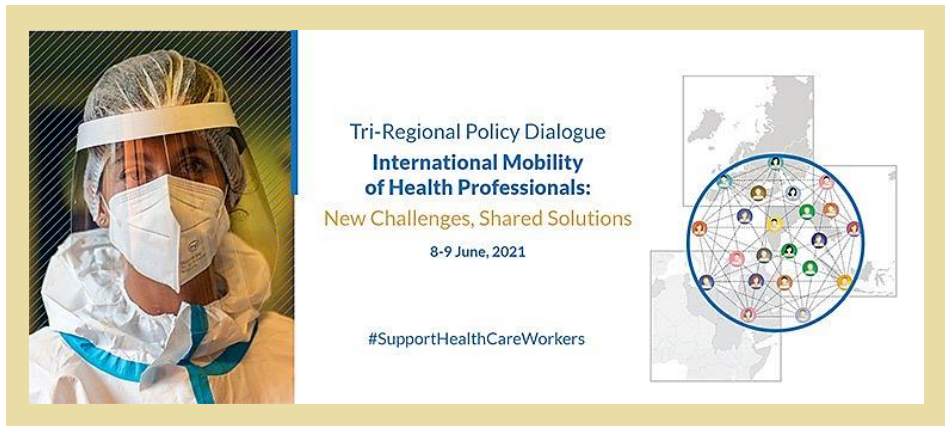
At the end of the mission, priority actions for improving the emergency care system nationally were defined. These actions will be explicitly incorporated in the current strategy for the development of emergency care as an essential component of the health system. As part of the work to build back better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

## From the field:

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

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

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



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

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

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





## Public health response and coordination highlights

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

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

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

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

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

## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 4 June 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 252 million from more than 671 355 donors.

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

More than **US\$ 252 Million**



**671 355 donors**

[individuals – companies – philanthropies]

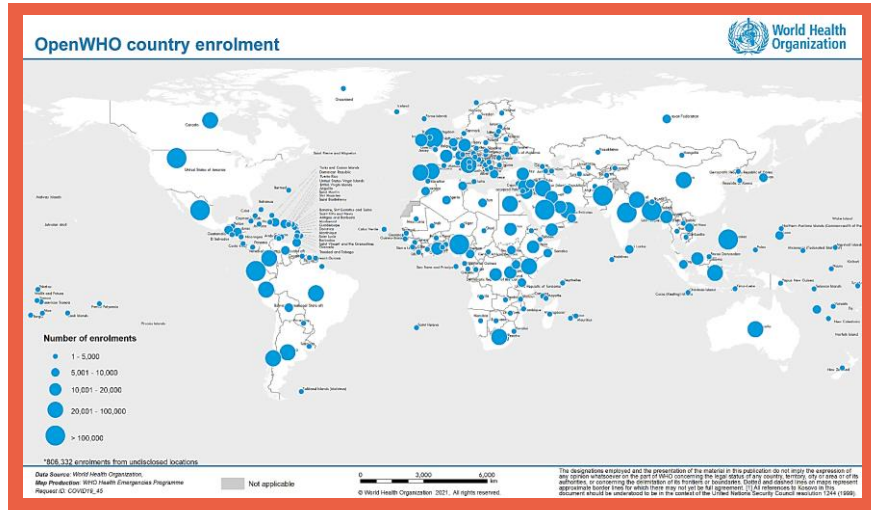


### Pandemic learning response

#### OpenWHO: Open to all anytime, anywhere

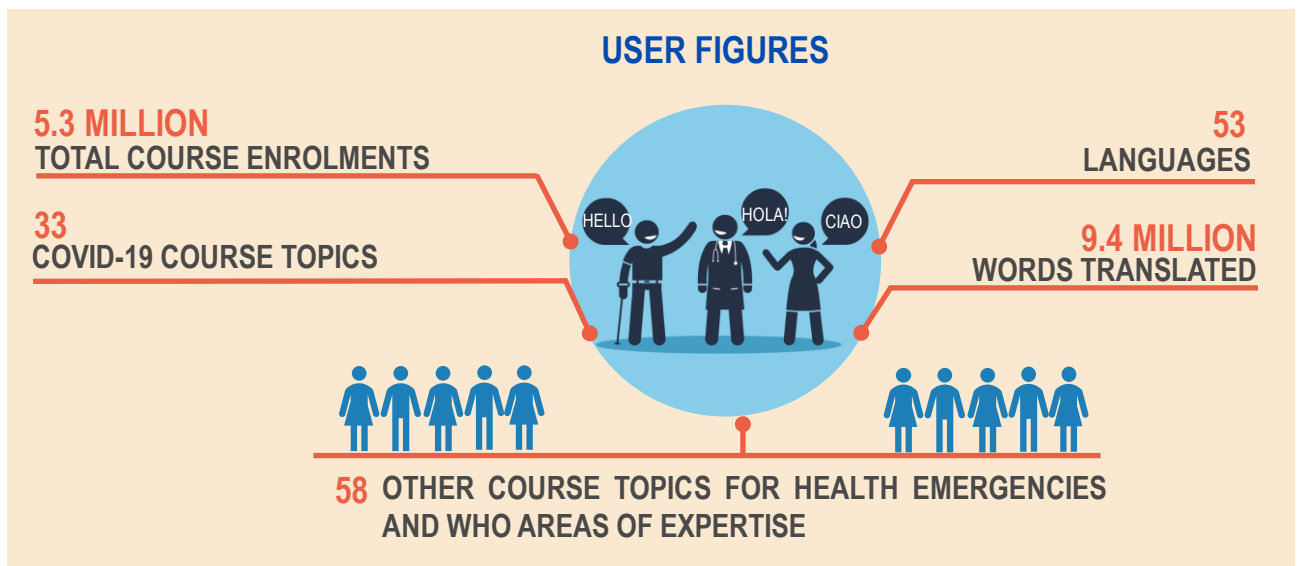
OpenWHO has proven to be a massive open online learning platform for COVID-19, ensuring expertise and knowledge are transferred to where it is needed: frontline responders and decision makers. It is the first WHO platform to host unlimited users during health emergencies and provides a fast and free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

The countries that top the list for enrolments are India, United States of America, Mexico, Ecuador and Colombia. OpenWHO offers a wide range of courses, including 33 specific to COVID-19. The most popular courses for users are all topical to supporting frontline responders with information for the COVID-19 pandemic: Introduction to COVID-19, Infection prevention and control, country response, protective



equipment and eProtect respiratory for the top five. To ensure accessibility, OpenWHO offers COVID-19 courses in 53 languages with the most enrolments in English, Spanish, French, Portuguese and Arabic.

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



## COVID-19 Partners Platform



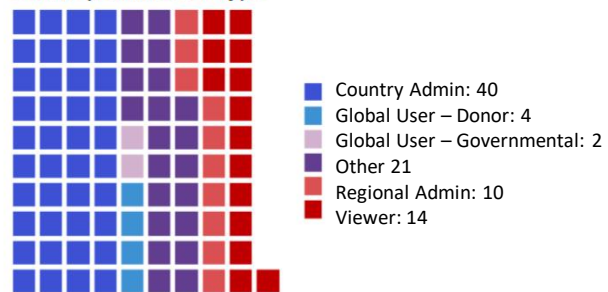
### Survey results show positive feedback for Partners Platform

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

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

#### Survey Respondents at a Glance

Self-Reported User Type



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

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

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

## Operations Support and Logistics

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

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

The table below reflects WHO/PAHO-procured items that have been shipped as of 9 June 2021.

Shipped items as of 9 June 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	4 852 925	1 125 825	2 151 820	1 528 970	33 535 300	316 530	2 010 079	54 204 400	3 154 030
Americas (AMR)	1 348 132	12 069 900	10 555 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 714 920	1 988 300	2 053 810	1 098 585	8 002 000	239 920	1 825 322	28 203 550	1 502 095
Europe (EUR)	921 850	1 138 150	618 560	1 772 020	15 258 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 618	371 836	3 558 500	86 510	605 300	6 940 500	1 874 495
Western Pacific (WPR)	652 100	30 000	414 834	768 700	3 220 000	311 927	463 710	14 974 146	3 102 035
<b>TOTAL</b>	<b>12 695 727</b>	<b>17 792 175</b>	<b>18 637 604</b>	<b>8 873 311</b>	<b>68 326 700</b>	<b>1 803 087</b>	<b>9 563 979</b>	<b>201 510 426</b>	<b>24 498 965</b>

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

*\*Laboratory data are as of 8 June 2021*

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



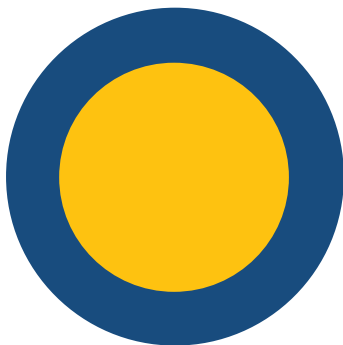


### Appeals

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

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

#### SPRP 2021 Requirements US\$ 1.96 billion

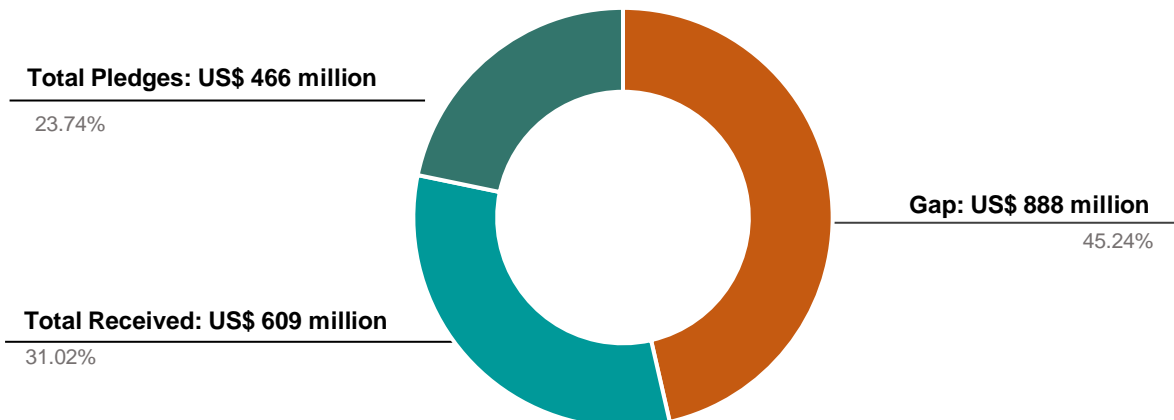


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator\*

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

#### Contributions to WHO for COVID-19 appeal

Data as of 8 June 2021


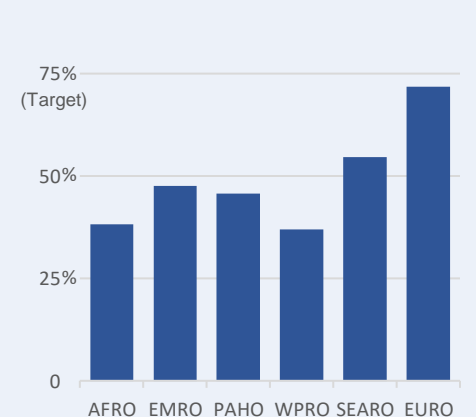


The 2021 SPRP priorities and resource requirements can be found [here](#).  
The status of funding raised for WHO against the SPRP can be found [here](#).

## COVID-19 Global Preparedness and Response Summary indicators

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

**Legend:** Trend indications ▲ Increase ▼ Decrease ■ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Status Update
Proportion of Member States that publicly shared <sup>a</sup> SARS-CoV-2 genetic sequence data (N=194, target=75%, as of May 31) <sup>b</sup>	39% (n=75) <sup>c</sup>	51% (n=98)  ▼
<p>All viruses, including SARS-CoV-2, evolve over time, and while mutations are expected, it is important to continue to monitor the evolution and its public health implications. Globally, WHO routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they impact diagnostic tools or countermeasures such as therapeutics and vaccines.</p> <p>WHO promotes the rapid sharing of SARS-CoV-2 sequences internationally through publicly accessible databases. The timely sharing of data will feed into national, regional and global monitoring and risk assessment. A collaborative and systematic approach will also build a strong and resilient global sequencing network that can maximize the public health impact of the information available, not only for SARS-CoV-2 but also for future emerging pathogens.</p> <p>The number of countries publicly sharing data has increased from the December 2020 baseline but has decreased in April (99 countries) and May (98 countries) of 2021. The proportion of countries by WHO Region that publicly shared genetic sequence data in May 2021 compared to the 75% target can be seen to the right with the European Region nearing the target at 72%. Although the cost of gene sequencing has fallen significantly over the past decades, sequencing still requires substantial investment in resources (financial, infrastructure and human). Where resources for virus sequencing are limited, it may be necessary to limit sequencing to viruses from cases or outbreaks with high clinical and/or public health risk, so that it can be programmatically sustained.</p>		
		

<sup>a</sup> Data source for indicator calculation: GISAID submissions

<sup>b</sup> Monthly reported indicator

<sup>c</sup> Baseline calculated for December 2020


N/A not applicable; TBD to be determined



## COVID-19 Global Preparedness and Response Summary indicators

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

**Legend:** Trend indications ▲ Increase ▼ Decrease ■ Unchanged

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



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



## COVID-19 Global Preparedness and Response Summary indicators

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

**Legend:** Trend indications ▲ Increase ▼ Decrease ■ Unchanged

Indicator (2021 target, data as of)	2020 Baseline	Status Update
Proportion of global population with at least one vaccine dose administered (N=7.78 billion, target=N/A, as of June 11) <sup>a</sup>	0 <sup>b</sup>	11.2% (n=0.87 billion) <sup>c</sup> 
<p>Monitoring vaccine uptake and the populations vaccinated are critical in measuring the performance of key components of the immunization system and to take corrective action when needed. At the overarching level, despite major gains resulting in 11.2% of the global population having received at least one vaccine dose, global data show major inequity by country with some countries having progressed to vaccination of all adults while other countries have not yet vaccinated priority groups. See further information about vaccination trends on <a href="#">WHO's COVID-19 dashboard</a>. WHO and UNICEF continue encourage countries to implement systems to <a href="#">monitor vaccination service delivery</a>, including vaccine uptake and service availability, readiness and quality. The information drives course corrections at the local, national, regional and global level, and support efforts to bring the emergency phase of the pandemic to an end.<sup>7</sup></p>		
Proportion of countries <sup>d</sup> testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as WHO GISRS (N=69 <sup>e</sup> , target=50%, as of epidemiological week 21 2021) <sup>a</sup>	22% (n=15) <sup>f</sup>	39% (n=27) 
<p>Routine surveillance systems are key to monitoring trends in transmission. 125 countries participate in routine respiratory disease surveillance through the Global Influenza Surveillance and Response System (<a href="#">GISRS</a>) and many of these systems are being adapted to include COVID-19 monitoring. Countries with limited resources may prioritize monitoring COVID-19 trends through established routine sentinel or non-sentinel surveillance systems, notably those for influenza surveillance.</p> <p>Using the well-established GISRS to monitor SARS-CoV-2 circulation is an efficient, cost-effective, and sustainable approach to support the response to COVID-19 and prepare countries by providing a routine surveillance platform to monitor trends of community transmission of SARS-CoV-2 and characteristics of COVID-19 disease including disease severity, in the context of other priority viruses of public health importance (e.g. influenza).</p> <p>This week (epidemiological week 21), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 27 (39%) have timely reported COVID-19 data; this means a 77% increase from the same time last year. An additional 10 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.</p>		

<sup>a</sup> Weekly reported indicator

<sup>b</sup> Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

<sup>c</sup> Only Member States that provide data on 1+ dose Vaccines included in the indicator

<sup>d</sup> The term "countries" should be understood as referring to "countries and territories"

<sup>e</sup> 69 countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

<sup>f</sup> Baseline for epidemiological week for southern hemisphere season

N/A not applicable; TBD to be determined

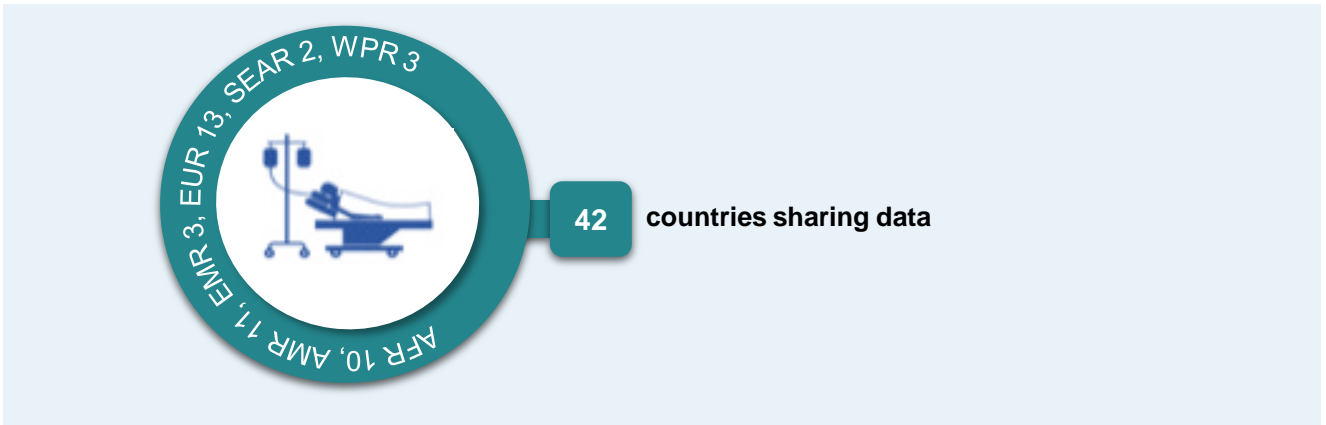




### Global COVID-19 Clinical Data Platform

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

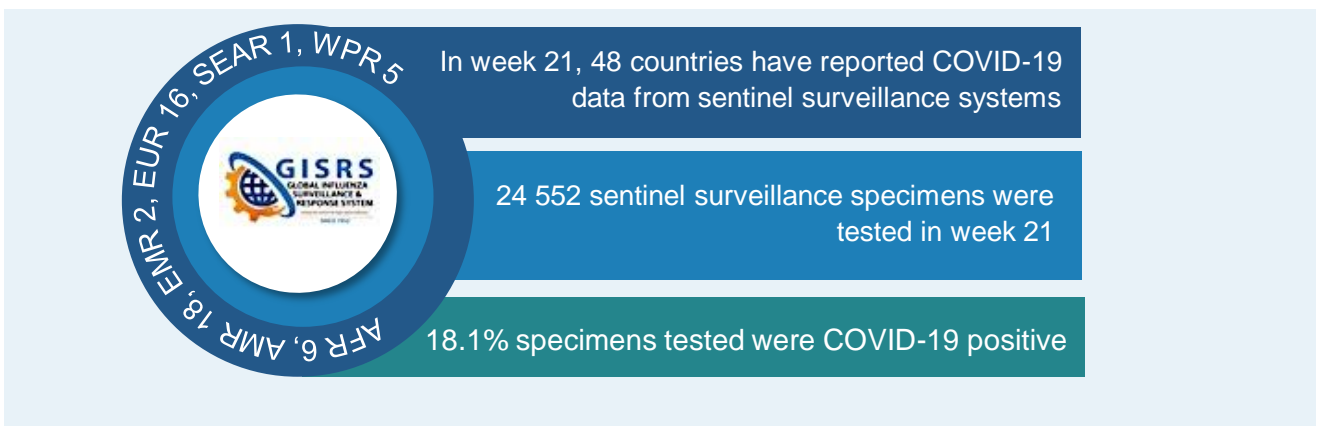
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



### Leveraging the Global Influenza Surveillance and Response System

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

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





## Key links and useful resources



### GOARN

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

### Emergency Medical Teams (EMT)

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 8 June 2021 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

A special focus update is provided on SARS-CoV-2 Variants of Interest (VOIs) and Variants of Concern (VOCs) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1), and Delta (B.1.617.2). This includes updates on emerging evidence surrounding the phenotypic characteristics of VOCs (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance), as well as updates on the geographic distribution of VOCs.

## News

- For the statement for healthcare professionals on how COVID-19 vaccines are regulated for safety and effectiveness, click [here](#).
- For WHO's Science in 5 on COVID-19: vaccines and children, click [here](#).
- For more information on how nine in ten African countries are set to miss urgent COVID-19 vaccination goal in September, click [here](#).