

Weekly Operational Update on COVID-19

28 June 2021

Issue No. 61



As of 27 June 2021

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

Confirmed cases^a

180 492 131

Confirmed deaths

3 916 771

WHO builds critical care capacities for COVID-19 in Iraq

The clinical management pillar of WHO's regional incident management support team recently completed multiple sessions of training of trainers for intensive care doctors and nurses in Iraq as part of its ongoing response to surge demand for intensive care beds and critical care during the COVID-19 pandemic. Six rounds of 3-day workshops were held between 16 May and 4 June to train 87 health care professionals (42 doctors, 45 nurses and anesthesia technicians) currently working in COVID-19 intensive care units (ICUs) from all governorates in Iraq.



©WHO Country office Iraq

The training of trainers provided an introductory course on intensive care and critical care for COVID-19 patients and covered core life support skills and the management of critically ill patients. A variety of training methods were used including lectures, demonstrations, group discussions and feedback, interactive question and answer sessions, practical learning stations and quizzes.

All materials used during the lectures, along with additional electronic textbooks, were provided to participants for subsequent subnational cascade training. During the training period and in the week following completion of the workshops, site visits were also conducted to COVID-19 hospitals and ICUs and an assessment was conducted to help ICU staff identify gaps that require continuous quality and safety improvements.

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

Key Figures



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



More than **5.4 million** people registered on [OpenWHO](#) and accessing online training courses across **34** topics in **54** languages



18 822 041 PCR tests shipped globally



203 192 426 medical masks shipped globally



71 748 700 gloves shipped globally



9 102 511 face shields shipped globally



181 GOARN deployments conducted to support COVID-19 pandemic response



2 658 604 949 COVID-19 vaccine doses administered globally as of 28 June

^a COVAX has shipped over **89 million** vaccines to **133 participants** as of 25 June

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

From the field:

Building infection prevention control capacity in Azerbaijan

From mid-June to early July, WHO's South Caucasus hub is providing support to Azerbaijan to improve Infection Prevention and Control (IPC) standards through the development of sterilization pathways and an assessment of IPC in COVID-19 vaccination sites and primary health care facilities.

The assessment of COVID-19 vaccination sites is being conducted across seven regions of Azerbaijan to support the national vaccination campaign by WHO with observers from the representatives of the Management Union of the Medical Territorial Unions (TABIB). The assessment aims to ensure that vaccination sites and procedures are carried out safely without an additional risk of COVID-19 or other infections to patients.



*IPC capacity building in Azerbaijan.
Credit: WHO Azerbaijan Country Office.*

An assessment of IPC capabilities was also conducted at primary healthcare centers. This assessment will inform the creation of national primary healthcare guidance as requested by key national partners. Both activities are being undertaken with the financial support from the European Union.

This activity is part of a larger strategic hand hygiene improvement plan supported by WHO in Azerbaijan. As part reinforcing IPC standards, targeted printed materials on hand hygiene are being distributed during the assessments, as well as advice provided on the importance of hand hygiene to health care facility staff and managers.

The mission will also include a review of the sterilization capacity in hospitals in specific conflict-affected regions, as part of the Bridge-5-to-Health project funded by the UN Central Emergency Response Fund. Key hospitals across five districts affected by the recent increase in hostilities between Armenia and Azerbaijan were identified to receive 10 autoclaves, purchased as part of the project. These autoclaves will form a part of the new centralized sterilization pathway within the five chosen hospitals and will support the development and implementation of new national sterilization guidance.

Taken together, these activities contribute to the broader systemic needs for infection prevention and control in Azerbaijan, linking WHO's responses to multiple emergencies in order to generate opportunities for systemwide improvements that will last beyond the current emergencies themselves.

From the field:

WHO supporting South African consortium to establish first COVID mRNA vaccine technology transfer hub

The WHO and its [COVAX](#) partners are working with a South African consortium comprising of Biovac, Afrigen Biologics and Vaccines, a network of universities and the Africa Centres for Disease Control and Prevention (CDC) to establish its first COVID mRNA vaccine technology transfer hub.



© WHO / Blink Media - Nana Kofi Acquah

Technology transfer hubs are training facilities where the technology is established at industrial scale and clinical development performed.

Interested manufacturers from low- and middle-income countries can receive training and any necessary licenses to the technology. WHO and partners will bring in the production know-how, quality control and necessary licenses to a single entity to facilitate a broad and rapid technology transfer to multiple recipients.

“ South African President Cyril Ramaphosa said: “The COVID-19 pandemic has revealed the full extent of the vaccine gap between developed and developing economies, and how that gap can severely undermine global health security. This landmark initiative is a major advance in the international effort to build vaccine development and manufacturing capacity that will put Africa on a path to self-determination.” ”

WHO Director-General Dr Tedros Adhanom Ghebreyesus agreed: “This is great news, particularly for Africa, which has the least access to vaccines. COVID-19 has highlighted the importance of local production to address health emergencies, strengthen regional health security and expand sustainable access to health products.”

Over the coming weeks, WHO will continue the rolling evaluation of other proposals and identify additional hubs, as needed, to contribute to health security and equity in all regions. Under the new knowledge hub model, which brings together the private sector, the public sector, investment banks, academic universities, regulatory agencies, Covid-19 vaccines could be produced in South Africa within nine to twelve months, according to WHO Chief Scientist Dr Soumya Swaminathan

Through the COVAX partnership, WHO will continue its assessment of potential mRNA technology donors and will launch subsequent calls for other technologies, such as viral vectors and proteins, in coming months.

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



From the field:

Adapting the global COVID-19 Strategic Preparedness and Response Plan: reinforcing collective readiness and response in the WHO Eastern Mediterranean Region in 2021

Built on the successes and lessons learned of 2020, the WHO Regional Office for the Eastern Mediterranean (EMRO) launched the [Strategic Preparedness and Response Plan \(SPRP\) 2021](#) edition this week which sets strategic priorities to reinforce collective readiness and response to the COVID-19 pandemic in the Region in 2021.

Four days after the COVID-19 outbreak was declared a public health emergency of international concern on 30 January 2020, the WHO global COVID-19 SPRP was published, followed by the first edition of EMRO's SPRP to accelerate regional readiness. The new edition of the regional SPRP serves as an update to the July 2020 edition and is aligned with the [global SPRP 2021](#) but operationally oriented and contextualized to the needs of the region.

The goal set in the regional SPRP for 2021 is to continue supporting countries in the Region to leverage and sustain an effective response to suppress transmission, reduce exposure and minimize the impact of the COVID-19 pandemic, while exploring options to build resilient health systems for improved preparedness and response.

The SPRP identifies key lessons learned across each COVID-19 response pillar across the Region from 2020 to leverage the COVID-19 response in 2021. Key learnings include insufficient infection prevention and control (IPC) governance and capacities at country and facility levels which highlighted the importance of three actions:

- establishing/enhancing national IPC programmes
- improving the supply chain for personal protective equipment (PPE)
- strengthening the monitoring of implementation of IPC measures to reduce transmission of COVID-19 and other emerging infectious diseases

The document presents each pillar's area of work and priority activities for COVID-19 preparedness and response between January and December 2021, aligned with the global SPRP and is accompanied by a strong monitoring and evaluation framework to track the progress and operationalization of the priorities and identify gaps in the regional and country-level responses.

THE ROAD AHEAD





Country Readiness Strengthening

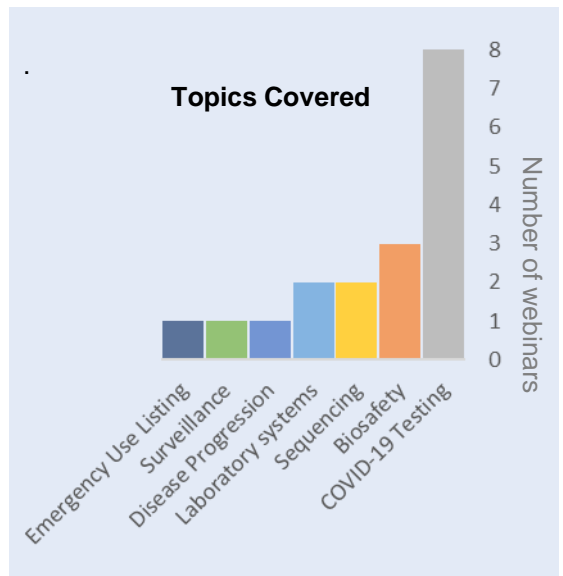
WHO Public Health Laboratories knowledge sharing webinars: one year in review

As part of the WHO's laboratory pillar's COVID-19 response, the WHO Public Health Laboratory Strengthening Unit at HQ, AFRO and EMRO launched a knowledge sharing platform for COVID-19 testing laboratories and laboratory stakeholders in June 2020. This platform, now expanded to all WHO regions and funded by the European Commission's CBRN Centres of Excellence Initiative, was developed after identifying the need to intensify networking and training amidst limited capacity for in-country and in-person events and workshops. This WHO platform contributes to the ACT-Accelerator Diagnostics pillar activities by enabling country preparedness.

The platform offers a virtual platform for dynamic and real time information sharing on laboratory testing good practices, national laboratory networks, latest WHO guidance and to provide a forum for technical assistance and training.

To date, 19 webinars have been conducted with COVID-19 disease progression, molecular or antigenic testing and biosafety being amongst the most attended sessions with 400 to 500 participants on average.

In its first year, this knowledge sharing platform has seen engagement from more than 180 countries and territories (with the Philippines, Indonesia, Bangladesh and Ghana having the most participants) and 1700 workplaces including governments, academia, not-for-profit and industry.



The roll-out of SARS-CoV-2 antigen rapid diagnostic tests (Ag-RDTs) was a particularly interesting opportunity for countries to share experiences in several webinars. In Papua New Guinea, Ag-RDTs had been used to support slow PCR turn-around times; the country learned that a clear testing strategy, supported by adequate training, was essential for efficient roll-out. A speaker from Nigeria shared major implementation challenges and solutions, including combatting misinformation.

In recent sessions on setting up a sequencing facility, a facility manager from Australia shared practical tips including how to think about contamination issues, personnel behaviour, and equipment maintenance. A Kenyan doctor detailed experience on setting up a national sequencing network for SARS-CoV-2 utilising different equipment and the value of already having sufficient human resources. On sequencing strategies, speakers from Brazil and the United Arab Emirates shared experience detailing which samples to sequence to identify variants and sharing lessons learnt while implementing high levels of sequencing such as the need for a rapid turn around time to inform public health measures.

The platform looking forward:

- Continue to address critical areas to support SARS-CoV-2 testing, variants monitoring and COVID-19 surveillance.
- Leverage knowledge sharing platform to address other health emergencies and cross-cutting laboratory competencies.



Public health response and coordination highlights

At the **UN Crisis Management Team (CMT)** meeting on 23 June 2021, WHO expressed condolences to all colleagues of IOM on the recent passing of Ambassador William Swing, former Director General of IOM.

WHO noted that although there is a downward global epidemiological trend, case incidence and deaths are both on the rise across the African region. WHO expressed concerns that some countries in the African region could face a devastating situation with low vaccination rates and poor health systems compounded by lifting of public health and social measures and the increased transmissibility of some variants of concern.

WHO highlighted that over 2.7 billion doses of COVID-19 vaccine have been administered across 215 countries, areas, territories & economies – but also that 76% of these total doses have been administered in 10 countries.

WHO further informed that the COVAX Facility has now shipped 88.4 million doses to 131 participants, but is facing continued risks to the COVAX supply outlook. With COVID-19 vaccine distribution worldwide highly inequitable, WHO called upon partners for coordinated advocacy with donors and suppliers to prioritize COVAX for low and lower middle-income countries.

WHO further called upon relevant UN entities to support the implementation of public health and social measures to reduce transmission and save lives, and actively prepare for and facilitate vaccine delivery and roll-out. With regards to mass gatherings, WHO informed the CMT of its ongoing discussions with the International Olympic Committee and the Japanese authorities on risk assessment and management for the 2020 Tokyo Olympics.

Finally, FAO stressed that the global food security situation continues to deteriorate, with the share of the population facing acute food insecurity increasing in multiple countries with very low COVID-19 vaccination rates.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 21 June 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 253 million from more than 673 083 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**



673 083 donors

[individuals – companies – philanthropies]



Pandemic learning response

Online learning unlocks training opportunities for COVID-19 responders in Viet Nam

In March 2020, WHO Viet Nam launched the first two courses in Vietnamese on OpenWHO to support healthcare workers and medical and nursing students, promoting e-learning as a major tool to disseminate knowledge effectively and timely to train health professionals on how to prepare for the COVID-19 response.

“By launching online Vietnamese courses on COVID-19, we hope that we can bring knowledge to learners, instead of having them travel to where knowledge is,” said Dr. Kidong Park, WHO Representative to Viet Nam.

“I found the courses provided by WHO to be extremely useful to my current work in program management. They have helped me come up with effective planning for vaccine distribution,” said Tham Chi Dung, a medical doctor who completed two courses on vaccination. “When I shared my certificates on Facebook, many colleagues of mine felt motivated and asked me about how to take courses on OpenWHO.”



Viet Nam was the first country office who started translating OpenWHO courses into national languages, already in February 2020. Photo credit: WHO/Viet Nam

Currently, the platform is providing 7 COVID-19 related courses in Vietnamese, with translations by a team of medical experts led by WHO Viet Nam, that cover a wide range of content including infection prevention, clinical care, care facilities design, and vaccine-related issues.

With close cooperation between WHO, Ministry of Health and medical universities, the courses were able to have broader impact, beyond the OpenWHO platform through using the content as reference materials to develop learning materials for health care workers and students being mobilized to assist in the response efforts. The Vietnamese Family Physician Association also disseminated the courses to all members for continuing education to remove barriers to training staff in remote medical facilities.

GLOBAL USER FIGURES

5.4 MILLION
TOTAL COURSE ENROLMENTS

54
LANGUAGES

34
COVID-19 COURSE TOPICS

9.8 MILLION
WORDS TRANSLATED



2.8 MILLION CERTIFICATES AWARDED

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



Partnerships

The Global Health Cluster - GHC

The Health Cluster released the [Health Cluster COVID-19 Updates](#) on 23 June featuring the [Global Health Cluster Position on COVID-19 vaccination in humanitarian settings](#) which provides key messages to guide global and country level health cluster partners to advocate and support equitable vaccine availability and uptake for populations of concern in humanitarian settings through 12 key messages.

Other resources and an update on the activities of the [COVID-19 Task Team](#) are also included such as the establishment of a vaccine working group which will monitor and track information on vaccination roll-out in humanitarian settings and ensure shared learning and development of key messages.



Community health workers from Viyan Organization, partner of the Iraq Health Cluster, identify and refer suspected COVID-19 cases and raise awareness about COVID-19 symptoms, transmission methods and prevention in the Hasan Sham U2 camp. ©Viyan Organization / Iraq Health Cluster

COVID-19 GUIDANCE

- GHC position paper**
Global Health Cluster position on COVID-19 vaccination in humanitarian settings: 12 key messages for advocacy. Released April 2021, available [here](#).
- Family toolbox**
A family toolbox for managing health and happiness during COVID-19. Released 18 June, Part 1 available [here](#), Part 2 available [here](#).
- Public health measures**
Considerations for implementing and adjusting public health and social measures in the context of COVID-19. Released 14 June, available [here](#).
- Pregnant and lactating**
Update on WHO Interim recommendations for pregnant and lactating women. Released 10 June 2021, available [here](#).
- Young people**
Young people and COVID-19: considerations for promoting safe behaviors. Released 9 June 2021, available [here](#).
- Mask use**
Use of medical and non-medical fabric masks for community outreach activities. Released 1 June 2021, available [here](#).
- NDVP guidance**
Guidance on developing a national deployment and vaccination plan for COVID-19. Released 1 June 2021, available [here](#).
- Natural immunity**
COVID-19 natural immunity: scientific brief. Update version to 24 April 2020 released on 10 May 2021, available [here](#).
- Optimizing deployments**
Considerations for optimizing deployments of ChAdOx1-s [recombinant] vaccines. Released 30 April 2021, available [here](#).

COVID-19 Partners Platform

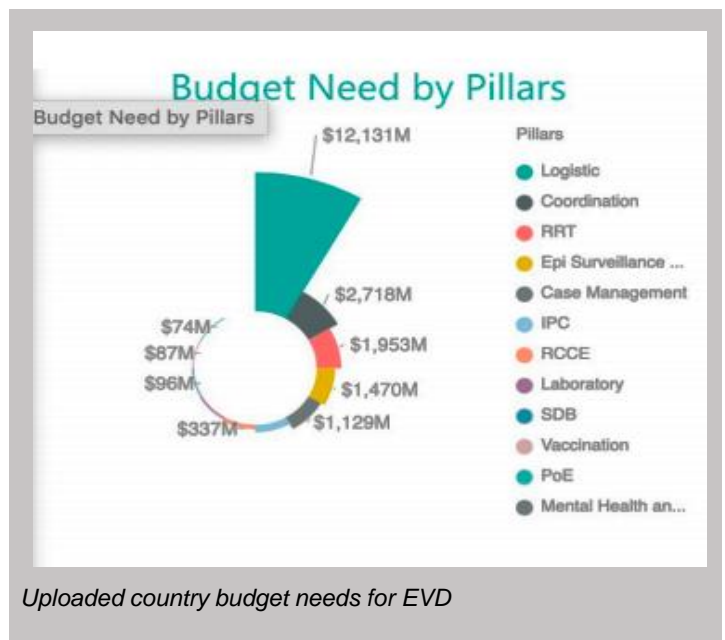
The Partners Platform adapts COVID-19 strategy to help countries end EVD and be ready for the next threat

Since 2020 parts of the African region have been facing the concurrent risks of COVID-19 and Ebola virus disease (EVD). To support countries to manage concurrent risks and track emergency response needs, the Partners Platform key functionalities, which began in March 2020 to assist countries in planning a national COVID-19 response plan, include assisting countries with planning, costing and requesting resource needs, and tracking the global flow of supply and funding contributions, which have now been adapted to EVD and measles adaptation is underway.

A COVID-19 Action Checklist on the Platform has been offering guidance across 10 pillars of preparedness and response since the first days of the pandemic. The accompanying figure demonstrates how government health officials have now been able to use the same Platform to budget a national Ebola response plan based on WHO's recommended pillars of operational readiness. These data visualisations allow donors to easily track where the greatest need for funding and resources exist and allocate contributions accordingly.

The extension of the Partners Platform into other emerging threats like EVD introduces a new approach to the emergency response toolkit: operational readiness. This method builds from an all-hazards preparedness approach and readies hazard-specific operational response capabilities identified through risk assessments and prioritization exercises. In the near future, this platform will expand even further to include measles.

This platform was on tool used by partners to support countries through challenges and successes as a part of response efforts. WHO congratulates both the Republic of Guinea, who declared the current Ebola outbreak over on 19 June 2021 and the Democratic Republic of the Congo who declared the same victory less than two months ago for their 12th EVD outbreak.



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 24 June 2021.

Shipped items as of 24 June 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	4 904 925	1 103 775	2 164 396	1 529 970	33 830 300	316 850	2 016 579	54 214 400	3 224 030
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)	1 724 920	2 012 925	2 185 935	1 326 785	10 144 000	253 040	2 136 722	29 875 550	1 821 095
Europe (EUR)	924 850	1 138 150	658 256	1 772 020	15 958 900	525 260	3 046 548	42 051 500	7 196 550
South East Asia (SEAR)	3 205 800	1 440 000	2 842 658	371 836	3 843 500	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	466,710	14,974,146	3 107 035
TOTAL	12 760 727	17 794 750	18 822 041	9 102 511	71 748 700	1 816 527	9 884 879	203 192 426	24 892 965

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 22 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

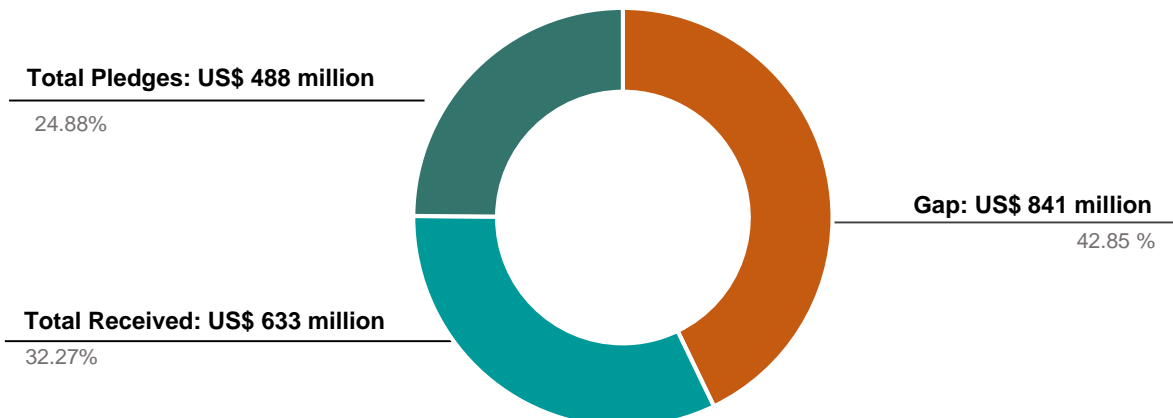


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 22 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 weekly indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below.

Indicator	2020 Baseline	Previous Week Status	Current Week Status	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=69 ^b , data as of epidemiological week 22 2021)	22% (n=15) ^c	45% (n=31)	49% (n=34)	50%
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, data as of June 28)	0 ^d	97% (n=188)	97% (n=189)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, data as of June 28)	0 ^d	2 412 226 768	2 658 604 949	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered (N= 7.78 billion, data as of June 28)	0 ^d	12.6% (0.98 billion)	13.5% (1.05 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b 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

^c Baseline for epidemiological week for southern hemisphere season

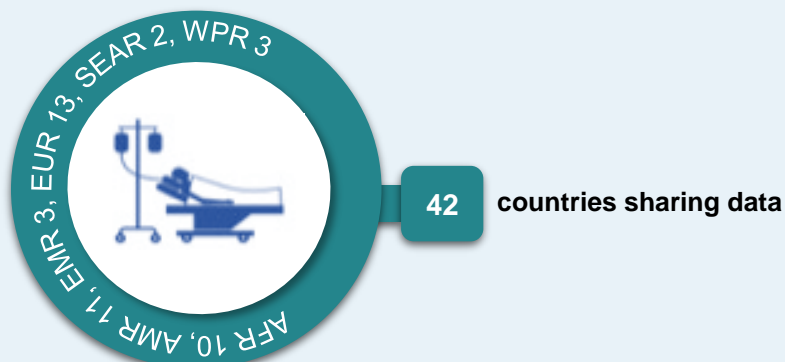
^d Indicator reporting start data: start of COVID-19 vaccination used to calculate baseline

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System

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.

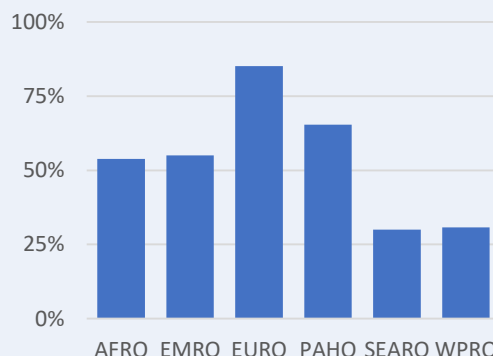
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



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)	2020 Baseline	Status Update
<p>Pillar 10: Proportion of Member States that have reported COVID-19 vaccine-related serious adverse event/s following immunization (AEFI) to WHO (N=142^a, target=90%, as of 24 June)^b</p> <p>The database of the WHO Programme for International Drug Monitoring (PIDM), called “VigiBase”, is maintained on behalf of WHO at the Uppsala Monitoring Centre (UMC), a WHO Collaborating Centre located in Sweden, since 1968. Currently with over 26 million individual case safety reports (ICSRs) of adverse events following immunization (AEFI) and Adverse Drug Reactions (ADR) submitted by members of the WHO PIDM, VigiBase is one of the largest databases in the world. Offering a special software (Vigilyze) to the WHO PIDM members, UMC ensures the data can be appropriately analysed and complement the identification of safety signals on a global level to prevent unnecessary harm to patients. The purpose is to ensure that early manifestations of previously unknown reactions related to vaccines and medicines are identified rapidly, shared with the members and appropriate response initiated. Not all Member States have joined the WHO PIDM (146 full member countries as of 25 June 2021) and not all Member States are actively reporting serious adverse events following immunization (AEFI) following COVID-19 vaccines yet.</p> <p>Even though a total number of 1 198 200 AEFI following COVID-19 vaccination have been reported as of 23 June 2021, these only originate from 63% (88) of Member States that have administered over 100 000 vaccines each. Of note, some Member States that have administered over 100 000 vaccines have reported no AEFIs, while 12 Member States who have administered less than this are reporting to WHO PIDM (VigiBase). The figure to the right shows the proportion of Member States reporting to the WHO PIDM by WHO region.</p> <p>WHO encourages all Member States to report to the WHO PIDM (VigiBase) regardless of the existence of national reporting mechanisms. Reporting individual cases to the WHO PIDM enables WHO to pool and analyze case-based data from all counties in the world and help early identification of unique signals related to COVID-19 vaccines. This will warn countries and alert them of potential risks related to particular vaccines.</p> <p>WHO also encourages simultaneous reporting through a new secure online version of the electronic Joint Reporting Form (eJRF), launched in 2021 jointly with UNICEF. This collects annual immunization data to help identify trends and gaps at country, regional and global levels and has a COVID-19 module for monthly vaccination collection.</p> <p>Both platforms are critical to track and improve progress on immunization while ensuring transparency and safety.</p>	N/A	<p>63% (n=88)</p> 



^a Member States that have administered at least 100 000 COVID-19 vaccines

^b Monthly reported indicator

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>Pillar 3: Number of countries^a that integrate COVID-19 surveillance into sentinel systems that monitor influenza (N=N/A, target=N/A, as of Quarter1/ 2021)^b</p> <p>Sentinel surveillance for influenza and COVID-19 is a resource-effective approach to gathering critical information about both viral infections in patients seeking medical attention and meeting influenza surveillance case definitions. The COVID-19 pandemic has reinforced the value of sentinel surveillance systems for providing timely information on epidemiologic and virological trends, detecting co-circulation of influenza and SARS-CoV-2 and evaluating the impact of these two diseases on health systems. Adaptation of influenza sentinel surveillance systems to include SARS-CoV-2 can guide national, regional and global responses to the COVID-19 pandemic and at the same time addressing public health needs for influenza. It provides an important direction for preparing and responding to influenza and COVID-19, and future emerging respiratory threat.</p> <p>The interim guidance, Maintaining surveillance of influenza and monitoring SARS-CoV-2 – adapting Global Influenza surveillance and Response System (GISRS) and sentinel systems during the COVID-19 pandemic: Interim guidance, provides practical considerations for extending sentinel surveillance to COVID-19 where possible. For quarter 1 of 2021 (January to March), 66 countries integrated COVID-19 surveillance into sentinel systems that monitor influenza.</p>	59 ^c	66

^a The term “countries” should be understood as referring to “countries and territories”

^b Quarterly reported indicator

^c Baseline is as of 31 December 2020

N/A not applicable; TBD to be determined



Key links and useful resources



GOARN

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

Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#). Click [here](#) for the 25 June Press briefing that discusses this.

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 22 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.

This edition also includes a summary of a Global Consultation on SARS-CoV-2 Variants of Concern and their Impact on Public Health Interventions.

News

- For the Director-General's opening remarks at the media briefing on COVID-19 on 25 June, click [here](#).
- For more on Africa facing the steepest COVID-19 surge yet, click [here](#).