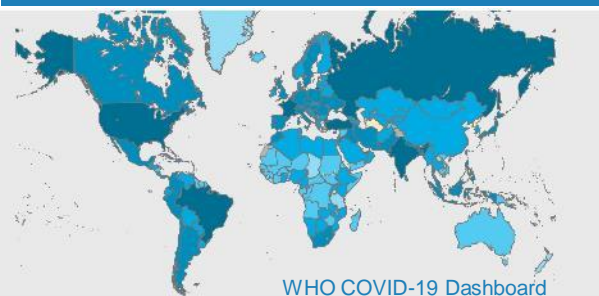


Weekly Operational Update on COVID-19

28 September 2021

Issue No. 73



As of 26 September 2021

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

Confirmed cases

231 703 120

Confirmed deaths

4 746 620

Philippines receives first tranche of additional doses from COVAX Facility



© WHO/Jun Ryan Orbina

The Philippines received 2 million Pfizer-BioNTech vaccines donated by the COVAX Facility on 19 September; these vaccines are part of the 10 million doses co-procured by the United States and COVAX Facility. The Department of Health (DOH) and WHO continue to urge local government units to prioritize vaccination of senior citizens.

“While the national government recalibrates its strategies in addressing the rising COVID-19 cases to a more targeted scheme, the local government units must also ramp up their COVID-19 vaccination, especially to the elderly population who are most at-risk for severe COVID-19 and even dying from it. We also thank the COVAX Facility for the additional supply of much-needed COVID-19 vaccines,” said Health Secretary Francisco T. Duque III.

World Health Organization Representative to the Philippines Dr Rabindra Abeyasinghe also called for the urgent vaccination of the elderly, stating: “[Vaccinating the elderly] is the most ethical and rational use of vaccines, especially now that COVID-19 cases have been rising in many regions with low coverage of senior citizens.”

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

Key Figures



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



More than **5.7 million** people registered on [OpenWHO](#) and accessing online training courses across **38** topics in **56** languages



20 700 072 PCR tests shipped globally



206 966 426 medical masks shipped globally



97 093 700 gloves shipped globally



9 471 191 face shields shipped globally



192 GOARN deployments conducted to support COVID-19 pandemic response



5 924 819 985 COVID-19 vaccine doses administered globally as of 27 September

^a COVAX has shipped over **301 million** vaccines to **142 participants** as of 22 September

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

From the field:

Raising faith in COVID-19 vaccines in Lesotho

Myths and misinformation around COVID-19 vaccines are rife in Lesotho, where over 85% of nearly 500 health workers surveyed recently reported widespread misconceptions. A rapid survey, conducted in July by the World Health Organization (WHO) the United Nations Children's Fund (UNICEF) and other partners showed conspiracy theories may be driving up fear, confusion and reluctance to get vaccinated in this highly religious society.



In Lesotho, religious leaders are

loved, respected and followed and it is estimated that over 90% of people in Lesotho are Christian with the church providing over 40% of Lesotho's health services. With support from WHO and the Christian Council of Lesotho, the Ministry of Health is training religious leaders to spread life-saving facts on COVID-19 and COVID-19 vaccines.

"Prior to each training, participants are asked how much they know about COVID-19 vaccines. Most say they have very limited information, while some say they have no information at all, so we're working to build up this knowledge," noted WHO Immunization Officer Selloane Maepe.

50 religious leaders have been trained in six sessions in five of Lesotho's 10 districts so far, which have all been hit hard by COVID-19.

“I never believed in this vaccine. I never wanted to take it myself or to encourage others to get it, but through this teaching I realized that a lack of information is actually a sin and getting vaccinated is important. I will share what I learned with everyone in my village, with friends and my church-mates.” says Mamookho Masamane, a church leader in the northern region of Leriba at a training session in Leribe.

“The ability of religious leaders to effectively participate in responding to outbreaks depends on their understanding of them,” says Dr Richard Banda, WHO Representative in Lesotho. “These workshops aim to impart knowledge to religious leaders as they play a crucial role in community mobilization, raising awareness, dispelling myths and misconceptions, boosting vaccine acceptance and bringing compromises where public health measures are considered to be discordant with religious values.”

The Ministry of Health, WHO and partners have five further workshops planned with religious and community leaders in five districts in the next month.

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



From the field:

WHO Representative in Lebanon remarks on support to the Ministry of Public Health

The current complex crisis has heavily impacted the health system in Lebanon, decreasing availability, affordability, accessibility and quality of health care in general, and threatening the sustainability and resilience of the health system.

Due to the severe financial and fuel crisis, most hospitals are currently operating at 50% capacity; only lifesaving hospital interventions are being prioritized. Primary health care centres are rationing fuel consumption by reducing opening hours, and more than 600 private pharmacies are temporarily closed.

It is estimated that around 15–17% out of 20 000 registered nurses have left the country over the past 12 months, while more than 1000 have been laid off. Around 40% of medical doctors (mainly specialists) have permanently emigrated or are working on a part-time basis outside of the country. It is estimated that the Ministry of Public Health will need to cover health care for at least 70% of the population (compared to 48% prior to the current crisis) as unemployment and poverty are rising.

The Government's fiscal and financial situation has resulted in unpaid bills to both private and public health sectors, threatening the sustainability of health services, and increasing health financial hardship on vulnerable populations. This impacts both care for COVID-19 as well as the continuity of essential health services (Pillar 9 of the [COVID-19 Strategic Preparedness and Response Plan 2021](#)).

WHO will continue to support the Ministry of Public Health and people of Lebanon by:

1. Filling acute gaps in medications: more than 550 000 patients are receiving acute and chronic treatment.
2. Maintaining access to essential health care through its support to 12 public hospitals with equipment, supplies, recruitment of more than 620 nursing staff, training and reimbursement of intensive care for uninsured vulnerable individuals, contributing towards the doubling of public sector hospitalization capacity.
3. Bridge humanitarian support towards sustainable development, including integration of primary health packages of care.
4. Adopt innovative approaches during the COVID-19 response where selected major public hospitals have been twinned with private academic hospitals aiming at improving and standardizing COVID-19 and critical care practices.

WHO remains committed to continuing our immediate, lifesaving work in Lebanon, while also planning for longer term strategies for health.

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

From the field:

PAHO selects centres in Argentina, Brazil to develop COVID-19 mRNA vaccines

PAHO has announced the selection of two centres in Argentina and Brazil as regional hubs for the development and production of mRNA-based vaccines in Latin America in a bid to tackle COVID-19 and future infectious-disease challenges.

The Bio-Manguinhos Institute of Technology on Immunobiologicals at the Oswaldo Cruz Foundation (FIOCRUZ) in Brazil and Sinergium Biotech, a private sector biopharmaceutical company were selected. The two companies have extensive experience in the production and development of vaccines and biotechnological medicines.

The selection is the result of an April 2021 WHO call for expression of interest inviting manufacturers and research institutions to contribute to the establishment of COVID-19 mRNA vaccine technology transfer hubs in emerging economies.

The initiative was supported by PAHO/WHO global partners such as the Medicines Patent Pool.



PAHO launched a second call for expressions of interest in August 2021 aimed specifically at manufacturers that wish to become part of a regional consortium to supply pharmaceutical grade reagents and other inputs for mRNA vaccine production.

“Delays in production have meant that many countries [in the region] are still awaiting the doses they purchased months ago. Limited vaccine supplies continue to set us back,” PAHO Director Dr. Carissa F. Etienne said. “This limited production and unequal distribution of vaccines in the face of staggering demand hinder our COVID response in the Americas. Mass vaccination is critical,” she added. ”

PAHO has also recently launched the [Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas](#) to support collaboration across countries and agencies to apply existing regional biomanufacturing capacity to the production of COVID-19 vaccines and other medical technologies.

The principle behind the platform is that pharmaceutical manufacture should benefit the entire region, with regional production and distribution of vaccines by [PAHO's Revolving Fund](#) to all countries.

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



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WHO/Europe: A *Hospital of Tomorrow* case study in Bologna, Italy, shows the way to safer hospitals *Redesigning health care facilities to scale up pandemic preparedness and response*

The unprecedented overload of the healthcare system due to the pandemic presented hospitals around the world with high demands on structural and operational capacities placed many medical facilities on the brink of collapse. As a result, the high influx of severe patients required hospitals to expand intensive care units and bed capacities using other units including operating rooms and close non-essential services.

These challenges experienced during the COVID-19 pandemic response have underscored the need to expand infectious disease and intensive care surge capacities and care units in hospitals and create designated pathways to ensure staff and patient safety.

St. Orsola-Malpighi Polyclinic in Bologna, a 1000-bed hospital facility, was among the first hospitals in Italy to experience the influx of COVID-19 patients at the start of the outbreak SARS-CoV-2 pandemic.

In September 2020, a WHO team, in collaboration with the St. Orsola-Malpighi Polyclinic, launched the *Hospital of Tomorrow* case study project to capture staff experiences and lessons learned.

The project also aims to shape how facilities look like in the future with aims to develop standards and guidelines to create more flexible resilient and adaptable structures for future COVID-19 waves or other health crises.

The initiative is an international collaboration, jointly implemented by WHO Health Emergencies Programme at both the global and regional levels and is supported by [*Téchne](#), a WHO network of architects, engineers, designers and public health partners from several institutions globally.

“The idea of this initiative is to rethink hospitals to be more resilient to emergencies, to scale up capacity to manage an influx of patients in an outbreak, and to be better prepared for future pandemics,” said Luca Fontana, an environmental toxicologist and epidemiologist in WHE’s Health Tech unit.

WHO and Téchne partners are working with the directors of St. Orsola-Malpighi Polyclinic to review ways to restructure the facility facilities to expand treatment services for the care of COVID-19 patients and to modify operations to make the hospital setting safer for patients, staff and visitors.

continued on next page...

WHO/Europe Continued: A *HOSPITAL OF TOMORROW* CASE STUDY IN BOLOGNA, ITALY, SHOWS THE WAY TO SAFER HOSPITALS *REDESIGNING HEALTH CARE FACILITIES TO SCALE UP PANDEMIC PREPAREDNESS AND RESPONSE*



St Orsola has served as a case study and working model for adapting hospital design and operations to strengthen capacities for providing COVID-19 treatment services, developing new standards and operational procedures to prevent the spread of COVID-19 infections and improving capacities for optimizing patient care and health services, while maintaining other vital medical services.

Re-design recommendations include proposals for modifying emergency rooms, waiting lounges and other public areas. With the hospital staff engaged in working groups to approach challenges holistically, creative solutions and effective plans have emerged, 'institutional memory' concerning past choices has been preserved, and communication among professionals across disciplines has been enhanced.

A key final output of the case study project will be a series of publications that will share the process and its outcomes with other hospitals and healthcare institutions. These publications are planned over the following months, as part of WHO's continued work to share and generate knowledge to strengthen pandemic preparedness and response.

***Téchne** is the Technical Science for Health Network, a global partnership convened by WHO in response to the COVID-19 emergency to promote the collaboration of universities, institutions, and humanitarian and international nongovernmental organizations to build new treatment centres and/or redesign existing healthcare facilities to improve clinical services for COVID-19 and to provide safer environments for healthcare workers, patients and communities. For further information or questions, contact: techne@who.int



Pandemic learning response

Celebrating International Translation Day on 30 September: OpenWHO multilingual approach advances equity

A multilingual platform: Courses in 56 languages

Albanian	French	Italian	Mongolian	Sinhalese	Ukrainian
Amharic	Fula	Japanese	Oriya	Shona	Urdu
Arabic	German	Kanuri	Oromo	Somali	Vietnamese
Azerbaijani	Haitian Creole	Kazakh	Pashto	Spanish	Yoruba
Bengali	Hausa	Kurdish	Persian	Swahili	Zulu
Chinese	Hindi	Latvian	Polish	Tamil	NEW language
Dari	Hungarian	Lingala	Portuguese	Telugu	Nepali
Dutch	Igbo	Macedonian	Punjabi	Tetum	
English	Indian Sign Language	Malagasy	Russian	Thai	
Esperanto	Indonesian	Marathi	Serbian	Turkish	

Upcoming languages: Armenian, Burmese, Greek, Maithili, Tajik

In pursuit of equitable access, the OpenWHO team of the Learning and Capacity Development Unit has worked across the three levels of the Organization, and in particular together with WHO country and regional offices, to translate WHO's evidence-based guidance into learning in the languages of Member States. Volunteer translators, public health institutes, Translators Without Borders and professional translation companies have been contributing to the translation work.

OpenWHO has translated COVID-19 online courses into as many languages as possible, nearing 60 languages on the platform, as WHO strives to ensure equitable access. Priority has been given to languages spoken by vulnerable or underserved populations in low- and middle-income countries as learning available in preferred languages enhances uptake and comprehension. These 56 languages available on OpenWHO include the official languages of every WHO region, the 15 most commonly spoken languages worldwide and the official languages of 43 out of 46 of the least-developed countries.

A total of 10.5 million words have been translated thus far and on average, each of OpenWHO's COVID-19 courses has been translated into 4.8 languages. The two course available in the most languages are the Introduction to COVID-19 course available in 44 languages and the Infection Prevention and Control course in 24 languages.

Multilingualism in OpenWHO's large-scale online production strategy has already resulted in 5.7 million course enrolments driven largely by 38 COVID-19 courses. The top 10 languages by enrolment are English (76.2%), Spanish (13.0%), French (3.1%), Arabic (1.5%), Portuguese (1.5%), Indian sign language (1.0%), Hindi (0.7%), Indonesian (0.6%), Russian (0.5%) and Italian (0.4%).

OpenWHO.org learning platform figures



As of 21 September 2021

COVID-19 Readiness

Rapid Response Teams Training in Sao Tome and Principe: 6 to 9 July, 16 to 19 August 2021

This summer, 23 health professionals from Sao Tome and Principe participated to a Rapid Response Team (RRT) Training. Based on an all-hazards approach, the training focused on emergency concepts with COVID-19 related examples. Inclusive of health workers from multiple disciplines (inclusive of epidemiologists,



Participants and facilitators, RRT training in Sao Tome and Principe, 16 to 19 August 2021

clinicians, laboratory personnel, IPC specialists and data managers), the RRT training reinforced the capacities and skills of multi-disciplinary teams from both the central and district levels to detect early and respond effectively to a potential outbreak and other public health events, including COVID-19.

The was delivered in two steps: a semi-virtual didactic session from 6 to 9 July, followed by a face-to-face practical session from 16 to 19 August, enabling participants to apply and practice the consolidated knowledge and skills.

The sessions included the following topics:

- Emergency response framework and Integrated Disease Surveillance and Response (IDSR); Emergency Operations Center (EOC) and Incident Management System (IMS); RRT mandate, composition and roles of RRT members; pre-deployment preparedness; the logistic function in emergencies; surveillance in public health emergencies; outbreak investigation; active case finding and contact tracing; data management in emergencies; infection prevention and control (IPC) for RRTs; environmental cleaning and disinfection; laboratory sample management; psychological first aid; emergency risk communication; community engagement during emergencies; the RRT Knowledge Network



Practicing how to prepare chlorine solution for disinfection, RRT training in Sao Tome and Principe, 16 to 19 August 2021

The WHO Country Office and the Ministry of Health in Sao Tome and Principe are currently building the foundation for institutionalization of RRTs, including defining the mandate, composition and role of RRT members, and have plans to cascade the RRT training at the district level.

COVID-19 Partners Platform



Call for countries to update National Deployment and Vaccination Plans

With an expected increase in COVAX Facility deliveries and available funding in the remaining three months of 2021, it is essential for all National Deployment and Vaccination Plan (NDVP) data to be up to date and adapted to reflect any needed changes from the initial development. The [NDVP Guidance](#) has also been updated from the initial version to better support countries. It is also highly recommended for any countries submitting requests for COVID-19 vaccine delivery support (CDS) funds on Partners Platform, that their NDVP is updated to reflect the most current information. This will allow for a better understanding of the resource needs that are not covered by domestic budgets and enable countries to accurately request funds for the next round of CDS (beginning in October).

Administrators can review the country's plan by going to the 'Info' tab on the Partners Platform, selecting 'Country Info', and selecting the relevant country from the drop-down list at top right. All uploaded documents belonging to that country can be found in the appropriate folders within this page. Vaccine country administrators should visit this page and ensure their plan is accurate according to the most recently available data.

Conduct an Intra Action Review (IAR) to update your NDVP

Vaccine administrators may consider conducting an [IAR for pillar 10](#) (also referred to as a mini-cPIE) to support assessing the limitations and weaknesses of an NDVP including budgeting and the impact on implementation with WHO's support to best revise and adapt the NDVP moving forward. Once completed, vaccine administrators can upload the review on the Platform under the Country Info tab in the "Reviews (Intra-Action Reviews, After Action Reviews, Others)" folder. IARs for multiple countries are currently available and can also be found on the [Strategic Partnership for Health Security and Emergency Preparedness \(SPH\) Portal](#)

Platform users can now use the WHO's CVIC tool to cost their vaccine plans

WHO's COVID-19 Vaccine Introduction and Deployment Costing tool, or [CVIC tool](#), can also be utilized to support costing a new National Deployment and Vaccination Plans (NDVP). [A video tutorial on this is available to those users who would like to learn more.](#)

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 and PAHO-procured items that have been shipped as of 24 September 2021.

Shipped items as of 24 Sept 2021	Laboratory supplies*			Personal protective equipment					
	Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	5 072 925	1 316 550	2 381 538	1 553 010	35 478 300	453 536	2 373 079	54 810 400	3 654 630
Americas (AMR)	1 348 132	18 097 275	11 187 492	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 356 570	2 122 925	2 276 518	1 506 585	16 604 000	348 080	3 119 722	32 987 550	2 476 695
Europe (EUR)	849 600	1 197 550	654 984	1 911 220	27 997 900	627 860	3 316 548	42 051 500	7 201 550
South East Asia (SEAR)	3 630 800	3 175 000	3 002 658	381 436	8 720 500	86 510	632 300	6 940 500	2 834 495
Western Pacific (WPR)	659 450	117 000	1 196,882	777 100	3 434 000	311 927	488 710	15 008 146	3 206 035
TOTAL	13 917 477	26 026 300	20 700 072	9 471 191	97 093 700	2 150 853	11 570 079	206 966 426	27 090 365

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory supplies data are as of 24 September 2021*

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



Appeals

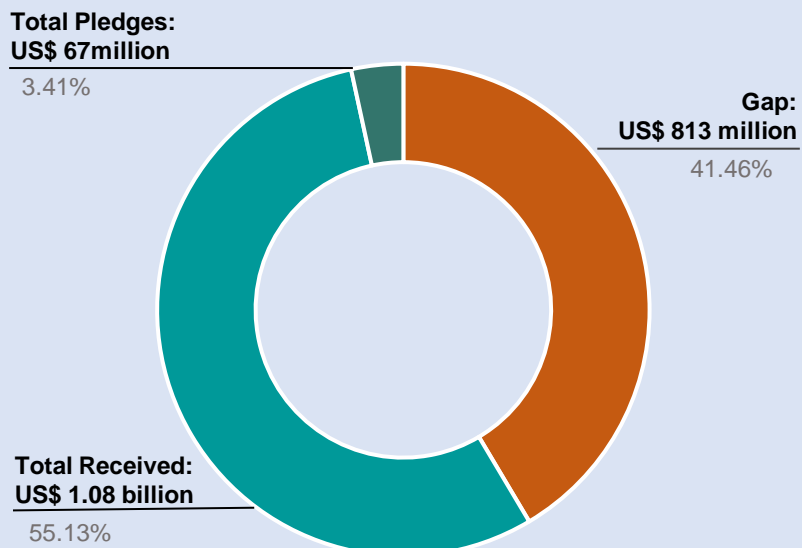
WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A).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

As of 21 September 2021, WHO has received US\$ 1.08 billion out of the 1.9 billion total requirement. **A funding shortfall of 44.9% remains during the third quarter of the year, leaving WHO in danger of being unable to sustain core COVID-19 functions** at national and global levels for urgent priorities such as vaccination, surveillance and acute response, particularly in countries experiencing surges in cases.

Of note, only 6% of funding received for SPRP 2021 to date is 'flexible', compared with 30% flexible funds received for the 2020 SPRP. The continuous lack of operating funds is already having an impact on operations and WHO's ability to rapidly react and respond to acute events and provide swift and needed support to countries.

Contributions to WHO for COVID-19 appeal

Data as of 21 September 2021



A mid-year report on SPRP 2021 will be available by end of September, in addition to an updated appeal with concrete asks and priorities. WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021, allowing WHO to direct resources to where they are most needed.

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

Indicator (data as of)	2020 Baseline	Previous Status	Status Update	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 , as of epidemiological week 35 2021) ^c	22% (n=15) ^d	49% (n=34)	58% (n=40)	50%
This week (epidemiological week 36), of the 69 countries in the temperate zone of the southern hemisphere and the tropics expected to report, 40 (58%) have timely reported COVID-19 data. An additional 16 countries in the temperate zones of the northern hemisphere have timely reported COVID-19 data for this week.				
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 27 September) ^c	0 ^e	98% (n=191)	No change	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 27 September) ^c	0 ^e	5 771 619 897	5 924 819 985	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 27 September) ^c	0 ^e	42.4% (n=3.3 billion)	43.3% (n=3.37 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 Weekly reported indicator

^d Baseline for epidemiological week for southern hemisphere season

^e 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



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 7 September 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 254 million from more than 674 859 donors.

The Fund is powered by the WHO Foundation, in collaboration with the UN Foundation and a global network of fiduciary partners. Donations to the COVID-19 Solidarity Response Fund (SRF) support WHO's work, including with partners to suppress transmission, reduce

exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

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 WHO.

More than US\$ 254 Million



674 859 donors

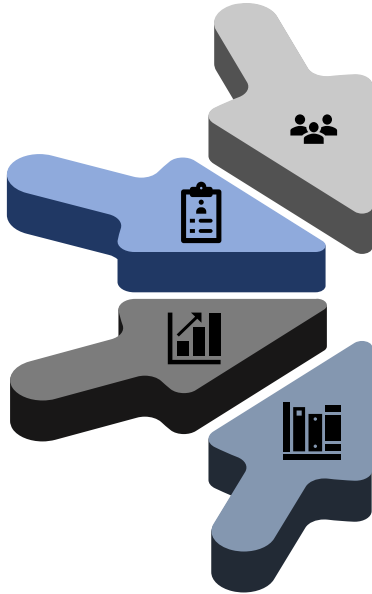
[individuals – companies – philanthropies]

The following amounts have already been dispersed to WHO and partners:

<p>\$169 million</p> <p>to the World Health Organization to procure and distribute essential commodities and coordinate response.</p>	<p>\$10 million</p> <p>to CEPI to catalyze and coordinate global vaccine R&D.</p>	<p>\$10 million</p> <p>to UNHCR to protect at-risk Internally Displaced People and refugees.</p>
<p>\$10 million</p> <p>to UNICEF to support vulnerable communities in low-resource settings.</p>	<p>\$20 million</p> <p>to WFP to support the shipment of vital commodities where they are most needed.</p>	<p>\$5 million</p> <p>to UNRWA to support refugee populations in Gaza, Jordan, Lebanon, Syria and the West Bank.</p>
<p>\$2.6 million</p> <p>to the World Organization of the Scout Movement to alleviate the pandemic's negative impact on youth development.</p>		



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 21 Sept **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on the impacts of the phenotypic characteristics (transmissibility, disease severity, risk of reinfection, and impacts on diagnostics and vaccine performance) of SARS-CoV-2 Variants of Concern (VOCs), the geographic distribution of VOCs as well as changes to VOI classifications.

News

- For PAHO's new Annual Report of the Director of the Pan American Sanitary Bureau, with the theme of 'Working through the COVID-19 Pandemic', click [here](#).
- To watch the new WHO Science in 5: Keeping schools safe on YouTube, click [here](#).
- For the Director-General's remarks on global commitments on COVID-19 offering a way forward, but success depending on action being taken now – inclusive of **5 actions that must be at the heart of the world's common drive to keep people safe, serve the vulnerable and promote health**, click [here](#).