

Weekly Operational Update on COVID-19

17 May 2021

Issue No. 55



Confirmed cases^a
162 704 139

Confirmed deaths
3 374 052

WHO Surge Capacity and Procurement Support in India

WHO is supporting the surge for COVID-19 services and supplies in India. WHO in collaboration with Téchne and Emergency Medical Team (EMT) has conducted a rapid assessment and design development initiative to reinforce current service capacity in India, specifically for remote areas with limited health service availability.

The technical report helps the country easily and rapidly set up COVID-19 treatment centres using high performance tents. The proposed tent layout enables quick setup of a centre with an initial bed capacity of 32 with the ability to gradually surge up to 64 and 96 according to needs and management capacity.

WHO has delivered 4041 oxygen concentrators to India in recent days and 108 tents. WHO also published two key documents to accompany supplies: a [Home Care Bundle for Mild COVID-19](#) to support health workers to safely care for mild patients at home and to alert them when to refer to a hospital and Oxygen Safety Posters ([1](#), [2](#), [3](#)) to ensure safe handling and distribution. WHO also launched an [Oxygen Access Scale Up](#) page on the website to bring together all related content in a user-friendly manner.



WHO chartered flights to bring in medical supplies, hospital beds and additional critical equipment to India. © WHO / Scan Global Logistics



Key Figures



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



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **32** topics in **51** languages



17 713 489 PCR tests shipped globally



200 475 426 medical masks shipped globally



8 704 511 face shields shipped globally



47 309 700 gloves shipped globally



167 GOARN deployments conducted to support COVID-19 pandemic response



1 264 164 553 COVID-19 vaccine doses administered globally as of 12 May

^a COVAX has shipped over **59 million** vaccines to **122 participants** as of 12 May

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

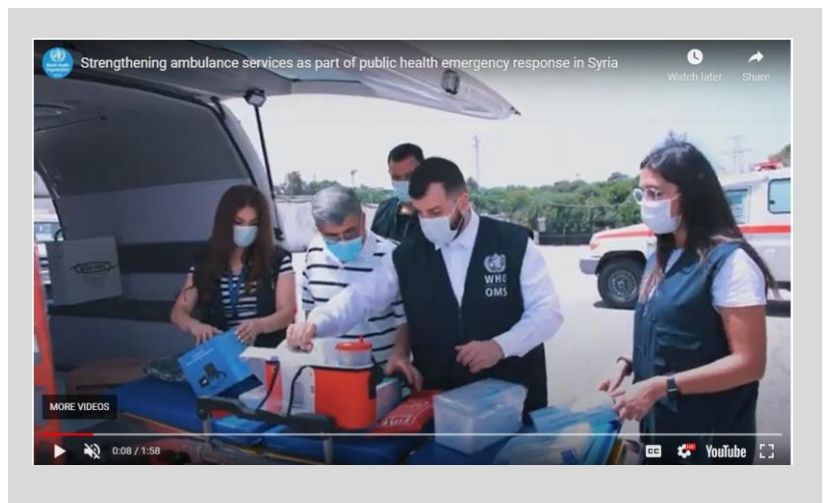
For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

From the field:

Strengthening ambulance services as part of the emergency response in Syria

In responding to the humanitarian needs of affected populations and to enhance the quality of health care in Syria, WHO delivered 40 equipped ambulances to the Ministry of Health on 9 May 2021. Since the onset of the humanitarian crisis, two thirds of the ambulances in Syria have been destroyed, which has impeded the ability of the emergency services to respond effectively, leading to a critical gap in referral services during COVID-19 and causing affected populations to experience life-threatening delays in obtaining emergency health services.

“The ambulances, which will be put into service immediately, will enhance the emergency health system that has been devastated by attacks against health facilities. While further assistance is required to strengthen emergency services, I would like to convey my appreciation to the WHO country office in Syria and to Dr Ahmed Al-Mandhari, WHO’s Regional Director for the Eastern Mediterranean” said Dr Hasan Al-Ghabbash, the Syrian Minister of Health.



The need for referral services has become critical during the COVID-19 pandemic, during which it has become increasingly important to coordinate medical referrals from hospitals where beds are fully occupied to hospitals with available beds and sufficient workforce capacity. This delivery will enhance the ability of public health services to respond to medical emergencies and provide timely referrals for patients with severe and life-threatening conditions, especially for people living in hard-to-reach areas or those not able to afford transportation.

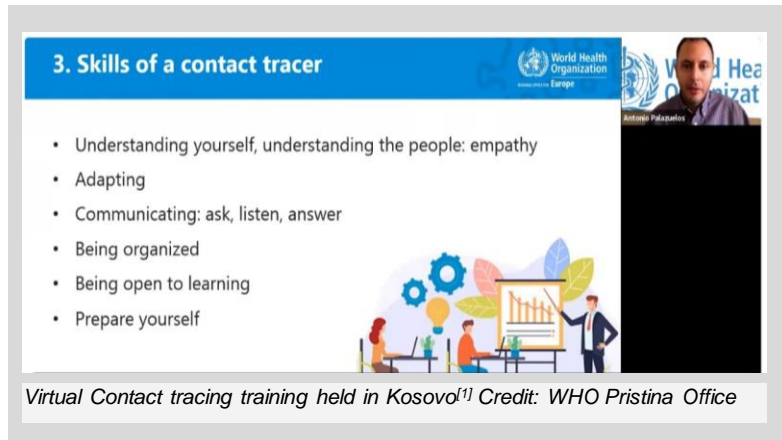
The delivery of ambulances will support strengthening Syria’s emergency response capacity, including for COVID-19. This is part of a larger strategy to strengthen the public health emergency operations centre (PHEOC), established in Damascus in 2020 with the support of WHO. In early May, together with all governorates and the Ministry of Health, WHO conducted a meeting to build capacity and envision a network of emergency operations centres connecting the governorates across the country to enhance coordination of an effective response to public health emergencies.

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

From the field:

Where Contact Tracing meets Risk Communication and Community Engagement in Kosovo^[1]

On 6 May, close to 100 primary care doctors and nurses from Kosovo^[1] attended a training on COVID-19 contact tracing organized and delivered by WHO. The training emphasized the key principles and basic steps in contact tracing for COVID-19 as well as the importance of risk communication and community engagement (RCCE) as an integrated part of contact tracing.



In addition to the basics, the training included a simulation exercise on the dialogue between a contact tracer and a reluctant COVID-19 close contact. The simulation and role play illustrated to participants how barriers to participating in contact tracing may be overcome through principles of building trust and empathy through open and honest conversations.

The training was delivered as part of an ongoing initiative to increase the contact tracing workforce in Kosovo^[1] where contact tracing has been implemented from the early stages of the COVID-19 pandemic by the Institute of Public Health and its regional branches, with support from WHO. Past support in establishing contact tracing and outbreak investigation in Kosovo^[1] has included the deployment of Go.Data, a software tool that is used to facilitate outbreak investigation including field data collection, contact tracing and visualization of chains of transmission.

It is expected that the training will lead to an increased and more resilient contact tracing workforce that is able to respond to fluctuations in the number of COVID-19 cases and ensure that effective contact tracing continues to break chains of transmission and prevent further infections. With this training, contact tracers have been provided with essential tools for building trust and engaging in open and transparent dialogues with cases and contacts

^[1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

From the field:

Fiji boosts its COVID-19 testing capabilities



Dr. Ifereimi Waqainabete, Minister for Health and Medical Services, Dr Akeem Ali (standing), Acting Representative of WHO in the South Pacific, Mr. Sheldon Yett, Representative of UNICEF in the Pacific, and Mr. Sunia Soakai, Deputy Director of the Public Health Division of the Pacific Community at the handover ceremony. Photo credit: WHO/JIN.N

COVID-19 testing equipment was handed over at the Fijian Centre for Disease Control (CDC) on 28 April 2021, procured with support from UNICEF, the Pacific Community and WHO. The equipment includes four new GeneXpert machines and kits of reagents that are essential for a real-time polymerase chain reaction, or 'PCR' test, the most accurate form of testing currently available for COVID-19.

Amid the detection of a string of locally transmitted cases over the past weeks, Dr Ifereimi Waqainabete, Minister for Health and Medical Services, says this will further boost their work in identifying SARS-CoV-2 transmission. Dr Waqainabete, accompanied by Dr Akeem Ali, Acting Representative of WHO in the South Pacific, Mr Sheldon Yett, Representative of UNICEF in the Pacific, and Mr Sunia Soakai, Deputy Director of the Public Health Division of the Pacific Community, also thanked the team of doctors and nurses working tirelessly at the Fijian CDC to ensure that testing is done in a timely manner.

WHO is in the process of procuring three more GeneXpert machines as well as cartridges and PCR kits so that testing capacity can be further boosted. Additional shipments of personal protective equipment (PPE) are also on the way, supported by the three organizations.

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

From the field:

PAHO steps up assistance to help countries cope with shortages of oxygen and health workers

Amid the COVID-19 pandemic, “the rise in hospitalizations across our region is triggering an unprecedented oxygen supply challenge,” PAHO Director Carissa F. Etienne said at her weekly media briefing on 12 May. In response, PAHO is helping countries scale up oxygen production and donating vital supplies, including 7000 pulse oximeters and nearly 2000 oxygen compressors.

“Across our region, nearly 80% of our intensive care units are filled with COVID-19 patients, and the numbers are even more dire in some places,” Dr. Etienne said. “In Chile and Peru, 95% of ICU beds are occupied, the majority by COVID-19 patients. Buenos Aires, where 96% of ICU beds are in use, just tightened restrictions to avoid the collapse of hospitals. Some areas in Brazil have waiting lists for ICU beds.”

“We’re working hand-in-hand with ministries of health, particularly in hard hit places like Bolivia and Antigua and Barbuda to help countries redesign their models of care and update their clinical guidelines to optimize resources available and ensure that more patients receive the oxygen they need,” Dr. Etienne said.



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Meanwhile, PAHO has helped deploy 26 emergency medical teams in 23 countries. “In addition, some 400 Emergency Medical Team and alternative medical care sites have been established, helping countries expand capacity with 14 000 new hospital beds and 1500 more intensive care beds,” she added.

“Throughout this pandemic we’ve seen what happens when countries deprioritize health systems,” Dr. Etienne asserted. “Whether it was shortages of PPE, ICU beds, oxygen or health workers, countries are being forced to act quickly to make up for years of underinvestment. And while countries have dramatically expanded their health care capacity in just a few months’ time, our health workers are continuing to feel the strain of this pandemic.”

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

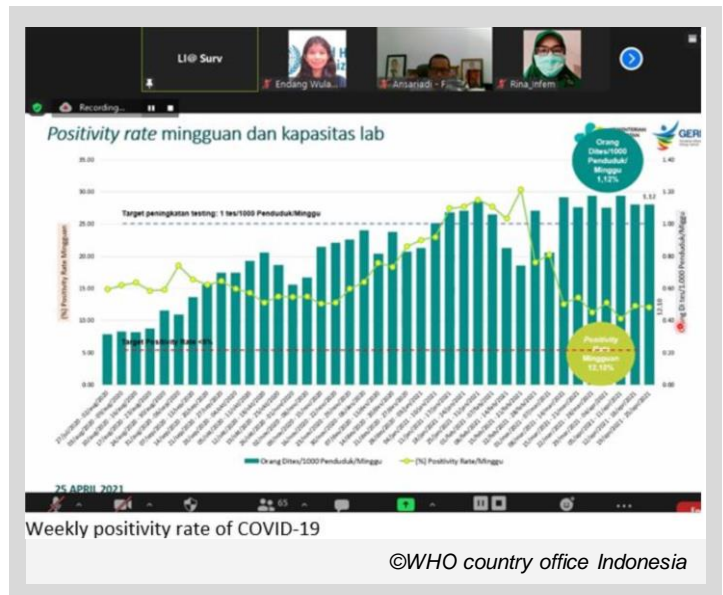
From the field:

Monitoring implementation of Intra-Action Review (IAR) recommendations for the COVID-19 response in Indonesia

Between 11-14 August 2020, WHO supported the Ministry of Health (MoH) to conduct [an Intra-Action Review \(IAR\)](#) to review to identify gaps and opportunities for learning from and improving the COVID-19 response that provided a set of [recommendations](#).

The MoH has since conducted regular monitoring of IAR recommendation implementation and COVID-19 health sector response plan indicators. Monitoring meetings were held on 26-27 November 2020, [9-10 February 2021](#), and then 27-29 April 2021 to discuss the ten IAR pillars (aligned with SPRP 2021).

The latest IAR monitoring meeting engaged all stakeholders with 68 participants together again to systematically review the critical actions and formulate recommendations to improve COVID-19 response. MoH officials in charge of each pillar presented progress of the COVID-19 response plan and IAR recommendation implementation and underlined the challenges and gaps.



Key progress included trainings on contact tracing, case management and infection control; expansion of the [laboratory network to 792 labs](#); expansion of referral hospitals to 982 hospitals; updating needs of logistics using [Essential Supply Forecasting Tool \(ESFT\)](#) and online logistics reporting. Another major achievement included mapping of comorbidities using the [healthy family application](#) by primary healthcare centres. The COVID-19 response at points of entry (PoE) continued to maintain the capacity to screen travellers and the implementation of [electronic e-Health Alert Cards](#). They also raised vigilance for screening of international travellers considering the surge of cases in other countries such as India. Hotlines 119 and 117 continue to operate.

At the end of the event, all participants agreed that continuous regular monitoring of COVID-19 response and IAR recommendations implementation is crucial to identify gaps and prompt corrective actions to improve the COVID-19 response in Indonesia. Recommendations to further strengthen the national COVID-19 response were developed.

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



Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 12 May 2021, **WHO** reported that the world saw over 5.5 million new COVID-19 cases and more than 90 000 deaths reported globally in the previous week - India accounted for 50 per cent of new global cases and 30 per cent of incident global deaths. WHO also reported that on 10 May, in consultation with the WHO SARS-CoV-2 Virus Evolution working group, it characterized viruses within the [lineage B.1.617 as a variant of concern \(VOC\)](#) – this is the fourth classified VOC. **WHO** emphasized that public health and social measures, diagnostics, therapeutics and vaccines remain effective against this VOC.

WHO highlighted that it is tracking the variants at the global level through the global monitoring and risk assessment framework, while working with partners and Member States to increase surveillance and testing, specifically to identify and fill gaps in genomic sequencing.

Partners including **UNICEF** and **DCO** stressed the importance of consistent messaging around vaccines, while highlighting the continued need to discourage vaccine nationalism.

IOM briefed on the impact of COVID-19 on migrants, emphasizing that the pandemic has demonstrated how the exclusion of migrants and displaced populations has a negative impact not only on these groups, but on societies as a whole.

UNHCR briefed on the impact of COVID-19 on refugees and stateless populations, and advocated for the inclusion of refugees, asylum seekers, stateless persons and displaced persons in national COVID-19 plans.

The **World Bank** briefed the CMT on its operational response to the pandemic, reporting that since the beginning of the outbreak and as of end of April 2021, approximately US\$ 109 billion have been made available by the World Bank for COVID-19 response across all sectors. The **World Bank** noted that in the medium-to-long term, it aims to support countries to build strong and resilient health systems that will ensure progress towards universal health coverage.

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 29 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 250 million from more than 669 548 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\$ 250 Million**



669 548 donors

[individuals – companies – philanthropies]

Pandemic learning response

Kazakhstan delivering knowledge to every frontline responder

During visits to health facilities, laboratories and community centres, the staff at WHO are often told by frontline medical responders that there is a never-ending need for learning that can be practically exercised to save lives. The WHO team in Kazakhstan has capitalised on OpenWHO's free evidence-based courses which provide frontline responders with life-saving knowledge on various topics relevant to COVID-19.

"We support healthcare workers in Kazakhstan daily, travelling to the locations where cases are on the rise and providing on-site consultation to doctors and patients, as well as policymakers. OpenWHO is a great help to us to ensure that healthcare workers have the required theoretical basis to work during COVID-19 response," stated Professor Bakhyt Kosherova from Karagandy Medical University.

To promote the OpenWHO courses, WHO Kazakhstan has established an operational partnership with Kazakhstan's specialised governmental agency for post-graduate education, medical professional associations, medical universities and alumni groups. In January 2021, the team conducted seven awareness sessions for a range of national stakeholders. Currently, OpenWHO courses are being promoted through professional networks, Ministry of Health webpages, agencies and referenced in training curricula. Six of OpenWHO's most popular COVID-19 courses have been translated into Kazakh by WHO.



"OpenWHO enrolments from Kazakhstan have increased six-fold since the WHO country office began promoting the platform in 2020. However, we aim for the ambitious objective of reaching every healthcare worker responding to COVID-19 in Kazakhstan, regardless of their role. There are OpenWHO courses for every level of healthcare proficiency. Together with my colleagues from the WHO Regional Office for Europe, located in Copenhagen, we trained more than 4,000 healthcare workers last year through online webinars. Now, we are excited to engage in OpenWHO, another valuable channel for learning, offering self-paced courses that healthcare workers can complete on their own and at a time convenient for them," remarked Dr Vitalii Stetsyk, a member of the WHO country team in Kazakhstan.

As of 11 May 2021

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).

5 225 686
Course
enrollments

32 topical COVID-19 courses

51 languages

Over 2.8 million certificates

COVID-19 Partners Platform



Partners Platform improvements and further facilitation of vaccine implementation

The Partners Platform has expanded to now allow all country regional vaccine administrators to share and upload any needs requests for international support when domestic resources are not available. Additionally, all vaccine global viewers and donors will soon be able to view the key gaps identified by countries including for vaccine implementation.

This system helps connect countries and donors to ensure that all delivered doses can be administered to further vaccine implementation.

Additionally, user feedback surveys were sent to all Partners Platform users to better understand which of its functionalities are being highly utilized and in what areas the online tool can be improved to better serve countries' needs in preparing for and responding to COVID-19. Initial responses to the survey have proven extremely useful and will be considered for implementation in ongoing updates and improvements to the system's features to best serve countries.

Pillar 10 COVID-19 Vaccine Deployment Readiness Map

WHO and Partners are committed to equitable and timely access to COVID-19 vaccines for every country in the world. The COVID-19 Partners Platform supports country readiness by offering a secure online platform to assess, monitor, and request and view resources for country needs, regional users, user global partners and donors. Pillar 10 of the Platform is specific to COVID-19 vaccine deployment readiness. This flow and outcome map provides a general flow of end-to-end steps central to preparing for and vaccinating COVID-19 vaccination campaigns.

1 Operations and activities

- 1A: COVID-19 demand levels in countries
- 1B: Assess Country Readiness for WHO 2.1
- 1C: COVID-19 vaccine request form
- 1D: WHO Training Materials
- 1E: Country

2 Ensure regulatory preparedness

- 2A: Regulatory Preparedness
- 2B: Availability of Vaccine
- 2C: Clinical Storage Capacity
- 2D: Identification Capabilities in Region/Structure
- 2E: Health Facility Readiness

3 Initiate & evaluate COVID-19 vaccine deployment

- 3A: Vaccination Locations
- 3B: WHO International Information system (WHIS)
- 3C: Deliver vaccine and monitor and evaluate the effectiveness of the vaccination campaign

COVID-19 Partners Platform - Ready, Set, Go

Watch later Share

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 12 May 2021.

Shipped items as of 12 May 2021	Laboratory supplies*			Personal protective equipment					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	718 250	3 930 475	1 864 338	1 518 890	13 933 300	309 650	1 939 679	54 085 400	3 103 830
Americas (AMR)	7 479 900	1 046 132	10 550 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 278 300	1 594 920	1 931 565	954 985	7 827 000	234 640	849 222	27 537 550	1 502 095
Europe (EUR)	459 000	682 850	610 820	1 756 900	14 178 900	524 780	2 576 548	41 801 500	6 331 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	3 558 500	86 510	585 300	6 940 500	1 854 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	11 375 450	10 668 677	17 713 489	8 704 511	47 309 700	1 790 447	8 027 479	200 475 426	22 563 565

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 6 May 2021*

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



Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic. The Plan brings 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, which is also a part of the broader interagency 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

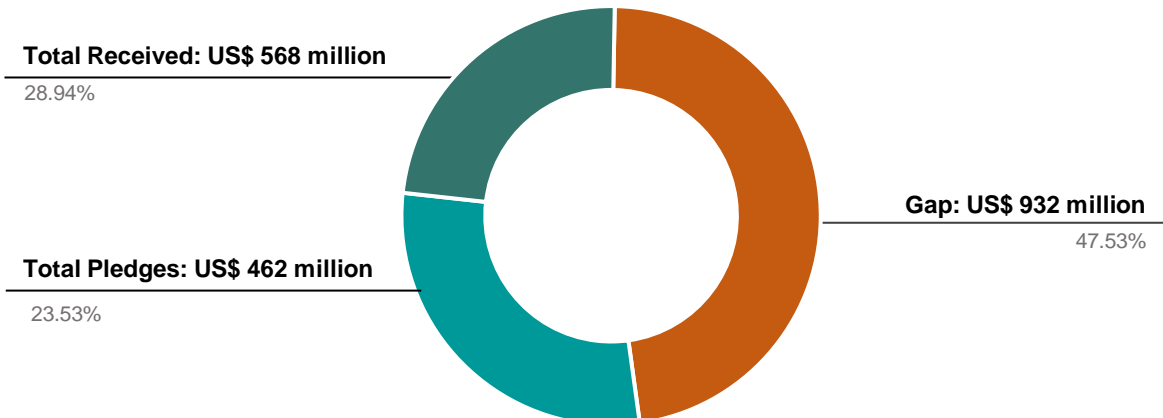


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 11 May 2021



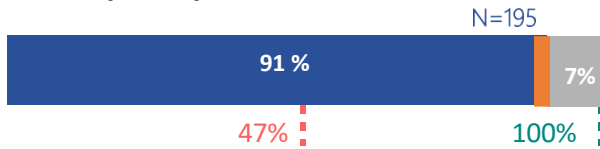
Note: Data within the graph above undergoes data verification and data cleaning exercises and awards in progress may be prolonged. Therefore, small shifts in the amounts per category are anticipated.

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

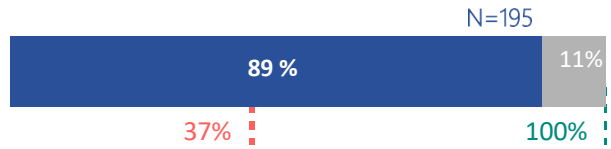


COVID-19 Global Preparedness and Response Summary Indicators ^a

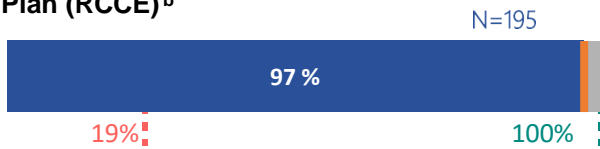
Countries have a COVID-19 preparedness and response plan



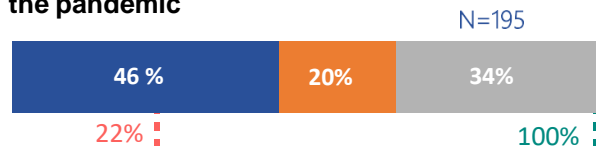
Countries have a clinical referral system in place to care for COVID-19 cases



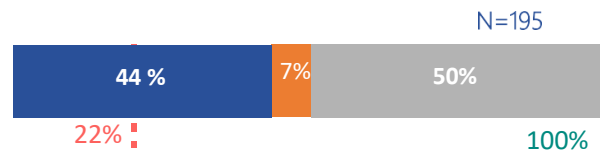
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



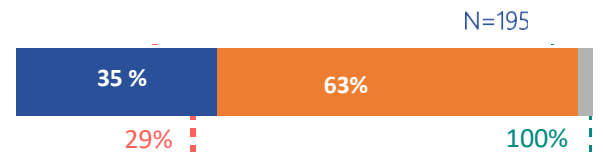
Countries that have defined essential health services to be maintained during the pandemic



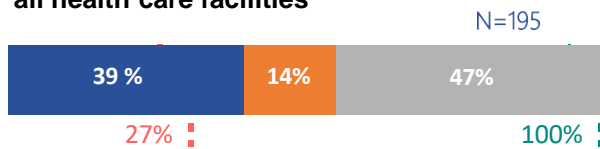
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



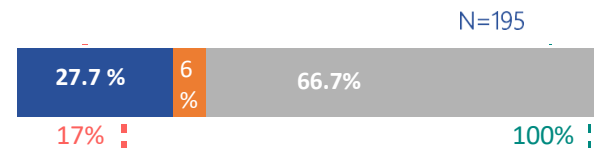
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



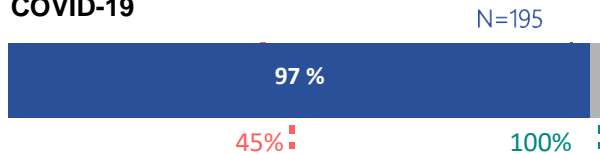
Countries with a national IPC programme & WASH standards within all health care facilities



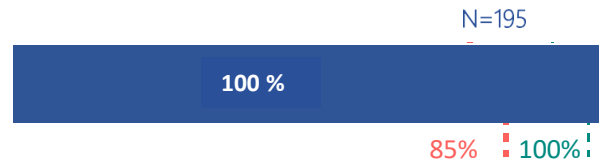
Countries have a health occupational safety plan for health care workers



Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



Countries have COVID-19 laboratory testing capacity



Legend



Notes:

a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO

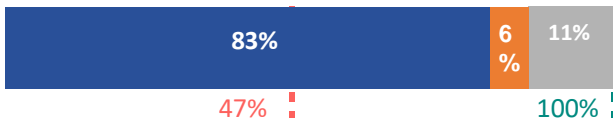


COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

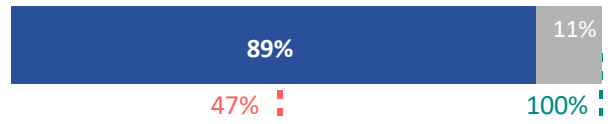
Priority countries with multisectoral mental health & psychosocial support working group

N=64



Priority countries with an active & implemented RCCE coordination mechanism

N=64



Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c

N=64



Priority countries with a contact tracing focal point

N=64



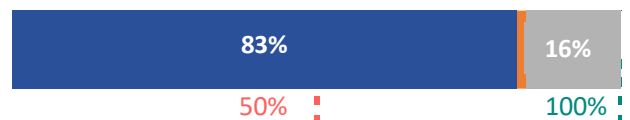
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository



The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

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

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



87

countries have started implementation

Global COVID-19 Clinical Data Platform

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

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



42

countries have started sharing data

Leveraging the Global Influenza Surveillance and Response System

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

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



In week 18, 48 countries have reported COVID-19 data from sentinel surveillance systems

14 060 sentinel surveillance specimens were tested in week 18

14.6% specimens tested were COVID-19 positive



Key links and useful resources



GOARN

For updated GOARN 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 11 May **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

Updates on four SARS-CoV-2 variants of concern [B.1.1.7 (VOC202012/01); B.1.351 (501Y.V2); P.1; B.1.617] and six variants of interest, including the geographic distribution, and phenotypic impacts on transmissibility, vaccines, therapeutics and diagnostics.

News

- WHO launched a new website page for Oxygen Access Scale Up, [here](#).
- For more information on risks and challenges in Africa's COVID-19 vaccine rollout, click [here](#).
- WHO Director-General Dr Tedros Adhanom Ghebreyesus announced the winners of the 2nd edition of the [Health for All Film Festival](#) at a press conference 13 May.