

Weekly Operational Update on COVID-19

29 March 2021

Issue No. 48



Confirmed cases^{*}
126 697 603

Confirmed deaths
2 776 175

Celebrating Responsible Coverage of Mental Health and Psychosocial Support During COVID-19

The objective of a training series titled 'Reporting during the COVID-19 pandemic', hosted by PAHO and the Caribbean Development Bank, was to provide tools to help communicators practice responsible coverage of the pandemic, using evidence-based information. It also aimed to encourage journalists to provide advice and solutions that help reduce health risks and save lives in the pandemic with a focus on mental



mental health, psychosocial wellbeing and domestic violence.

More than 300 journalists and health communicators participated and were subsequently invited to submit television, radio and print entries covering topics explored in the webinars for a competition.

Journalist Daphne Ewing-Chow of the Cayman Islands won the print category for her article examining the impact of the COVID-19 pandemic on the mental health of teenagers, titled 'Mental health professionals voice looming concerns for Cayman teens', featuring the personal experiences of Cayman Islands teenagers who were feeling the psychological impact of lockdown measures and offered tips for supporting teenagers struggling with mental health challenges.

For further information and access to the webinars, click [here](#).

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 **29** topics in **47** languages



17 559 888 PCR tests shipped globally



198 747 426 medical masks shipped globally



8 659 511 face shields shipped globally



37 135 700 gloves shipped globally



165 GOARN deployments conducted to support COVID-19 pandemic response



462 824 374 COVID-19 vaccine doses administered globally as of 25 March

^a COVAX has shipped over **32 million** vaccines to **60 participants** as of 25 March

^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:

Belgian and Danish Emergency Medical Team support to Slovakia

In January 2021, Slovakia reported high hospitalization rates for COVID-19 patients; the hospitalization rates briefly reduced, followed by sustained high rates from late February to early March. Subsequent to high levels of transmission, the Government requested for foreign assistance to the European Union and WHO.

In response, clinicians from the WHO-classified Emergency Medical Team (EMT) from Belgian

First Aid and Support (B-FAST) and the Danish Emergency Management Agency (DEMA) deployed together to Slovakia.



Belgian (B-FAST) and Danish (DEMA) Emergency Medical Teams working in the ICU at the F.D Roosevelt University hospital. Credit: WCO Slovakia

The missions are being facilitated by the Emergency Response Coordination Centre (ERCC) at the European Commission's European Civil Protection and Humanitarian Aid Operations (DG ECHO) and are run in close coordination with WHO. The joint EMTs, comprised of 4 medical doctors, 7 nurses and a team leader, arrived in Slovakia on 12 March as surge capacity to help support hands-on clinical care in hospitals and Intensive Care Units (ICU).

Upon arrival, the teams were temporarily deployed in the F.D. Roosevelt University hospital in Bankska Bystrica to support patients requiring intensive care with the clinicians in teams covering 12-hour shifts. On 14 March, the teams started by shadowing Slovakian staff to familiarize themselves with equipment, rooms, systems, and the following day, started working independently.

On 18 March, the WHO Country Office Representative (WR) visited the University hospital to recognize the work of the team and their collaboration with Slovak colleagues. While the EMTs are still deployed, as the situation in the hospital begins to stabilize possible exit strategies and handover from the Belgian and Danish team are now being prepared together with the Ministry of Health and WHO.

From the field:

WHO provides one million antigen-detecting rapid diagnostic test kits to accelerate testing in Indonesia

To support ongoing efforts in expanding testing strategies and capacity in Indonesia, WHO provided one million antigen-detecting rapid diagnostic tests (Ag-RDTs) to the Ministry of Health on Saturday, 13 March 2021 to be further distributed to community health centres (puskesmas) and other points of care across the country. The procurement, at an estimated cost of US\$ 5 million, was made possible among others by the Government of Japan.

Timely and reliable testing is crucial to control and manage the COVID-19 pandemic. Compared to polymerase chain reaction (PCR) tests, ag-RDTs perform faster and are simpler to use. Ag-RDTs provide a result in less than 30 minutes, by detecting SARS-CoV-2 viral proteins in respiratory excretion using a test format that is commonly used for HIV and malaria testing.

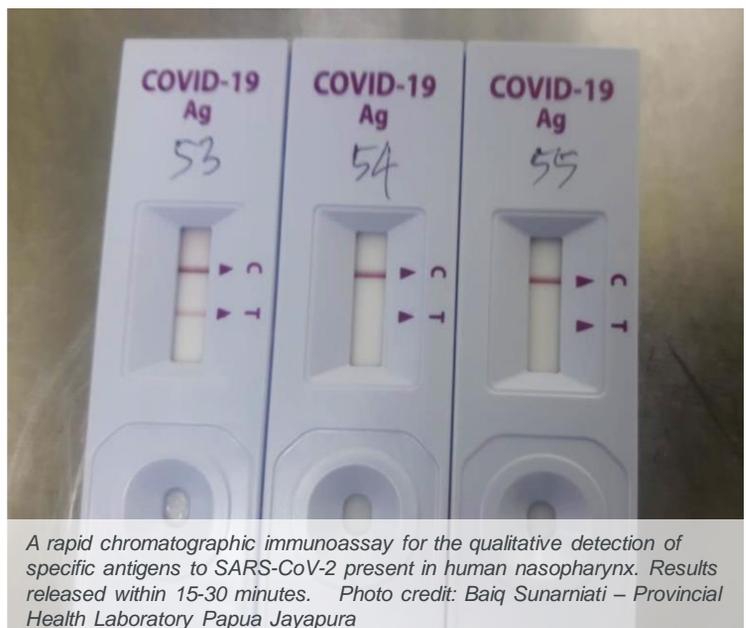
Ag-RDTs could significantly contribute to enabling quick isolation of cases and timely start of contact tracing to curb transmission in communities. The simplicity of use provides a major advantage to conduct tests in areas with limited

access to laboratories with PCR testing, or when there is a long turnaround time for PCR test results.

WHO still recommends the PCR as the gold standard test for the SARS-CoV-2 virus. Ag-RDTs do not replace PCR testing but instead complement and accelerate the country's overall testing capacity. The use of ag-RDTs is recommended for testing persons with symptoms of COVID-19 and contacts of confirmed cases.

WHO provided technical assistance to the Ministry of Health to develop a Ministerial Decree on the 'Use of Antigen Rapid Diagnostic Test in Testing of Coronavirus Disease 2019 (COVID-19)', released on 8 February. This provides guidance on how antigen-detecting rapid diagnostic tests can be used for SARS-CoV-2 diagnosis as well as the criteria for products that can be used in Indonesia, including those that are listed in WHO Emergency Use Listing.

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



A rapid chromatographic immunoassay for the qualitative detection of specific antigens to SARS-CoV-2 present in human nasopharynx. Results released within 15-30 minutes. Photo credit: Baiq Sunarniati – Provincial Health Laboratory Papua Jayapura

From the field:

COVID-19 vaccines shipped by COVAX Facility arrive in Lao People's Democratic Republic

On 20 March 2021, Lao People's Democratic Republic received its first shipment of COVID-19 vaccine doses through the COVAX Facility, a partnership between the Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance, UNICEF and WHO.

The shipment, consisting of 132 000 doses of the AstraZeneca/Oxford vaccine, manufactured by the Serum Institute of India, was shipped by air to the Wattay International Airport in Vientiane from Pune, India according to the Regional Office for the Western Pacific.



UNICEF Representative Dr Pia Rebello Britto and WHO Representative Dr Mark Jacobs gathered with members of the international community in Vientiane to welcome the arrival of vaccines. Photo credit: WHO/Vannaseng Insa!

This batch of AstraZeneca/Oxford vaccines is the first of the total of 480 000 doses being planned for delivery to Lao People's Democratic Republic via the COVAX initiative this year to help cover about 20% of the total population.

According to the country's National Deployment and Vaccination Plan (NDVP), this initial batch will be used by the Government of Lao People's Democratic Republic to first immunize priority groups including frontline healthcare workers, older adults above the age of 60, people with underlying health conditions and some essential workers at high risk of exposure to COVID-19, such as workers at points of entry and in quarantine centres.

"The arrival of the vaccines provided by the COVAX Facility is a game changer for Lao People's Democratic Republic's ongoing fight against the COVID-19 pandemic and shows what is possible when there is a spirit of solidarity among the international community to collectively address this common threat. These COVID-19 vaccines have been carefully reviewed by WHO and assessed for quality, safety and efficacy; we are so pleased that Lao People's Democratic Republic has access to these vaccines just one month following their Emergency Use Listing by WHO in February," said Dr Mark Jacobs, WHO Representative to Lao People's Democratic Republic. "No country will be safe from the pandemic until all countries are protected. The arrival of the vaccines from COVAX in Lao People's Democratic Republic today is a step in the right direction towards this ultimate goal."

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

From the field:

COVID-19 vaccines rolled out in the Eastern Mediterranean Region amid continued upsurge in cases



Photo credit: WHO Afghanistan Country office

As COVID-19 continues to take a toll on people's lives in the Eastern Mediterranean Region, COVID-19 vaccines delivered through the COVAX Facility have now arrived in Afghanistan, Djibouti, Jordan, Tunisia, Somalia, Sudan and the occupied Palestinian territory including east Jerusalem with a total of more than 1.9 million doses delivered as of 21 March. The coming days will mark the arrival of more batches to others as well.

“After a year since declaring COVID-19 a global pandemic, we are pleased that vaccines are now a real and present tool in our fight against COVID-19, supporting our historic efforts towards ending this pandemic,” said Ahmed Dr Al-Mandhari, WHO Regional Director for the Eastern Mediterranean. “As an effective tool in the fight against this pandemic, we call on countries to unite under the banner of vaccine equity. However, everyone should know that vaccines alone can't end the pandemic,” Dr Al-Mandhari continued, stressing that “countries need to continue imposing and adhering to the proven public health measures such as physical distancing, wearing a mask, ensur[ing] sufficient ventilation.”

To date, 19 countries and areas in the Eastern Mediterranean Region have commenced vaccination against COVID-19, administering over 16 million doses by targeting high-risk groups aiming to cover 20% of their population. Of these 19 countries and areas, Djibouti, Somalia, and Sudan relied on the delivery via the COVAX Facility as their only source of COVID-19 vaccines. More than 15 of these countries and areas vaccinating their populations have already procured vaccines through bilateral agreements with vaccine manufacturers.

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

From the field:

PAHO/WHO seeks to gauge acceptance of COVID-19 vaccines among Caribbean health care workers

To better understand the concerns, attitudes and intended practices of Caribbean health care workers regarding COVID-19 vaccines, the PAHO sub-regional Caribbean office has launched a survey which will inform a communication campaign for this priority group.

Healthcare providers have been shown to be the most trusted source of information on vaccination in various studies. It is hoped that the results of the PAHO survey will guide the development of public policy, with the goal of increasing vaccine acceptance, improving confidence and enabling effective championing of the COVID-19 vaccine to the population.



Credit: PAHO/WHO

WHO has recommended that health care providers be the first group to be vaccinated against COVID-19, and health care workers are recognized as significant influencers of health-related attitudes and behaviors related to vaccination in their communities. As a result, health care workers are being prioritized for communications to support the group in accepting COVID-19 vaccines, as well as to ensure they are equipped to share the correct knowledge with their patients and members of the public.

The survey will target health care workers in 14 countries: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago. The study will seek to ascertain attitudes to vaccines in general, and intentions to take and recommend COVID-19 vaccines and factors influencing these intentions.

Targeting health care workers with accurate communication and information regarding COVID-19 vaccines is critical to the success of the rollout of vaccines, which have been the topic of significant mis and dis-information. Through this survey, PAHO is assessing the perceptions on the COVID-19 vaccines across the Caribbean with future activities geared toward the general public to promote high uptake of the vaccines, which is key to ending the acute phase of the pandemic.

For further information on the survey, click [here](#). If you are a healthcare worker in one of the aforementioned countries and would like to participate in the survey, click [here](#).



Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 24 March 2021, **WHO** briefed on the epidemiological situation and indicated that confirmed COVID-19 cases continued to rise for a fourth consecutive week, and the number of new deaths plateaued after a six week decrease.

WHO noted the global momentum towards increasing vaccine finance, manufacturing and distribution, but stressed that despite progress, lack of vaccine supply and inequitable distribution remain the biggest threats to end the acute phase of the pandemic. Recalling that there are 20 days remaining in the WHO Director-General's [call to action](#), **WHO** as the chair of the CMT, called for the UN system to renew the push for global vaccine equity.

WHO also reported that the decision of a number of countries to suspend administration of the Oxford/AstraZeneca COVID-19 vaccine in the past few weeks has negatively impacted global vaccine confidence despite many of these countries having announced resumption following [the review](#).

WHO advised on the need for concerted efforts by all members of the CMT to restore vaccine confidence. In addition, **WHO** informed that **Gavi** approved the COVAX Humanitarian Buffer for high-risk groups in humanitarian settings but emphasized that this must only be a measure of last resort and not a substitute for inclusion of these groups in national deployment and vaccination plans (NDVPs).

WHO acknowledged that a safe approach to mass gatherings and large meetings will be a critical step towards a slow return to normalcy and highlighted its collaboration with the UN Department for Safety and Security (UNDSS) in this regard.

Related to critical supply chain and goods, **WHO** informed that the full report of the UN COVID-19 Supply Chain System response assessment team will be made available to partners.

Finally, **WHO** noted that it will launch a “Sprint to September” communications campaign to advocate on behalf of frontline workers and vulnerable people effected by the pandemic.



Risk Communication, Community Engagement and Infodemic Management

COVID-19 infodemic management course: risk communication and community engagement (RCCE) challenges

An [infodemic management course](#) applies evidence-based guidance to the COVID-19 pandemic on how to sustain behavior change with approaches and proven activities from regions and countries launched in early February. This OpenWHO course has already reached 5,126 enrolled individuals from all six WHO Regions and 1,869 certificates have been delivered to those who completed the course.

The COVID-19 infodemic can lead to confusion, risk-taking and harmful behaviours with new challenges arising with the rapid spread of mis- and dis-information on social media. In some countries, misinformation has generated mistrust in governments, public health authorities and science. Thus, managing the infodemic is critical to managing the pandemic.



Photo credit: WHO Bangladesh/ Tatiana Almeida

The course covers key RCCE principles and illustrates how they can be operationalized in the context of an extended outbreak that affects different populations with varying risk levels. Illustrations from WHO headquarters, regions, and Ministries of Health provide concrete examples of messaging and other communication interventions developed during COVID-19.

This three-module course focuses on how countries, communities and individuals are managing public health and social measures by maintaining what's working while addressing challenges that still lie ahead for 2021. As countries are going in and out of restrictions, the COVID-19 pandemic is having significant impacts on people's everyday lives. The course will add training modules on finding solutions to RCCE challenges in the future.

Module 1

Defining RCCE, explaining key challenges and identifying tactics for managing uncertainty and building trust.

Module 2

Influencing risk perception to encourage healthy behaviors – describing concepts and identifying how and why risk perception varies as well as how different characteristics of health threats can be used in messaging to influence risk perceptions.

Module 3

Sustaining recommended behaviors for extended periods – identifies the limits of risk perception and fear. This session describes tactics such as nudging to encourage adherence.



COVID-19 Partners platform

WHO launched its updated COVID-19 Strategic Preparedness and Response Plan (SPRP) [Operational Planning Guideline](#) for 2021 on 3 March. In response, the [Partners Platform](#) is developing key tools in the ongoing and evolving response, which are scheduled to roll out in the coming weeks. Here is a preview of these tools in development and how they can be used to guide the planning and response actions of key stakeholders.

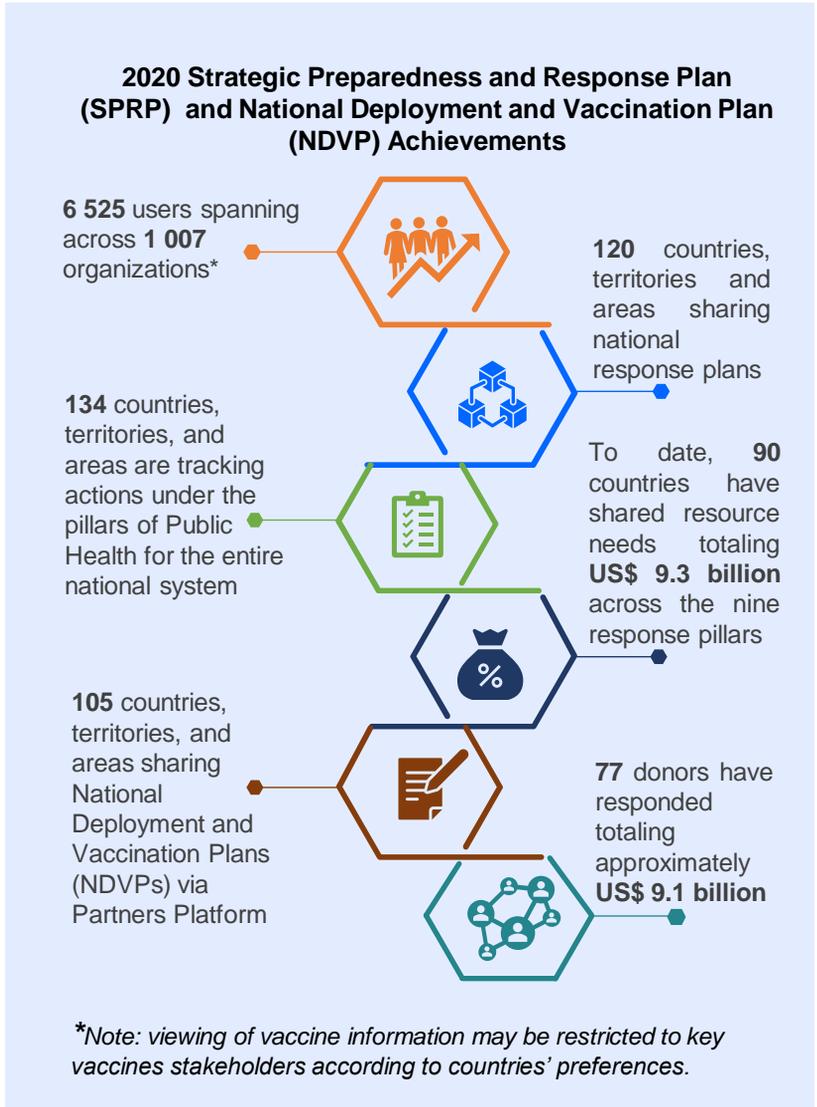
Changes to the Action Checklist:

The Partners Platform's technical leads are in discussion with Regional Focal Points to prioritize the Action Checklist. The Action Checklist, an original feature of the Partners Platform, helps countries develop or update a national response plan based on the 10 Pillars of response as laid out in the SPRP. The updates are scheduled to roll-out on the Partners Platform the week of 12 April.

The addition of Pillar 10 and TA/resource mapping:

One of the biggest changes made to the SPRP in 2021 was the addition of a tenth pillar for vaccine. The WHO worked with donors and global partners integral to the planning and implementation of vaccine introduction to develop an Action Checklist for vaccine, a digital space for countries to upload the National Deployment and Vaccination Plan (NDVP), and a separate vaccine dashboard that allows Partners Platform users, including donors, to view countries' vaccine resource needs and technical assistance that has been contributed. The NDVP folders have been in use by over 100 countries since February, and the Pillar 10 checklist and TA/resource mapping dashboard will roll-out the week of 19 April.

Expansion to other outbreaks and operational readiness: The Partners Platform was born from the urgent need for a centralized, transparent, real-time coordination of efforts to respond to COVID-19. It has proven to be an effective and efficient tool that has streamlined the modus operandi for outbreak response. As such, WHO will continue to offer use of the Partners Platform to countries for responding to and strengthening operational readiness for future outbreaks, including Ebola Virus Disease. This expansion will go live on the Partners Platform in mid-April.



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 25 March 2021.

Shipped items as of 25 Mar 2021	Laboratory supplies			Personal protective equipment					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	718 550	3 768 125	1 866 146	1 473 890	10 646 300	223 570	1 741 279	53 467 400	2 768 630
Americas (AMR)	7 342 300	1 046 132	10 543 278	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 178 300	1 625 220	1 785 140	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	459 000	664 550	609 520	1 756 900	8 938 900	414 860	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	11 138 150	10 518 327	17 559 888	8 659 511	37 135 700	1 566 287	6 970 179	198 747 426	20 070 365

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.

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

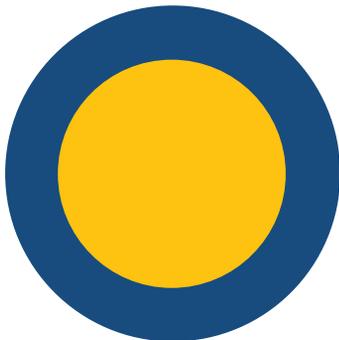


Appeals

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

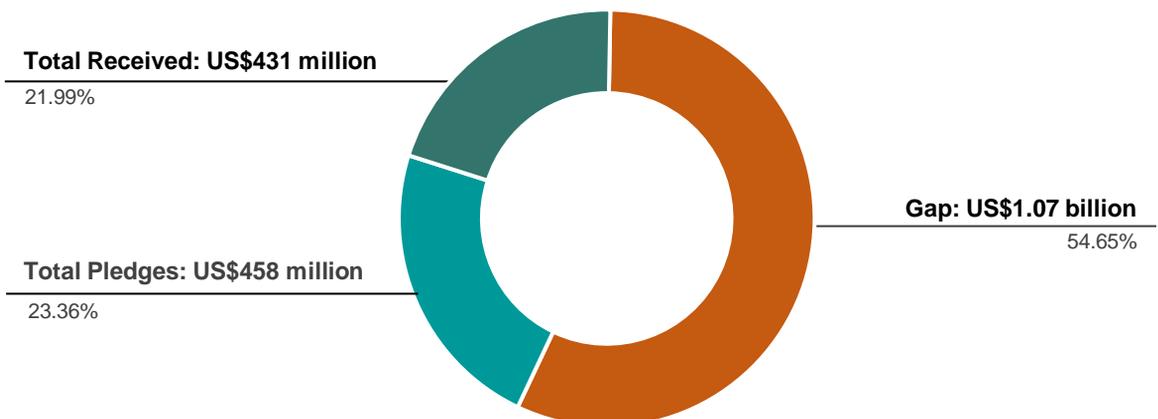


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**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 24 March 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](#).



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 19 March 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 242 million from more than 663 118 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 World Health Organization (WHO).

More than **US\$ 242 Million**



663 118 donors

[individuals – companies – philanthropies]

Pandemic learning response

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

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

Real-time training for COVID-19
Free online courses from WHO

			
Intro to COVID-19	Health & safety	Clinical care	Prevention & control (IPC)
			
Protective equipment	Hand hygiene	Country capacitation	Treatment facilities
			
Field data tool	Mass gatherings	Long-term care	

OpenWHO.org 

29 topical COVID-19 courses

47 languages

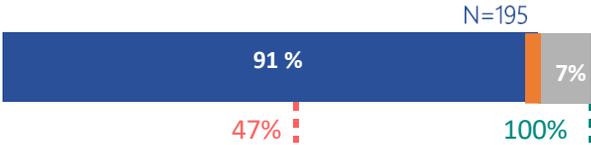
Over 2.8 million certificates



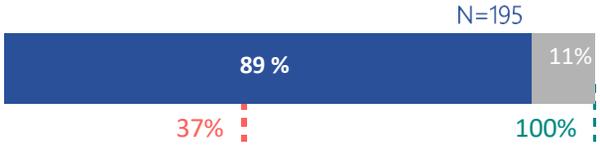


COVID-19 2020 Global Preparedness and Response Summary Indicators ^a

Countries have a COVID-19 preparedness and response plan



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



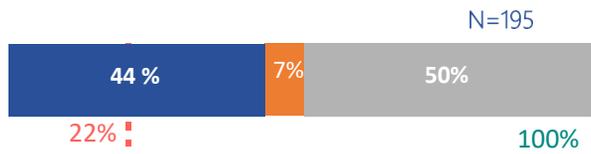
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



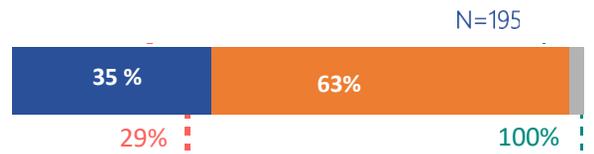
Countries that have defined essential health services to be maintained during the pandemic



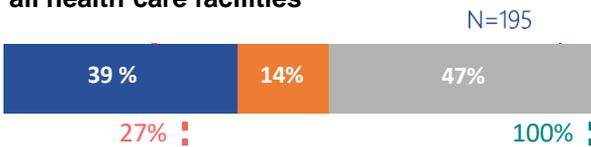
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



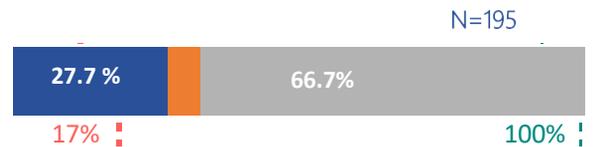
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



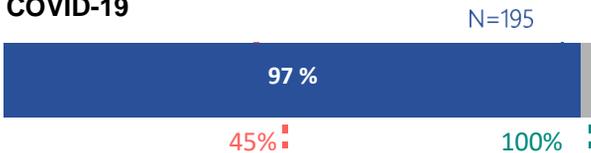
Countries with a national IPC programme & WASH standards within all health care facilities



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:

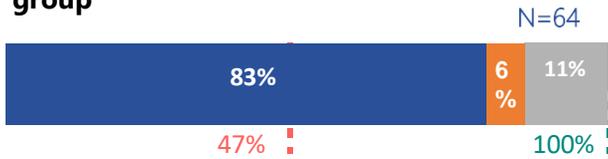
a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO



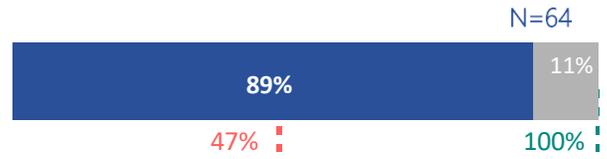
COVID-19 2020 Global Preparedness and Response Summary Indicators

Selected indicators within the 2020 Monitoring and Evaluation Framework apply to designated priority countries. A full list of priority countries for 2020 can be found [here](#).

Priority countries with multisectoral mental health & psychosocial support working group



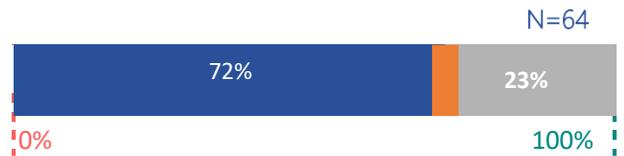
Priority countries with an active & implemented RCCE coordination mechanism



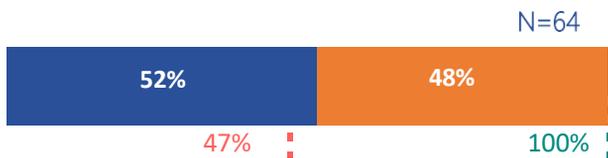
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



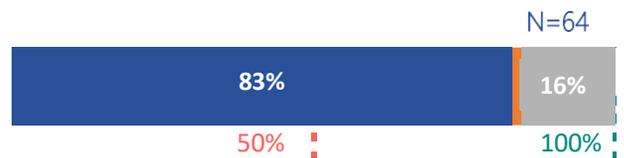
Priority countries with a contact tracing focal point



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



Priority countries with an IPC focal point for training



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

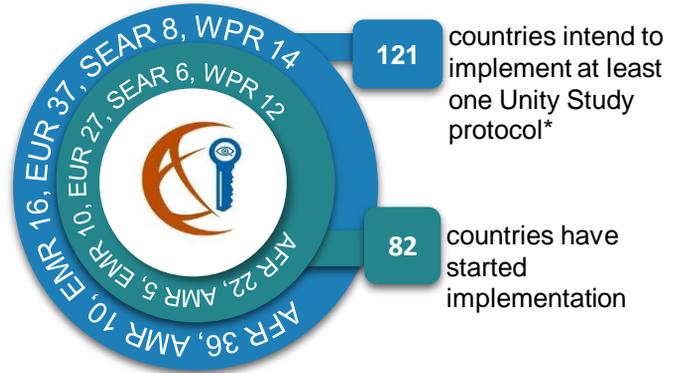


The Unity Studies: WHO Early Investigations Protocols

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

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

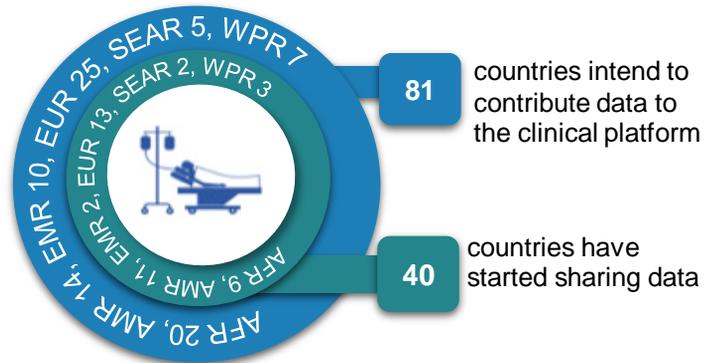
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

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

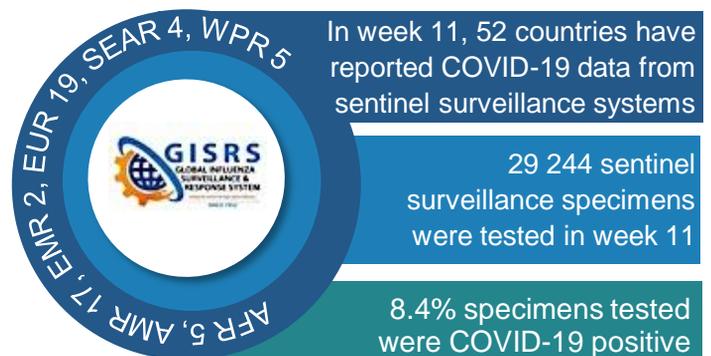
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

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

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





Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [Regional Office of the Americas](#)
 - [European Regional Office](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the 26 March **Weekly Epidemiological Update**, click [here](#). Highlights this week include:
 - Release of the WHO COVID-19 Detailed Surveillance Dashboard
 - SARS-CoV-2 variants of concern
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 16 December 2020, click [here](#).
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#).
- ❑ For updated GOARN network activities, click [here](#).
- ❑ On 19 March, the WHO Director-General provided [opening remarks at the media briefing](#) on COVID-19
 - Dr Tedros Adhanom Ghebreyesus noted in his remarks that WHO's Global Advisory Committee on Vaccine Safety "has recommended that the AstraZeneca vaccine's benefits outweigh its risks, with tremendous potential for preventing infections and deaths from COVID-19."
 - For the WHO Statement on AstraZeneca COVID-19 vaccine safety signals, click [here](#).