

COVID-19 Weekly Situation Report

# of Countries Reporting	New Cases Reported in the Week	New Deaths Reported in the Week	Total Cases Reported	Total Deaths Reported
11 out of 11	1 048 665	23 439	32 668 985	425 514

as of 6 June 2021

# of Countries introduced COVID-19 vaccine	Total number of doses administered	# of persons who received the first dose	# of persons fully vaccinated	First dose per 100 population (of countries vaccinating)
10 out of 11	292 193 224	226 167 358	66 025 866	11.1

as of 9 June 2021

Highlights

- South East Asia Region (SEAR) remains the third most affected WHO Region with 32.6 million cases, after the Americas Region (68.4 million cases) and European Region (54.6 million cases). Decline of new cases continue globally for the sixth week and there was a 15.4% decline between epidemiological week 21 and 22 with five WHO Regions reporting a decline or similar numbers compared to the previous week. Only Africa Region reported an increase during the same period.
- In the SEAR, there was a 30.8% decline of new cases between week 21 and 22 which was driven mainly by the decline in new cases reported from India.
- More than 292 million doses of COVID-19 vaccine have been administered by ten countries in the SEAR with more than 238 million doses (81.6%) in India alone.
- Nine countries (Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) are providing the second dose of COVID-19 vaccine to those who have received the first dose.

Overview of situation (epidemiological week #22 for the period between 31 May – 06 June 2021)

- Bangladesh, Indonesia, Nepal and Timor-Leste are reporting 'community transmission'; Bhutan, India, Maldives, Sri Lanka, Myanmar and Thailand are reporting 'clusters of cases'; DPR Korea continues to report 'no cases'.
- India has reported a decline of new cases for the fourth consecutive week; between week 21 and 22 there was a 33% decrease in new cases (n=914 539). Decline of cases is seen in the most parts of the country, though some of the states in the South, North and Northeast continue to report relatively high number of new cases. The test positivity rate also shows a declining trend in most states.
- Indonesia has reported between week 21 and 22, a slight reduction of new cases by 2% (n=39 997). Bangka Belitung islands, Riau islands, Riau and DKI Jakarta have reported higher case incidence (>50 weekly cases per 100 000 population) during week 22.
- Bangladesh continues to report increase in cases for the third consecutive week; between week 21 and 22, there has been a 24.7% increase of new cases (n=12 160). Divisions bordering West Bengal state of India, namely Khulna, Rajshahi and Rangpur have reported more than 50% increase in new cases over the previous week. Among the new cases reported last week, 31% were reported from Dhaka division, 20% from Rajshahi division and 19% from Chattogram division.
- Sri Lanka has reported a 13.7% increase in new cases between week 21 and 22 (n=21 881) which is mainly driven by the increase in the Western province and is the only province to report increase of cases over previous week. Badulla, Gampaha, Colombo and Kurunegala districts have reported increase in new cases in week 22 compared to previous week.

- Maldives continues to report decline in new cases; between week 21 and 22, there has been a 45% decline of new cases (n=4 264). Majority of the cases continue to be reported from Greater Malé region, and cases outside Malé and in atolls started to decrease with only Kaafu Himmashushi island reporting more than 200 active cases. Most new cases were identified among contacts of positives followed by testing in post quarantine. The test positivity rate at the national level shows a steady decline.
- Thailand continues to report decline in cases for the second consecutive week; between week 21 and 22, there has been a 6.6% decline of new cases (n=23 160). Nearly 80% of new cases are reported from Bangkok and surrounding areas; new cases are mainly detected in factories and construction sites. Cases continue to be reported in prison facilities, but the numbers have been decreasing compared to previous weeks.
- Nepal continues to report a decline in new cases for the third consecutive week and has reported 29.4% decrease in new cases (n=31 000) between week 21 and 22. During week 22, 47% of new cases were reported from Bagmati province, 16% from Province 1 and 11% from Gandaki province. The test positivity rate is declining though it is still high at 30%.
- Bhutan has reported a 65.6% decrease in new cases (n=75) between week 21 and 22. Out of three clusters that were active in previous weeks, two of them namely Samdrup Jongkhar cluster and Trashigang cluster have been controlled but cases continue to be reported in Phuntsholing cluster. During the past week, new local cases have been reported in Samtse, another southern area bordering India.
- In Myanmar, the political situation since 1 February 2021 continues to negatively impact testing services. There has been a 121.4% increase in new cases (n=746) between week 21 and 22. The increase is mainly driven by the number of new cases reported in Chin and Sagaing states which border Indian states of Mizoram, Manipur, Nagaland and Arunachal Pradesh.
- Timor Leste has reported a 33.1 % decline in new cases between week 21 and 22 (n=843). Majority of new cases are reported from capital Dili, while cases are reported across all municipalities as well. One case of Alpha variant of concern has been detected in quarantine centers. B.1.466.2 lineage of SARS-CoV-2 appears to be the predominantly circulating variant in the country.

Figure 1: Reported COVID-19 cases, deaths and transmission classification in SEAR from 1 January 2020 to 6 June 2021

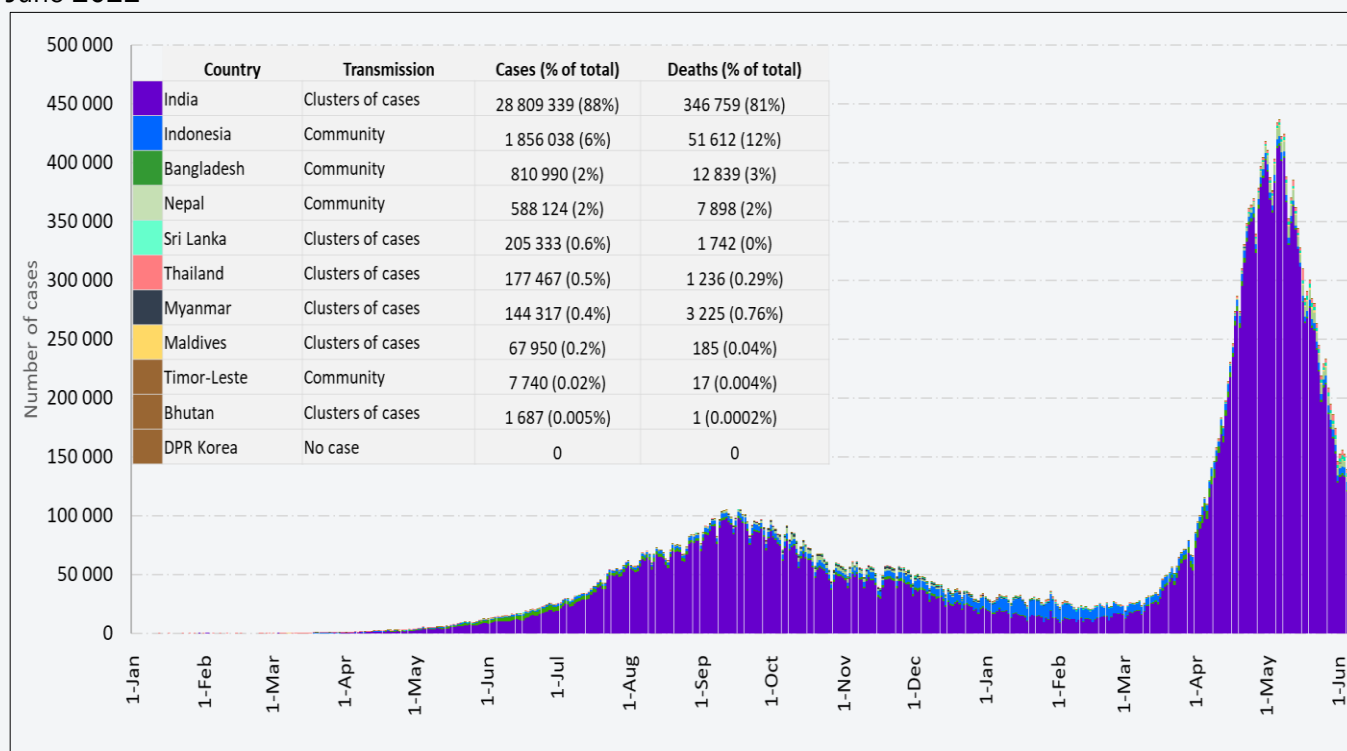









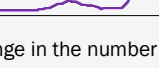
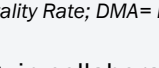
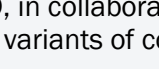


Table 1: Regional COVID-19 situation, as of 6 June 2021

Country		Total cases	Total cases per 1 million pop	Total deaths	CFR	New cases (last 7 days)	% change in new cases*	TPR (last 7 DMA)
India		28 809 339	20 876	346 759	1.2	914 539	-33.0	7.0
Indonesia		1 856 038	6 786	51 612	2.8	39 997	-2.0	10.4
Bangladesh		810 990	4 924	12 839	1.6	12 160	24.7	10.1
Nepal		588 124	20 185	7 898	1.3	31 000	-29.4	30.7
Sri Lanka		205 333	9 589	1 742	0.8	21 881	13.7	15.5
Thailand		177 467	2 543	1 236	0.7	23 160	-6.6	6.5
Myanmar		144 317	2 652	3 225	2.2	746	121.4	6.5
Maldives		67 950	125 707	185	0.3	4 264	-45.1	15.6
Timor-Leste		7 740	5 871	17	0.2	843	-33.1	14.1
Bhutan		1 687	2 186	1	0.1	75	-65.6	0.4
DPR Korea		0						
SEAR total		32 668 985	16 162	425 514	-	1 048 665	-30.7	-

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior.

CFR=Case Fatality Rate; DMA= Day Moving Average; TPR=Test Positivity Rate

- WHO SEARO, in collaboration with WHO Country offices, continues to monitor the detection and reporting of SARS-CoV-2 variants of concern (VOCs) in the region (Table 2)

Table 2: SARS-CoV-2 variants of concern (VOC) in SEAR, as of 10 June 2021

WHO Label	Pango lineage	First detected in	Countries reporting in SEAR
Alpha	B.1.1.7	United Kingdom	Bangladesh, India, Indonesia, Nepal, Sri Lanka, Thailand and Timor-Leste*
Beta	B.1.351	South Africa	India, Sri Lanka, Thailand, Bangladesh and Indonesia
Gamma	B.1.1.28.1, alias P.1	Brazil	India* and Thailand*
Delta	B.1.617.2	India	India, Bangladesh, Nepal, Thailand, Indonesia and Sri Lanka

*Only among incoming travelers in quarantine

Summary of published Seroprevalence Studies in SEAR:

To date five countries in SEAR have published results of seroprevalence studies including India (55 studies), Thailand (3 studies), Nepal (1 study), Bangladesh (1 study) and Indonesia (1 study). Other countries in the region (e.g. Sri Lanka) have conducted seroprevalence studies, while results are still awaited.

As per available information at WHO SEARO, studies across the region started as early as April 2020 and were conducted until February 2021 (as per published studies). Targeted populations of these studies were different from study to study. It varied from study subjects selected from hospital settings, slums, cities, districts, and states to nationwide populations. Sample sizes were in the range from 244 health care workers to around 29 000 households at the community level.

SARS CoV-2 related seroprevalence data in SEAR are compiled from online sources into a list that can be accessed at "[published seroprevalence studies](#)". Please note that this is an ongoing work, and the list is non exhaustive.

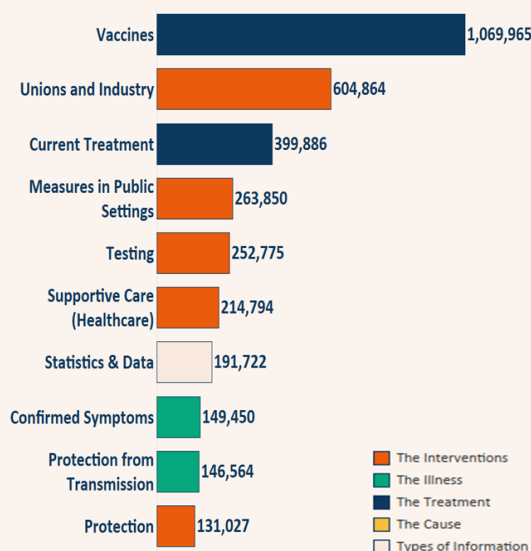
Key operational updates

Risk Communication and Community Engagement (RCCE)

- The SEARO weekly COVID-19 Infodemic Intelligence report revealed that vaccines continue to generate the largest volume of conversation in digital media. These include vaccine supplies, different types of vaccines available, as well as concern about safety in some sections. In addition, conversations about industries, employment and impact of lockdowns also dominated. The top questions were on COVID-19 vaccination for breastfeeding women.
- SEARO Rumour and Misinformation Surveillance and Response (RMSRS) revealed that the highest engaged rumours across the Region were about vaccines and COVID-19 cures.

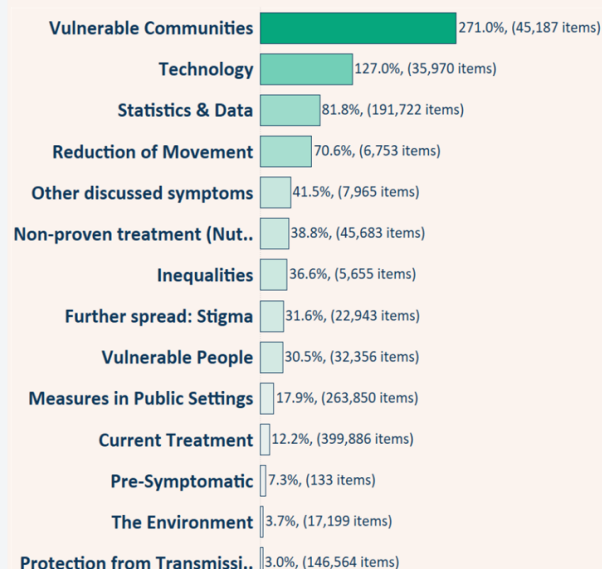
Top 10 topics by volume

Social media mentions of selected categories per taxonomy



Top rising topics

Based on % change of conversation volume from the previous week



31 MAY – 6 JUNE 2021

Operation support and logistics:

- WHO facilitated the shipment of the first lot of consumables for 4 000 oxygen concentrators to India in May 2021 and are expected to arrive in India on 13 June 2021.
- WHO facilitated emergency supplies of personal protective equipment (PPE) items from the US Agency for International Development (USAID) including 20 000 respirator masks and 20 000 gowns each for Bangladesh and Nepal.
- WHO facilitated procurement and shipment of 2 000 pulse oximeters to Maldives within 20 days' time from the date of placing order to delivery.
- Facilitated shipment of 300 000 examination gloves to Timor Leste including the shipment of diagnostics kits - Elisa, Rubella, Measles. kits reached Dili on 9 June through UNICEF chartered flight carrying vaccines.
- Three level discussion are ongoing to support 5 sets of 92-bed SARI treatment facilities for India and Nepal. These SARI facilities were donated by World Food Programme (WFP), stockpiled at different WHO warehouses. WHO will provide technical support ranging from setting up to operationalizing of these facilities.

Key country updates

Bangladesh:

- The government has extended the ongoing lockdown until 16 June 2021.
- The Government is yet to declare the start of the second phase of the COVID-19 Sinopharm (BIBP) vaccine roll-out after completion of the first round. Second dose of Oxford/AstraZeneca (COVISHIELD) has been continued in few health facilities of the country.
- Bangladesh received 100 620 doses of the Pfizer-BioNTech COVID-19 vaccine reached on 31 May 2021. This was the first shipment from the COVAX Facility received by Bangladesh. The Government has decided to rollout Pfizer-BioNTech COVID-19 vaccine only in selected facilities in Dhaka due specific logistics requirement.

Bhutan:

- The Royal Center for Disease Control conducted a 3-day virtual training for PCR testing and quality management for hospitals.
- The Ministry of Health (MoH) continued mass testing for COVID-19 in Phuntsholing district after recent surge of cases.
- MoH in collaboration with WHO, has reviewed the country's contingency plan and decided to develop an operational plan for essential health services.
- WHO Handed over 924 000 surgical masks to MoH in support of the COVID-19 response.

DPR Korea:

- No case of COVID-19 has been reported as of 3 June 2021.
- Cumulatively 29 615 persons have been tested with reverse transcription polymerase chain reaction (RT-PCR) at an interval of 10 days (total samples: 58 956) and all were found negative for COVID-19. These include 710 persons who were tested during the period of 28 May to 03 June 2021, of which 141 were people with influenza-like illness and/or severe acute respiratory infections.

India:

- The Ministry of Health and Family Welfare (MoHFW) finalized advance arrangement to reserve 300 million doses of COVID-19 vaccine with M/s Biological-E Ltd. National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) has examined the proposal and recommended for approval by MoHFW.
- A new artificial intelligence (AI) driven platform (XraySetu) to facilitate early-COVID-19 screening with the help of Chest X-ray interpretation over WhatsApp was launched. The XraySetu can work with low-resolution images sent via mobiles and can facilitate quick interpretation which could be critical in the COVID-19 response in rural areas.
- Council of Scientific & Industrial Research under Ministry of Science and Technology and Laxai Life Sciences Pvt Ltd. initiated clinical trials of promising repurposed drug, Niclosamide for treatment of COVID-19.
- WHO is supporting states in setting up auxiliary health facility tents. Around 70 tents have already been distributed in the states of Maharashtra, Assam, Odisha, Jharkhand and Bihar.

Indonesia:

- Indonesia received an additional 313 100 doses of AstraZeneca COVID-19 vaccine from the COVAX Facility
- The National COVID-19 Task Force has indicated plans to extend the quarantine period for travelers arriving from abroad to 14 days (previously 5 days), in an effort to curb COVID-19 transmission especially coming from imported cases.
- WHO supported Wahana Visi Indonesia (a community based organization) to conduct a virtual training on 'Risk Communication and Community Engagement in the Context of COVID-19 Response' for civil society organizations in six districts in Indonesia.
- WHO supported the Makassar City Health Office in accelerating vaccination of older people through a drive-thru vaccination session.

Maldives:

- The Government extended the state of Public Health Emergency until 3 July 2021 in addition to extending travel restrictions for one additional week in Greater Male' Region.
- The Government approved Moderna and Janssen COVID-19 vaccines for emergency use and authorized to be administered to the people above 18 years of age.

Myanmar:

- The Ministry of Health and Sports (MoHS) announced stay at home orders to people residing in four township of Chin State – Tiddim, Falam, Thantlang and Haka township from 5 June 2021
- The MoHS updated the guidelines on testing and quarantine requirements for international travelers to Myanmar
- WHO is continuing support including coordination with the concerned national programs, national health laboratory and State/Region health departments for COVID-19 response.

Nepal:

- The Government of Nepal has planned to start another round of COVID-19 vaccination using recently received Verocell COVID-19 vaccine for persons aged between 60-64 years in Kathmandu valley.
- WHO supported Nepal Medical Association and National Health Training Center to conduct five batches of 2-day critical care training program for 9 629 participants including doctors, nurses and paramedics.
- The Council of Ministers announced new revised standards for travellers arriving Nepal; passengers must carry medical certificate with negative RT-PCR report with photo identification and bar code issued within 72 hours of departure.

Sri Lanka:

- Sri Lanka received 2 million doses of SinoPharm COVID-19 vaccine this week in two tranches on 6 June and 9 June 2021.
- An island-wide movement restriction imposed on 21 May 2021 has been extended until 14 June 2021.
- All points of entry (PoEs) reopened on 1 June 2021, except for travelers originating from India, Vietnam, South Africa and South American countries or has a travel history to these countries within 14 days of the date of arrival.

Thailand:

- The Ministry of Industry is implementing a mandatory “Good Factory Practices” campaign which is a self-assessment system to encourage workers to evaluate their risk of infection.
- Thailand is planning to distribute 6 million doses of AstraZeneca vaccine locally produced by Siam Bioscience to vaccine centres in June 2021.
- The Bangkok Metropolitan Administration (BMA) continues to conduct active case finding at camps, factories, and fresh markets.

Timor-Leste

- Timor-Leste received the second batch of COVID-19 vaccines – 76 800 doses from the COVAX facility and 24 000 doses from the government of New Zealand under the COVAX vaccine sharing initiative.
- The Ministry of Health continues to proactively conduct door-to-door sensitization and advocacy at the community level for the second phase of COVID-19 vaccination with support from WHO and UNICEF and several other partners in all municipalities.

Innovations in Risk Communication and Community Engagement in SEAR

As the COVID-19 pandemic continues to impact lives and livelihoods across the world, including the WHO South-East Asia Region, the role of community action becomes more vital in the public health response. Two major ways community action can help mitigate the situation are: (1) increasing the number of people that observe protective measures such as wearing masks properly, washing hands regularly with soap and water, maintaining appropriate distance; and (2) increasing the number of people getting vaccinated. However, there were plenty of challenges experienced in achieving both community actions.

One key challenge is the widespread “pandemic fatigue” defined by WHO as “demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions.” As time goes on and the pandemic continues to rage beyond a year, pandemic fatigue has led to decreased motivation in following protective behaviours, such as keeping distance and wearing a mask properly. On the other hand, COVID-19 vaccination has been affected by multiple factors including vaccine hesitancy, due to rumours and misinformation¹, as well as access to vaccines, particularly in some vulnerable groups such as the elderly. Additionally, certain communities needed clarification with regard to permissibility according to their faith and beliefs¹. For instance, many people who observed fasting for Ramadan, were uncertain if it is safe and permissible to be vaccinated during the Holy month.

Countries of the Region responded in many innovative ways to try to beat or manage the pandemic fatigue, as well as to motivate people to get vaccinated for COVID-19 by engaging communities. Some strategies and activities adopted by some of the SEARO countries are detailed below.

In the Maldives, wearing masks was made compulsory even during the holy month of Ramadan. WHO and the Ministry of Health worked with the Ministry of Islamic Affairs, and faith leaders were sensitized. Faith leaders performed religious services online, using platforms such as Zoom. Local cafes provided incentives for those who showed that they were vaccinated. To minimize crowding, bar codes were used. To further encourage people, vaccination centres were open at night during Ramadan for people to visit after ending their fast. The President of the country announced that persons who had been vaccinated could go back to their islands after two weeks had passed, without needing quarantine. This was a big incentive as it was important for people to visit their families during the festival time. The country, being a major tourist destination that suffered greatly due to COVID-19, also attempted to provide incentives with the “visit-vaccinate-vacation” scheme for foreign arrivals.

In Indonesia, DKI Jakarta Health Office found that older persons were hesitant to be vaccinated, as they were often not very mobile. They also had less access to smartphones which negatively impacted registration for vaccination. The elderly were prioritized over the young for vaccination. Young people (18-50 years) could only receive a vaccine if they were part of the essential public service. The young group of people were therefore given the incentive to get ahead in the vaccine eligibility criteria – which meant that if they brought two older persons to the vaccination centre, they too would be vaccinated. They were also expected to communicate the safety and benefits of the vaccine to the elderly, as volunteers.

In Nepal, influencers, particularly sub-national politicians, played a key role. Politicians and policy makers at the national and sub-national levels were sensitized on the importance of protective behaviours, as well as the science behind the vaccines, in turn, they persuaded their constituents. Female community health volunteers (FCHV) in Nepal are particularly trusted by local communities. They engaged and motivated communities to wash hands, wear masks, and practice other protective behaviours. With increased mobile penetration in the country – 98% of Nepali households now own a mobile phone – these services have been used to access traditionally hard-to-reach populations for two-way conversations. Similarly, in Bhutan, and other countries in the Region, community health workers played a critical role in convincing communities about COVID-19 appropriate behaviours.

¹ SEARO rumour log analysis shows that vaccines are the largest topic of misinformation in the Region since January 2021.

In India, the community health volunteers, also known as Accredited Social Health Activists or ASHAs, played a major role in persuading people to get vaccinated and to follow protective behaviour. In addition, peer motivation, in the form of self-help women's groups in some rural areas, have helped promote protective behaviours. Women from these self-help groups go from house-to-house, discussing issues of distancing, washing hands, and wearing masks with other women. To enable hand washing for everyone, they also set up a hand pump in an accessible area in the village. At the same time, messages from the highest levels were communicated, such as from the Prime Minister in his monthly radio broadcast. In Bangladesh, civil society organizations (CSOs) are actively involved in engaging community and faith leaders to convince communities about COVID-19 appropriate behaviours. CSO volunteers have also conducted mosque-miking to spread the word about wearing masks properly to be protected from COVID-19.

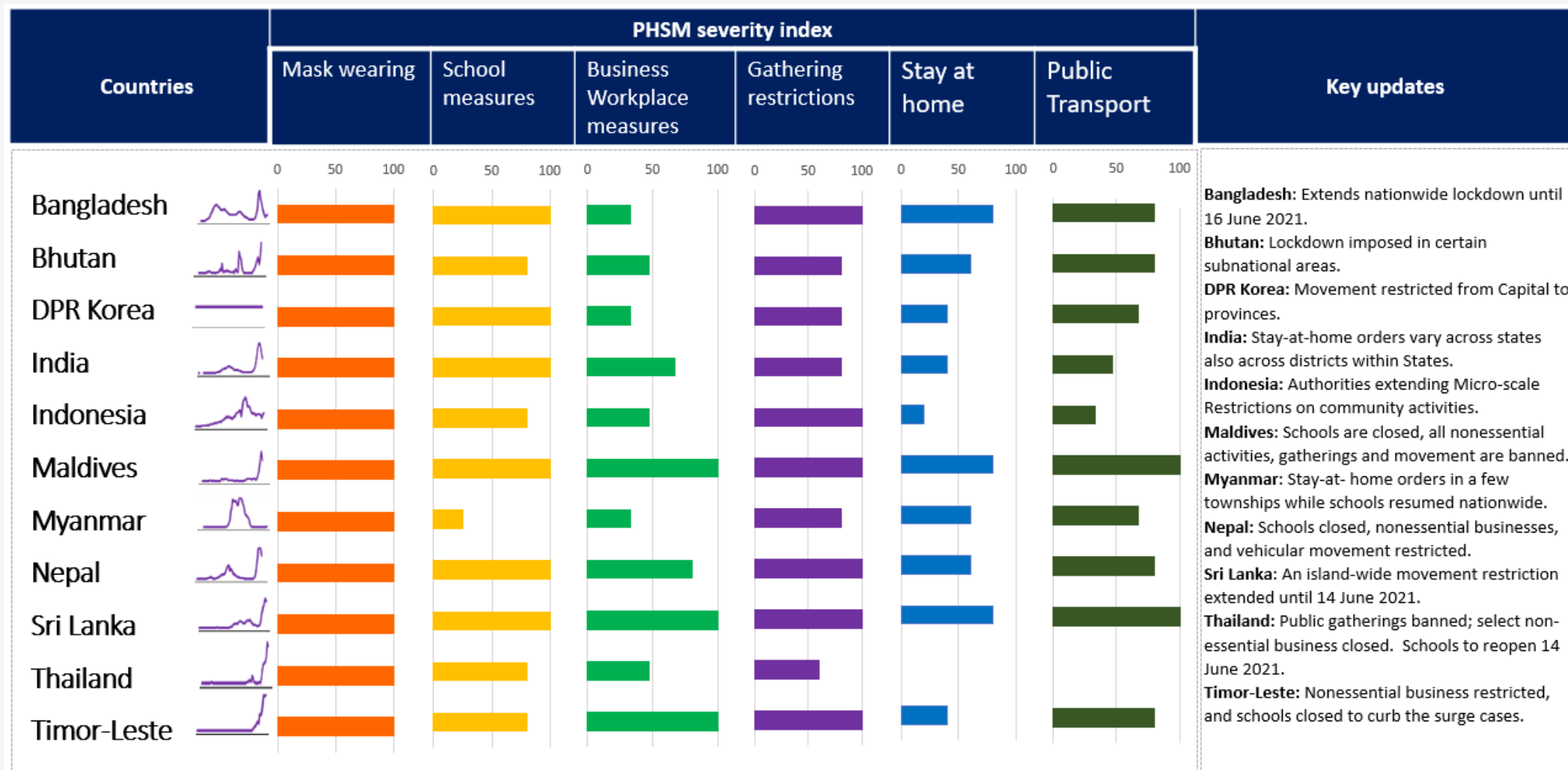
In Sri Lanka, the Ministry of Health developed an advocacy booklet for politicians and community leaders that served as a tool to support productive engagement with communities regarding COVID-19 vaccines. Numerous stakeholders use the WHO SEARO Infodemic intelligence reports and Ministry of Health hotline reports to track trending conversations and develop and disseminate messages that respond to top concerns. As Sri Lanka entered another period of extended travel restrictions, messages on staying healthy at home were disseminated and combined with other key issues as food safety and dengue prevention; alongside appeals to stay at home, accommodations were made to ensure the continuation of the vaccine drive and other essential services.

In Thailand, like many other countries, the third wave was attributed in part to public complacency about the pandemic. Combined with pandemic fatigue, it led people to socialize and relax their guard. A strategic combination of regular listening to people's concerns, engaging the community, including young people, and strong measures against misinformation was adopted.

In Timor-leste, with a strong cadre of community health volunteers, engagement with community and faith leaders, and influencers was the main approach adopted. To convince the elderly about the benefits of COVID-19 vaccines, highly respected influencers such as Nobel Laureate José Manuel Ramos-Horta, a senior citizen over 70 years of age, publicly announced support for COVID-19 vaccines.

Each country and each situation are unique, but they share a common challenge in beating the pandemic. As it proves a formidable foe, innovative ways of risk communication and community.

Table 4. Summary of Severity of Public Health and Social Measures (PHSM) Implemented by Countries in South-East Asia Region (02-08 June 2021)



For more information on PHSM implementation in South-East Asia region, including the methods of calculating severity of PHSM, please visit SEARO COVID-19 dashboard at <https://experience.arcgis.com/experience/56d2642cb379485ebf78371e744b8c6a> (please select PHSM tab). Where the bar is blank, it indicates the index value is zero.

- Ongoing support is provided by WHO to countries for COVID-19 vaccine delivery, strengthening vaccine safety surveillance, reporting and conducting vaccine effectiveness studies
 - From 8 to 10 June 2021, a Regional workshop on Human Centred Design for Tailoring Immunization Programmes for routine immunization and COVID-19 vaccines was conducted. The objectives of this workshop were to;
 - provide a clear and thorough understanding of how to carry out an HCD-TIP approach, following the key steps, exercises and templates from the HCD-TIP pocket guide.
 - discuss how countries can use this approach to address current challenges in routine immunization and COVID 19 vaccine role out
- Understanding and responding to the needs of unvaccinated and under vaccinated populations require locally tailored strategies that incorporate the end-user (beneficiary) perspective throughout the problem-solving process. WHO and UNICEF have created this consolidated and simplified strategy for evidence-based co-design suitable to low-resource settings. In four stages, Diagnose, Design, Implement, and Evaluate, the HCD-TIP process outlines an inclusive, iterative process to identifying and overcoming barriers to vaccination. It is expected participants will use this innovative approach to identify strategies to improve demand for COVID-19 vaccines and routine immunization and close the immunization gaps.
- Ongoing collection, compilation and analysis is COVID-19 vaccination data. Real time information on COVID-19 vaccination in SEA Region is available at <https://www.who.int/southeastasia/health-topics/immunization/covid-19-vaccination>. The following table is a summary of COVID-19 vaccination status in the countries of the Region and the vaccine utilization, as of 9 June 2021:

Table 5. Summary of vaccination status in the countries of the Region and the vaccine utilization (as of 9 June 2021)

Country	Vaccine name	Start date	Total doses administered	Persons vaccinated with one dose	Persons vaccinated with two doses	First dose per 100 total population	Second dose per 100 total population	Utilization rate	Last update
Bangladesh	COVISHIELD	27 Jan 21	10 048 765	5 820 015	4 228 741	3.4	2.4	98%	08 Jun 21
	Sinopharm	25 May 21	2 162	2 162				0.4%	
Bhutan	COVISHIELD	27 Mar 21	483 699	483 699		64.0	-	88%	06 Jun 21
India	COVISHIELD*	16 Jan 21	238 520 447	191 936 212	46 584 235	13.5	3.3	100%	08 Jun 21
	Covaxin*	16 Jan 21						14%	
	Sputnik V	14 May 21						53%	
Indonesia	AZ-SKBIO	13 Jan 21	3 393 458	3 164 057	229 401	6.8	4.2	7%	08 Jun 21
	Sinopharm	23 Mar 21	65 921	63 786	2 135			70%	
	Sinovac	18 May 21	26 253 372	15 106 093	11 147 279			112%	
Maldives	COVISHIELD	01 Feb 21	348 872	228 653	120 219	57.2	31.9	57%	07 Jun 21
	Sinopharm	22 Mar 21	130 963	80 323	50 640			79%	
	Pfizer	13 Apr 21	4 644	2 914	1 730			86%	
Myanmar	COVISHIELD	27Jan21	2 994 900	1 772 177	1 222 723	3.2	2.2	95%	13 May 21
Nepal	COVISHIELD	27 Jan21	2 235 669	1 823 663	411 006	7.2	2.3	35%	08 Jun 21
	Sinopharm	07 Apr 21	626 645	334 157	280 488			101%	
Sri Lanka	COVISHIELD	29 Jan 21	1 279 031	925 242	353 789	9.2	1.6	32%	08 Jun 21
	Sinopharm	05 Apr 21	992 009	989 574	2 435			100%	
	Sputnik V	06 May 21	64 986	64 986				23%	
Thailand	AZ-SKBIO	16 Mar 21	4 139 481	2 778 784	1 360 697	4.9	2.1	64%	07 Jun 21
	Sinovac	28 Feb 21	495 650	465 129	30 331			48%	
Timor-Leste	AZ-SKBIO	07 Apr21	93 169	93 152	17	71	0.0	48%	09 Jun 21
TOTAL			292 193 224	226 167 358	66 025 866	11.1	3.2	92%	